


**CONTINUING COMPETENCE IN THE
RECERTIFICATION PROCESS**
30-Minute Concurrent Session

Sandra Lee Schafer, RN, MN, AOCN
NBCHPN Director of Certification


Bette Case Di Leonardi, PhD, RN-BC
Board Member, NBCHPN; Board Member, ABSNC

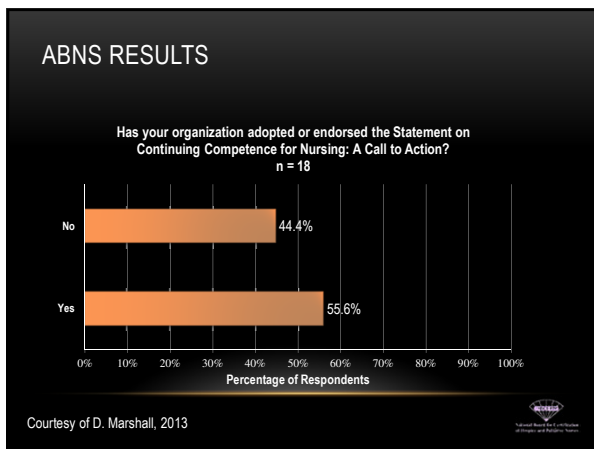


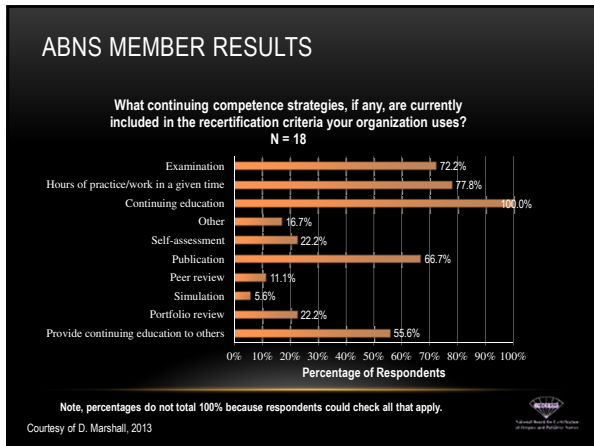
National Board for Certification
of Hospice and Palliative Nurses

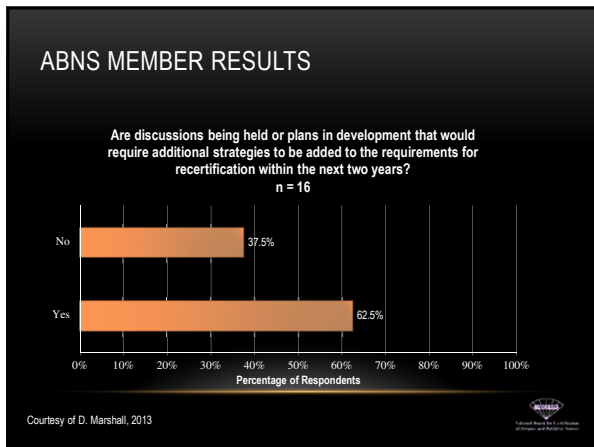
PURPOSE

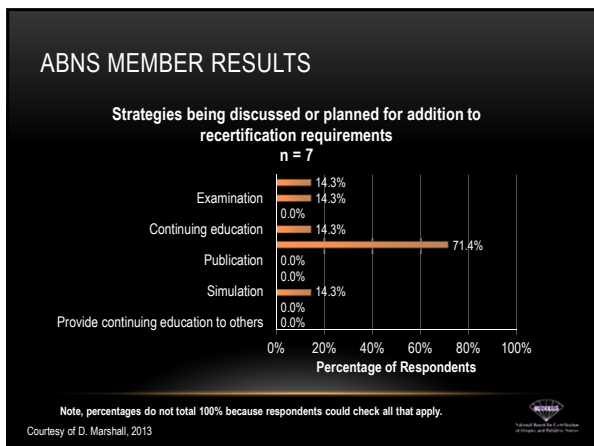
To identify and raise questions about implications of
*Statement on Continuing Competence for Nursing:
A Call to Action*
for recertification process and requirements.














What questions do these beliefs and this definition raise for recertification process and requirements?




BELIEF:
evolutionary, in that it builds upon previous competence and integrates new evidence

- Is continuing competence properly assessed/documentated by performance on the same examination that candidates take for initial certification?
- Is continuing competence properly assessed/documentated by performance on the some more advanced examination? If so, is that a new (more advanced) certification?
- If recertification signifies ongoing professional development, should recertifications be identified with some additional credential?
- New evidence and recommendations emphasize the importance of interdisciplinary/interprofessional education and training. How do we address this in the certification process?



BELIEF:
a professional and ethical obligation to safe practice


- Does the recertification process look at ethical and/or safe practice?
- Should it?
- If so, How?





BELIEF:
a commitment made to the individual, the profession, and to consumers


- In the recertification process how do we help our certificants keep their commitment (and to recertify)?
- One way to demonstrate this commitment might be self-assessment in the recertification process.



BELIEF:
a responsibility shared among the profession, regulatory bodies, certification agencies, professional associations, educators, healthcare 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

- Does the recertification process have any responsibility to require evidence of competency (the performance aspect)?
- If so, what might be feasible, sound ways to do so?



BELIEF:
dynamic, fluid, and impacted by many factors as the individual enters new roles and new situations


- Do we offer a wide enough variety of acceptable evidence for certificants to present to support continuing competence?
- Do we make allowance for or address new roles and situations while retaining integrity of the RDS/TCO?

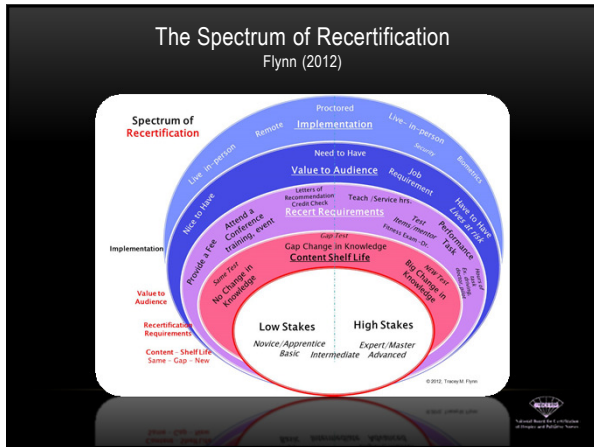




Definition:
Continuing competence is the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting.

- Do our recertification requirements reflect integration of attitudes, values, and beliefs? Might this be where simulation and SJs come in?
- The idea of linking continuing education to self-assessment (strengthen weak areas or areas unfamiliar as one changes role or setting).






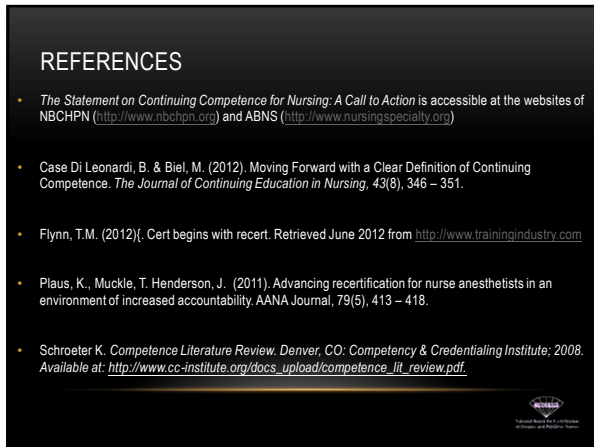
Spectrum of Certification
 (Flynn, 2012)

- Level of Exam – The higher the stakes, the more subsequent levels of the spectrum move to the right.
- Content Shelf-Life – Some certification exams focus on the gap between the previous exam and updated exam, in other words focusing on new knowledge, skills, and attitudes.
- Recertification Requirements – Flynn discourages “making candidates take the exact same test. It really frustrates them and turns them off to your program” (Flynn, 2012, p.2).
- Value of Certification – Nice or Needed? Lives at risk?
- Implementation – Implementation considerations may cause re-examination of earlier decisions.

Flynn views the graphic as a kaleidoscope with each move toward the right creating realignment.







REFERENCES

- *The Statement on Continuing Competence for Nursing: A Call to Action* is accessible at the websites of NBCHPN (<http://www.nbchpn.org>) and ABNS (<http://www.nursingspecialty.org>)
- Case Di Leonardi, B. & Biel, M. (2012). Moving Forward with a Clear Definition of Continuing Competence. *The Journal of Continuing Education in Nursing*, 43(8), 346 – 351.
- Flynn, T.M. (2012). Cert begins with recert. Retrieved June 2012 from <http://www.trainingindustry.com>
- Plaus, K., Muckle, T. Henderson, J. (2011). Advancing recertification for nurse anesthetists in an environment of increased accountability. *AANA Journal*, 79(5), 413 – 418.
- Schroeter K. *Competence Literature Review*. Denver, CO: Competency & Credentialing Institute; 2008. Available at: http://www.cc-institute.org/docs_upload/competence_lit_review.pdf.
