APRN Regulation & Continuing Competency

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Health Policy & Advocacy Co-Chair
NANN/NANNP
Consensus Model for APRN Practice

- The Consensus Model for APRN Regulation (adopted in September 2008 by NCSBN Delegate Assembly)

APRN regulation includes:
- Licensure
- Accreditation
- Certification
- Education
APRN Regulation

APRN regulation includes:

- **Licensure**
  - The granting of authority to practice

- **Accreditation**
  - Formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing related programs
APRN Regulation

-Certification

• The formal recognition of knowledge, skills and experience demonstrated by the achievement of standards identified by the profession (SOP)

-Education

• The formal preparation of APRNs in graduate or post-graduate programs
What is LACE?

- LACE is an acronym for the 4 elements of the consensus model: Licensure, Accreditation, Certification, & Education.
APRN Specialties
Focus of Practice beyond role and population focus
Linked to health care needs
*Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative care, Critical Care

POPULATION FOCI

Licensure at levels of role and population foci

APRN ROLES

<table>
<thead>
<tr>
<th>POPULATION FOCI</th>
<th>APRN ROLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Individual Across lifespan</td>
<td>Nurse Anesthetist</td>
</tr>
<tr>
<td>Adult-Gerontology*</td>
<td>Nurse Midwife</td>
</tr>
<tr>
<td>Women’s Health/Gender Related</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Neonatal</td>
<td></td>
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<tr>
<td>Pediatrics*</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Psych/Mental Health</td>
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Focus of Practice beyond role and population focus
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POPULATION FOCI

Licensure at levels of role and population foci:

Family/Individual Across lifespan
- PC only

Adult-Gerontology
- PC
- AC

Women’s Health/Gender Related
- PC, AC, CC (fetus to 2)

Neonatal
- PC
- AC

Pediatrics
- PC
- AC

Psych/Mental Health

Clinical Nurse Specialist

Nurse Practitioner
Relating Educational Competencies, Licensure and Certification

- **APRN Role**
- **Specialty**
- **Population Foci**
- **Measures of competencies**
  - Specialty Certification*
  - Licensure: based on Education And certification**

Competencies:
- Identified by Professional Organizations (e.g. oncology, palliative care, CV, critical care)
- CNP, CRNA, CNM, CNS in Population context
- APRN Core Courses: Patho/phys, Pharmacology, Physical/health assess

**Licensure and Certification**
- Based on Education
- Identified by Professional Organizations (e.g. oncology, palliative care, CV, critical care)
APRN Regulatory Model

Scope of Practice = Education + Certification

PC = Primary care focus:

AC = Acute care focus:

CC = Critical Care practice only included in SOP for Neonatal Population foci (without further formal training)
APRN Specialties
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Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative care, Critical Care

Licensure at levels of role and population foci

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  - PC
  - AC
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Clinical Nurse Specialist
Nurse Practitioner
APRN Regulation (LACE) in 2011

- Beginning implementation of regulatory model at state level (HI, KY, MD)
  - Coordination via NCSBN
  - Member organizations are responsible for implementation and education of members

- Web-site development (www.APRN-LACE.org)
  - Internet information based aspect
  - Intranet access for member organizations
Continued Competence

Continued Competency is a process, starting with specified training, licensure exam and continual evaluation over the course of a career. Encompasses knowledge, skills and abilities in a multidimensional construct.

“a measurement of skill against outcome standards or role expectations”
Continued Competence in Nursing

May 2005, NCSBN convened the Continued Competence Advisory Panel with the following charges:

- Develop and implement a communication plan on Continued Competence.
- Develop a Content Outline for Continued Competence Assessments
- Conduct preliminary feasibility studies for assessments of continued competence.
- Continue development of a Continued Competence Regulatory Model to be used by member boards.
Continued Competence

Must provide employers and the public a valid measure of assurance regarding the ongoing competencies of providers.

Licensure Maintenance

Assessment of the nurses’ practice to direct professional activities.

Continuing education is only one aspect.

Activities must be relevant to the nurse’s practice, promote professional development and can be used to meet the multiple demands of employers, BONs and others (NCSBN, 2005).

Equal emphasis on assessment of competency and strategies to promote continued competence.
Continued Competence

• The Continued Competence Advisory Panel (NCSBN) Proposed Strategies:
  • 900 practice hours annually
  • Skill assessment inventories
  • Peer Review
  • Critical thinking tests (formal examinations)
  • Self assessment modules
  • Reflective practice
  • Portfolios
Continued Competence

- APRN Joint Dialogue Group 2008
  - Consensus model for APRN Regulation
  - Stated: Certification maintenance
    - Must include a review of qualifications and continued competence
      - Procedures for ensuring a match between continued competency measures and the APRN specialty
      - Procedures for validating information provided by candidates
      - Procedure for issuing re-certification
Continued Competence

NANNP’s Response

- Competence and Orientation Tool Kit (2010)
  - Orientation Competence
    - Focused observation tools
      » Procedural
      » Communication
    - Multi-observer tools
    - Procedure and delivery logs
    - 360 degree evaluation tool
  - Continuing Competence
  - Preceptor Guidelines
  - Professional Portfolio
Competence and Orientation Tool Kit

- Continuing Competencies (NANNP Guidelines)
  - Basic procedural and clinical reasoning skills required for resuscitation are mandatory for all NNPs. These skills include endotracheal intubation, placement of umbilical lines and thoracostomy by needle aspiration. Requirements for other procedural skills are dependent on NNP training and institutional expectations.
Competence and Orientation Tool Kit

Orientation competencies

- **Consistent** with core competencies
  - NONPF, 2006 (set to be updated 2011)

- Focused Observation
  - Used to evaluate procedures, skills, communication
  - Allows for immediate feedback

- Multi-Observer Evaluations
  - Monthly allowing for varied perspectives of team
  - Snapshot of performance
  - Includes self evaluation
  - These multiple perspectives help structure and guide the orientation
Orientation Competence (continued)

- **Case Logs**
  - Record of procedures, deliveries and types of patients

- **360 Degree Global Evaluation**
  - Midpoint and final
    - Feedback is used to shape learning

- **Professional Portfolio**
  - Collection of documents providing evidence of learning and achievements.

*Multiple assessment tools and approaches provide a broader perspective on the NNP’s performance in varied situations and conditions.*
### Basic Required Procedural Skills

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum to establish competence within time frame designated by institution (usually 3-6 mths)</th>
<th>Minimum to maintain competency annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubation</td>
<td>3 supervised (successful) procedures</td>
<td>3 procedures</td>
</tr>
<tr>
<td>Umbilical Lines</td>
<td>3 supervised procedures</td>
<td>3 procedures or procedural review</td>
</tr>
<tr>
<td>Thoracostomy</td>
<td>Performance in skills lab and review of didactic content</td>
<td>Procedural review</td>
</tr>
</tbody>
</table>

- Accepted for minimal competence
- Other procedures that may be required: L/P, bladder tap, PAL, PICC, exchange, chest tube, intra-osseous, circumcision
Professional Portfolio

- Education and work experience
  - CV, job description, transcripts, licensure, certification, military record, continuing education
- Samples of scholarly work
  - Publications, posters, presentations, service, leadership
- Personal and professional references
- Yearly competencies and evaluations
  - Procedure and delivery log, transport logs, evaluations
- Work in Process Improvement, Quality, Safety
  - Clinical projects, literature and research reviews, case reviews, qualify and safety conferences, journal club,
- Professional Development
  - Role as preceptor, professional organizations, teaching, simulation, conference planning
- Awards
NCC Continued Competence Program

Assurance of core certification knowledge competencies

- To validate knowledge competencies related to the certification that is consistent with the current educational curriculum, national standards of practice and the current practice
- Specialty assessment evaluation
  - Assess knowledge gaps
  - Develop a learning plan
Knowledge Competencies

Stage 1

June 2010-December 2013 (trial period)

• Specialty assessment evaluation
  • 125 questions in 2 hours and 15 minutes
  • No pass/fail
  • Provides feedback in core areas of competency
    • Specialty Index score on a scale of 0-10
      • 7.5 or better satisfies maintenance for continuing education in that area
  • Provides 5 CE towards the current 45 hours that are due
  • Retesting is still an option
Knowledge Competencies

Stage 2
Begins January 1, 2014

- Demonstrate you hold a current Nursing license
- Complete the Specialty assessment evaluation
- Review learning plan based on Specialty Index
  - Focus your educational needs as required
  - Number of CE is determined by the specialty Index report
- Your maintenance application must contain a copy of the learning plan
Knowledge Competencies

Specialty Assessment

- Used to identify areas of specialty knowledge strengths and gaps
- Does not affect your certification but the nature and amount of continuing education that will be required for certification maintenance
- Available on demand at any computer
- **Must** be taken in the first two years of each 3 year maintenance cycle leaving one year to earn the CE (take it as early as possible)
- No cost to you to take the specialty assessment
- Only CE earned after taking the specialty assessment can be used for maintenance
Knowledge Competencies

NICU Nursing

- General Assessment and Management (20 hrs)
- Physiology & Pathophysiology (15 hrs)
- Pharmacologic Management (10 hrs)
- Professional Practice (5 hrs)

NNP

- Physical Assessment (5 hrs)
- Physiology and Pathophysiology (Includes general management: 30 hrs)
- Pharmacology (10 hrs)
- Professional Practice (5 hrs)
Knowledge Competencies

Benefits

- CE is individualized to meet knowledge gaps
  - CE will only be required in areas that need further updating
- In most cases less CE will be required
  - You earn 5 CE for taking the specialty assessment
  - If you received 7.5 specialty index in all content categories all you need to provide is 15 CE in any areas
  - If the specialty index is below 7.5 the 5 CE earned can be applied to any area and based on the index you may have to provide 45 CE for maintenance. (Total of 50 CE)
- Specialty assessment evaluation provides and objective measure of the core certification specialty knowledge competencies
<table>
<thead>
<tr>
<th>Knowledge Competencies</th>
<th>Current Maintenance through 2013</th>
<th>Professional Development Program</th>
<th>Alternative Maintenance (2014 and after for those who do not take the specialty assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Education Requirements</td>
<td>45 hours in certification specialty area</td>
<td>Variable 15-50 hours depending on special assessment outcome</td>
<td>50 hours covering all core certification specialty knowledge competency areas</td>
</tr>
<tr>
<td>Maintenance Fee</td>
<td>$100</td>
<td>$100</td>
<td>$175 (1/2014)</td>
</tr>
<tr>
<td>Learning Plan</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Re-exam Option</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
For More Information:

• www.ncsbn.org

https://www.ncsbn.org/aprn.htm

• www.nannp.org

• www.nccwebsite.org

suzanne.staebler@vanderbilt.edu
Practice Enhancements at VUMC
Objective

With national competency standards becoming available for NPs, the goal is to have synergy between national, state and institutional processes impacting evaluation of NPs

- Establishing initial competency and documentation of continuing competency
- Devising tools to be utilized within the current VPES system for annual performance appraisal
- Devise a tool for OPPE that will be utilized for the VUMC “mid-year conversation”
Process

• Utilized the NANNP Competency Toolkit for NPs as a foundational matrix (7 domains of NP practice)
  – Revised NP job descriptions to match domains of NP practice
  – Adapted for NP role (Neonatal, Pediatric Acute/Critical, Pediatric Ambulatory)
  – Scale modified to match VPES scale
  – Key indicators offered under each key function
  – Comprehensive VPES tool then adapted to shorter format for “Mid Year Conversation” (OPPE)
Job Title: Nurse Practitioner, Critical (NEW)

Key Functions and Expected Performances

Management of Patient Health and Illness Status

- Applies current scientific knowledge to initiate change and improve
- Applies principles of epidemiology and demography in clinical practice
- Obtains a health History
- Performs a complete systems-focused examination
- Distinguished between normal, variations of normal and abnormal, including developmental, physiological and behavioral states.
- Employs screening and diagnostic strategies
- Develops a comprehensive database that includes pertinent history, diagnostic tests and physical assessment.
- Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making, including differential diagnosis development, establishing priorities of care and implementing plan of care.
- Prescribes medications and other therapeutic interventions according to current evidence and standard of care.
- Evaluates and documents outcomes of care.
- Provides continuity of care across the patient journey continuum
- Performs technical and special procedure skills proficiently
MCJCHV Competency Assessment for Nurse Practitioners (Neonatal)

Professional behaviors are described on a continuum, reflecting a progression from novice to expert practice. This tool is designed to assess these behaviors and identify strengths as well as opportunities for growth. The nurse practitioner (NP) must consistently demonstrate the behaviors listed for a given stage in order to obtain the associated designation. The behaviors listed in the preceding stages should be maintained.

The stages of skill acquisition are based on Benner’s novice-to-expert model (1994, 2001), outlined below:

**Novice** — the stage in which the NP has no background understanding of or experience in the clinical situation, so that context-free rules and attributes are required for safe entry and performance in the situation. This is the entry level for newly graduated NPs.

**Advanced beginner** — the stage in which the NP demonstrates marginally acceptable performance. The advanced beginner has coped with enough real situations that she or he is able to note recurring meaningful situations or have them pointed out by a mentor. Newly graduated NPs may be in this stage in the case of commonly occurring situations.

**Competent practitioner** — the stage that is typified by the NP’s considerable degree of conscious, deliberate planning. The plan dictates which attributes and aspects of the current and contemplated future situation are to be considered most important and which can be ignored. This stage is evidenced by an increased level of efficiency.

**Proficient practitioner** — the stage at which the NP perceives situations as wholes rather than in terms of their aspects, is able to recognize which aspects of a situation are most salient, and has an intuitive grasp of the situation based upon a deep background understanding.

**Expert practitioner** — the stage in which the NP tests and refines theoretical and practical knowledge in actual situations. The expert has a deep background understanding of clinical situations based upon many past paradigm cases and possesses a hybrid of theoretical and practical knowledge.

### Domain 1: Management of Patient Health and Illness Status

<table>
<thead>
<tr>
<th>Competency</th>
<th>1 Does not perform (Novice/Advanced Beginner)</th>
<th>2 Inconsistent performance</th>
<th>3 Meets Expectations (Competent Practitioner)</th>
<th>4 Role Model Performance (Proficient Practitioner)</th>
<th>5 Exceeds Expectations (Expert Practitioner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies current scientific knowledge to initiate change and improve care.</td>
<td>Sound knowledge base in anatomy, physiology, pathophysiology, and pharmacology specific to patient population. Increasing ability to classify and distinguish between natural history of a variety of diseases</td>
<td>Expanding knowledge base, and an increased capacity to distinguish relationships and problems, using scientifically sound reasoning. Formulates a reasonable plan and defends it with theory.</td>
<td>Extensive knowledge base and analytic ability to process and integrate new knowledge with heightened awareness of long-term complications and prognostic factors while integrating multisystem implications, and provides anticipatory surveillance and management for predictable events.</td>
<td>Demonstrates an outstanding knowledge base, extensive knowledge of current research trends and is able to compare, constructively criticize, justify, and discriminate among scientific applications in complex situations and events.</td>
<td></td>
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</table>
MCJCHV OPPE Multi-Observer Evaluation
Assessment of Core NP Competencies

NP:
As part of the NP ongoing practice evaluation, you have been selected to answer the following questions about your NP colleague. Your evaluation, along with those of others, will be used to monitor the professional practice of this NP. Please circle numbers on the scale of 1-5 or circle N/A (not applicable) if you have not had the opportunity to observe the NP in a specific area.

Definition of Ratings
N/A—Not applicable. No opportunity or insufficient experience for evaluation.
1—Does not perform
2= Performs inconsistently; Consistently requires substantial assistance or supervision to perform task adequately.
3= Meets expectations: Performs with basic skill and with appropriate amount of assistance/supervision.
4= Role model performance: Performs with skill and able to interpret findings with minimal assistance/supervision.
5= Exceeds expectations: Performs with proficiency and skill, interprets with consistently accurate judgment, does not require assistance or supervision.
VPES Appraisal Tool adapted for OPPE (Universal)

<table>
<thead>
<tr>
<th>Competency Performance Standards: The 10 competencies (A-J) are listed below, and the behaviors that would demonstrate success in that competency are listed under each. Document the skill level for each behavior, and document the overall skill level for that competency in the comment section.</th>
<th>Comments:</th>
</tr>
</thead>
</table>
| 1. Completes physical examination of the patient in a comprehensive and timely manner:  
   a. Assesses all systems  
   b. Uses proper technique and equipment  
   c. Initiates assessment when needed.  
2. Documents assessment data appropriately in progress notes, using appropriate terminology and format.  
3. Uses and incorporates the assessment as well as multiple sources of data into the development of the plan of care and can prioritize this plan based on the information.  
4. Demonstrates basic knowledge of neonatal/pediatric anatomy, physiology, and pathology in assessment and plan of care.  
5. Selects and orders appropriate diagnostic tests to aid in diagnosis based on the assessment and history.  
6. Correctly interprets diagnostic data gathered from the patient and incorporates these findings into the plan of care.  
7. Demonstrates a basic understanding of normal and abnormal values for a neonate, infant and/or child.  
8. Demonstrates the ability to make independent judgments when developing the plan of care.  
9. Writes progress notes that contain the assessment and comprehensive plan of care. | 1 = Does not perform  
2 = Performs inconsistently.  
3 = Meets expectations  
4 = Role model performance  
5 = Exceed expectations |
VPES Appraisal Tool adapted for OPPE (Universal)

4. Discusses new treatment options and research, demonstrating a basic knowledge of research design, measurement techniques, and statistical methods.
5. Demonstrates awareness of own strengths, identifies areas of growth in developing the NP role identity, and progresses toward goal.
6. Demonstrates modeling of the NP role and is beginning to establish credibility.
7. Is courteous and respectful to all team members.
8. Develops relationships with multidisciplinary team members, promoting mutual respect and trust.

### Part 2. OPPE Scores

<table>
<thead>
<tr>
<th>Competency A</th>
<th>Competency G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency B</td>
<td>Competency H</td>
</tr>
<tr>
<td>Competency C</td>
<td>Competency I</td>
</tr>
<tr>
<td>Competency D</td>
<td>Competency J</td>
</tr>
<tr>
<td>Competency E</td>
<td>Competency F</td>
</tr>
<tr>
<td><strong>Total Score (max of 50)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A total score is less than 30 triggers FPPE</strong></td>
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</table>

**Areas of Strength:**

**Opportunities for Professional Growth:**

**Specific Goals for FPPE (if required):**

**FPPE Proctor:**

**Peer Reviewer:**

**Title:**

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*Note: From Competencies and Orientation Tool Kit for Neonatal Nurse Practitioners (Table C-4). 2010. Glenview, IL: National Association of Neonatal Nurses. Copyright 2010 by National Association of Neonatal Nurses. Table C-4 was adapted from the Medical University of South Carolina College of Nursing, which adapted the “Dartmouth-Hitchcock Neonatal Nurse Practitioner Evaluation Instrument (Dart-NPPE)” by M. E. Buss-Frank, in Buss-Frank et al. 1996, pp. 36–36. Adapted and reprinted with permission.*
The Three “P’s”

Include at a minimum, three separate comprehensive

*graduate-level courses* (the APRN Core) in:

- Advanced physiology/pathophysiology, including general principles that apply *across the lifespan*;

- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches;

- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of *all broad categories* of agents.
Relating the Model to the DNP?

Broad-based APRN Education
For entry into APRN practice and for regulatory purposes, APRN education must:

- be formal education with a graduate degree or post-graduate certificate (either postmaster’s or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)

The educational criteria within the APRN Consensus Model relate to the preparation of all APRNs, regardless of whether a master’s or doctoral degree is conferred. A Doctor of Nursing Practice (DNP) program that is preparing an individual for entry into an APRN role must meet all of the criteria put forth in the Model. The Model does not require or preclude the DNP as an entry level degree for APRNs.