

## CONTINUING COMPETENCE STAKEHOLDER SUMMIT

# Part 1: History & Background

## CONTINUING COMPETENCE STAKEHOLDER SUMMIT



# Evidence-based Recertification: Research & Changes

# Objectives



<b>Define</b>	terminology related to competency and continuing competence.
<b>Explain</b>	how PNCB fulfills its mission as a covenant with its stakeholders.
<b>Describe</b>	PNCB's Pediatric Nurse Mindset and its relationship to recertification.
<b>Identify</b>	the six focus areas of PNCB's Pediatric RN Competency Framework.
<b>Discuss</b>	unique elements of PNCB research and their application to a new foundation of recertification.

# Attendee Demographics



# Special Thank You

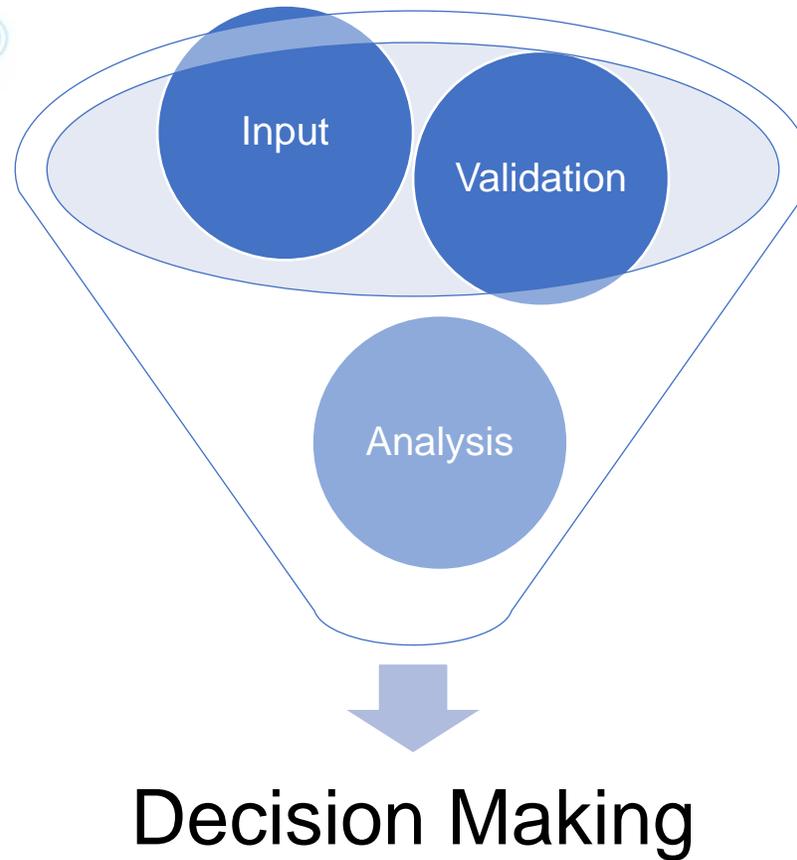
## Past PNCB Board Members / Original Task Force

- Barbara Gray, PhD, RN, CPNP-PC
- Maureen Madden, DNP, RN, CPNP-AC, CCRN, FCCM
- Nicole Teilhard, DNP, CPN, NE-BC
- Natalie Van Waning, MSN, APRN, CPNP-PC

# PNCB Consultants



# Process Overview



# Beyond Passing the Exam

Understand  
Policies

Complete  
Activities

Recertify by  
Deadline

# Staying Relevant & Meaningful



# CONTINUING COMPETENCE

## PNCB

PEDIATRIC NURSING  
CERTIFICATION BOARD

## The Pediatric Nursing Mindset

As a part of research to explore elements of continuing competence for pediatric nursing professionals, PNCB validated the tenets of a Pediatric Nursing Mindset with more than 12,000 nurses, nurse practitioners, and employers. They overwhelmingly believed that the following tenets were descriptive of and essential to pediatric nursing practice.

### NOT JUST "A CHILD'S NURSE"

Pediatric nurses are not just nurses who work with children. A pediatric nurse brings a mindset that embraces the uniqueness of each individual child. The Pediatric Nurse Mindset acknowledges that children are not "small adults" but rather have unique characteristics based on their age and stage of development from infancy through adolescence.



### THE BASICS

The pediatric nurse or nurse practitioner with this Mindset:

- Promotes health throughout all stages of childhood development.
- Provides care for children with special understanding of their emotional, social, spiritual and physiological development.
- Applies knowledge of childhood-specific illness, pediatric medications, and therapies.
- Educates and involves the family in treatment and care.
- Promotes healthy family interactions.

### YOU HELPED EXPAND THE MINDSET!

Based on certificant feedback and validation, we added these tenets as representing the unique abilities of the pediatric nursing professional:

- Ability to utilize a flexible set of assessment and communication skills, equipment and techniques for the pediatric patient.
- Use of specialty expertise to recognize and respond to the child who has life-threatening symptoms.

# About PNCB

- Established in 1975
- 4 credentials
- 55,000+ certificants



# CPNP-PCs



- 1977
- Graduate education
- Health maintenance and promotion
- Assessment and management
- 19,000+ CPNP-PCs

# CPNs



- 1989
- RN license
- Direct care, education, leadership...
- 31,000+ CPNs



# CPNP-ACs



- 2005
- Graduate education
- Acute, complex, critical, chronic, and often life-threatening illnesses
- 4,000 CPNP-ACs

# PMHSs



- 2011
- Eligible APRN roles / primary care settings
- Developmental, behavioral, mental health conditions
- 650 PMHSs

# PNCB believes competence is...

- A professional and ethical **obligation to safe practice**.
- A **commitment** made to the individual, the profession, and to consumers.
- A **responsibility shared** among the profession, regulatory bodies, certification agencies, professional associations, educators, health care organizations/workplaces, and individual nurses.
  - Healthcare organizations/workplaces accept responsibility for measuring, documenting, and supporting competency, and for addressing any deficiencies in staff members' competency.
- **Evolutionary**, in that it builds upon previous competence and integrates new evidence.
- Dynamic, fluid, and **impacted by many factors** as the individual enters new roles and new situations.

# And that continuing competence is...

the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting.



# Definitions

## A COMPETENCY

is a statement describing an ability expected of credential holders, articulated as an action performed to demonstrate a prescribed level of skill or to attain a desired outcome.\*



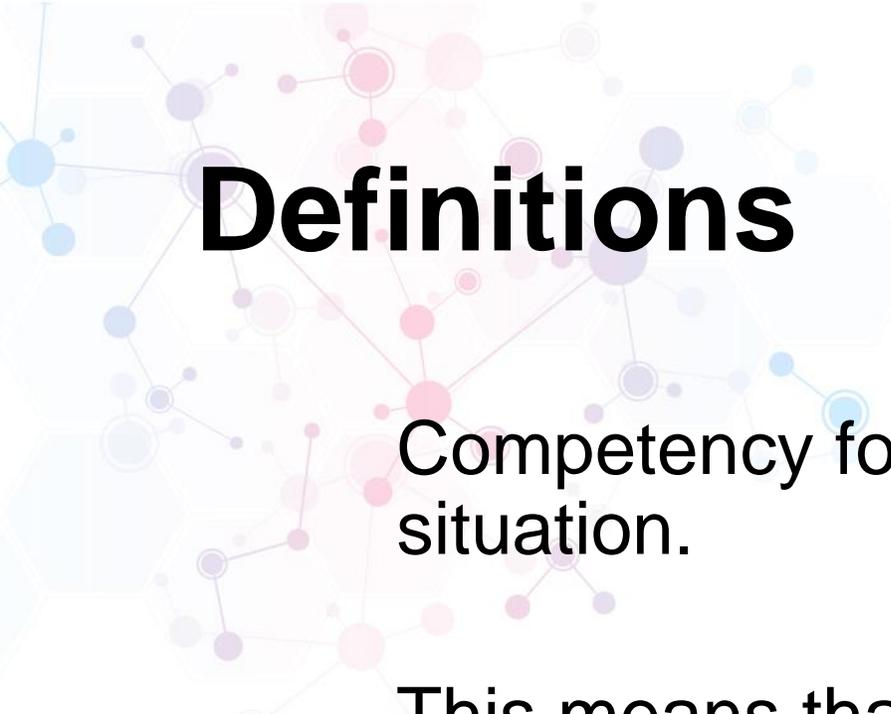
\*American Board of Nursing Specialties

# Definitions



## COMPETENCY IN THE WORKPLACE

is most often visible to employers who assess a nurse's competency on a regular basis.



# Definitions

Competency focuses on one's actual performance in a situation.

This means that competence is required before one can expect to achieve competency.

Case Di Leonardi B, Biel M. Moving forward with a clear definition of continuing competence. J Contin Educ Nurs. 2012 Aug;43(8):346-51; quiz 352-3. doi: 10.3928/00220124-20120116-18. Epub 2012 Jan 23. PMID: 22263553.

# Definitions

## COMPETENCE

is the ability to perform a task, function, or role at a level that meets or exceeds the prescribed minimum standards in the specified environment.\*



\*American Board of Nursing Specialties

# Definitions



## COMPETENCE IS A POTENTIAL

that can be assessed in various means such as certification exams.

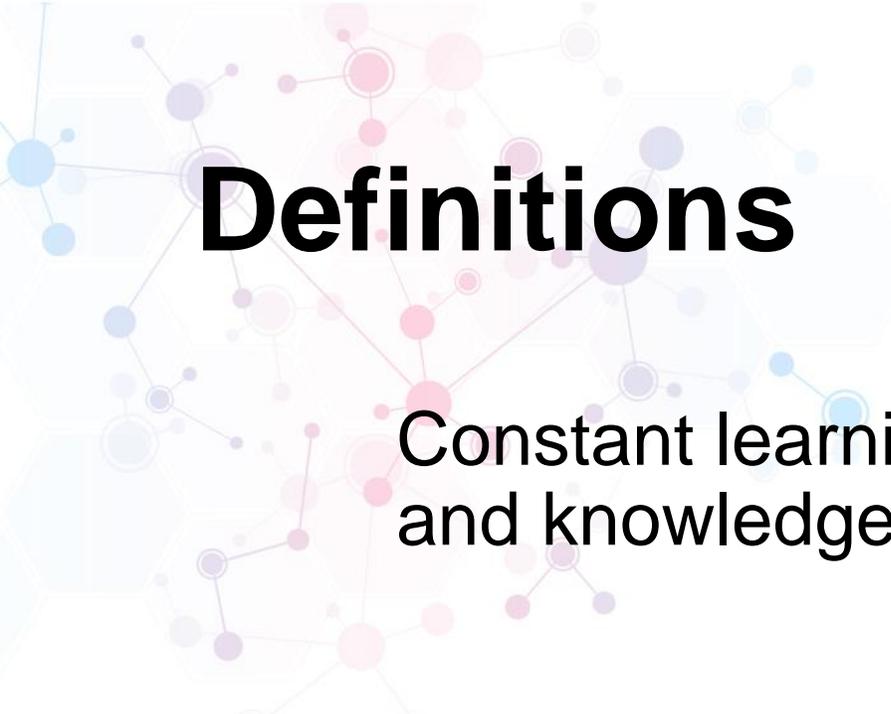
# Definitions

## CONTINUING COMPETENCE

is the ongoing commitment to integrate and apply competencies required to practice safely, effectively, and ethically.\*\*



Institute for Credentialing Excellence Terminology Task Force. Basic Guide to Credentialing Terminology. 2nd ed. Washington; 2020. p. 8.



# Definitions

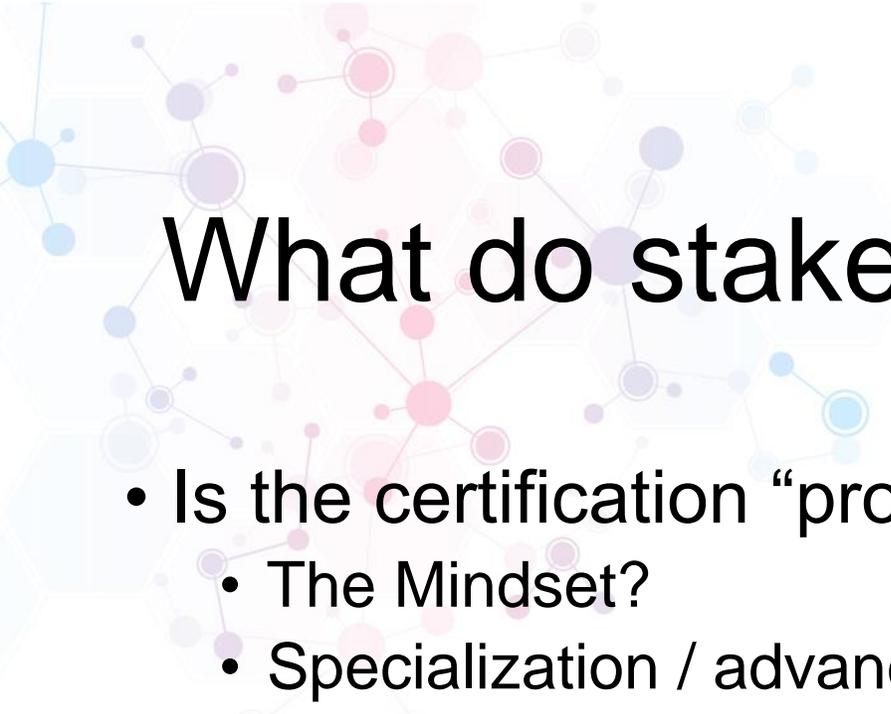
Constant learning and application of new skills and knowledge are key to competence.

Case Di Leonardi B, Biel M. Moving forward with a clear definition of continuing competence. J Contin Educ Nurs. 2012 Aug;43(8):346-51; quiz 352-3. doi: 10.3928/00220124-20120116-18. Epub 2012 Jan 23. PMID: 22263553.

## CONTINUING COMPETENCE STAKEHOLDER SUMMIT



# Why are we here?



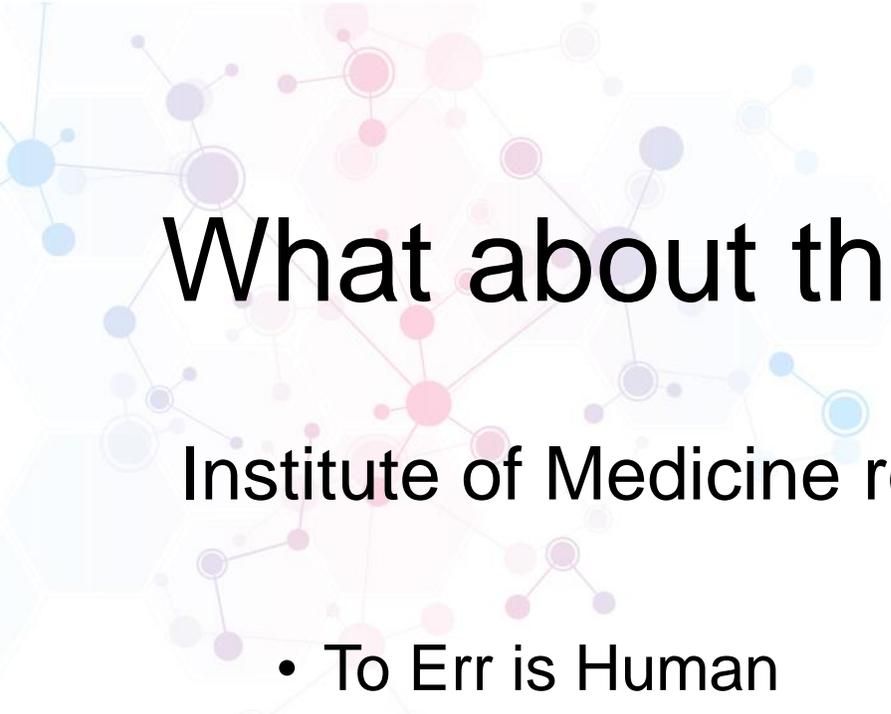
# What do stakeholders feel / believe?

- Is the certification “promise” relevant?
  - The Mindset?
  - Specialization / advancement
- What are their expectations of assessment?
  - What competencies?
  - What kinds of assessments?
  - How often?



# Who are stakeholders?

- Healthcare Industry
- Peer organizations
- Consumer advocates
- Accreditation boards
- Employers / certificant



# What about the rest of healthcare?

Institute of Medicine reports:

- To Err is Human
- Bridging the Quality Chasm
- Redesigning Continuing Education in the Health Professions



# What about the rest of healthcare?

“A high-performing system. . . is not limited to formal educational activities and must integrate with the learning that health professionals internalize in their everyday practice.”

Institute of Medicine, *Redesigning Continuing Education in the Health Professions*.  
Chapter 5 “Envisioning a Better System of Continuing Professional Development”



# What about peer organizations?

National Certification Corporation (NCC) –  
Continuing Competence Assessment

Oncology Nursing Certification Corporation (ONCC) –  
Individual Learning Needs Assessment

National Board of Certification and Recertification  
for Nurse Anesthetists (NCRNA) –  
Continued Professional Certification Program

American Board of Medical Specialties (ABMS) –  
Maintenance of Certification / Longitudinal Assessments



# Consumer advocates?

## Citizen Advocacy Center

- **A**dministratively feasible
- **P**ublicly credible
- **P**rofessionally acceptable
- **L**egally defensible
- **E**conomically feasible



# Accreditation boards?

- National Commission on Certifying Agencies
- Accreditation Board of Specialty Nursing Certification
- ISO/IEC 17024

# National Commission on Certifying Agencies

## Standard 22\*: Maintaining Competence

### Commentary #2:

Continuing competence may be defined differently than initial competence to account for changes in an individual's role over time, and recertification requirements may be established accordingly.

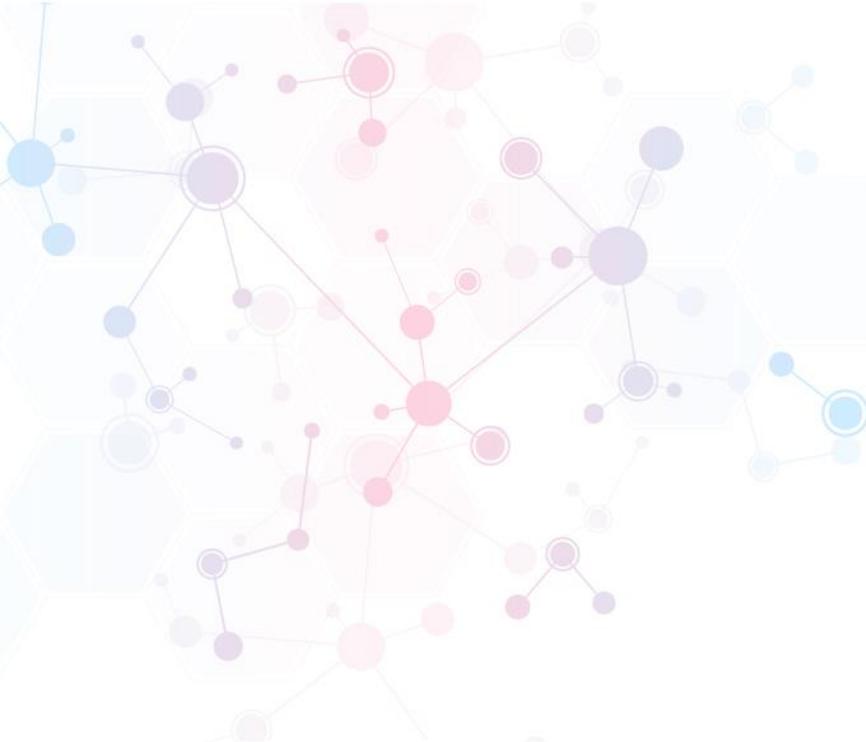
For example, the range of services provided by a certificant may narrow over time due to concentration in a specialized area of service and the certificant's range of competence may narrow.

*\* Standard 21. Maintenance of Certification in 2021 Revision*

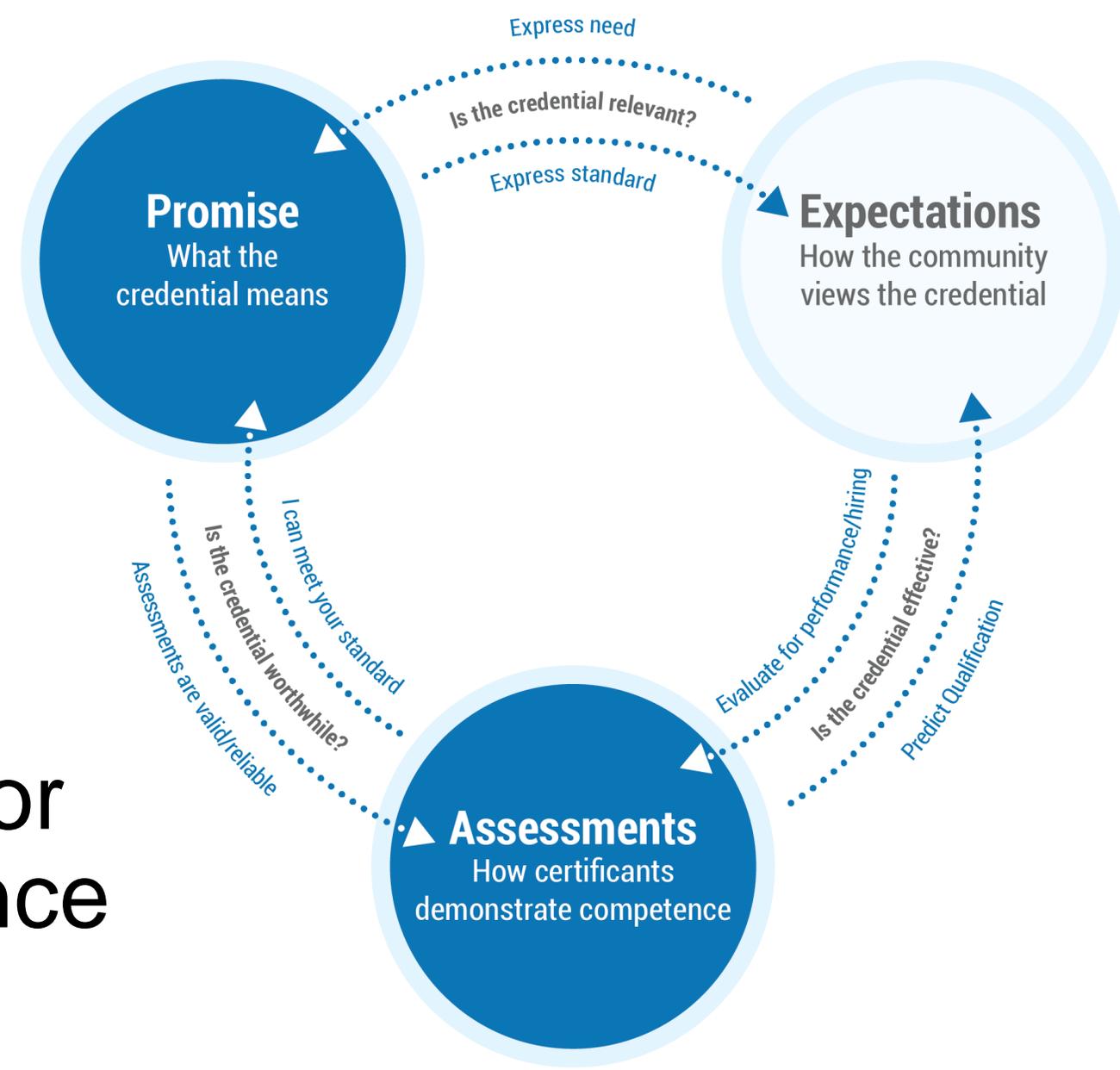


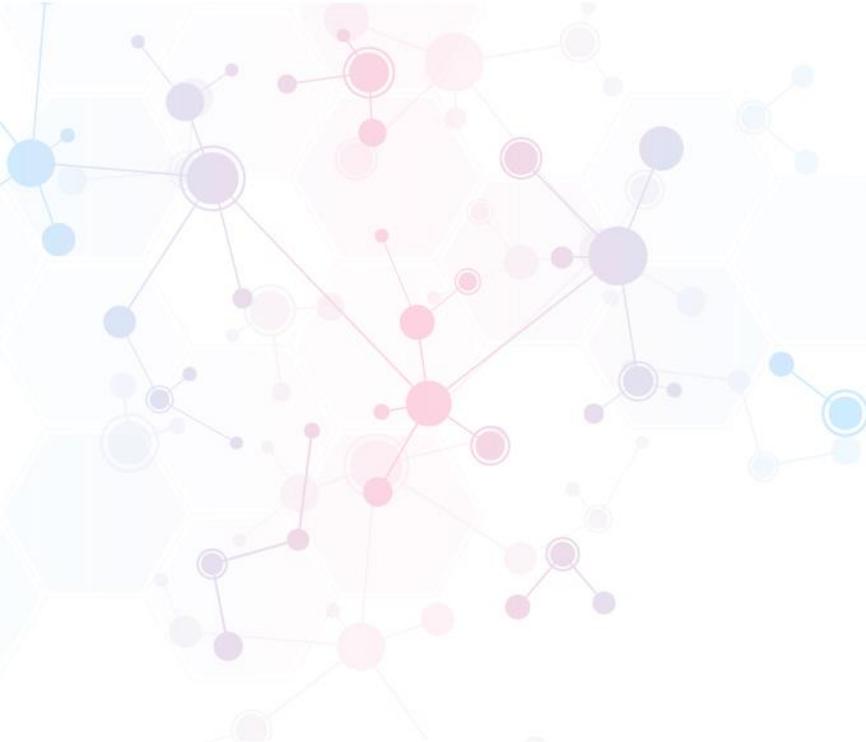
# Employers / certificant

- Job Task Analysis
- Specialized Task Force
- Ethnographic Research
- Certificant Survey

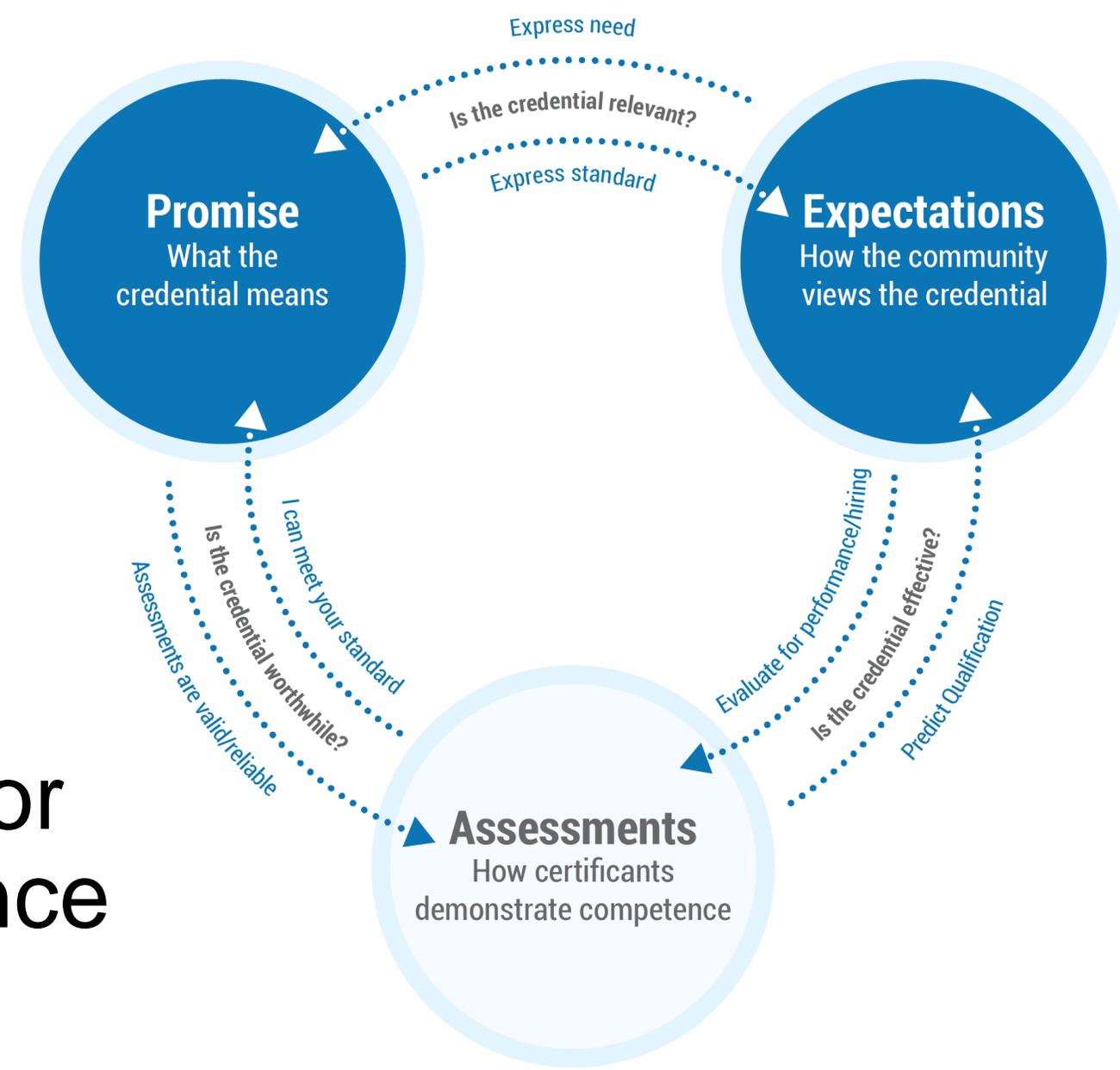


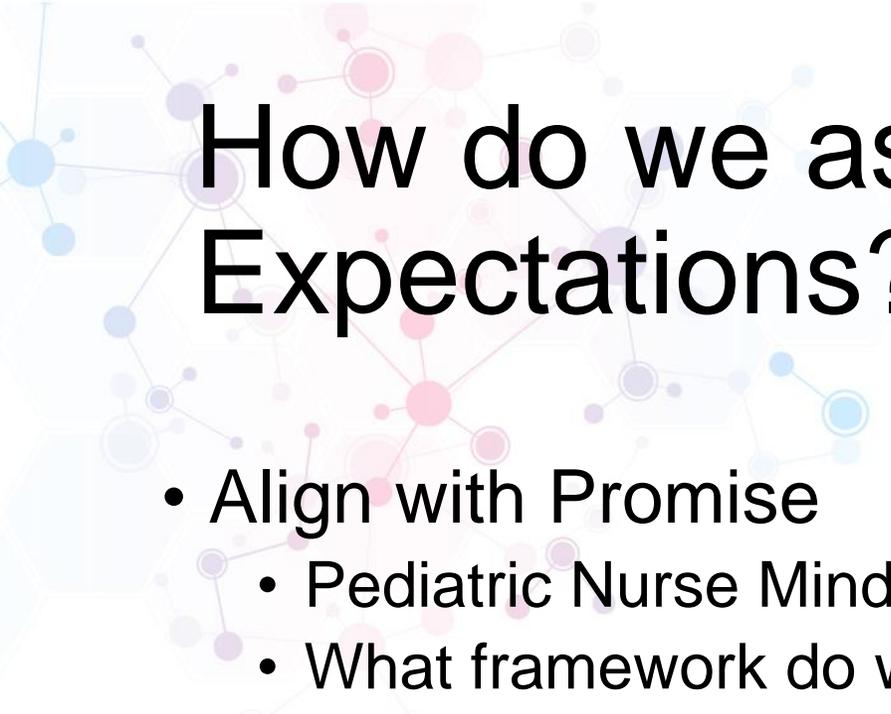
# Recertification program alignment for continuing competence





# Recertification program alignment for continuing competence





# How do we assess to align Promise with Expectations?

- Align with Promise
  - Pediatric Nurse Mindset
  - What framework do we use?
  - How frequently?
- Align with Expectations
  - Clearly stated requirements
  - Clearly stated rationale
  - In partnership with employers / academia

# What does PNCRB keep?

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- Diversity of Professional Development opportunities
- Frequent (i.e., annual) demonstrations of competence
- Program definition that aligns with Practitioner circumstances and values (e.g., Record Review Year)



# What does PNCCB change?

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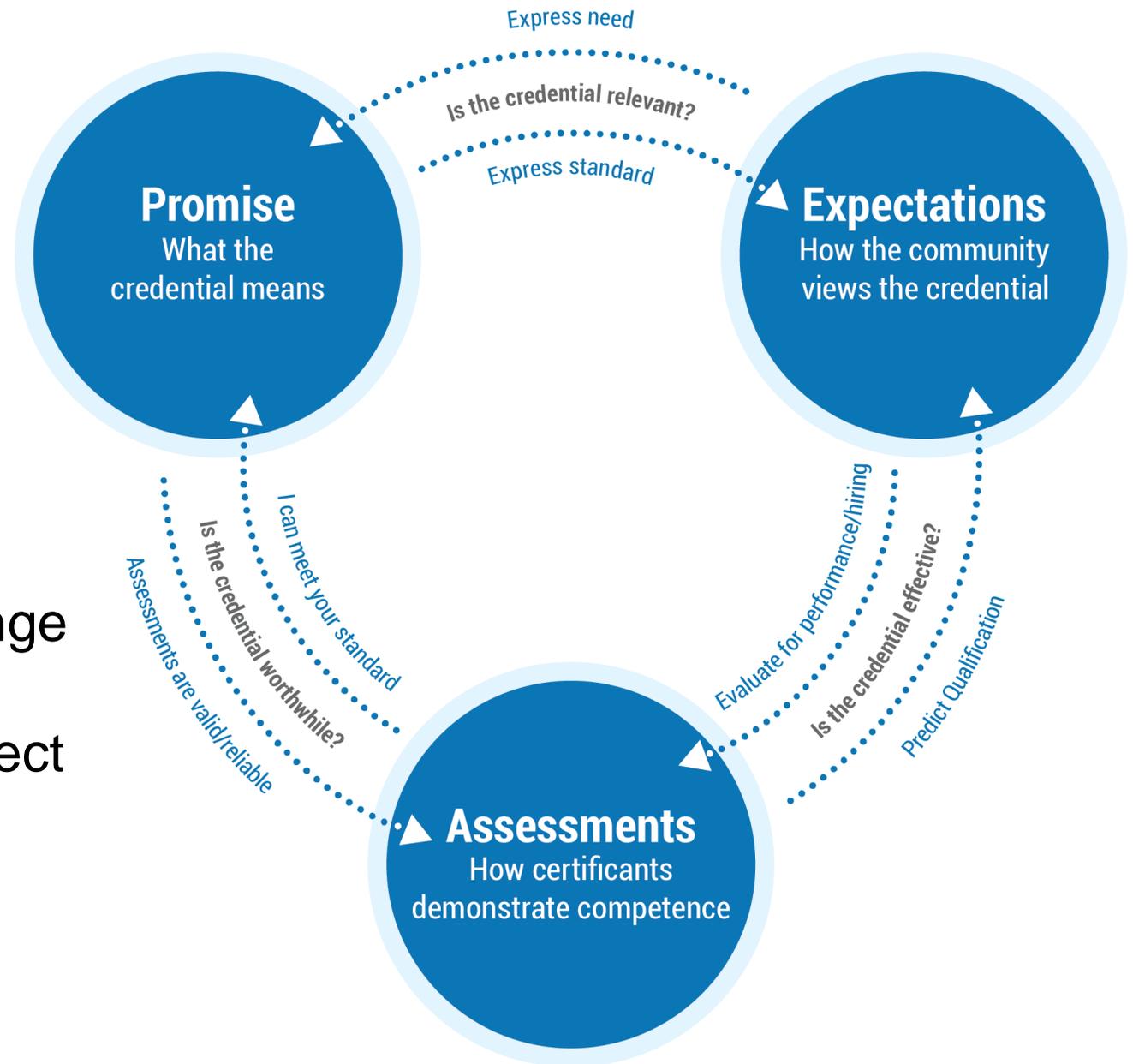
- Develop competency model that acknowledges
  - Career paths
  - Specialization
  - Professional advancement
- Align activity to competency model
- Revise activity weighting
- Accept new expressions of competence
- Explore innovative assessment experiences



# Covenant

The ongoing process of program alignment

- Expectations change
- Assessment possibilities change
- The process to refine and reflect Promises remains



## CONTINUING COMPETENCE STAKEHOLDER SUMMIT



# The History of PNCB Recertification



**"Strive for continuous improvement, instead of perfection."**  
- Kim Collins, track and field sprinter from Saint Kitts and Nevis



**PNCB Lingo**

**Recert**

***Recertification*** Maintenance of Certification

**Renewal**

# The Beginning

1975  
established

1977  
first exam

- April 1977: Board approves the concept of recertification
- June 1978: Plans to publicize Recert approved

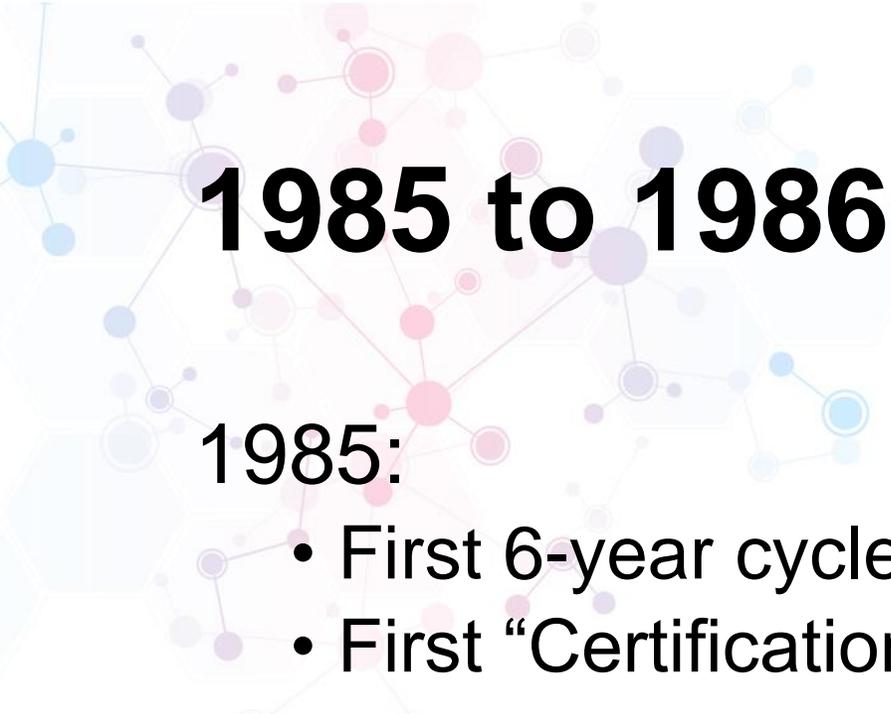
# Cycle & Requirements 1979 to 1982

1979:

- 6-year cycle
- 10 NAPNAP contact hours or 1 “self assessment exam” (SAE) annually
- Minimum of 3 SAEs plus re-exam during cycle

1982:

- Purpose of recertification linked to continued competency
- Learning/continuing education
- Proctored exam at the close of the 6-year certification



# 1985 to 1986

1985:

- First 6-year cycle ends
- First “Certification Maintenance Program” certificates mailed

1986:

- ANA pediatric contact hours accepted

# 1988 to 1991

## 1988:

- Academic credit accepted
- CPN recertification policy approved
- 5-year term
- 10 CE or 1 academic credit annually **or** re-exam every 5 years

## 1991:

- Committee member work allowed for credits
- Reinstatement policy initiated

# 1999

## 1999:

- Expanded list of accepted CE accreditors
- CME also now allowed
- Clinical practice hours allowed
  - 400 hours = 10 contact hours
  - 200 hours = 5 contact hours
- 1000 hours of clinical each 5-yr cycle required for CPNs



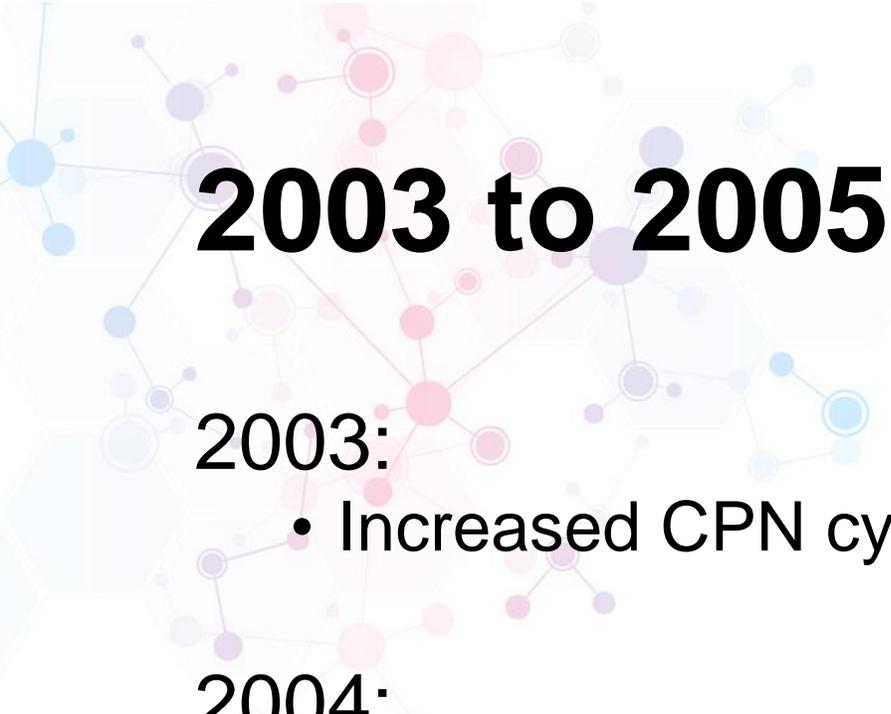
# 2001 to 2002

2001:

- Removed clinical requirement for CPNs

2002:

- Increased CPNP cycle from 6 to 7 years
  - More time to complete 3 required SAEs
- CPN SAE development approved



# 2003 to 2005

2003:

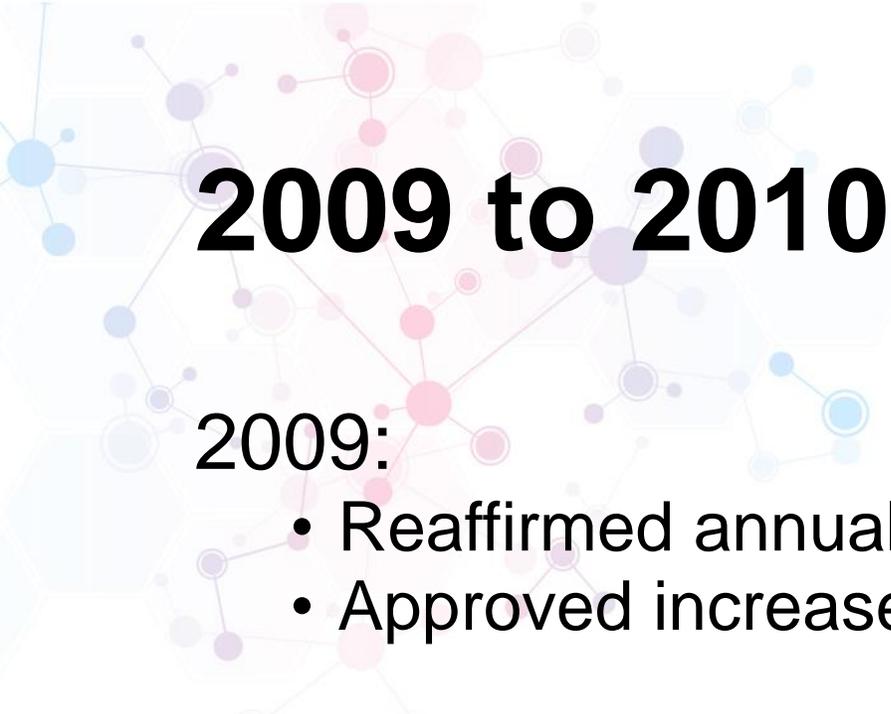
- Increased CPN cycle to 7 years for uniformity

2004:

- CPNP-AC Recert options approved

2005:

- Added precepting as an option



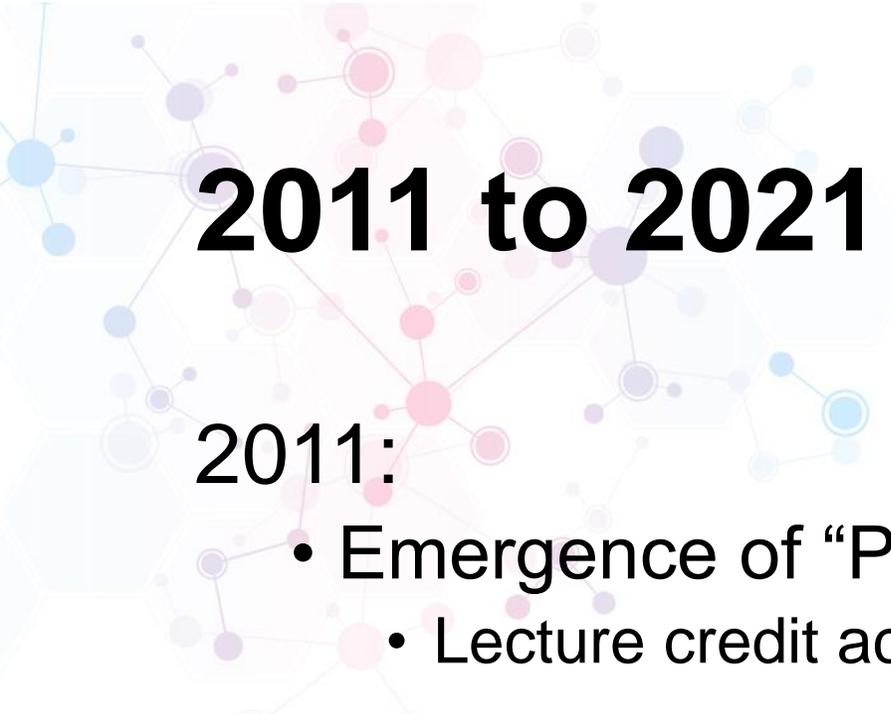
# 2009 to 2010

2009:

- Reaffirmed annual Recert
- Approved increase to 15 required contact hrs/equivalents

2010:

- 15-hour requirement in effect
- SAEs online only
- PMHS Recert program approved
  - 60 hrs/3-year interval



# 2011 to 2021

2011:

- Emergence of “PPL”
  - Lecture credit accepted

2012:

- SAEs become “Pediatric Updates”



# 2013 to now

## 2013:

- Removed CPN Pediatric Updates requirement
- Reduced number of CPNP Pediatric Updates hrs per 7-yr cycle
- Added CPNP 15 contact hrs peds pharm requirement
- Reduce PMHS hrs to 45 per 3-yr interval

## 2015:

- 2013 approved changes go live
- PPL expanded (authorship, posters, committee membership)
- 2019 Recert added QI projects

# Current Recert Programs



CPNP-PC	CPNP-AC	Both PC & AC	CPN	PMHS
15 credits annually	15 credits annually	15 credits annually	15 credits annually	45 credits / 3 yrs
4 Pediatric Updates + 15 hrs peds pharm per 7-year cycle	4 Pediatric Updates + 15 hrs peds pharm per 7-year cycle	6 Pediatric Updates + 15 hrs peds pharm per 7-year cycle	7-yr cycle only for tracking Record Review Year option	45 DBMH hrs of which 15 must be peds psychopharm

## CONTINUING COMPETENCE STAKEHOLDER SUMMIT



# PNCB's Process



# Many Moving Parts!





2013

- Convened Board of Directors Task Force
- Examined Board-certificant competence relationship
- Agreed to evaluate our Recert processes
- Refined our definition of continuing competence

2014

- Pilot Tested ICE Guiding Framework
- Engaged Consultant Christopher Butcher

2015

- Drafted foundational documents / constructs to test
- Began certificant communications

## Evaluating How We Determine Continuing Competence

March 6, 2015

Dear Colleague,

Your input will be needed as PNCB conducts a three-year exploration of future recertification strategies. Keeping you informed and gathering feedback are key to this process. PNCB is in good company with

**PNCB Continuing Competence**

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SHARE: PRINT:

**ABOUT**

ABOUT PNCB

- Board of Directors
- Contact Us
- PNCB Exams

**CONTINUING COMPETENCE**

- Annual Recertification Programs
- PNCB Continuing Competence Updates
- Reinstatement of Certification
- Retire
- Filing a Complaint

**PNCB Continuing Competence**

**BACKGROUND**

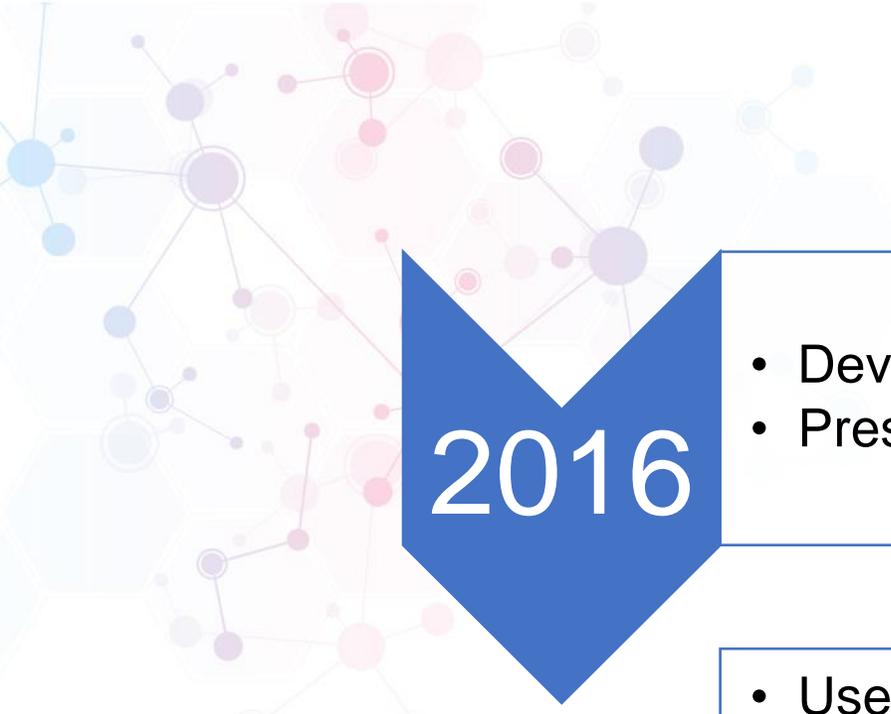
Starting in 2013, PNCB's Board of Directors convened a task force to examine the current state of the relationship between a certification board and the competence of professionals holding its certifications. During this period, we concluded that PNCB should refine our definition of continuing competence and subsequently evaluate our processes of recertification. [See September 2017 updates.](#)

The process we will follow is based on the experiences of other organizations. Our program will be tailored to the unique needs of our practice area.

**OBJECTIVES**

In re-examining and re-defining PNCB's recertification program, we will be guided by these objectives:

- Evaluate the recertification program to determine the extent to which current practices effectively promote and measure the ongoing competence of credential holders
- Determine if there are elements of the program that are unnecessarily burdensome to certificants that do not



2016

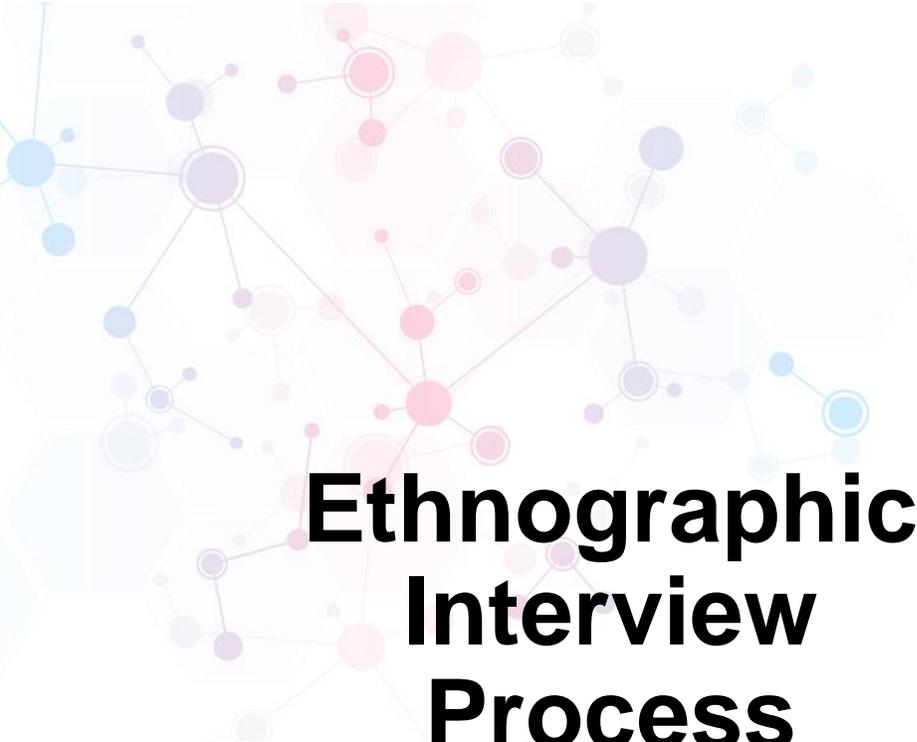
- Developed “Pediatric Nurse Mindset”
- Presented at NAPNAP

2017

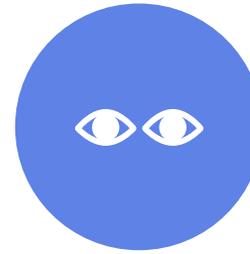
- Used small groups to review a Demonstration Matrix of exam content outline
- Looked at “shelf-life,” “forgetting” or “obsolescence”
- Considered which research questions could be answered with routine job task analysis research and which ones were best asked with ethnographic research



# **Ethnographic Research 2017-2020**



# Ethnographic Interview Process



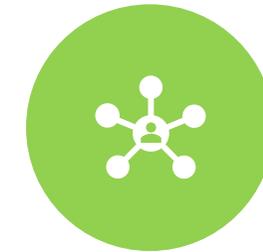
**OBSERVE / LISTEN  
IN A NON-  
DIRECTED WAY**



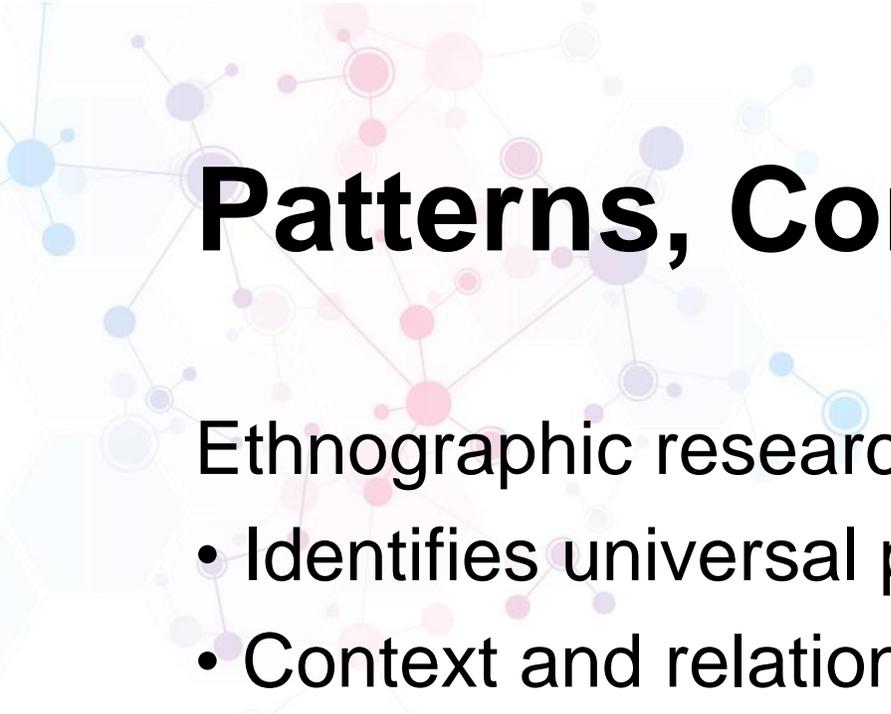
**FOLLOWS WHERE  
CONVERSATIONS  
LEAD**



**THEMES, NEEDS,  
EXPECTATIONS,  
VALUE  
PROPOSITIONS**



**DATA FLOWS  
FROM  
INTERVIEWEE TO  
ORGANIZATION**



# Patterns, Context & Personas

Ethnographic research:

- Identifies universal patterns in the data
- Context and relationships
- Helps PNCB ask correct questions aligned with whom we serve
- Personas developed for people impacted by certification

# Research Deliverables

Influencer  
Interviews

Value Chain  
Interviews

Stakeholder  
Survey

Employer  
Survey

Competency  
Assessment  
Models