

CONTINUING COMPETENCE STAKEHOLDER SUMMIT

Part 3: What Will Happen

CONTINUING COMPETENCE STAKEHOLDER SUMMIT



Using the Research: Support for Board Decision-Making



Challenges



Robust findings to analyze



Different stakeholder needs



Data gathered over several years



Rotating Board slate

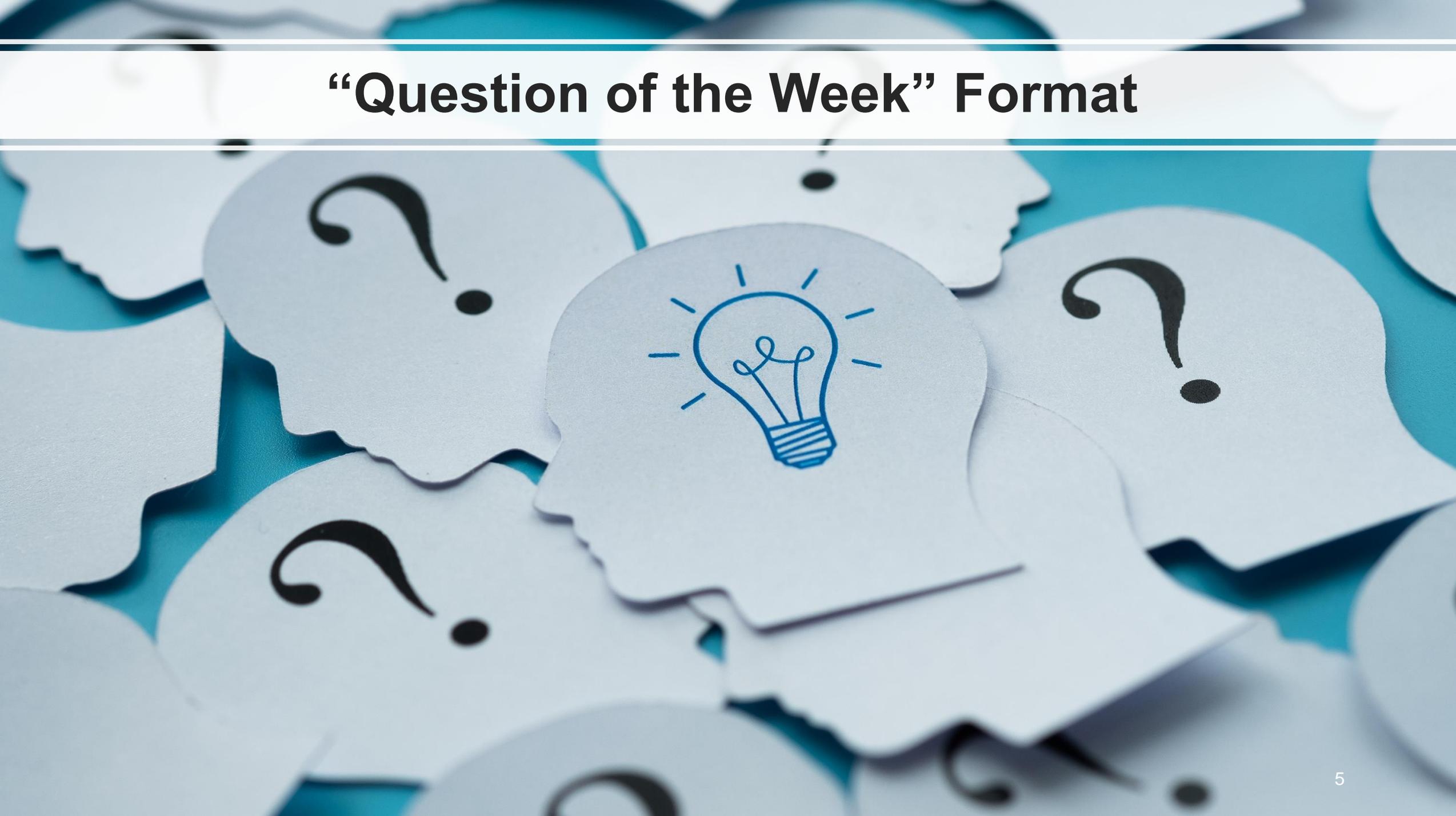


Staff awareness

Research Findings = Evaluation Tools



“Question of the Week” Format



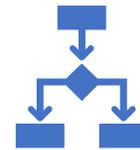
QoW Goals



**Consensus-
based**



**Evidence-
based**

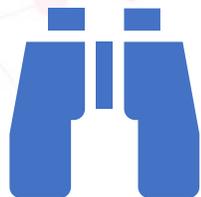


Feasible

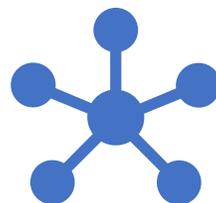


**Certificant-
centric**

QoW Process & Format



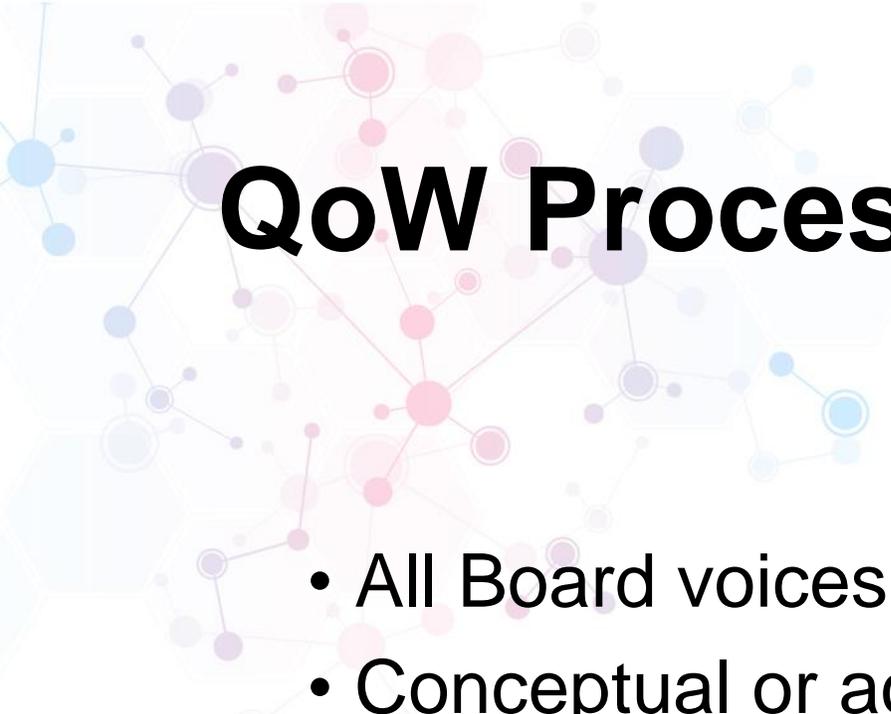
Big picture



Easy Access

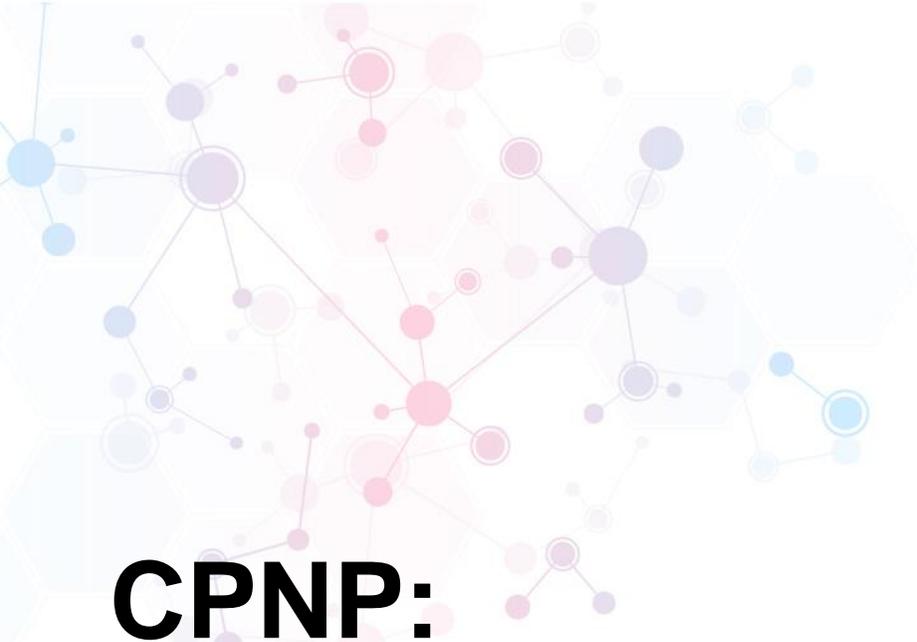


Brief



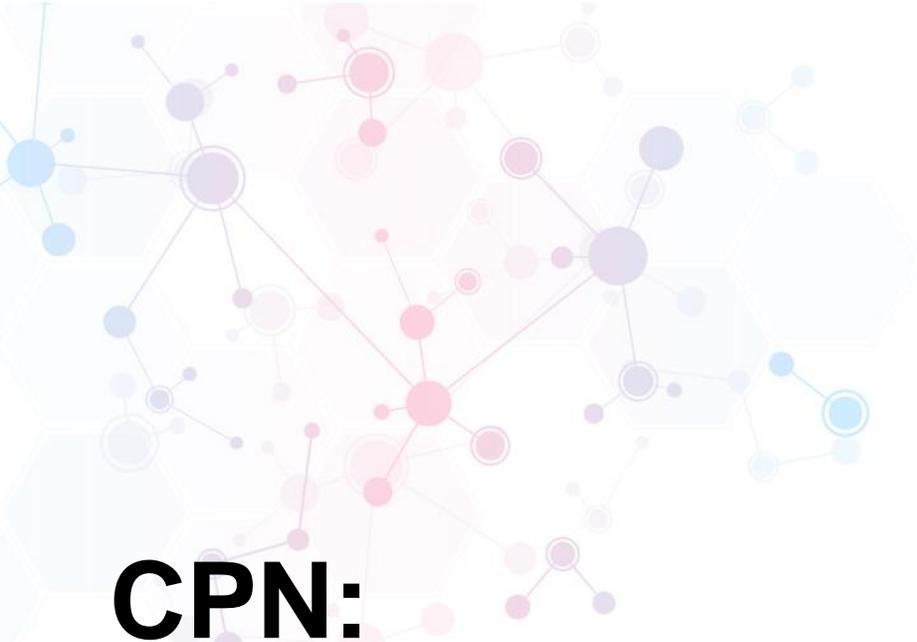
QoW Process & Format

- All Board voices
- Conceptual or actionable
- Certificant-Board consensus
- Any gaps?
- *What do you need to move forward with decision making?*

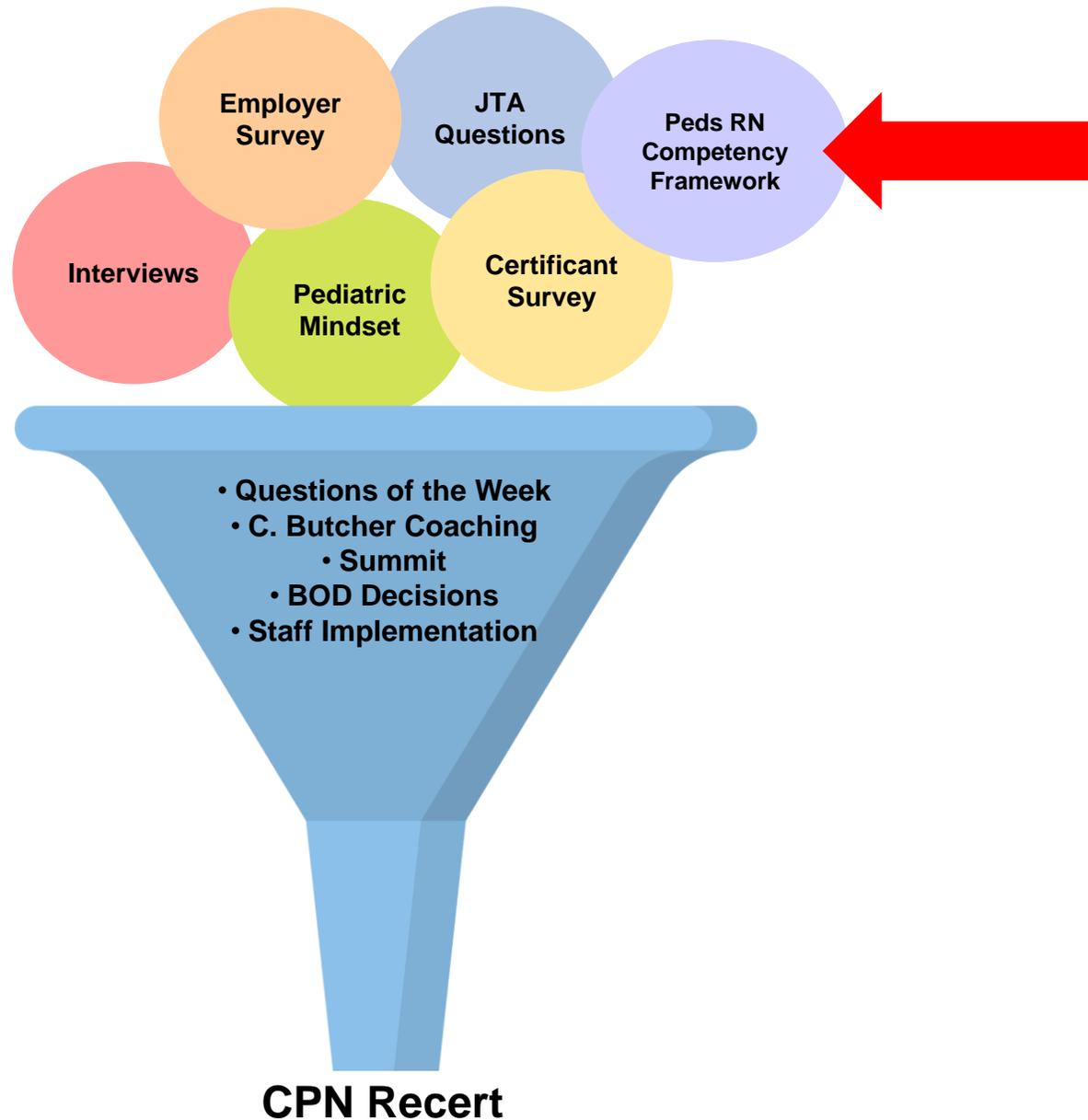


CPNP: Tools to evaluate current & future Recert





CPN: Tools to evaluate current & future Recert



CONTINUING COMPETENCE STAKEHOLDER SUMMIT



Applying the Tools: Impact on Recert Current & Future

QoW: Mindset

Role of the Pediatric Nurse Mindset

- Valuable for **conceptual** underpinnings
- Less certain about how to apply as a definition of competence

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.
- Management of multiple, complex relationships between health care providers, family members and patients.
- Ability to communicate on different cognitive/developmental levels in same setting with children, family members, and other stakeholders.
- Capacity for empathy – understanding the thinking, lived experience and emotions of children and adolescents and respect them as individuals.
- Recognition of the environmental context and family choices in order to improve child health, which is tied to the health of the family.

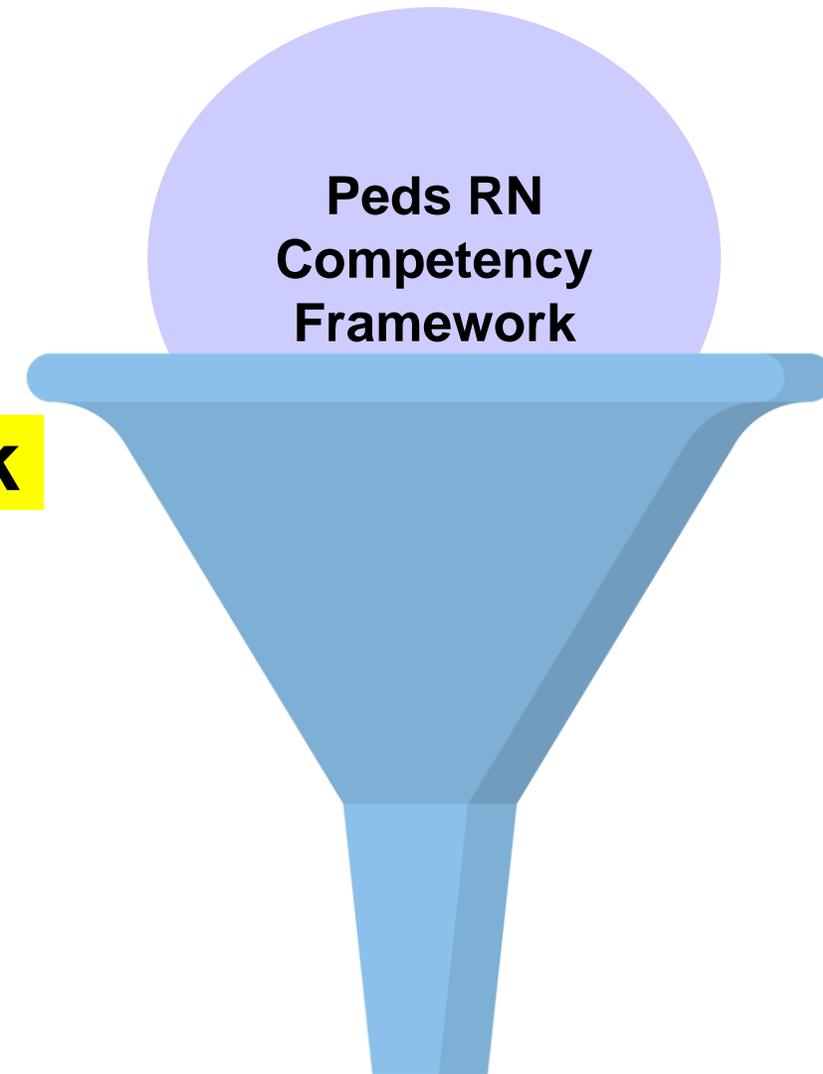
YOUR PEDIATRIC FOCUS MAKES A DIFFERENCE

Pediatric nurses fulfill all of the same roles as general nurses, including bedside care, managing nursing interventions, and facilitating education. **What makes a pediatric nurse different from other nursing staff is that they represent the best resource to support optimal child health.**



QoW: Evaluation Tools

- Many have grappled with each of the documents
- **Pediatric RN Competency Framework** can be a scheme upon which to build alignment

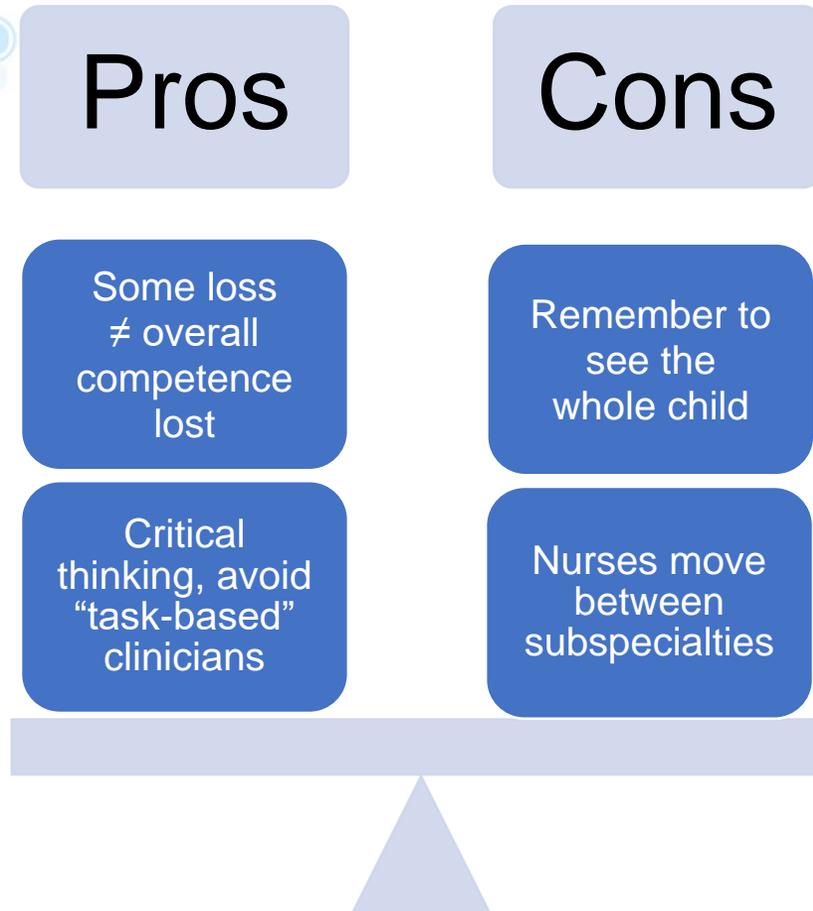


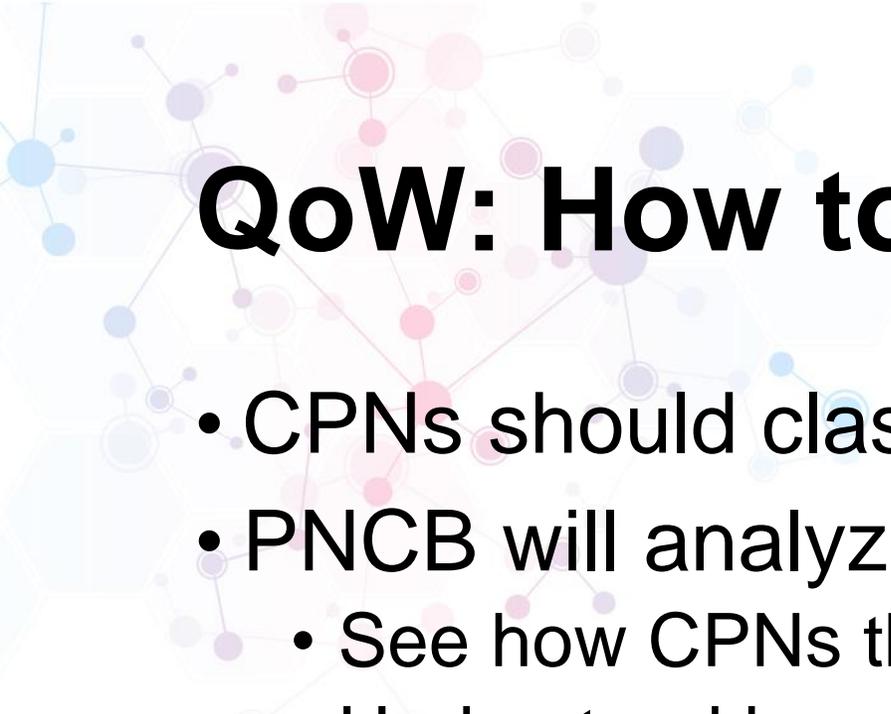
QoW: Alignment, Specialization, Advancement

- Board is committed to the principle of alignment
- A loss of proficiency is acceptable *if* ...
- Concept of core competencies slightly ahead of others

Yes, if they maintain proficiency in a subspecialty area	66.67%	6
Yes, if they achieve professional advancement, such as becoming a manager or educator	66.67%	6
Yes, if they maintain proficiency in core competencies	77.78%	7
No	0.00%	0
Not sure	22.22%	2

QoW: Specialization, Advancement





QoW: How to use the RN Framework

- CPNs should classify their activities (with some rails)
- PNCB will analyze the data
 - See how CPNs think
 - Understand how they map their activities
- PNCB hesitant to mandate distribution requirements
- Promote nurse self-awareness of their behavioral progression

QoW: How to use the RN Framework

```
graph LR; A[Pilot for CPN] --> B[Analyze Data]; B --> C[Evaluate for CPNP];
```

Pilot for
CPN

Analyze
Data

Evaluate for
CPNP

QoW: Clinical Practice

- Valuable, but not sufficient alone
- No mandate to begin to require clinical hours
- Desire to further clarify term “clinical” practice



QoW: Clinical Practice continued

What if a certificant does not have clinical practice?

- Broadening definition may help clarify what needs to be done by those with no practice
- Require Core Modules or other activity?
- If certificant is not engaged in the profession of pediatric nursing, must demonstrate competence in the ways they might if practicing . . .meaning requirements could differ for those with no active pediatric practice.

QoW: Current Recert Options

Posture of lifelong learning

- Must do something that demonstrates learning
- Activity content dictates alignment
 - CPNs to link activities to Framework areas
 - Invites self-reflection, conceptual engagement



QoW: New Alternatives

- Certificants are open to change but may have resistance
 - Path to change is to be “intentional” about cost / benefit
- Each of the alternatives has some interest
 - How far into educational space does PNCB go? Control the content?
- Rank order
 1. Learning Needs Assessment
 2. Core Modules
 3. Longitudinal Assessment (esp. CPNP for alignment w/ MDs)



We Believe

PNCB is uniquely positioned to develop a definition of Pediatric Nurse Competence in conversation with practitioners, employers, and patients. PNCB will define competence both for entry to practice and career advancement. PNCB builds upon the definition of competence written by the American Board of Nursing Specialties (ABNS) with competencies specific to pediatric nursing.

We adhere to the ABNS beliefs about competence, followed by its definition. Competence is:

1. A professional and ethical obligation to safe practice.
2. A commitment made to the individual, the profession, and to consumers.
3. A responsibility shared among the profession, regulatory bodies, certification agencies, professional associations, educators, health care organizations/workplaces, and individual nurses.
 - a. Healthcare organizations/workplaces accept responsibility for measuring, documenting, and supporting competency, and for addressing any deficiencies in staff members' competency.
4. Evolutionary, in that it builds upon previous competence and integrates new evidence.
5. Dynamic, fluid, and impacted by many factors as the individual enters new roles and new situations.¹

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.¹

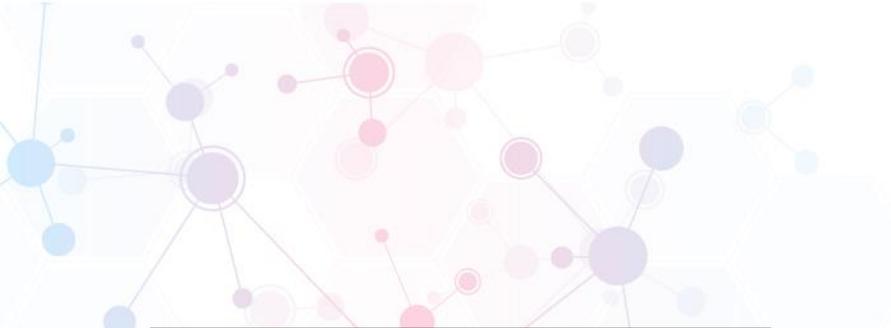


We Believe

PNCB does not work alone to monitor continuing competence. Continuing competence is an obligation and responsibility shared by the nursing professional, employers, regulatory agencies such as state boards of nursing, and the certification board. This shared responsibility provides reassurance to parents and caregivers and their children, among other stakeholders, that an individual possesses knowledge, skills, and attitude to safely provide health care.

Based on our exploration and research, **we believe pediatric nursing is best described in terms of a [Pediatric Nurse Mindset](#).** This Mindset is the foundation of delivering high quality care and a conceptual underpinning for recertification program definition. The Mindset encapsulates the persona of a fully engaged pediatric nursing professional. It represents a validated definition of what makes pediatric nurses uniquely qualified to care for children, adolescents, and young adults.

PNCB will first integrate these tenets into its Certified Pediatric Nurse (CPN) recertification program through alignment with our validated [Pediatric Nurse Competency Framework](#). CPNs will map their Recert activities to one of 6 focus areas of the Framework to show how they are tracking with the essential focus areas of pediatric RN practice. A competency framework will be explored for CPNP-PCs and CPNP-ACs.



We Believe

PNCB fulfills its mission as a covenant with its stakeholders. This covenant is expressed in Promises made to each constituent.

The promise to the public and employers is that a person who possesses an active credential embodies knowledge, skill, and attitudes consistent with the Pediatric Nurse Mindset, and has advanced their knowledge of pediatric practice through lifelong learning. Through our research, PNCB has observed evidence through a combination of employment, education, and practice consistent with the credential holder's role and career. Where PNCB cannot devise an assessment at the level of granularity necessary to demonstrate competency, PNCB will develop a mapping process that evaluates the certificants overall disposition as evidence of competence.

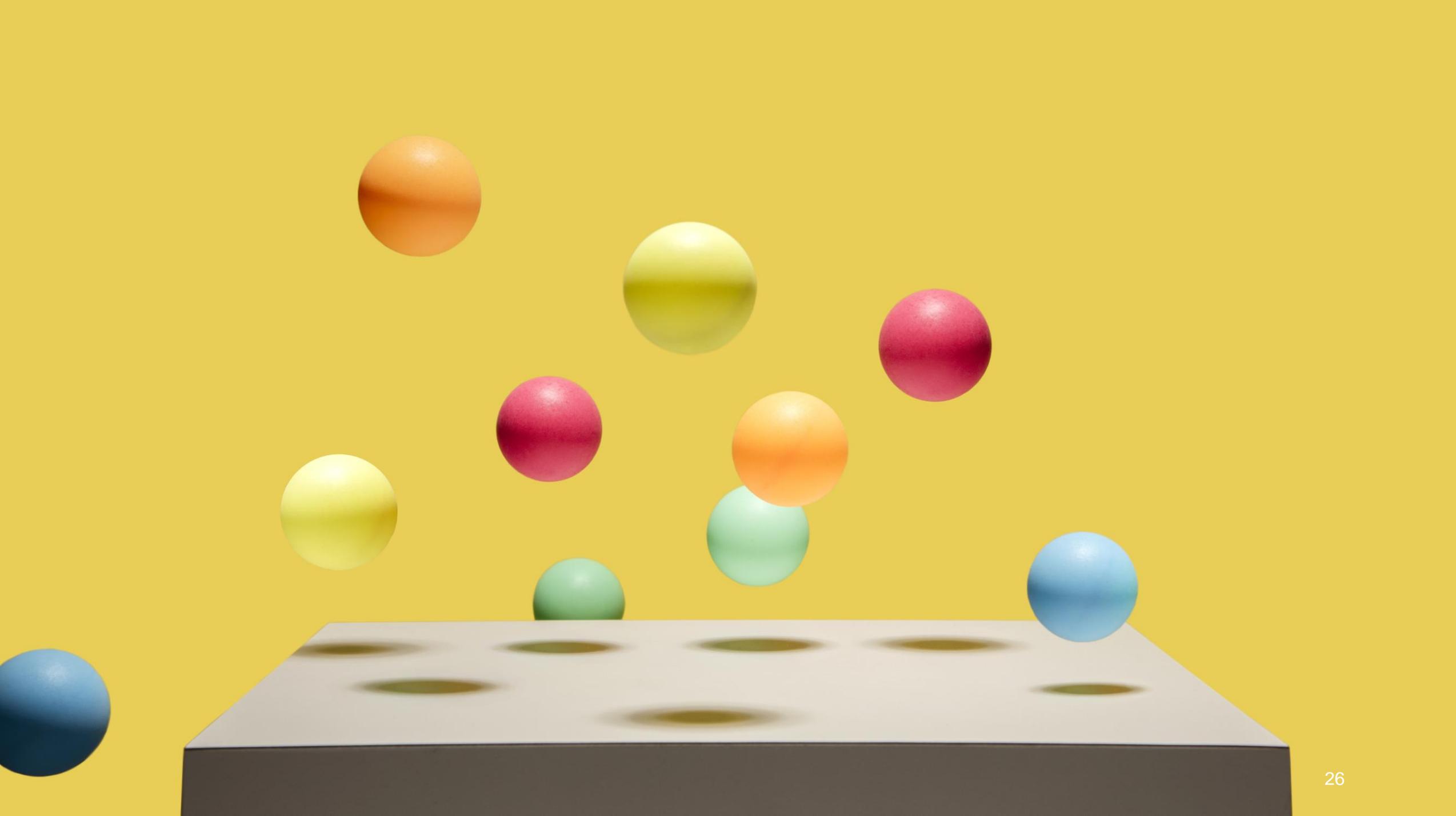
Our promise to certificants is to design a quality recertification program that is communicated clearly and reassessed periodically to evaluate emerging trends in the pediatric nursing workforce and health care industry. We offer options to recertify that recognize their interests, areas of expertise, and self-assessed knowledge gaps. We will continuously innovate to identify opportunities that allow certificants to demonstrate competence without undue administrative burden. We will align the rigor of the program with the demonstrated impact of program requirements. We uphold a covenant with certificants with these tenets, and certificants return that covenant with ethical reporting of their activities to maintain competence. **Recertification** should be evidence-based, holistic, and meaningful. Certification boards need to understand the daily ecosystems of certificants and how renewal activities align with supporting optimal patient health regardless of setting. Recertification is not simply an accounting of credits. For PNCB, recertification is the lived experience of lifelong learning that elevates pediatric practice and enriches a nurse's benefit to children and families.



We Believe

Our Covenant with certificants leads to the following implications:

- **Clinical practice hours** contribute to a real time demonstration of competence, but by themselves are **not solely sufficient** to maintain competence because assessment of this activity is not required when a nurse recertifies. In comparison, contact hours and academic credit are assessed, and Professional Practice Learning (PPL) options have reporting, documentation, or outcomes. While practice connects the nurse to a patient, our other Recert options connect nurses with **new validated knowledge** or activities to enhance the delivery of care to a patient. PNCB will continue to survey / review this topic and **may institute a limited number of requirements for certificants who do not have current practice hours in some realm of pediatric nursing.**
- **Specialization and advancement** are inherent in practice, and a loss of proficiency in some competencies at the expense of others is acceptable as long as the person practices with their areas of proficiency. We will continuously learn about how pediatric nurse competency is expressed through specialization over time. We will provide a language for pediatric nurses to express their areas of practice so that we can **honor the diversity of roles** in the specialty. As we learn, we will **develop clear pathways** for certificants in different roles to demonstrate and document their activities and feel confident in their role.
- **Assessments come in many forms and with many applications.** We will **continue to research** methods of assessment that leverage technology and methods to assess competence. Where we find gaps, we will use the resources of the organization to strive to close them.



Template for Rationale Statements

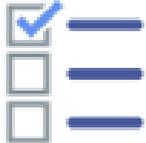
PNCB “uber-Recert handbook”

- Translate for certificants
- Operationalize for staff
- Explain to accreditors and the Board the rationale behind policies

Contents

Requirement: 7-Year Recert Tracking Cycle	3
Requirement: Annual Reporting Period	5
Requirement: Contact Hour Equivalence	7
Requirement: Record Review Year	9
Requirement: Active and Unencumbered License	11
Requirement: CPN: Align Activities to Pediatric Nursing Competency Framework	13
Component: Practice Hours	16
Component: Contact hours (CE / CNE / CME)	19
Component: Pediatric Updates Modules	21
Component: Academic Credit	23
Component: Professional Practice Learning – Authorship	25
Component: Professional Practice Learning – Poster Presentations	27
Component: Professional Practice Learning –Lecture or Presentation.....	29
Component: Professional Practice Learning –Precepting	31
Component: Professional Practice Learning –Committee / Task Force Work.....	33
Component: Professional Practice Learning –Quality Improvement Project.....	35
Component: Recertification by Examination.....	37
Component: National or International Awards and Recognition	39
Component: Learning Needs Assessment	41
Component: Core Modules	43
Component: Longitudinal Assessment	45
Component: Reflective Practice Exercise	47

Rationale Template

Component:		Description and Formal Name of the Component	
DEFINITION		How does PNCB define this component? How is it different from other components?	
POLICIES		What are the rules for certificants using this component? Is it required or optional? Is a maximum number of credits enforced? Are there any exceptions to the policies?	
RATIONALE		<p>Current Policy:</p> <p>What is PNCB's underlying reason for providing credit for this component? How does this component address certificant and other stakeholder needs?</p>	<p>Proposed Policy:</p>
EVIDENCE		What research substantiates the rationale? This can include internal and external studies.	

CONTEXT		How does the component relate to pre-CCI outcomes? What is the backstory of this component in PNCB's history?
OPS IMPACT		How will PNCB staff implement a new or updated component? What are database, online application, and communication considerations?
ANY GAPS?		Are there any aspects of this component or steps in the process PNCB needs to address but has not yet?
YOUR INPUT		As a Summit attendee, what feedback do you have about this component?

Requirement: Annual Reporting Period

DEFINITION		CPNs and CPNPs must complete requirements on an annual basis.	
POLICIES		Current Policy: CPNs and CPNPs must complete the recertification application annually, even if using the once-per-cycle Record Review Year. PMHSs must complete the recertification application every 3 years.	Proposed Policy: No changes for CPNs and CPNPs. PMHSs will shift to an annual recertification application starting November 2022 (with the 2023 recertification program).
RATIONALE		The Annual Reporting Period ensures certificants demonstrate continuous engagement with the requirements of the program. The annual reporting requirement creates a steady, predictable set of requirements. The annual reporting period reflects the fast pace of change in pediatric health care and ensures that appropriate nursing licensure is current and unencumbered without disciplinary issues. The annual reporting requirement prevents the possibility that individuals will postpone continuing competence activity until the last year of a longer interval.	



CONTINUING COMPETENCE STAKEHOLDER SUMMIT

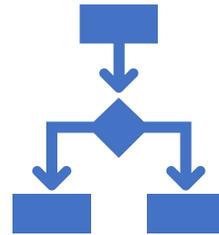


From Concept to Reality: Taking Action... and Our Changes

Thoughtful Change



**Avoid
Overburdening
Certificants**



**Ensure
Operational
Feasibility**



**Create / Launch
Communication
Plan**

Board Decision-Making



CHANGE



COMING...

Change 1



**Annual
Recertification**

Change 2: CPNs Map Activities

Clinician

Advocate

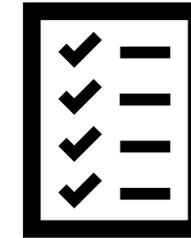
Leader

Innovator

Educator

Collaborator

Change 3: Clinical Practice Option

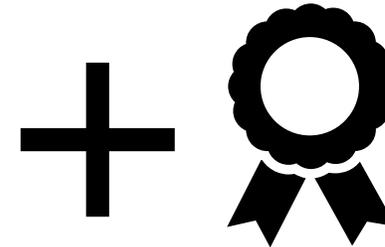
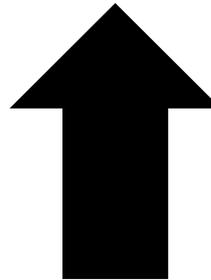


**Change
“Clinical Practice Hours”
to simply
“Practice Hours”**

**All hours engaged in
pediatric nursing on behalf
of children and families**

**Assessment validation
(e.g., evaluations, skills
demonstration, patient
satisfaction surveys...)**

Change 4: PPL

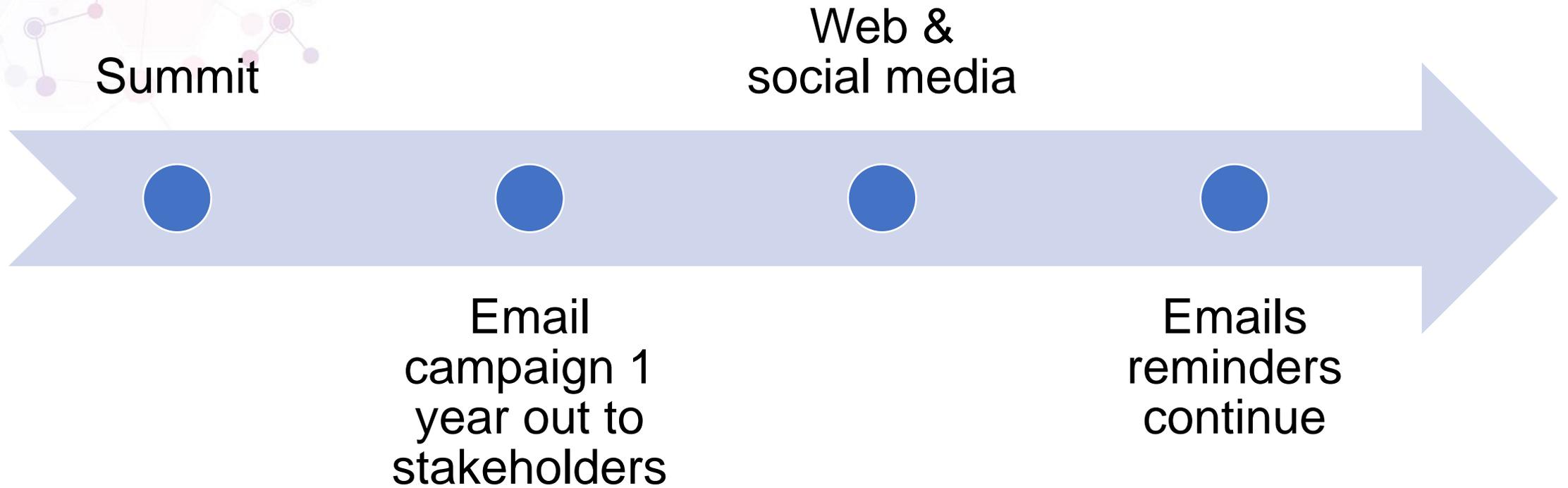


Change option name to
“Professional Practice
Linkages”

Increase PPL value from
5 contact hours to 10

Add new Awards category:
National or International

Communication Plan





**Peds Inpatient
Trach CE**

**Peds ED
Conference**

QI Project

**Poster on
Precepting**

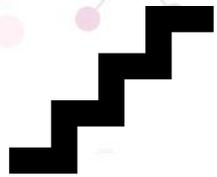
**Leadership
Council**

CONTINUING COMPETENCE STAKEHOLDER SUMMIT

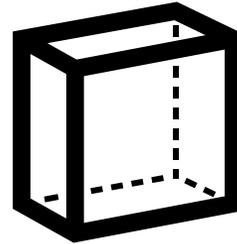


The Future... And Future Readiness

Our Promises to You



Thoughtful and Intentional



Transparent



Watchful for emerging trends

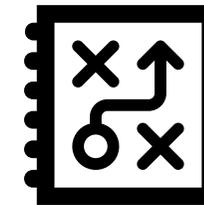


We will...

**Watch CPN
mapping
data and
implications**

**Explore
CPNP
Frameworks**

Continue to explore future activities



Learning Needs Assessment

Pre-recert exercise to determine strengths and weaknesses and guide future CE

Core modules

Connect to the essentials of providing care to the pediatric population

Longitudinal Assessment

Questions and activities measured over time – from current evidence-based literature

CONTINUING COMPETENCE STAKEHOLDER SUMMIT



Closing & Gratitude



Questions? Email info@pncb.org.