PEDIATRIC NURSING CERTIFICATION BOARD

CONTINUING COMPETENCE STAKEHOLDER SUMMIT

Part 2: Research

PNCB Virtual Event | September 30, 2021

PNCB's Research Agenda

Questions Needing Answers

Does a "Pediatric Nurse Mindset" exist?

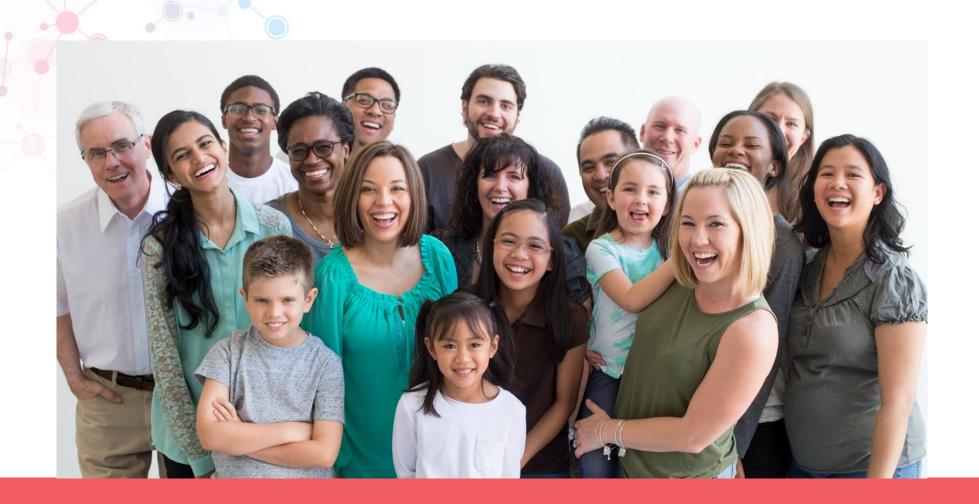# How do employers measure competency in the workplace?
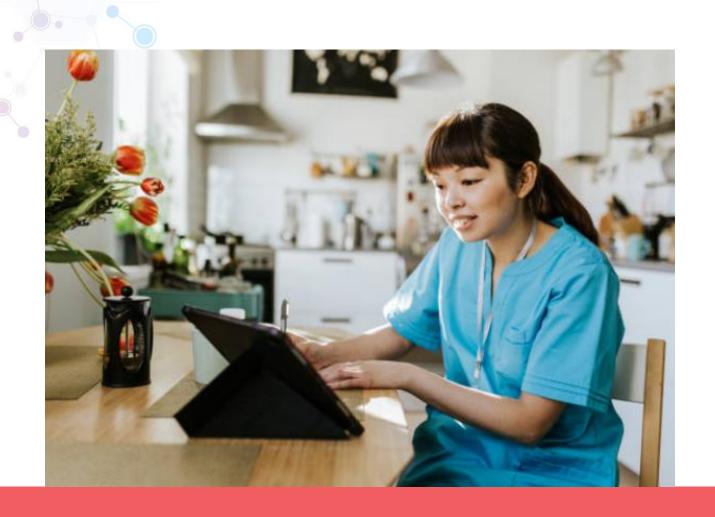
How do regulators measure it?

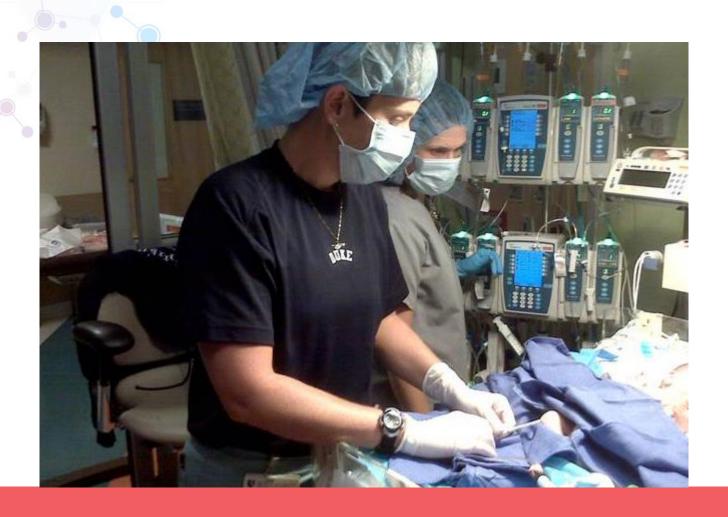# What activities do employers require

What do families and the public expect?

How do certificants currently maintain continuing competence?

Should PNCB require clinical practice?

Do we need an exam for the expert / advanced certificant?

What do stakeholders think of a re-exam requirement?

What is the optimal renewal interval?

What about other activities to guide Recert content decisions?

Questions Added to JTAs

New JTA Questions

- Does your primary employer have a system of career advancement?

New JTA Questions

- If you spend more than 50% of your time in a pediatric subspecialty, please select your subspecialty….

New JTA Questions

- If you were to provide care for pediatric patients outside of your subspecialty, would you need additional training to be competent?

Pediatric Nurse Mindset

Who	1. **All certificants holding CPN, CPNP-PC, or CPNP-AC** 2. **Employers/supervisors**
What	Indicated agreement with 2016 Mindset statement developed from workgroups/constructs and invited to give open-ended comments
How	Online survey
Reach	1. Validation by 12,300 certificants 2. Validation by 215 employers/supervisors

THIS is what a certified pediatric nurse or nurse practitioner brings to the task of expertly caring for children, adolescents and young adults!

Pediatric Nurse Mindset

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.

Pediatric Nurse Mindset

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.

Pediatric Nurse Mindset

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.

Pediatric Nurse Mindset

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.**

Demonstration Matrices

Who	CPN, CPNP-PC, and CPNP-AC subject matter experts
What	Explored the relationship between Recert objectives and requirements using their respective exam content outline topics
How	3-4 webinar discussions
Reach	3-7 certificants per credential

Demonstration Matrices Inquiry

After passing the exam, ==does a certificant need to demonstrate competence **in all areas** of the applicable current content outline==, used for entry level pediatric nursing professionals?	Is there a ==particular way a competency must be **demonstrated**== in order to give confidence that the certificant is able to function competently?

CPNP-AC Example

	Recertification Component			Shelf-life			Core Competency
	Clinical Practice Hours	Professional Practice Learning	Academic Credit	Obsolescence	Forgetting		
I. Assessment							
A. Health History							
1. As part of assessment, identify and analyze factors that affect the child's growth and development including							
a. Functional mobility	X	X	X	10	10	20	No
b. Genetic and prenatal influences	X	X	X	10	10	20	
c. Mental health and psychological influences (e.g., temperament, peer relationships, bullying)	X	X	X	10	10	20	Yes
d. Nutrition	X	X	X	10	10	20	Yes
e. Oral health status	X	X	X	10	10	20	Yes
f. previous medical history (e.g., congenital disease, acquired disease, chronic and acute conditions)	X	X	X	10	10	20	Yes
g. Significant life events (e.g., trauma, loss, violence)	X	X	X	10	10	20	Yes
h. Sleep patterns	X	X	X	10	10	20	No
i. Substance use/abuse	X	X	X	10	10	20	Yes
j. Technology dependence (e.g., feeding tubes, artificial airways, indwelling	X	X	X	10	10	20	Yes
2. Analyze the family system influences on the health of the child by assessing:							
a. Access to healthcare	X	X	X	10	10	20	Yes
b. Family composition and dynamics (e.g., caregiver, family unit, parenting style, communication)	X	X	X	10	10	20	Yes
c. Family coping with, and management of, acute and chronic illnesses	X	X	X	10	10	20	Yes
d. Family occupation, education, stressors (e.g., illiteracy, immigration,	X	X	X	10	10	20	Yes
e. Family resources (e.g., financial, insurance, support systems)	X	X	X	10	10	20	Yes
f. Family values and beliefs	X	X	X	10	10	20	Yes
g. Family violence	X	X	X	10	10	20	Yes
3. Assess the child's health risks related to:							
a. Demands of disease and injury (e.g., treatment adherence, co-morbidities, burdens of care)	X	X	X	7	10	17	Yes
b. Environmental milieu (e.g., home, day care, community) and exposures (e.g., smoking, lead)	X	X	X	7	10	17	Yes
c. Ethnic, cultural, and spiritual practices	X	X	X	7	10	17	Yes
d. Maltreatment (e.g., abuse, neglect)	X	X	X	7	10	17	Yes
e. Pharmacologic, integrative, complementary therapies (e.g., adverse effects,	X	X	X	7			Yes

Demonstration Matrices Activity

What is the shelf-life?

Is it core to the credential?

For Each Competency Area…

Is there a preferred demonstration mode for it?

Can it be demonstrated effectively with an existing PNCB Recert component?

Findings: Divergence

Each credential has different characteristics regarding specialization and advancement.	Each group of SMEs had a different perspective on the concept of core competencies.	While most competencies in the exam blueprint were considered core to continuing competence, some were not.	Current Recert activities do not universally provide an opportunity to demonstrate competence, particularly for competencies that require a particular skill or attitude.	Programs diverged in the extent to which they believed skills-based or attitudes-based assessments were necessary.

Findings: Agreement

👍	👍	👍	👍	👍
==Possibility exists for any PNCB Recert components== to serve as an effective demonstration of competence.	==A significant portion of the competencies of some credentials may be enduring enough== that assessment following the initial exam may be unnecessary.	A written recertification exam that honors specialization is likely to be prohibitively complex.	Lack of alignment between Recert components and competency areas ==may need more explicit alignment and validation.==	Our questions are relevant, and hypotheses ready for larger stakeholder input!

Results of JTA Questions

Questions	2017 CPNP-PC	2018 CPNP-AC
System of career advancement?	Only 12.3% Yes	Only 26% Yes
Specialist?	62.8% are generalists, as expected 37.2% are specialists	Only 13% are generalists, as expected 87% are specialists
If you were to provide care for pediatric patients outside of your subspecialty, would you need additional training to be competent?	Of the 37.2% specialists: • 37.0% Yes • 41.0% No • 22.0% Unsure	Of the 87% specialists: • 38.0% Yes • 28.0% No • 34.0% Unsure

Results of JTA Questions

Questions	2016 CPN	
System of career advancement?	73.5% Yes	
Specialist?	28% are generalists 72% are specialists	

Respondents were asked to indicate their current level of proficiency with respect to each of three pediatric age groups. The majority of respondents reported that they either maintained or increased the depth and breadth of knowledge with respect to each age group.

Table 14

Rate your current level of proficiency (i.e., knowledge and skills) to care for each age group

	Knowledge and skills not up to date for this age group		May be some loss of knowledge and skills since certification		Maintained knowledge and skills at initial certification level		Increased depth or breadth of knowledge and skills since certification		Total	
	N	%	N	%	N	%	N	%	N	%
Premature/new born/ infants (under 1 year)	9	1.8%	65	12.9%	200	39.8%	229	45.5%	503	100.0%
Toddlers, preschoolers, and school-age children (1-12 years)	3	0.6%	9	1.8%	171	34.1%	319	63.5%	502	100.0%
Adolescents and young adults (13-25 years)	4	0.8%	14	2.8%	195	38.8%	289	57.6%	502	100.0%

Ethnographic Research: Phase 1

Who	15 stakeholders • **CPN and CPNP certificants** • **2 thought leaders** • **2 High-level administrators (e.g., CNO)** • **1 faculty member** • **1 parent** • **PNCB staff**
What	Interviews to see and understand how people perceive certification
How	Conducted September to October 2017 then translated into personas
Reach	Small sample size, in-depth time spent

Phase 1 Findings: Career Journey

Came to both nursing and pediatrics through many paths.	A few had "always known" they wanted to work with children but not necessarily through nursing. Most came to both nursing and pediatrics by a combination of chance and life experiences.	Pediatrics = their "mission" All fiercely committed to serving children and families. Working with children and families inspires and motivates them every day.

Phase 1 Findings: Mindset

Confirmed a pediatric nurse mindset exists based on initial constructs.	***But* Mindset is richer and deeper than the constructs.**	Points to new competencies and spaces where PNCB might develop a unique role for itself and its certifications.
Lifelong learning is key.	Includes motivations, learning styles, aspirations, and needs beyond the existing Recert options and CE programs.	
Pediatric nursing has a distinct culture, based on intangible attributes and unique mission to treat children and the entire family.		

Phase 1: Critical Mindset Elements

Empathy

Teamwork

Family-centered focus

Relationships

Plus:

- Mentorship
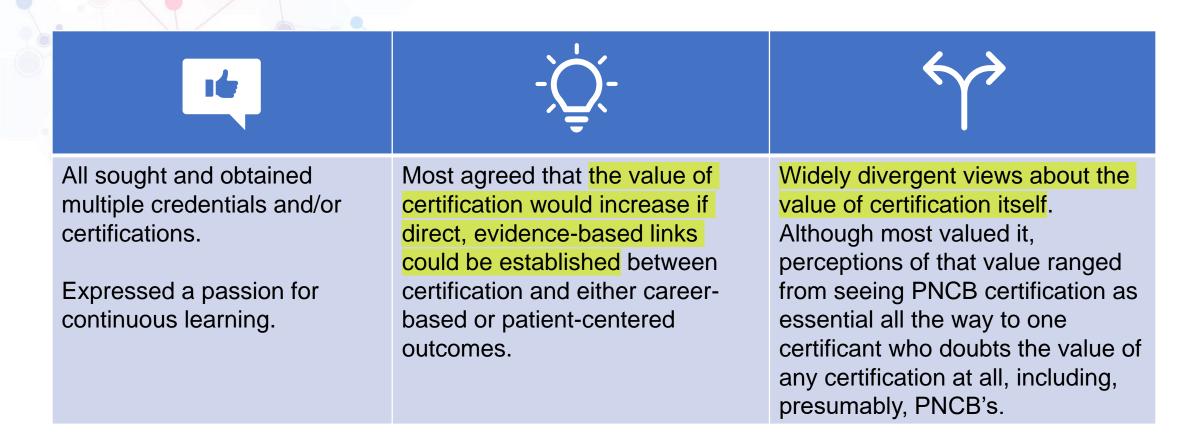- Leadership Development

Phase 1: Parent Viewpoint

I felt that all the pediatric nurses knew what they were doing. They seemed experienced with any situation. There was no hesitation. No panic. Just **calmness and warmth**.

[Nurses] also valued their own knowledge and competencies. I often heard them **complimenting each other** when they were chatting in the corridor, outside patients' rooms. This increased my faith in them.

They really **worked as team**. You never had to repeat information to people in the next shift. They were perfectly coordinated…. Everyone knew their distinctive roles and this is what made them into a functioning team.

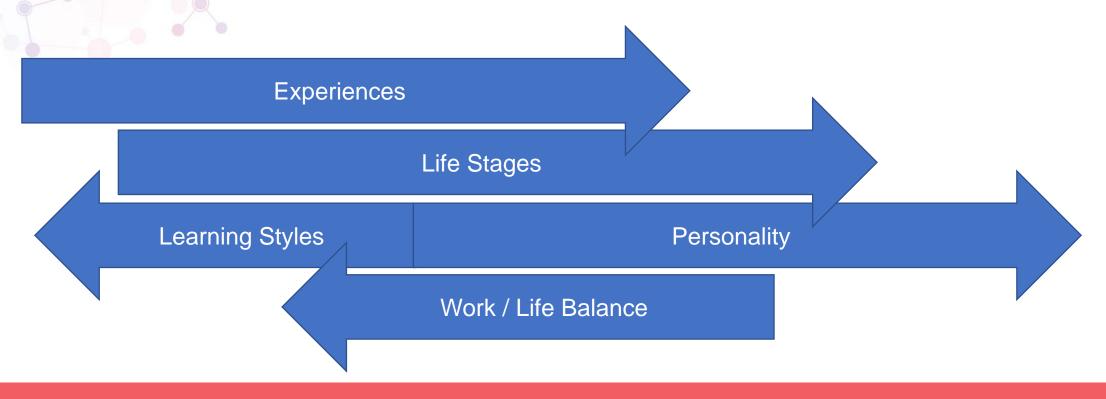It is amazing how well they get to know their patients, but it is more amazing how well they get to know your whole family. **They saw us as a family** and not an individual patient.

Phase 1 Findings: Certification

👍	💡	⤨
All sought and obtained multiple credentials and/or certifications. Expressed a passion for continuous learning.	Most agreed that the value of certification would increase if direct, evidence-based links could be established between certification and either career-based or patient-centered outcomes.	Widely divergent views about the value of certification itself. Although most valued it, perceptions of that value ranged from seeing PNCB certification as essential all the way to one certificant who doubts the value of any certification at all, including, presumably, PNCB's.

Phase 1 Implications

Divergent drivers = a challenge to support paths for advancement and success

Phase 1 Implications

Motivation for continuous learning and certification:
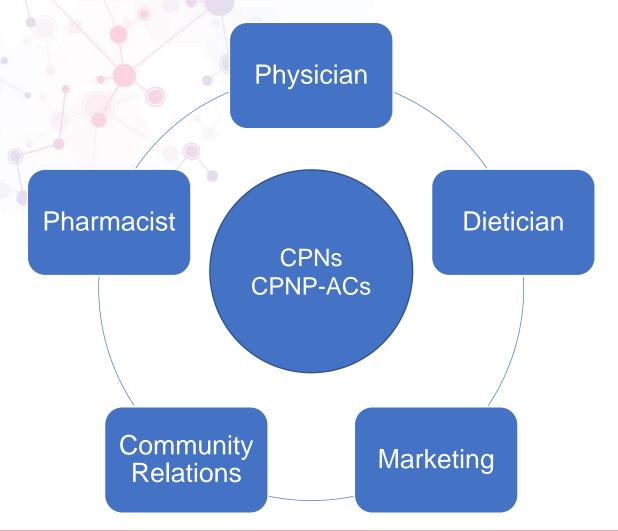
New Roles to Leverage Talent

New Direction from Lessons Learned

Ethnographic Research: Phase 2

Who	**15 interviews in settings for CPNs and CPNPs** CPNP-PCs: Private Practice, Oregon CPNP-ACs: Hospital, Texas CPNs: Hospital, Louisiana
What	Value chain interviews to understand how: 1. CPNs and CPNPs add value to patient care and others 2. Certification / recertification / continuing competency creates value for all 3. Other stakeholders define and experience the unique attributes and competencies of pediatric nursing professionals
How	Conducted by phone in 2019
Reach	Small sample size, in-depth time spent

Phase 2 Interview Contacts

Physician

Dietician

Pharmacist

CPNs
CPNP-ACs

Community Relations

Marketing

As expected, CPNP-PC stakeholder interviewees were not as diverse, in terms of credentials, roles, or titles.
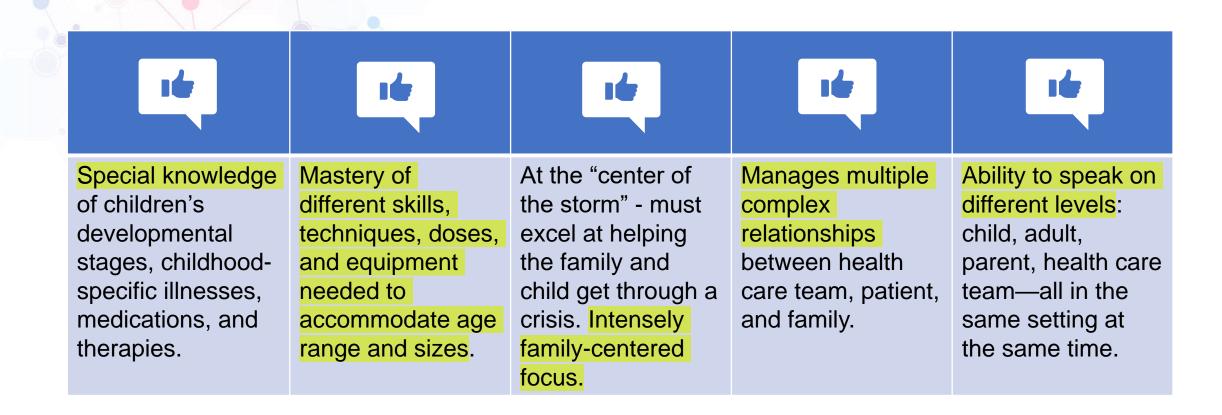
Phase 2 Breakthroughs

Filling a gap: First time gathering non-nursing feedback in detail about attributes of pediatric nursing.

Mindset in action: Tracing the pediatric nursing/certification value chain through the three practice settings added invaluable context to the real and perceived value of the Pediatric Nurse Mindset.
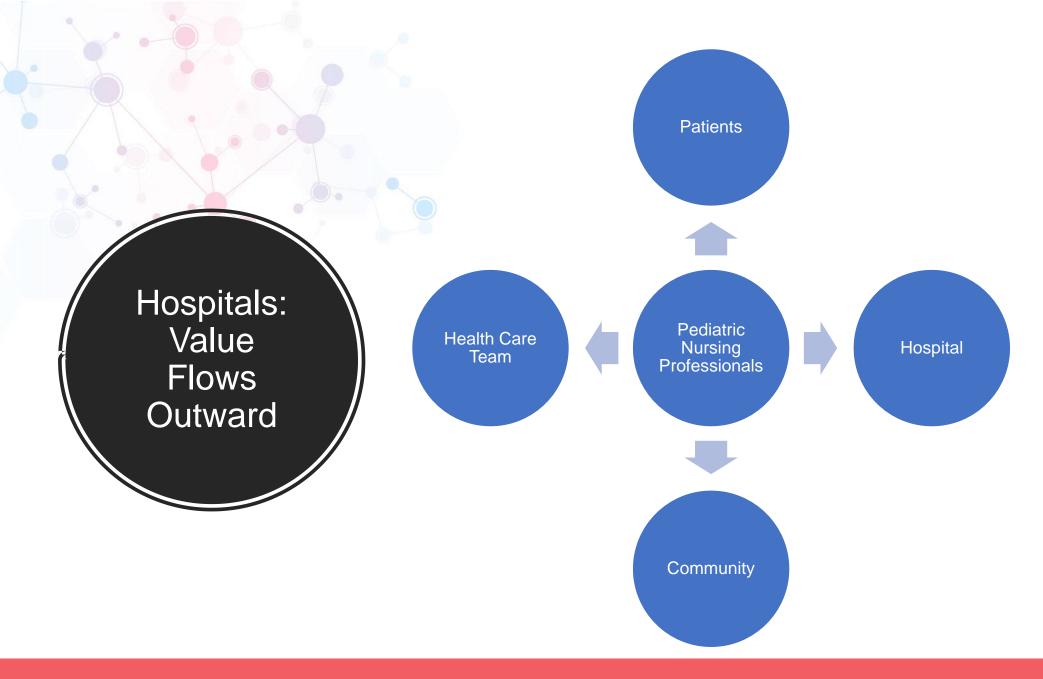
Phase 2: Mindset Validation

👍	👍	👍	👍	👍
Special knowledge of children's developmental stages, childhood-specific illnesses, medications, and therapies.	**Mastery of different skills, techniques, doses, and equipment needed to accommodate age range and sizes.**	At the "center of the storm" - must excel at helping the family and child get through a crisis. **Intensely family-centered focus.**	**Manages multiple complex relationships** between health care team, patient, and family.	**Ability to speak on different levels:** child, adult, parent, health care team—all in the same setting at the same time.

Phase 2: Value of Certification

Selling Point for Patients and Administrators

- <mark>Patients / families are usually unaware of nursing credentials</mark>.
- Consumers:
  - Value the skills honed by that certification.
  - Rely on hospitals to hire competent staff.
  - Experience the value of certification via optimized outcomes.
  - Perceive high percentages of certified nurses favorably indicates that providers are "specially trained in pediatrics."

Hospitals: Value Flows Outward

Patients

Health Care Team ← Pediatric Nursing Professionals → Hospital

Community

Phase 2: "You are valued"

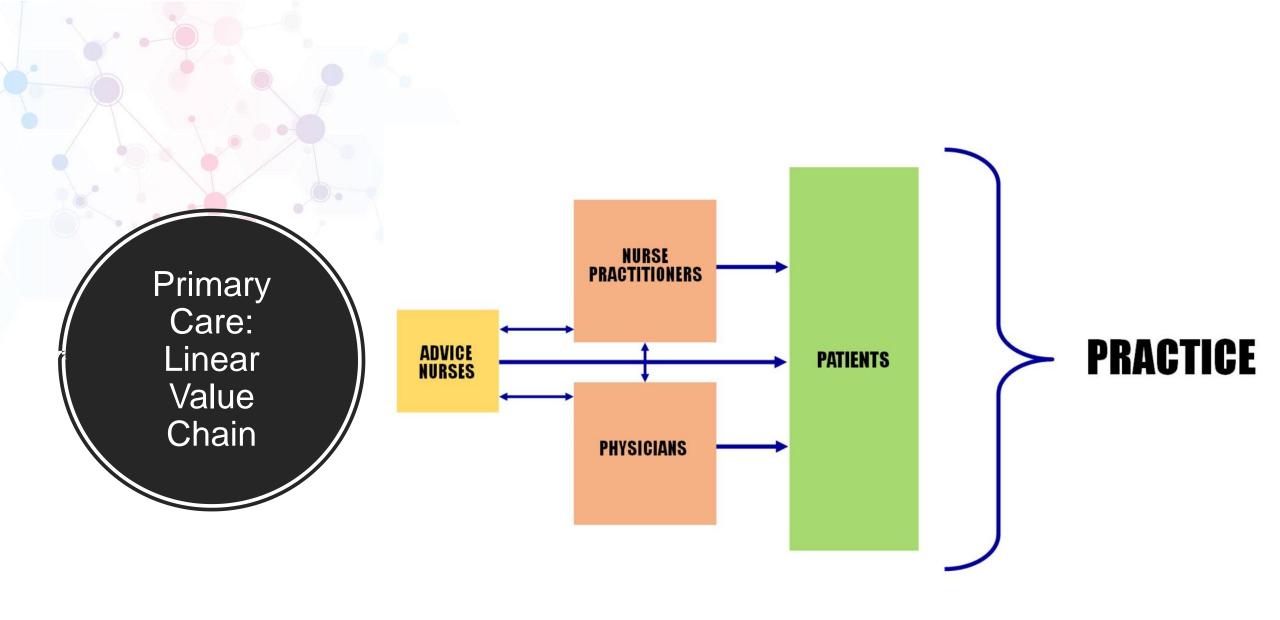The bridge between health care team members.

A child's health care advocate.

The central source for up-to-the-minute information and guidance for the healthcare team.

The backbone of the unit.

The traffic cop in the intersection of patients and other health care providers.

Our nurses are the glue that holds this hospital together. [In terms of patient experience], everything rides on nursing.

Primary Care: Linear Value Chain

ADVICE NURSES ↔ NURSE PRACTITIONERS → PATIENTS
ADVICE NURSES → PATIENTS
ADVICE NURSES ↔ PHYSICIANS → PATIENTS

PRACTICE

Phase 2: Outpatient Primary Care

👍	👍	👍	👍	👍
"on equal terms with physicians in nearly all aspects of patient care"	"specialists"	"trusted advisors"	"cognizant of child's environment"	"motivators"

Pediatric Nurse Mindset:

Hospital Settings (CPN, CPNP-AC)	Primary Care Setting
Areas of Agreement	
A rigorous and specialized knowledge of childhood developmental stages, illnesses, pediatric medications and doses, and therapies.	
Areas of Difference	
Stakeholders stressed the mastery of different technical skills, techniques and equipment required to accommodate pediatric patients' wide range of sizes, from infant to young adult.	Stakeholders emphasized that the Pediatric Nurse Mindset, and the specific skills associated with being a pediatric nursing professional, identified pediatric nursing professionals as pediatric healthcare specialists, on a par with other medical specialties.

Family Centered Focus:

Hospital Settings (CPN, CPNP-AC)	Primary Care Setting
Areas of Agreement	
• Entire family as patient, not just child. • Management of multiple, complex relationships between healthcare providers, parents & patients. • Ability to "speak on different levels"—child, adult, parent & healthcare team. • Ability to establish trusting relationships with families & advocate for child	
Areas of Difference	
• Short-term, crisis oriented, "center of the storm" support & problem-solving skills. • Capability to manage rapidly changing, high-stress situations calmly and forcefully. • Focus on helping family & child get through a crisis.	• Emphasis on establishing long-term relationships over the pediatric lifespan. • Deep understanding of family dynamics & environment. • Ability to motivate child and family to change or maintain health. • "Helping families help children be healthy & happy."

Value of Certification

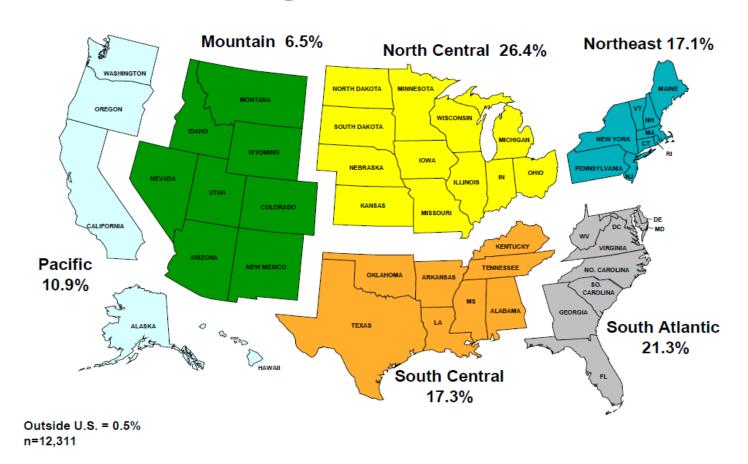| Hospital Settings (CPN, CPNP-AC)	Primary Care Setting
Areas of Agreement	
- Proof of special competence in pediatrics and values, individual has "gone to the next level." - Important in maintaining skills. <mark>High percentage of certified staff reflects that the bar is set high, better care provided.</mark> - Patients usually unaware but value the expertise acquired through certification. <mark>Generates higher confidence in skills and knowledge among nursing professionals and patients.</mark>	
Areas of Difference	
- Considered minimum standard to practice in the field. - More credentials = more competencies. - Distinct advantage on resume. - Certification required to advance. - Required as part of specialization. - Encouraged as part of Magnet Program	- Not necessary unless required for licensure (e.g., PNP). - Encouraged, but not tied to advancement or demonstration of competency.

Competencies Demonstration & Needs

Hospital Settings (CPN, CPNP-AC)	Primary Care Setting
Demonstration of Competency Beyond Certification	
• Clinical ladders	• Evaluation process with diverse elements
Competencies Needed / Desired	
• Effective communication with families • Communication of complex, changing info • Teamwork / team-based • Education on providing care to "sicker" children, more complex/critically ill patients • Non-US infectious diseases • Epilepsy and orthopedics	• Mental health, trauma • Nutrition, obesity • Motivational interviewing • Asthma • Autism • X-ray interpretation

Phase 3: The Big Certificant Survey!

Who	All active certificants invited
What	Test many findings / hypotheses and get opinions on Recert!
How	Online survey open from July 11 to August 9, 2019
Reach	• Robust 27% response rate • 16,359 individuals accessed the survey form • Analysis sample of 12,311 responses holding these credentials: • 6,563 CPNs • 5,326 CPNP-PCs • 1,024 CPNP-ACs • 236 PMHSs • Overall margin of sampling error of plus/minus 0.8% at a 95% confidence level • 200-page report included 100 pages of write-in comments!

Phase 3 Geographic Distribution

U.S. Regional Distribution

Mountain 6.5%

North Central 26.4%

Northeast 17.1%

Pacific 10.9%

South Central 17.3%

South Atlantic 21.3%

Outside U.S. = 0.5%
n=12,311

Phase 3 Respondent Profile

Respondents:
- ~16 years of experience in pediatric nursing
- 87.3% provide hands-on patient care
- ~70% work in a specialty area for most of work time –
- The top specialties were:

  - Critical Care: 7.0%
  - Other: 6.1%
  - Hematology/Oncology — 6.0%
  - Emergency Services — 4.1%
  - Perioperative (or Surgery Subspecialty) — 4.1%
  - Neonatology — 3.3%
  - General Surgery — 3.3%
  - Cardiology — 3.1%
  - Adolescent Medicine — 3.0%

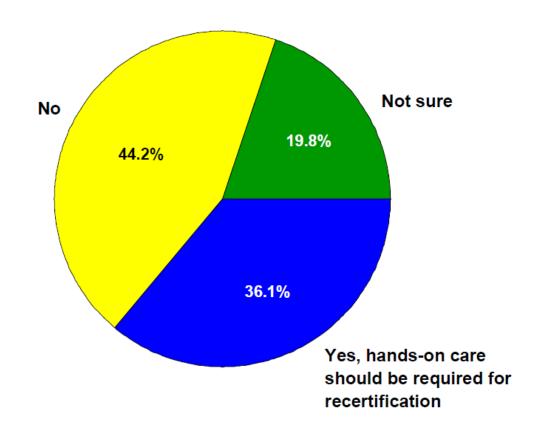# Maintaining Competence

Top 5 activities used:

- **98.9% Continuing education (CE/CNE/CME) hours**
- 61.1% Active clinical practice or volunteering in the role
- 55.5% Staying informed on current events/news that impact pediatric nursing
- 54.9% Reading professional journals
- 51.2% Teaching others

- Top 3 activities they believe indicate continuing competence:
  - **77.5% Continuing education**
  - 53.4% Active clinical practice or volunteering in the role
  - 29.2% Teaching others

Should your credential convey to employers and consumers that you are competent in all areas of the initial (if CPN or PMHS) or entry-to-practice (if CPNP-PC or CPNP- AC) certification exam content outline?

	Overall	Certifications held			
		CPN	CPNP-PC	CPNP-AC	PMHS
Yes, we should always be held to the exam content outline as a benchmark for our credential	26.8%	27.2%	26.4%	26.4%	37.3%
No, as we evolve in our career, our role and sub-specialization should set the course for competence	54.5%	52.1%	56.7%	58.6%	49.2%
Not sure	18.7%	20.6%	16.7%	15.0%	13.6%
n=	12,311	6,563	5,326	1,024	236

No majority for clinical requirement

Should hands-on care be required?

No — 44.2%

Not sure — 19.8%

Yes, hands-on care should be required for recertification — 36.1%

Pediatric Nurse Mindset Validation

To what extent do you agree or disagree that the Pediatric Nurse Mindset is unique to pediatric nursing?

Strongly disagree (-100 to -80) 1.8%

Disagree (-79 to -20) 4.0%

Unsure (-19 to 19) 11.0%

Agree (20 to 79) 40.9%

Strongly agree (80 to 100) 42.4%

Range: -100 to 100
Mean = 58.6
Median = 71.0

PNCB Recert Options

Please indicate how well each of the following PNCB recertification options contribute to your continuing competence:

Summary view	Overall	Certifications held			
		CPN	CPNP-PC	CPNP-AC	PMHS
Contact Hours/CE/CNE/CME	2.44	2.41	2.48	2.37	2.56
PNCB's Pediatric Updates Modules (formerly SAEs)	2.00	1.70	2.28	2.21	2.29
Clinical Practice Hours	2.64	2.65	2.62	2.73	2.71
Academic Credit	1.62	1.64	1.59	1.79	1.69
Professional Practice Learning – Committee Membership	1.32	1.41	1.17	1.45	1.27
Professional Practice Learning – Poster Presentation	1.09	1.12	1.03	1.36	1.08
Professional Practice Learning – Precepting	1.79	1.79	1.77	1.91	1.94
Professional Practice Learning – Lecture or Presentation	1.53	1.47	1.57	1.86	1.76
Professional Practice Learning – Authorship	1.11	1.02	1.17	1.47	1.40
n=	12,311	6,563	5,326	1,024	236

All data are average scores that are based on a 0 to 3 scale where 0 – "not at all" and 3 – "very well." Responses in the "not sure/not applicable" category are omitted from average score calculations. The sample size (n=) refers to the full sample inclusive of "not sure/not applicable" responses.

But what do they believe supervisors value?

Please indicate how important each of these is to supervisory evaluation of individual competence in your workplace:

Condensed view	High importance	Moderate importance	Low importance	Not sure/not applicable	Average score
Documentation of CE/CNE/CME	54.5%	27.6%	15.6%	2.3%	3.55
Skills demonstration	71.7%	16.6%	8.5%	3.2%	3.98
Teaching others (preceptor, adjunct faculty, poster or conference session presenter)	45.8%	32.1%	18.4%	3.7%	3.36
Committee, task force or board involvement	22.8%	33.7%	37.5%	6.0%	2.76
Authorship/publication	8.6%	19.0%	60.4%	12.0%	2.12
Evaluation of team-based and/or leadership competencies	34.7%	32.3%	25.8%	7.1%	3.10
Competency assessment for high-risk activities (e.g., invasive procedures, sedation)	57.0%	14.5%	14.2%	14.2%	3.76
Recertification/maintenance of certification	74.0%	17.4%	7.0%	1.6%	4.04
Medical record/chart review	47.6%	27.8%	18.8%	5.8%	3.41
Productivity benchmarking	33.8%	29.5%	25.5%	11.2%	3.11
Patient satisfaction surveys	49.0%	25.7%	18.8%	6.6%	3.45

n=12,295
"High importance" is the percentage selecting either "critically important" or "highly important." "Low importance" is the percentage selecting either "minimally important" or "not at all important."
Average score ranges from 1 to 5 where 1 is "not at all important" and 5 is "critically important." Responses in the "not sure/not applicable" category are excluded from average score calculations.

Which of the following additional forms of assessment do you believe would be an effective option to measure your continuing competence? (Select all that apply).

	Overall	Certifications held			
		CPN	CPNP-PC	CPNP-AC	PMHS
Retaking the initial certification exam at designated intervals (e.g., every 10 years)	5.8%	6.7%	5.0%	4.9%	5.9%
Taking an exam tailored to the experienced certificant	12.5%	10.9%	14.2%	16.9%	16.5%
A series of periodic scored questions or online exercises ("Question of the Week")	28.9%	28.6%	29.4%	29.3%	33.1%
A situational judgment exercise to test critical thinking through scenarios/case studies	26.2%	25.7%	26.3%	29.8%	29.2%
Documentation of an employer's continuing competence assessment	36.9%	39.2%	33.3%	44.8%	29.7%
Participation in quality improvement projects	16.0%	16.4%	15.0%	22.4%	17.4%
Completion of a diagnostic tool to assess strengths and weaknesses and guide CE/CNE/CME	32.8%	29.4%	36.8%	39.3%	40.3%
No additional forms of assessment are needed	30.7%	31.0%	31.1%	23.2%	32.2%
Other	3.4%	2.9%	4.0%	2.3%	6.4%
n=	12,306	6,562	5,323	1,022	236

Listed below are five potential recertification approaches to measure continuing competence in today's complex multidisciplinary healthcare environment.

After reading each one, rank order the list so that the approach you feel would best provide evidence of your continuing competence is ranked #1, the second best is ranked #2, and so on.

	% selecting as top rank	% selecting as second rank	% selecting as third rank	% selecting as fourth rank	% selecting as fifth rank	Average score
PNCB Introduces Core Requirements	7.0%	12.6%	17.0%	23.1%	40.4%	2.23
PNCB Requires an Objective Self-Assessment	12.3%	25.7%	26.0%	23.0%	13.0%	3.01
PNCB Requires a Reflective Exercise	8.5%	18.1%	26.1%	26.5%	20.7%	2.67
PNCB Continues with Current Requirements	54.0%	13.7%	10.2%	9.4%	12.7%	3.87
PNCB Acknowledges Specialization	18.2%	29.9%	20.7%	18.0%	13.2%	3.22

n=12,311. Average score ranges from 5 (most value) to 1 (least value).

Phase 4: Employer/Supervisor Survey

Who	16,541 invited using tiered approach: 1. Sampling of certificants invited to forward 2. Sampling of certificants in supervisory roles 3. AAP email lists
What	Different perspective to test findings / hypotheses and obtain opinions on Recert options
How	Online survey open from February 13 to March 31, 2020; re-opened to new lists September 2, 2020
Reach	• 400 sample size desired with 209 responses received • Overall margin of sampling error of plus/minus 6.8% at a 95% confidence level • Challenges: suspended March 31 due to sensitivity for pandemic; certificant response to being asked for supervisor opinion

Phase 4 Goals

Explore how stakeholders responsible for ensuring a competent pediatric nursing workforce perceive issues such as:

- demonstration of competence
- the value of pediatric nursing certification
- the influence of certification on the hiring process
- the unique competencies that distinguish pediatric nursing

Phase 4 Demographics

Which of the following duties do you specifically perform in your current role? (Check all that apply.)

	Sample percentage	Count
Hire pediatric RNs or PNPs	57.4%	120
Supervise/evaluate pediatric RNs or PNPs	68.9%	144
Educate or coordinate educational activities for pediatric RNs or PNPs	70.8%	148
Ensure a competent nursing workforce	81.3%	170
	n=	209

Note: responses do not sum to 100% since more than one option could be selected.
- Average number of duties specified: 2.8
- Percentage of respondents performing all four duties: 38.8%
- Percentage of respondents performing three of the four duties: 20.1%
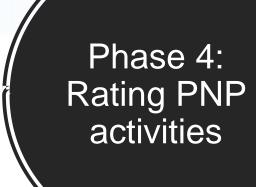- Percentage of respondents performing two of the four duties: 22.0%

Phase 4: Rating RN activities

	Critically important	Highly important	Moderately important	Minimally important	Not at all important	Not sure/not applicable	Average score
Skills demonstration	64.1%	28.8%	6.0%	1.1%	0.0%	0.0%	4.56
Competency assessment for high-risk activities (e.g., invasive procedures, sedation)	53.3%	25.0%	8.7%	3.8%	2.2%	7.1%	4.33
Recertification/maintenance of certification (if certified)	27.2%	45.7%	17.4%	6.0%	0.5%	3.3%	3.96
Quality improvement projects	25.5%	42.9%	24.5%	4.9%	0.5%	1.6%	3.90
Patient satisfaction surveys	26.6%	41.3%	18.5%	8.7%	2.2%	2.7%	3.84
Evaluation of team-based and/or leadership competencies	18.5%	40.2%	28.8%	9.8%	0.5%	2.2%	3.68
Medical record/chart review	25.5%	34.2%	21.2%	13.0%	3.8%	2.2%	3.66
Teaching others (e.g., grand rounds, preceptor, adjunct faculty, poster or conference session presenter)	14.1%	37.0%	31.5%	16.3%	0.5%	0.5%	3.48
Documentation of CE/CNE/CME	14.1%	39.1%	23.4%	17.9%	3.3%	2.2%	3.44
Academic credit	6.0%	17.9%	33.7%	27.7%	8.7%	6.0%	2.84
Local/regional/national committee, task force or board involvement	4.9%	16.3%	32.6%	31.0%	10.9%	4.3%	2.72
Authorship/publication	3.8%	6.5%	21.7%	39.1%	22.3%	6.5%	2.26

Average score ranges from 1 to 5 where 1 is "not at all important" and 5 is "critically important." Responses in the "not sure/not applicable" category are excluded from average score calculations. The data are sorted by average score.

Phase 4: Rating RN activities comparison

	Average score among employers	Average score among certificants	Variation
Evaluation of team-based and/or leadership competencies	3.68	3.10	0.58
Skills demonstration	4.56	3.98	0.58
Competency assessment for high-risk activities (e.g., invasive procedures, sedation)	4.33	3.76	0.57
Patient satisfaction surveys	3.84	3.45	0.39
Medical record/chart review	3.66	3.41	0.25
Authorship/publication	2.26	2.12	0.14
Teaching others (e.g., grand rounds, preceptor, adjunct faculty, poster or conference session presenter)	3.48	3.36	0.12
Local/regional/national committee, task force or board involvement	2.72	2.76	(0.04)
Recertification/maintenance of certification (if certified)	3.96	4.04	(0.08)
Documentation of CE/CNE/CME	3.44	3.55	(0.11)
Quality improvement projects	3.90	N/A	N/A
Academic credit	2.84	N/A	N/A

All data are average scores which range from 1 to 5 where 1 is "not at all important" and 5 is "critically important." Responses in the "not sure/not applicable" category are excluded from average score calculations. "N/A" indicates the activity was not examined in the certificant survey. "Variation" is the difference between the employer average score and the certificant average score.

Phase 4: Rating PNP activities

	Critically important	Highly important	Moderately important	Minimally important	Not at all important	Not sure/not applicable	Average score
Skills demonstration	57.0%	35.4%	5.1%	1.3%	0.0%	1.3%	4.50
Competency assessment for high-risk activities (e.g., invasive procedures, sedation)	51.9%	25.3%	6.3%	1.3%	5.1%	10.1%	4.31
Medical record/chart review	34.2%	34.2%	21.5%	7.6%	0.0%	2.5%	3.97
Evaluation of team-based and/or leadership competencies	25.3%	39.2%	25.3%	5.1%	1.3%	3.8%	3.86
Documentation of CE/CNE/CME	26.6%	41.8%	19.0%	8.9%	1.3%	2.5%	3.86
Teaching others (e.g., grand rounds, preceptor, adjunct faculty, poster or conference session presenter)	16.5%	48.1%	27.8%	3.8%	1.3%	2.5%	3.77
Quality improvement projects	20.3%	40.5%	26.6%	6.3%	2.5%	3.8%	3.72
Participation in protocol development for patient care	16.5%	45.6%	27.8%	6.3%	1.3%	2.5%	3.71
Patient satisfaction surveys	25.3%	34.2%	22.8%	11.4%	2.5%	3.8%	3.71
Productivity benchmarking	12.7%	32.9%	38.0%	8.9%	3.8%	3.8%	3.43
Participation in clinical research activities	8.9%	17.7%	34.2%	24.1%	8.9%	6.3%	2.93
Local/regional/national committee, task force or board involvement	8.9%	13.9%	40.5%	24.1%	7.6%	5.1%	2.92
Academic credit	7.6%	15.2%	41.8%	19.0%	10.1%	6.3%	2.91
Authorship/publication	8.9%	10.1%	29.1%	30.4%	16.5%	5.1%	2.63

Average score ranges from 1 to 5 where 1 is "not at all important" and 5 is "critically important." Responses in the "not sure/not applicable" category are excluded from average score calculations.

Phase 4: Rating PNP activities comparison

	Average score among employers	Average score among certificants	Variation
Evaluation of team-based and/or leadership competencies	3.86	3.10	0.76
Medical record/chart review	3.97	3.41	0.56
Competency assessment for high-risk activities (e.g., invasive procedures, sedation)	4.31	3.76	0.55
Skills demonstration	4.50	3.98	0.52
Authorship/publication	2.63	2.12	0.51
Teaching others (e.g., grand rounds, preceptor, adjunct faculty, poster or conference session presenter)	3.77	3.36	0.41
Productivity benchmarking	3.43	3.11	0.32
Documentation of CE/CNE/CME	3.86	3.55	0.31
Patient satisfaction surveys	3.71	3.45	0.26
Local/regional/national committee, task force or board involvement	2.92	2.76	0.16
Participation in protocol development for patient care	3.71	N/A	N/A
Participation in clinical research activities	2.93	N/A	N/A
Quality improvement projects	3.72	N/A	N/A
Academic credit	2.91	N/A	N/A

All data are average scores which range from 1 to 5 where 1 is "not at all important" and 5 is "critically important." Responses in the "not sure/not applicable" category are excluded from average score calculations. "N/A" indicates the activity was not examined in the certificant survey. "Variation" is the difference between the employer average score and the certificant average score.

Phase 4: RN Certification Value

How well does each of the following reflect the value of pediatric nursing certification in the practice setting?
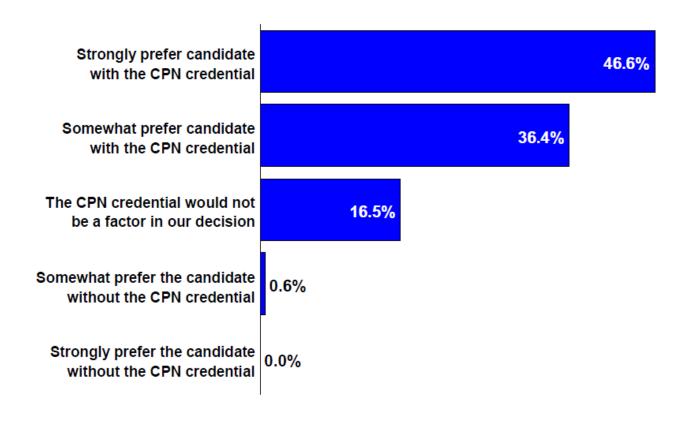
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Not sure/not applicable	Average score
Shows that the nursing professional has "gone to the next level"	71.0%	26.1%	2.3%	0.0%	0.6%	2.69
Encouraged as part of Magnet or Pathway to Excellence program	64.2%	25.0%	1.1%	0.6%	9.1%	2.68
Proof of special competence in pediatrics	63.6%	33.5%	1.7%	0.0%	1.1%	2.63
Generates higher confidence in skills and knowledge among colleagues	56.8%	38.6%	2.8%	0.6%	1.1%	2.53
High percentage of certified nurses reflects that the facility provides better care	54.5%	35.8%	6.8%	1.1%	1.7%	2.46
Important in maintaining skills and knowledge	54.0%	41.5%	3.4%	1.1%	0.0%	2.48
Generates higher confidence in skills and knowledge among patients/families	51.1%	39.2%	5.7%	2.3%	1.7%	2.42
Required to advance up clinical ladder or tied to salary increases	48.3%	33.5%	7.4%	4.5%	6.3%	2.34
Required as part of specialization	38.6%	35.8%	12.5%	8.0%	5.1%	2.11

Average score ranges from 0 to 3 where 0 is "strongly disagree" and 3 is "strongly agree." Responses in the "not sure/not applicable" category are excluded from average score calculations.

Phase 4: CPN Credential Value

Imagine there were two equally qualified candidates for a vacancy at your workplace. Please indicate what preference, if any, there would be between the following candidates:
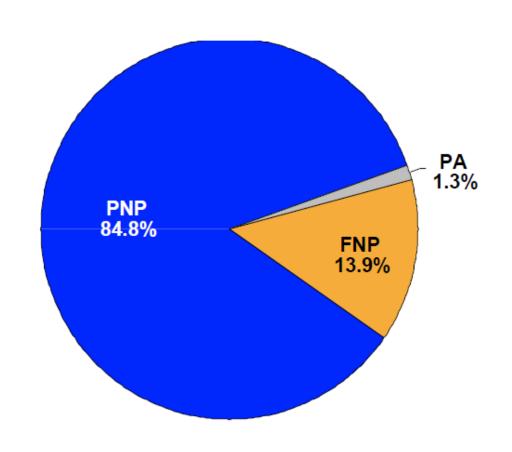
- A general practice pediatric RN who holds the Certified Pediatric Nurse (CPN) credential from the Pediatric Nursing Certification Board
- A general practice pediatric RN who does not have the CPN credential

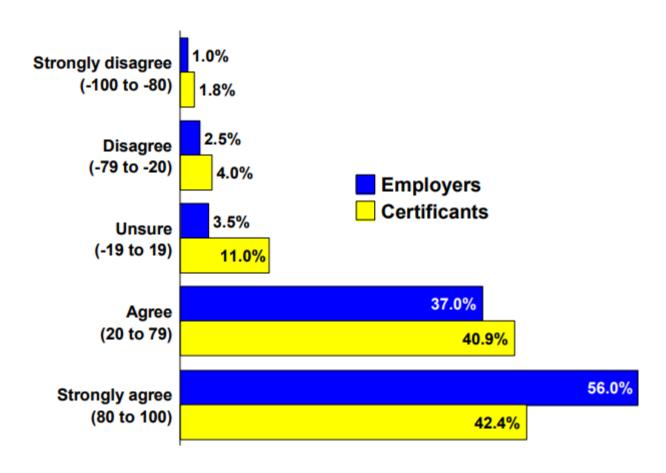|	
Strongly prefer candidate with the CPN credential	46.6%
Somewhat prefer candidate with the CPN credential	36.4%
The CPN credential would not be a factor in our decision	16.5%
Somewhat prefer the candidate without the CPN credential	0.6%
Strongly prefer the candidate without the CPN credential	0.0%

Phase 4: PNP Value

Think about your next vacancy for a new pediatric team member.

Which role are you most likely to hire?

PNP
84.8%

FNP
13.9%

PA
1.3%

Pediatric Nurse Mindset Validation

To what extent do you agree or disagree that the Pediatric Nurse Mindset is unique to pediatric nursing?

RN Competency Framework

Who	Sampling of 6,000 CPNs invited across all roles
What	Attempt to validate elements of PNCB's competency framework for pediatric nurses
How	• 18-month project including task force meetings and pilot testing • Online survey open from February 26 to March 23, 2020
Reach	• 10% response rate • 619 CPNs validated professional growth related to 6 role-based competency areas

Framework Goals

Understand how nurses advance in their roles

Basis for future CPN Recert updates

Benchmark for RNs & students when self-assessing

Support those supporting the nursing workforce

Framework Notes

A guideline, not a standard

Not for hiring / promotion decisions

Job title is not a limitation

Barriers to attainment exist

Framework Components

Competency Areas and Definitions: broad, potentially overlapping areas of proficiency

Exemplars: brief labels indicating ways in which the competency manifests in behavior on the job

Behavioral Indicators: describe what effective performance looks like *at a particular proficiency level.* When multiple proficiency levels are defined, they form developmental progressions. Developmental progressions *operationalize* competency at developmental anchor points of professional life.

Level and Years of Experience

- Anchor points created for each exemplar's 3 developmental levels

- Promotes consistency in behavioral descriptions within and across competency areas.
  - Level 1 = beginning of pediatric nursing practice (1 to 2 years FTE)
  - Level 2 = mid-career (> 2 to 5 years FTE)
  - Level 3 = experienced pediatric nursing practice (5 years + FTE)

- Nurses develop at different paces across all competency areas.

Additional Notes

- Not expected that all nurses will attain Level 3 milestones

- No locksteps

- Behavior(s) from higher level milestones may emerge in lower levels, but performance of those behaviors will be demonstrated more consistently at the higher level

- Milestones are part of a continuum that starts during undergraduate education
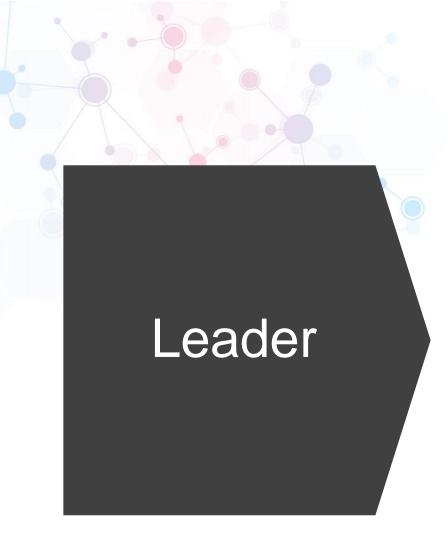
The 6 Competency Areas

Clinician

Educator

Collaborator

Leader

Advocate

Innovator

Advocate

Competency Area: ADVOCATE

Definition: The pediatric nurse advocate acts on behalf of patients and families, nurses, communities, and self to improve, influence, and transform patient care, healthcare systems, the nursing profession, and social and political health-related policy.

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Self	Practices self-care by maintaining work-life balance	Identifies at-risk behavior, emotional distress, moral injury, or burnout, and seeks assistance as needed	Role models healthy behaviors and counsels others in need of self-care
Patient and family	Advocates for needs of patient and family (e.g., asks appropriate questions, clarifies orders)	Acts on behalf of patients and families at the multidisciplinary or organizational level	Anticipates and assists in navigating the competing needs and values of patients, families and healthcare systems
Community	Participates in employer or volunteer activities that promote health to community members	Facilitates delivery of community-based programs to improve health	Identifies needs and develops initiatives related to community or population health
Nursing profession	Participates in workplace initiatives related to nursing practice	Acts on behalf of nurses at the multidisciplinary or organizational level	Advocates outside the organization on local, state or national policies related to the nursing profession
Social and political	Seeks opportunities to learn about social and political health-related issues	Actively participates in social and political health-related advocacy efforts	Partners with legislators, governing bodies, and other stakeholders to influence health policy

Leader

Competency Area: LEADER

Definition: The pediatric nurse leader develops relationships, and uses systems thinking in the workplace to guide and influence nurses and the profession, resulting in improvements in the provision of care and health outcomes.

Exemplars	Behavioral Indicators		
	Level 1	**Level 2**	**Level 3**
Quality outcomes	Collects audit data to assess compliance (e.g., quality, safety, patient care outcomes)	Interprets and evaluates data to identify gaps and opportunities for improvement	Implements process changes and evaluates outcomes
Professionalism	Demonstrates behaviors congruent with professional scope and standards of practice	Reflects on personal beliefs, values, biases, and self-limitations, recognizing their impact on professional behavior	Promotes and models professional behavior to elevate the image of nursing
Workplace diversity and inclusion	Adheres to workplace expectations regarding civility, diversity, and inclusion practices	Demonstrates behaviors that embrace diversity and inclusion as assets in the workplace	Sets and models standards to foster a culture that is respectful of staff diversity
Change agent	Adopts required changes	Supports change and assists others in adopting change	Leads or facilitates change
Resource management and utilization	Uses available resources effectively in practice (e.g., supplies, equipment, staffing)	Seeks and obtains resources to support patient care and considers cost-effectiveness and efficiency in resource use	Leads or implements projects to minimize expense and maximize resources

Phase 5: Scan of Competency Assessment Models

Who	10 experts related to competency assessment and development
What	Deep-dive into real-time pediatric and other nursing competency assessment models
How	Phone interviews from September 23 to December 17, 2020
Reach	• 4 Hospitals • 2 Primary care providers • 1 School-based health center • 2 Universities • 1 Accrediting/credentialing organization

Phase 5 Goals

Test and refine hypotheses

Understand how valued activities are used

Keep pace and consider ways to expand Recert

Identify emerging trends