# Practice Notes:

"But How Do I Know If I'm Competent?" – Issues to Consider

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the professional practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.
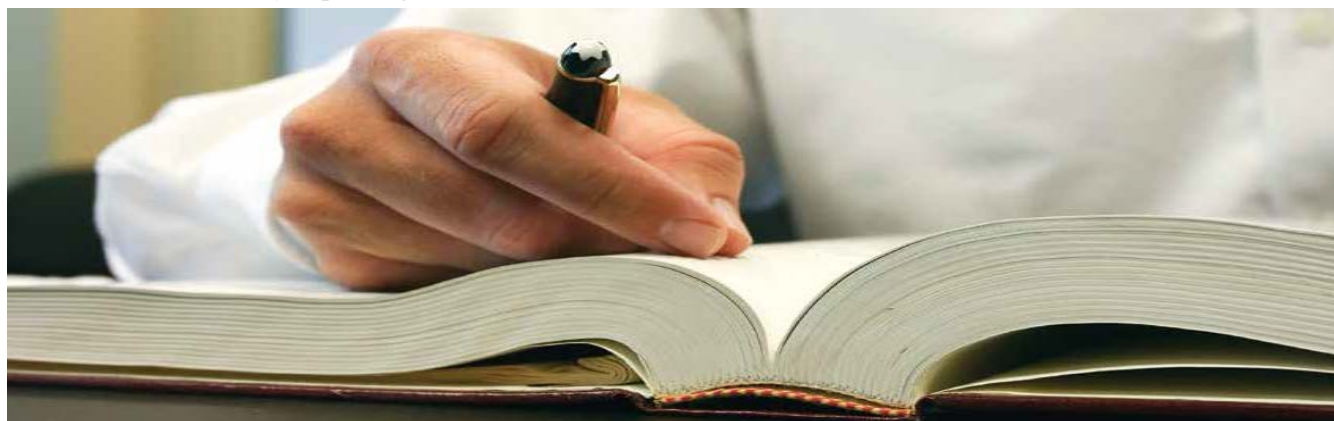
Social workers and social service workers, as regulated professionals, are generally aware that they must be competent to perform any of the tasks or activities that they undertake in the course of their practice.[1] Despite this awareness, they may struggle with what is meant by "competence". How do they know that they're competent to engage in a particular activity? What factors should they consider when assessing their competence? How do they become competent? This article will discuss three key areas for members to consider when assessing their ability to perform any activity:

1. education, training and experience;
2. supervision; and
3. continuing competence.

The *Social Work Dictionary* suggests that competence "includes possession of all relevant educational and experiential requirements ... and the ability to carry out work assignments and achieve social work goals while adhering to the values and the code of ethics of the profession."[2] Similarly, Kane defines competence as "the degree to which the individual can use the knowledge, skills, and judgment associated with the profession to perform effectively in the domain of possible encounters defining the scope of professional practice".[3]

The *Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, which sets out the minimum standards for all members of the College, requires members to be "... committed to ongoing professional development and maintaining competence in their practice."[4] Members are also "responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly."[5]

Although a degree in social work or a diploma in social service work education provides the necessary grounding to begin work in the field, neither is in itself sufficient for members to be competent in all areas of practice.[6] Many of the activities performed by members require a comprehensive knowledge base, effective and professional use of self, and mastery of specific skills (both clinical and non-clinical). Members' knowledge and self-awareness must inform their practice. Throughout their careers, in order to learn and grow as professionals, members have a responsibility to continue to reflect upon and assess their practice, to add to their professional knowledge base and to

enhance their skills. This is an ever-evolving and challenging process, as illustrated in the scenarios below:

A member at a community counselling agency, who had been working with adults for several years, wanted to change her focus to children as a result of an employment opportunity at another agency. She contacted the Professional Practice Department to find out if the College had specific requirements if she were to do so. While the member had done extensive individual and couple work in her current position, it had been many years since she had seen families or worked with children.

A member who was returning to practice after a parental leave contacted the Professional Practice Department to discuss "upgrading" her skills. The member had just been hired at a hospital. While the member had participated in the Continuing Competence Program (CCP), she wanted to make sure that she fulfilled any College requirements and could demonstrate her competence if required.

A recent graduate and new member contacted the College with a question related to his new role on a family health team. He had been asked to provide education (along with a dietitian) to clients and their families in a diabetes education program. He was quite anxious about taking on this task, and wanted to make sure he was in a position to do it competently.

While College members aren't obliged to notify the College about changes in their area of practice,[7] they must ensure that they are competent to perform their new roles. They must also "remain current with emerging social work or social service work knowledge and practice relevant to their areas of professional practice,"[8] "maintain current knowledge of policies, legislation, programs and issues ... in their areas of practice",[9] and "ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge or a credible body of professional social service work knowledge".[10] In conversation with the members in the scenarios above, Professional Practice staff acknowledged that fulfilling these standards can be quite challenging. A first step is for members to ensure that their education, training and experience prepare them for a given area of practice or for the specific task at hand.

EDUCATION, TRAINING AND EXPERIENCE
It is critical that members, after completing their degree or diploma, complete further **training** and gain practice **experience** in relevant areas in order to build their competence. In the scenarios above, the members were encouraged to begin by reflecting on their academic

experience (including field placements), their current practice and their new roles, and to identify any gaps in their knowledge and skills. When learning something new, and/ or moving into a new area, it can be challenging to "know what you don't know". There are also other limitations to self-assessment, including "blind spots" about one's practice and the tendency to over-estimate one's competence.[11] Therefore, reviewing relevant academic or other literature, carefully considering competencies defined in that literature,[12] becoming familiar with relevant standards and legislation, and obtaining feedback about one's practice from peers, colleagues and/or supervisors would be very helpful in this process.[13] Because skills and knowledge obtained in other areas may be pertinent and generalizeable, the members were also encouraged to consider how their current knowledgebase and skills might be applied in their new roles. It should be noted that overarching competencies (such as cultural or technological competence), which transcend specific areas of practice, should also be evaluated.[14]

Once members' learning needs are identified, they are in a better position to identify the training or education necessary to build competence. In the first scenario, this could include courses on child development and family therapy, while members in all three scenarios would likely benefit from training on relevant clinical modalities, techniques and approaches, as well as current issues and challenges in the area. The member new to a family health team might choose to take workshops or courses specifically related to diabetes care and/or group work, and may discuss with his manager possibilities for on-the-job training at his own or another organization. As a result of his contact with Professional Practice staff, he also decided to explore opportunities to have his practice observed by colleagues or to deliver the program with them.

Of course, the scope and depth of the training required will depend on the nature of the activity. In some situations, in-house, focused and task-specific training offered by the employer over a short timeframe might be sufficient. When the skills required are more complex, in-depth and far-reaching, training would optimally include an integrated program of study, provide an opportunity for observation and demonstration of mastery of the necessary skills, and have an evaluative component.

SUPERVISION
Supervision is another key element of competence. The standards of practice require members to "engage in the process of self-review and evaluation of their practice and seek consultation when appropriate".[15] The need for supervision doesn't end after a certain number of years in practice, but evolves and continues throughout a member's career. In all of the scenarios above, members would likely require more intense and frequent opportunities to reflect on their practice in order to enhance their competence in

their new roles. Members in clinical roles should ensure that they have access to **clinical supervision**,[16] either within or outside the agency. Members in non-clinical practice may have somewhat different needs, but they should nevertheless ensure that they are competent by engaging in supervision or consultation in which they have an opportunity to focus on their role, projects and tasks, and approaches or interventions, as opposed to the more administrative aspects of their position.

As a new graduate, the member on the family health team may also decide to seek out a more extensive and intensive period of supervision in order to gain competence in his new role. Ideally, this period of supervision should: take place individually and/or in a small group; occur regularly and with a frequency that is appropriate to the member's level of experience; provide opportunities to engage in case discussion and the learning of new skills and perspectives; include at least some direct observation of a member's practice (which, in clinical practice, may be in the form of audio or videotapes, one-way mirrors, co-therapy or reflecting teams); provide opportunities for in-depth experiential and didactic learning in an interactional and supportive environment; and enable members opportunity for critical self-reflection.[17]

As members gain experience, less frequent and more informal models of supervision may be appropriate. Members should seek supervision/consultation[18][19] with experienced colleagues throughout their careers, particularly in areas of practice in which they are less experienced, when they are aware of strong reactions to a client or situation, and/or when the client or situation could benefit from members gaining an additional perspective, outside expertise, and/or a new skill or approach.

Even experienced members must ensure that they obtain supervision. This might be less formal and structured, but it should occur regularly and with a frequency that is appropriate to the member's level of experience. It should also be sufficiently accessible so that members can obtain assistance in challenging or complex work in a timely manner. Members with more experience often choose to use a peer consultation model, in addition or as an alternative to, individual or small group supervision with an experienced supervisor. It should be noted that supervision should be provided in an environment which enables members to examine their own reactions to their work, since self-reflection, self-awareness and disciplined use of self are hallmarks of the professions and essential to competent practice in any area.

Regardless of their experience, members should be mindful of the supervision literature which suggests that rapport, trust and caring, in addition to clinical expertise and knowledge, are key aspects of all successful supervisory relationships.[20]

Whatever the model of supervision, members are personally accountable to bring forth challenges arising in practice, since it is through an examination of these that members enhance competence. They may wish to consider online or teleconference options in order to increase their access to supervision or consultation, but must consider the issues of security and confidentiality which come with these arrangements. It is important that the person or people who are providing supervision are themselves competent, and either practise or have experience in the relevant area. In some situations, members may choose to be supervised by someone from outside the profession who has relevant expertise and experience in their area of practice and/or setting. In this case, they should consider whether the supervisor has an understanding of the profession's values, ethics and standards of practice, and determine whether they need additional, profession-specific input from other sources.

CONTINUING COMPETENCE

In addition to completing formal education, gaining practice experience, completing further training and obtaining ongoing supervision, members are required by the *Registration Regulation, O. Reg. 383/00* made under the *Social Work and Social Service Work Act, 1998* to provide evidence of their continuing competence to practise social work/social service work in accordance with the guidelines approved by Council and published and distributed to members.[21] All members of the College are required to participate in the **Continuing Competence Program (CCP)**, a flexible, adult-education model which was launched by the College in 2009. Members are encouraged to use their CCP to focus on the skills and knowledge required for new activities or areas of practice, so that they are in a position to demonstrate that they are striving to enhance their competence. Members might choose to include self-directed learning (reading or online learning, for example) as well as brief workshops in their CCP. As noted previously, however, some more intensive, face-to-face training is often advisable, depending on members' needs and the skill or task in question. Members who wish to ensure that they are competent may also choose to undertake more intensive training, such as certificate programs (which would involve a series of courses or workshops), externships, and in-depth courses.

The standards of practice state that a professional knowledge base "relates to both theoretical and practical understanding,"[22] and "can be attained through education, professional experience, consultation and supervision, professional development and a review of relevant research and literature".[23] Therefore, at least some of members' learning activities in relation to specific skills or activities should include opportunities for direct practice and/or direct observation of practice, or, if possible, opportunities to observe interventions conducted by others. Because technology has such a significant impact on practice (through client and member use of social media and e-mail, electronic records, and emerging boundary and confidentiality issues, for example[24]) members' CCP self-assessment and learning goals should address this competency and include it as a focus if required.

All three members in the scenarios decided to use their CCP to reflect on their practice and focus their learning in order to prepare for a new area of practice. Their CCP portfolio served as a place to track their progress. As already noted, the members chose specific training opportunities to meet their learning needs, but the CCP also gave them a place to record less formal learning activities, including self-reflection and reading.

Just as the need for supervision does not end, so, too, is lifelong learning through the CCP a requirement for experienced as well as less-seasoned members. While members can and should tailor their learning activities to reflect their years in the field, they have an ongoing professional obligation to ensure that they remain current and informed, and are competent in any of the tasks or activities which they undertake, regardless of their years of experience.

CONCLUSION
This article has discussed how education, training and experience, supervision and the CCP contribute to members' competence. By addressing each of these elements, members can ensure that they provide services competently, ethically and effectively.

This article has discussed some of the professional and ethical issues which members in private practice should consider. Further review of the Code of Ethics and Standards of Practice, 2nd Edition is strongly advised.

For more information about this or other practice issues, please contact the Professional Practice Department at practice@ocswssw.org

CHECKLIST: HOW DO I ASSESS MY COMPETENCE?
It is suggested that members seek input from supervisors and/ or others familiar with their practice when completing the checklist below.

- ☐ In addition to my degree in social work/ diploma in social service work, I have additional training (formal or informal) in the area or activity.
- ☐ I gained experience in this area in the course of my practicum(s).
- ☐ Following the completion of my degree/diploma, I engaged in a period of supervision with an experienced supervisor related to the area of practice or activity.
- ☐ I continue to obtain regular supervision (individual, group, peer) appropriate to my level of experience related to the area or activity.
- ☐ My practice in this area or activity has been observed by another practitioner, and I have received feedback about it.
- ☐ Some of my goals in the *Continuing Competence Program* (CCP) relate to this area or activity.
- ☐ The learning activities in my CCP include experiential learning and opportunities to practise and/or observe practice in this area or activity.
- ☐ At least some of my ongoing training is more intensive (certificate programs, externships, in-depth courses). I have reviewed the *Code of Ethics and Standards of Practice Handbook, Second Edition* and have considered the standards and interpretations relevant to this activity or area of practice.
- ☐ I have considered any relevant legislation, including PHIPA. (Ontario legislation can be accessed at www.e-laws.gov.on.ca).
- ☐ I have considered legal issues related to this activity or area of practice, and have obtained a legal opinion if necessary.

1. Social workers and social service workers may be involved in direct or indirect, clinical or non-clinical roles. Many positions will involve elements of each.

2. Barker, Robert. The Social Work Dictionary, 4th Edition, Washington, DC: NASW Press, 1999, p. 93

3. Kane, M.T. "The assessment of professional competence" Evaluation in the Health Professions, 15 (2), 1992, pp. 163-82, quoted in Bogo, Marion, Achieving Competence in Social Work Through Field Education. Toronto: University of Toronto Press, 2010, p. 61

4. Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle II: Competence and Integrity, interpretation 2.1 5. Ibid., interpretation 2.1.1

6. Minimum competence is required whenever a member engages in an activity or task. Mastery (or enhanced competence) is something that will be achieved over time, as the member gains experience and increases his or her level of knowledge and skill.

7. However, all members must ensure that they keep the College up to date with respect to their current employment, as well as their home address and telephone number.

8. Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle II: Competence and Integrity, interpretation 2.1.2

9. Ibid., interpretation 2.1.3

10. Interpretation 2.1.4

11. The self-assessment literature includes: Baxter, P. and G. Norman, "Self-assessment or self-deception? A lack of association between nursing students' self-assessment and performance" Journal of Advanced Nursing, 67(11) 2011 pp. 2406-2413; David, D. et al. "Accuracy of physician self-assessment compared with observed measures of competence" Journal of the American Medical Association, 296(9), 2006, pp. 1094-1102; and Regehr, G. & K. Eva, "Self-assessment, self-direction, and the self-regulating professional" Clinical Orthopaedics and Related Research, (449), 2006, pp. 34-38

12. An example of this is Competencies for Practice in the Field of Infant Mental Health, Infant Mental Health Promotion Project, The Hospital for Sick Children, December 2002. http://www.sickkids.ca/pdfs/IMP/11747-Competencies.pdf

13. Members who don't have access to an academic library or who are unable to do an online search of the literature may wish to request assistance from the librarian in their local public library.

14. Yanca, Stephen J., & Louise C. Johnson "Diversity Competent Practice with Families" Sample Chapter 3 in Generalist Social Work Practice with Families, 2008 http://www.pearsonhighered.com/samplechapter/0205470106.pdf

15. Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle II: Competence and Integrity, interpretation 2.1.5

16. Dill, Katharine & Marion Bogo "Moving Beyond the Administrative: Supervisors' Perspectives on Clinical Supervision in Child Welfare" Journal of Public Child Welfare, Vol. 3, 2009, pp. 88-89. Clinical supervision is associated with assessment, intervention and evaluation of client interventions as well as critical self-reflection, while administrative supervision is primarily concerned with the instrumental aspects of workers' roles in agencies. Administrative supervision typically focuses on recordkeeping, accreditation, organizational policies, mandate and caseload. While administrative supervision is important and necessary, it is not sufficient for competent practice.

17. Dill & Bogo, p. 88

18. Barker, p. 101. Barker defines consultation as a problem-solving process which occurs on an ad hoc or temporary basis and has a specific goal and focus. The consultant has no special administrative authority over those to whom consultation is provided. Supervision, on the other hand, is relatively continuous and encompasses many areas of concern. It is both an administrative and educational process.

19. Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle V: Confidentiality, interpretation 5.8.

20. Shulman, L. The skills of helping individuals, families, groups and communities (5th edition), Belmont, CA: Thomson Brooks/Cole, 2006, cited in Mizrahi, Terry and Larry E. Davis, editors, The Encyclopedia of Social Work, Online Version, Oxford University Press, 2012

21. S. 6.3, O. Reg. 383/00 (Registration) made under the Social Work and Social Service Work Act, 1998 www.e-laws.gov.on.ca

22. Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle II: Competence and Integrity, footnote 3.

23. Ibid., footnote 3.

24. Members can find two Practice Notes on this topic (Social Media and Practice: Protecting Privacy and Professionalism in a Virtual World and Communication Technology & Ethical Practice: Evolving Issues in a Changing Landscape) in the Resource Room on the College website at www.ocswssw.org.