



December 28, 2010

Senator Rosalyn Baker  
Hawaii State Capitol  
415 South Beretania Street, Room 231  
Honolulu, Hawaii 96813

Subject: SCR 167, SD 2

Dear Senator Baker:

The Hawaii State Center for Nursing is pleased to submit this status report on Senate Concurrent Resolution 167, Senate Draft 2, requesting the Hawaii State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for nurses.

The joint advisory committee consists of twenty seven members and is co-chaired by Dean Mary Boland, School of Nursing and Dental Hygiene, University of Hawaii at Manoa; Art Gladstone representing the Healthcare Association of Hawaii and Glenda Tali, University of Phoenix. The first meeting was held on September 21, 2010 and the committee has met monthly since then and will continue to meet monthly through 2011.

Technology has been challenge. The variability in equipment and lack of IT support has made it difficult for neighbor island representatives to "participate" in meetings via video conference. We have had some success with teleconferencing. Overall meeting attendance and participation has been very good.

Limited resources to conduct the study are our greatest challenge. Healthcare providers, nursing programs and professional nursing organizations support and recognize the value of the effort, however are unable to commit resources at this time. The challenges will be agenda items for discussion in future meetings.

I look forward to working with the committee.

Aloha,

Gail Tiwanak, MBA, RN

December 27, 2010

## **STATUS REPORT**

**SCR 167 SD 2:** Requesting the Hawaii State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for nurses.

**Submitted by: Hawai'i State Center for Nursing  
Joint Advisory Committee on Continuing Education**

### **Advancing Health through Nursing in Hawaii**

The national recognition of the risks associated with health care delivery created momentum for the effort to decrease medical errors and improve quality. Most recently, the Accountable Care Act<sup>1</sup> marks the undertaking of significant health care reform by increasing access and restructuring payment for patient outcomes rather than provider services.

The 2008 National Healthcare Quality Report shows that Hawaii ranks average in our overall health care quality (The Agency for Healthcare Research and Quality (AHRQ) 2008 State Snapshots)<sup>2</sup>. However, the dashboard shows high variability in quality across settings and within specific disease categories.

Concurrent with the above effort is the mounting evidence that nursing is central to the design, delivery, monitoring, and improvement of health for both individuals and populations. The IOM report on the Future of Nursing (2010) noted that a single professional degree cannot provide a nurse with the knowledge base to last a lifetime. At the same time, the NCSBN has found that there is no clear link between continuing education requirements and continued competency.<sup>3</sup>

### **Background**

The Hawaii State Board of Nursing determines minimum competency to practice nursing upon entry into practice. Entry-level competence is met by successful completion of a board approved program of education and passing the national licensure exam developed by the National Council of State Boards of Nursing, (NCLEX-

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<sup>1</sup> <http://www.healthcare.gov/law/introduction/index.html>

<sup>2</sup> <http://statesnapshots.ahrq.gov/snaps08/dashboard.jsp?menuId=4&state=HI&level=0>

<sup>3</sup> IOM (2010) Future of Nursing p. 4-32.

PN or RN). With the exception of the APRN, license renewal does not require any verification of the applicant's continuing competency to practice. Section 457-9 (b) Hawaii Revised Statutes provides that a nurse who has not actively practiced in this state or any other state in the United States or any territory or possession under the jurisdiction of the United States for more than five years may be required to submit proof of continued competency by retaking and passing the licensing examination or successfully complete a refresher course approved by the State Board of Nursing. However, the Board's process for determining the appropriateness of a refresher course to ensure the competency of the nurse can take months because there are not readily available refresher courses in Hawaii.

The Hawaii 2010 Legislature Senate Resolution, SCR 167 S.D. 2 charged the Hawaii State Center for Nursing (HSCN) to examine whether continuing education should be a requirement for nursing license (LPN, RN, APRN) renewals and to do a feasibility study of the benefits, costs, obstacles and [a] potential timeframe if a Hawaii nursing continuing education program were to be established. The Committee membership is described in Appendix A.

### **Activity**

The national movement to ensure provision of safe, quality health care coupled with the national/local health insurance reform effort provides a strong impetus for a robust, competent, and active learning nursing workforce. The State of Hawaii nursing community recognizes the need to develop a model that will meet present and future need.

Key to this approach is the designation of responsibility for competence assurance, use of evidence based approaches, and most critical, legislating a strategy that protects the public health, safety, and welfare through the safe competent practice of nursing. In a series of meetings, the Committee began its work by reviewing the literature related to continuing education; reviewing CE requirements across the states; and heard an invited presentation by Maryann Alexander, PhD, RN Chief Officer Nurse Regulation, National Council of State Boards of Nursing (NCSBN). Appendix A contains the appropriate resource documents, reference list, and meeting minutes.

The Committee discussed the need for a Hawai'i continuing education effort placed in the context of local and national nursing practice. Advancing health in the US requires the delivery of safe, high quality health care – and a workforce of nurses committed to lifelong learning through individual and workplace supported activities. Thus, we are committed to provide leadership towards this end.

## Findings

There is increasing recognition that the individual nurse, like all health professionals, must embrace lifelong learning as key to delivering safe high quality patient care. Thus, continuing education must be reframed to focus on the desired outcome – a nurse competent to deliver quality health care. Recent reports indicate the need to re-examine the approaches used to ensure that such competency. One recent report noted that “sizable work remains to be done by the health professions regarding the methods and formats of continuing education” (Lifelong Learning in the Health Professions, AACN and AAMC, 2008).

Traditional continuing education offerings are noted to be passive and didactic in format. Evidence indicates that individuals choose offerings that either interest them or re-enforce what they already know. Studies are underway to ascertain the effectiveness of innovative strategies including patient surveys, diagnostic assessment, and portfolio/self-reflection. National certification exams are focused on specialty area and do not address core competency in nursing. Although, academic progression models note that generalist competency is required to achieve specialty competence. Also, certification exams are not available in all areas of practice. Therefore, the regulatory approach must provide the individual nurse with a range of strategies to demonstrate continued professional development.

There is variability across states in approaches to regulating continuing education. Nine states have no CE requirement. The remaining states use approaches ranging from documentation of attendance at traditional CE programs, documentation of practice (care delivery), completion of degree awarding academic education programs, precepting students, and other approaches. The continuing education requirements will vary for LPN, RN, and APRN. For APRN practice, states require continued national certification that includes continuing education.

With our goal to improve the quality of health care through nursing, the Committee concluded that the regulatory effort must focus on “Continuing Nursing Competency<sup>4</sup>” rather than the traditional model of continuing education. The Committee recognizes that the Hawaii Board of Nursing is severely challenged to meet any additional regulatory requirement without an increase in human and fiscal resources.

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<sup>4</sup> Continuing Competence is the ongoing application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse within a specific practice setting resulting in nursing care that contributes to the health and welfare of clients served. (North Carolina Board of Nursing, 1998)

## **Interim Report**

1. Study of the existing literature and collaboration with the National Council of State Boards of Nursing is complete and addresses the SCR requests: (3) evolution of nursing practice and (4) determinants of safe post-entry practice. Findings are presented in this report.
2. The Hawaii Board of Nursing resources are insufficient to support the management of the continuing competency effort.
3. The committee will begin activity on SCR tasks (1), (2), and (5).

## **Next Steps:**

The Committee will develop a Hawaii nursing continuing competency program to move towards. The program proposal will address implementation including resources required to ensure a successful phased in effort embraced by practicing nurses and the workplace.

The committee will require resources to complete the requirements set forth in the resolution and may seek legislation to secure such resources.

APPENDIX A:       Advisory Committee Roster

APPENDIX B:       Meeting Minutes

APPENDIX C:       Maryann Alexander PhD, RN, National Council State Boards of Nursing, Presentation Slides

APPENDIX D:       2011 Meeting Schedule

APPENDIX E:       References

<b>CONTINUING EDUCATION JOINT ADVISORY COMMITTEE</b>			
<b>Organization</b>	<b>Representative</b>	<b>Email</b>	<b>Phone</b>
American Organization of Nurse executives	Brigitte McKale	<a href="mailto:brigittem@kapiolani.org">brigittem@kapiolani.org</a>	
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University of Hawaii at Manoa	Mary Boland	<a href="mailto:mgboland@hawaii.edu">mgboland@hawaii.edu</a> ; <a href="mailto:acosta@hawaii.edu">acosta@hawaii.edu</a>	956-8522
University of Phoenix	Glenda Tali	<a href="mailto:glenda.tali@phoenix.edu">glenda.tali@phoenix.edu</a>	524-9873
<b>HSCFN Board Members</b>			
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<b>HSCFN Staff</b>			
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**Hawaii State Center for Nursing (HSCFN)  
Continuing Education Joint Advisory Committee**

September 21, 2010

10 a.m. -12 Noon

AARP – Hawaii Conference Room

**Meeting Minutes**

Present: B.McKale, L.Teshima, N.Atmosfera-Walch, C.Beck, D.Okumura, M.Kostylo, A.Gladstone, P.Williams, C.Ono, G.Early, J.Jacob, P. Lange-Otsuka, C.Kamikawa, E.Lovell, M.Boland, G.Tali, C.Adams, D.Allison, M.Dixon, S.LeVasseur, G.Tiwanak.

Not Present: D.VanHoose, K.Harter, G.Lerch, S.Filleul, J.Drumeller

Documents sent titled:

1. Agenda
2. Roster of Members verify email and current phone
3. SCR\_167\_S.D.2 (6 pages)
4. 2007 & 2010 Macy's report on Continuing Education for Health Professionals
5. 2010 Life Long Learning in Medicine and Nursing
6. IOM Continuing Education 2010
7. Post Entry Competence Study 2009 Council of Student Board of Nursing

**Selection of Advisory Committee Chairperson**

Pg 4 Line 27 Selection of Advisory Committee Chairperson “the joint advisory committee select a chairperson from among themselves, and the chairperson is requested to convene meetings of the joint advisory committee”.

Gail Tiwanak and Sandy LeVasseur are resources to the committee.

Nominations were taken. The concept of Co-chairs was accepted. Art Gladstone, Mary Boland and Glenda Tali all accepted the co-chairs role.

**Review of Resolutions in SCR 167\_S.D.2; HR 98\_H.D.1**

Pg 3 line 35 Reviewed Purpose: “The Hawaii State Center for Nursing is requested to establish a joint advisory committee to conduct the study, plan the establishment of a continuing education program for nurses, and report its findings and recommendations to the Hawaii State Center for Nursing”

Pg 4 suggested members for the Joint Committee be “from any other Hawaii hospital specified by the Hawaii State Center for Nursing”. Kaiser, Kuakini, Hawaii Health Corporation were invited.

HR98 is similar however the Senate bill will be followed. “members of the joint advisory committee serve without compensation and without reimbursement for expenses”. HSCFN will pay for support for mailing, video conference, etc.

Instead of doing our own needs assessment studies, we may use the studies from the articles noted above that are applicable to Hawaii.

**ACTION:** HSCFN will post the link to Macy's report and other related articles. Readings have executive summary and will help the group to understand what is required.

Process outlined in the Senate bill of possible next steps for discussion by the group:

- 1) Identify the need to establishing continuing education, and if we demonstrate a need exists then
- 2) Evaluate the resources required, the feasibility & relationship to setting up mandatory continuing education with possible life long learning.

Target audience is LPN and RN, not APRN who have requirements currently for continuing education.

**Next step:** Start with articles presented. We may have to do more literature searches as well as to determine what is applicable to Hawaii. Issue of competence comes up over and over.

Do we know which States have required continuing education? Texas, Mississippi, Kentucky.

**ACTION:** Sandy LeVasseur also has an article regarding the consumer's perspective of nursing competency and will send it out with the other related studies.

**National Council State Board of Nursing** will meet with us and provide us resources.

Gail: To confirm date of meeting: **October 22, 2010 9:00 am to 11:00 am.**

Small group to formulate the agenda: Pat, Brigitte, Glenda, Mary

Cindy: will find a place: **Queen's Conference Center Board Room w/video conference**

Christine: hook up for off island facilities

Next CE Advisory Committee meeting some time in November 2010.

Report to the Legislature in December 2010.



**Hawaii State Center for Nursing (HSCFN)  
Continuing Education Joint Advisory Committee**

October 22, 2010

9 am to 11:30 am

Queen's Conference Center – Board Room

**Meeting Minutes**

Present: N. Atmospera-Walch, C. Beck, M. Boland, C. Critz, G. Early, A. Gladstone, K. Harter, M. Jacob, C. Kamikawa, G. Lerch, D. Okumura, C. Ono, D. VanHoose, P. Williams, M. Dixon, S. LeVasseur, G. Tiwanak.

Not Present: A. Allison, S. Filleul, J. Drumeller, M. Kostylo, P. Lange-Otsuka, E. Lovell, B. McKale, A. Silva, G. Tali, L. Teshima.

Guest: Mary Ann Alexander, PhD, RN, Chief Officer, Nursing Regulation at the National Council of State Boards of Nursing.

Mary Ann Alexander presented her power point presentation to the group outlining the pros and cons regarding continued competence. The presentation was sent out to all Board Members.

Follow up meeting scheduled for November 19, 2010 at First Insurance Conference Rm 1045 at 9 am to 11:30 am.

**Hawaii State Center for Nursing (HSCFN)  
Continuing Education Joint Advisory Committee**

November 19, 2010

9 am to 10:20 am

First Insurance Conference Room 1045

**Meeting Minutes**

Present: N. Atmospera-Walch, C. Beck, M. Boland, S. Filleul, A. Gladstone, C. Kamikawa, P. Lange-Otsuka, G. Lerch, B. McKale, D. Okumura, G. Tali, D. VanHoose, P. Williams, S. LeVasseur, G. Tiwanak.

Not Present: D. Allison, C. Criz, J. Drumeller, G. Early, K. Harter, M. Jacob, M. Kostylo, E. Lovell, C. Ono, A. Silva, L. Teshima.

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
Summary Overview of Resolution (Deliverables) – Gail Tiwanak	<ul style="list-style-type: none"> <li>-Overview of SCR 167 S.D.2 handout reviewed.</li> <li>-For the first report to the Leg, Section C will be discussed further today.</li> <li>-Membership of the committee is outlined in the document, HSCFN may appoint other groups: Hawaii Association of Nurse Anesthetists and Hawaii Association of Nurse Practitioners were invited.</li> </ul>	Updated roster of CEJAC Membership
Maryann Alexander (NCSBN) Presentation Key Points – Gail Tiwanak	<ul style="list-style-type: none"> <li>-Continued Competence: The State of the Science document was a handout and reviewed with the committee presented by Maryann Alexander, PhD, RN.</li> <li>- Competencies were outlined for RN and LPN</li> <li>-Methods to assessing competencies reviewed; none really meet the basic requirements.</li> <li>-Guiding Principles for Continued Competence in Nursing was reviewed</li> <li>- Study is to be conducted in February 2011 to determine which method would assess competencies requirement. The criteria would be a State that has 25 hospitals to participate in the study. Gail did ask if Hawaii could participate.</li> <li>- NCSBN would be piloting a study in 3 areas: acute care, long term care, and community. We might want to participate in this phase. The Board of Nursing could apply for the studies.</li> <li>- A notice would be sent to Hawaii Board of Nursing to apply for the Study. Currently, we do not know what the qualifications and eligibilities are, however would strongly review this opportunity.</li> <li>- What is the driving force for this? Did we make a difference in patient care and quality or just say to the public that we have continuing education?</li> <li>- At the education level begin instructing students about continuing competency.</li> <li>- Continuing Competency not continuing education needs to be the focus.</li> </ul>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>- All professions are struggling with this dilemma &amp; may want to look at this issue from different approaches.</li> <li>- Hawaii is ranked in the low ten on the quality issue.</li> <li>- Title 22 – California model indicates that the employer is responsible for the employee’s competency. What are the outcomes and measures that make a difference in quality.</li> </ul>	
Study Process – Group Discussion	<ul style="list-style-type: none"> <li>-Agree that we need to do “something” regarding continuing competency which is different from the Resolution which indicates it states continuing education. What is the “something” that is meaningful and we want to move forward on?</li> <li>- Center could do a good analysis of the literature, the NCSBN study, professional societies that have identified competencies related to safety and choose a pilot model for the State.</li> <li>- If we do not want to wait until the 2011 Study is published, we could create our own model by analyzing Maryann’s study to date. We would be able to possibly ask for Legislature for funding and seek grants.</li> <li>-Study components from the SCR 167; #1-2 there are no resources, #3-4 answer from literature, and #5 is what we focus on.</li> <li>- Analysis of a study and then make recommendations for a model.</li> <li>- Report with supporting numbers and why we are introducing the legislation, there is a possibility to propose legislation on the model if the committee wanted to go this direction.</li> <li>- What next? Addressing 1.C. for the report to the Legislature (3-5 page report) by outlining the focus on competency.</li> <li>- Resources would need to be allocated to support this initiative.</li> <li>- Larger organizations have some continuing competency/certification programs or quality indicators. However, the smaller organizations do not have the resources or support staff.</li> <li>- When the legislature applies resources, it would assist either the State Board or the Center to manage a competency program. Thus, raising the quality of care in the State which currently ranks in the bottom ten.</li> <li>- It would be good to tie competency with the licensure; organizations’ have competency requirements.</li> <li>- Gail Lerch in her “ultimate” dream would like a mandatory certification in order to renew their license. Would like to see statewide competency by specialty. Who will be responsible for the cost? The nurse should be responsible for the cost. What happens to the community hospitals? What is realistic to reach all levels of hospitals?</li> </ul>	

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>- Look into the long term impact with a shortage coming; what is the appropriate goal? It may impact workforce number.</li> <li>-Nationally, competency based certification is being considered along with possible NCLEX every 5 years to assess competency.</li> <li>- What is the level of competency? Basic nursing is what was outline in Maryann's report. Nurse specialty may require certification in their specialty.</li> <li>- What is the identification of competency? Is it by nurse practice by law or state licensure or professional society requirements?</li> <li>- Washington State beginning January 2011 is requiring 531 active practice hours and 45 continuing education hours every three years. Alaska State is also looking at this same model.</li> </ul>	
Task Force	<p>Two hours working group consists of Mary Boland, Art Gladstone, Patricia Lange-Otsuka, Brigitte McKale, Dianne Okumura, Cindy Kamikawa, Gail Tiwanak, Diane VanHoose.</p> <p>Outcome: We want to have Quality of Care and continuing competency focus; Review evidence in national and international trends, propose 3 initial directions back to the committee.</p> <p><b>Task Force meeting set for December 8, 2010 from 2:30-4:30pm FIC 1130 (conference call 808-587-7310)</b></p>	Task force will meet during the week of Dec 6 <sup>th</sup> with a report draft to Legislature by Dec 17 <sup>th</sup> .
Meeting Schedule - Group	<p>No meeting in December 2010.</p> <p>Next full committee meeting is Friday, January 7, 2011. Meeting once a month, third Friday of the month.</p>	For information

**Continued Competence: The State of the Science**



Maryann Alexander, PhD, RN  
Chief Officer, Nursing Regulation  
National Council of State Boards of Nursing



**NCSBN**

- Non-profit organization
- 60 Member Boards of Nursing

**Mission**

NCSBN provides leadership to advance regulatory excellence for public protection.

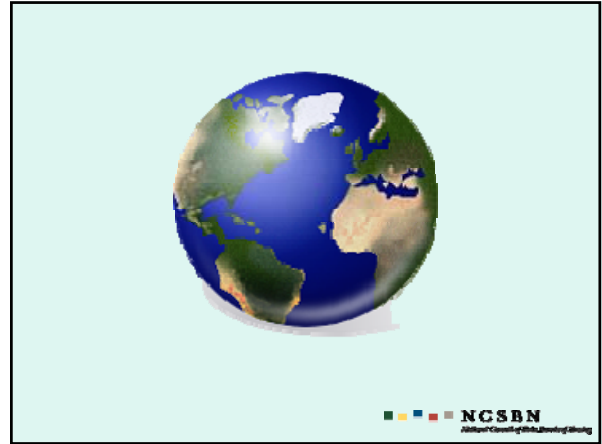
**Mission of Every Board of Nursing**

To protect the public health, safety and welfare through the safe and competent practice of nursing.



**National Council of State Boards of Nursing**

- Provides leadership to advance regulatory excellence for public protection.
- Sets standards for state boards.
- Allows for uniformity among states.
- Center for research. Provides data for nursing regulation, education and practice.
- Allows for communication between states.
- Licensure Exam



### Continued Competence: A Historical Perspective

### History

1985-1993	1995	1996	1998	2003	2005
Pew Commission NCSBN work begins					
				IOM Reports	

### History Continued...

2005	2006	2007	2008	2009	2010
NCSBN does first post-entry competency analysis	The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry			NCSBN Development of Guiding Principles and Regulatory Model and recommendation of study.	
		AARP and CAC study			IOM Future of Nursing Report NCSBN Identification of possible research questions

### The Institute of Medicine

“Health care oversight agencies are challenged to abandon reliance on continuing education in favor of a more systematic approach requiring that each practitioner’s competence be assessed and interventions be targeted to specific deficiencies.” (2003)

**The President's Advisory Commission  
on Consumer Protection and Quality in the Health Care  
Industry**

"The U. S. health care system is plagued with errors in health care practice."

"One explanation for quality of care problems is erroneous, outdated or absent information and skills."

"Traditional continuing education is not an effective mechanism for change." (2006) "

**2007 AARP and CAC Study**

- More than 95% of the respondents believe that health care professionals should be required to show that they have current knowledge and skills necessary to provide quality care as a condition of maintaining licensure.
- 90% indicated periodic re-evaluation of health care providers as being very important.
- 68% indicated they thought this was already being done.

**2010**

- Voice of consumer is getting louder
- Patient safety movement
- Knowledge explosion: An average of 1000 articles per day is added to Medline (1 million in three years)
  - New knowledge needs to be embedded in practice
  - How do individual practitioners remain current?
- Global issue that crosses professions
- IOM, Future of Nursing report recommendations include life long learning and continued competence requirements.

**Current Continued Competence  
Requirements**

**NCSBN Survey: November 2005**

- 28 states required continuing education for license renewal,
- 4 states required practice hours,
- 6 states had a combined requirement of both continuing education and practice hours
- 11 states provided licensees with various options such as peer review, reflective practice, etc.
- 9 states had no continued competency requirements.

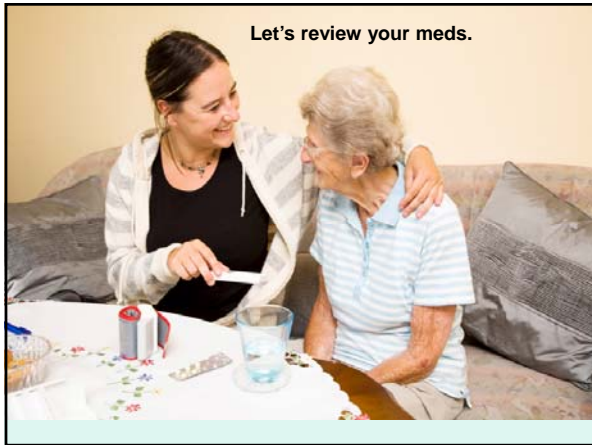
**Assumptions**

- Employers, Boards of nursing and the profession have a responsibility to assure that safe and competent care is provided to patients.
- Nurses should demonstrate generalist competence throughout their career.

**Do all nurses who hold a license need continued competence and should it be the same for all roles?**

- Everyone who holds a license has the potential to acquire a job that involves patient care.
- If the employer requires a nursing license they must also be expecting that the individual has basic nursing knowledge.

Continued competence requirements should relate to the entry level standard and nursing practice as defined in law.



### Step 1: Practice Analysis

- To identify nursing core competencies that are essential to caring for patients.
- To identify whether core competencies exist across all specialty areas of patient care.
- This is the industry standard for developing a competence assessment tool.

### 2005 Post-Entry Practice Analyses

These were the first post-entry practice analyses to be conducted for nursing.  
Subject Matter Experts from 27 external organizations created the activity statements for the practice analyses surveys.

### 2005 Post-Entry Practice Analyses Results

Findings from 4,015 RN surveys indicated that RN work is essentially the same regardless of facility, specialty, years of experience and geographic region.



### 2005 Post-Entry Practice Analyses Results

Findings from more than 3,700 LPN/VNs indicated that the nursing activities performed are similar regardless of facility, nursing specialty practice area, years of experience and geographic region.

### RN Competencies

#### NCSBN

Clinical Judgment in the Provision of Care (**Patient-centered care and Evidence-based Practice**)  
**Intra/Interdisciplinary Collaboration**  
Professional Responsibility (**quality improvement**)  
Communication (**Informatics**)  
**Patient Safety**

#### IOM/QSEN

Deliver **patient centered care**,  
As members of an **interdisciplinary team**,  
Emphasizing **evidence-based practice**,  
**Quality improvement** approaches and  
**Informatics**  
**Patient Safety (QSEN)**

### LPN Competencies

Provision of Care  
Legal/Ethical Responsibilities  
Communication  
Inter/Intra-disciplinary Collaboration  
Safety

### Currently Known Methods

### Continuing Education

Easily obtainable  
Already mandated in many states

### Continuing Education

Evidence indicates that individuals attend conferences that provide education on what they already know or perform well.

They also choose sessions that they think are interesting, but not necessarily where they lack knowledge.

### Peer Review/ Performance Appraisals

An effective way of assessing interpersonal skills, professional behaviors and some aspects of patient care.

Already being done in patient care settings.

### Peer Review/ Performance Appraisals

- Reproducible results rely on multiple evaluators (5-10 or more)
- Difficulty orchestrating data collection from a potentially large number of individuals
  - Often considered confidential
  - Legal defensibility questionable
- If a nurse is not employed in a direct patient care setting, peer evaluation of nursing knowledge and skills will not be attainable.

### Certification Exams

Would involve collaboration with stakeholders.

Many certification exams are already in existence.

### Certification Exams

Certification exams do not exist for all specialty areas.

No uniformity of currently existing exams.

Focus is on specialty area, not on core competencies of nursing.

Psychometric data for many of the exams are not available.

### Patient Surveys

An effective way of assessing interpersonal skills, professional behaviors and patient care.

Reliability estimates of .90 and higher have been achieved through this method, however these vary according to setting and type of practitioner.

### Patient Surveys

Need to obtain enough to provide reproducible results, resources needed to collect, aggregate and report responses.

Many employers and unions argue that patients should not be involved in this process.

No data for nurses not directly involved with patient care.

**Diagnostic Assessment**

- Psychometrically sound
- Legally Defensible
- Easy to administer
- Publicly credible
- Provides direction for CEs

**Diagnostic Assessment**

Individuals feel intimidated  
Expensive to produce  
Measures what you know, not necessarily what you can do  
Would require Statutes and Rules to mandate.  
A hard sell to the profession  
No evidence that this method is effective

**Portfolio/Self-Reflection**

- Useful for evaluating mastery of competencies that are difficult to measure in other ways such as use of scientific evidence in patient care.
- Useful for determining individual accomplishments and learning gains.

**Portfolio/Self-Reflection**

- Substantial evidence now exists that this is not an effective method for continued competence.
- All but the highest performers tend to overestimate their ability. Those that perform in the lowest 25th percentile are the worst at self assessment and identifying gaps in their knowledge.

Not administratively feasible.

**CCAP**

**Portfolio approach where the nurse applies the steps of the nursing process to the nurse's own professional development.**

- Not administratively feasible for boards.
- Not evidenced-based.
- Too variable and too flexible. A standard cannot be set.
- "A paper exercise that has little application to practice."

**Simulation**

Extensive resources are needed  
Expensive  
Test reliability concerns  
Numerous centers needed within a state

### Simulation

- An effective method to assess clinical decision-making and the application of nursing knowledge.
- Assesses both knowledge and skill.
- Demonstrated by the aviation industry to be an effective measurement of performance.

### Basic Requirements

- Administratively feasible
- Publicly credible
- Professionally acceptable
- Legally defensible
- Economically feasible

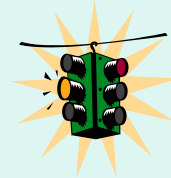
### Other Professions

Medicine  
Physical Therapy  
Pharmacy

Whose responsibility is this?

Do we need this?

Where's the evidence?



What's the best method?

Professional Nursing Organizations

Consumers

Legislators

Stakeholders



## The Future

**Guiding Principles for Continued Competence in Nursing**

1. The individual nurse in collaboration with the state board of nursing, nursing educators, employers and the nursing profession has the responsibility to demonstrate continued competence through:
  - a. Acquisition of new knowledge
  - b. Appropriate application of knowledge and skills

**Guiding Principles for Continued Competence in Nursing**

2. A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.

**Guiding Principles for Continued Competence in Nursing**

3. Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety.

**Guiding Principles for Continued Competence in Nursing**

4. The state boards of nursing have the regulatory authority for establishing continued competence requirements.

**Future Work**

Development of a scientific proposal to test methods to determine what methods are most effective in measuring competence and its impact on patient safety.

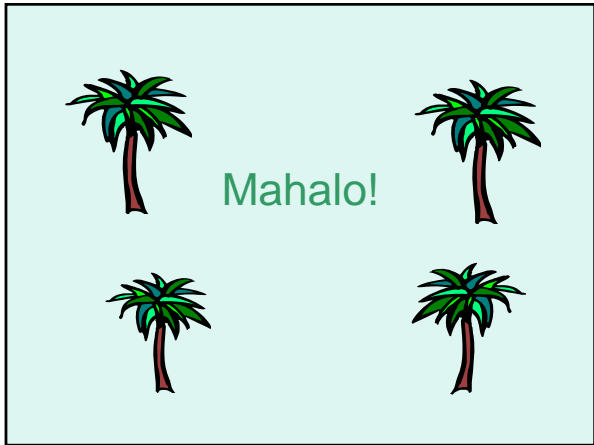
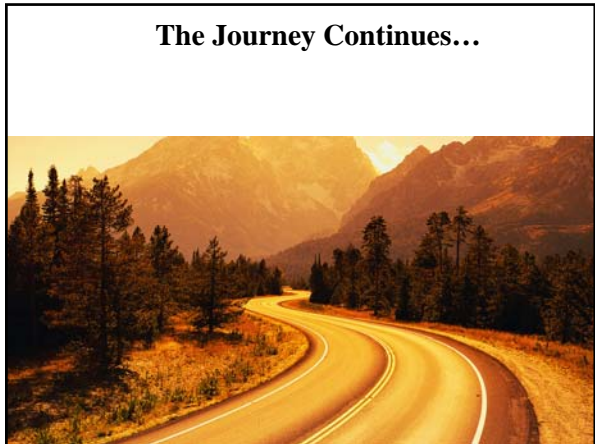
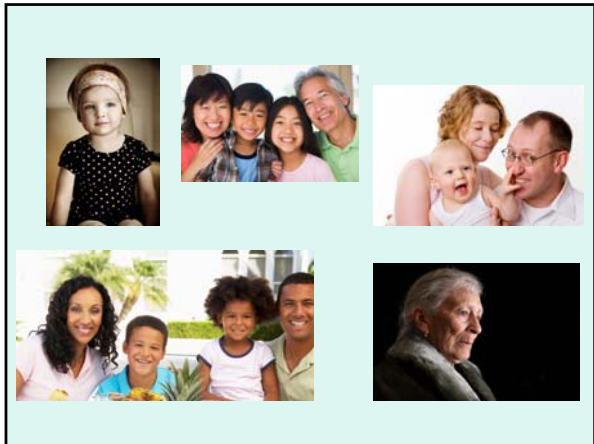
Target Date: Feb 2011

**Overarching Principles**

**We want individuals to know when they don't know.**

**We want individuals to know how to problem solve.**

**We want to foster a learning environment and a culture of competency.**



**Center for Nursing Task Force  
2011 Schedule  
3rd Friday's of each month  
FIC 1045 Conference Room**

Date	Time
January 7 (1 <sup>st</sup> Friday)	9:00 to 11:00 am
February 18	9:00 to 11:00 am
March 18	9:00 to 11:00am
April 15	<b>10:30 am to 12:30 pm</b>
May 20	9:00 to 11:00am
June 17	9:00 to 11:00am
July 15	<b>10:30 am to 12:30 pm</b>
August 19 closed due to Admission Holiday	
September 16	9:00 to 11:00am
October 21	<b>10:30 am to 12:30 pm</b>
November 18	9:00 to 11:00am
December 16	9:00 to 11:00am

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