

Introduction

The National Board for Certification of Hospice and Palliative Nurses (NBCPHN) recognized a need for a definition of competence to guide us in validating and refining our certification and recertification programs. In July 2010, the Continued Competence Committee of NBCPHN charged the Continuing Competence Task Force (CCTF) to:

- Distinguish between competence and competency
- Define competence
- Define continuing competence and indicators of continuing competence

In the hope of making a statement about professional nursing competence with universal applicability to the nursing specialty certification world, NBCPHN sought members of this Task Force with a broad spectrum of expertise. The Task Force was chaired by Dr. Bette Case DiLeonardi. Dr. DiLeonardi is a member of NBCPHN and is board-certified by the American Nurses Credentialing Center (ANCC) in Nursing Professional Development. In addition to her NBCPHN responsibilities she also currently serves on the ANCC Nursing Professional Development Content Expert Panel. Additional NBCPHN members who served on the Task Force included the President and President-elect of NBCPHN, Chair of the NBCPHN Continued Competence Committee, CEO of NBCPHN, and Director of Certification of NBCPHN. In order to bring a global perspective to the task at hand, as well as the need to widely disseminate our findings, additional talents were recruited outside of NBCPHN. The Task Force was complete with the addition of the editor of *The Journal of Continuing Education: Continuing Competence for the Future*, Dr. Patricia Yoder-Wise; the Deputy Director of American Board of Nursing Specialties (ABNS) and Chair of the ABNS Research Committee, Dr. Melissa Biel, and the past Board President and current Leadership Council member for the Institute for Credentialing Excellence who has also served on the ABNS Board of Directors as the Public Member, Ms. Dede Pahl. Since the time at which the Task Force was formed, Ms. Pahl was elected as the Public Member of NBCPHN. The commitment of this Task Force has reflected the importance of the task.

The work of CCTF has culminated in an expression of beliefs about competence and a definition of competence. NBCPHN has presented this work to the ABNS Research Committee in support of the ABNS research agenda. NBCPHN believes that ABNS members may find the beliefs and definition useful in guiding research and certification initiatives.

In this document, NBCPHN presents: its beliefs and definition of competence; the review of the literature; the potential for the use of this Statement; a complete listing of the references consulted; the process CCTF used to arrive at the beliefs and definition (Appendix A), and brief biographies of CCTF members (Appendix B).

Literature Review

The Task Force began clarifying beliefs about continuing competence by reviewing the considerable literature regarding competence. Some authors used the term *continued* competence, whereas others used *continuing* competence. CCTF believes that *continuing* competence best reflects the dynamic and evolving nature of competence and therefore chose the term *continuing* competence. However, the literature review uses the term *continued* competence when referring to literature that used that term.

A concept paper, *Meeting the Ongoing Challenge of Continued Competence*, by the National Council of State Boards of Nursing (NCSBN) in 2005¹ brought forth the importance of the obligation of safe practice. “The public needs assurance that nurses have current knowledge and are safe practitioners. The nurse needs the incentive of value added to one’s career and practice. They benefit from requirements that are relevant to their practice, promote professional development and can be used to meet the multiple demands of employers, boards and others” (p. 3).

Several resources addressed the issue of who should be responsible for continuing competence. Lundgren and Houseman pointed out that the Pew Health Professions Commission, the Citizen Advocacy Center (CAC) and most federations of state boards see continuing competence as a regulatory responsibility while many professional organizations often view it as a voluntary responsibility of the individual practitioners.² These same authors² suggested that state regulatory processes should only apply in the setting of establishing minimum competence. “If the goal is not simply to maintain competence, but to increase it, responsibility for improvement becomes broader, falling not only on the state regulatory board but also on the work setting and the individual practitioner” (p. 237).

CAC suggested that continued competence needs to be a collaborative effort among professional organizations, regulatory (licensing) boards and individual practitioners.³ NCSBN has recommended that educators also be held responsible for continuing competence. NCSBN suggested incorporating standards into the curriculum, promoting students to integrate these standards, and evaluating resulting performance.² Educators would also be expected to act as role models for students to portray examples of lifelong learning and professional accountability.²

Regarding the evolution, fluidity, and dynamic state of competence NCSBN¹ stated “There is the inherent evolution of practice from the new graduate-entry-level to the experienced-focused practice level of competence” (p. 1). The Competency & Credentialing Institute (CCI)⁴ also underscored these concepts using the term “continuing competence” to reflect

constant evolution in response to “consumer needs, technological advancement, professional responsibilities, and expanded knowledge” (p. 1).

NCSBN also pointed out that nursing careers take different paths, which vary by professional role, clinical settings, clients, and therapeutic modalities, as well as the level at which health care is delivered.¹ This complemented the idea brought forward by Lundgren and Houseman² that if competence varies according to the situation, then the measurement of competence in one area is not generalizable to other areas. Practitioners learn and develop new skills as they move from specialty to specialty, so professional practice in different settings requires the need to develop and perfect specialized competencies.²

The review of the literature also supplied the Task Force with several examples of existing definitions for competence as well as continuing competence. NCSBN defined competence as “the application of the knowledge and interpersonal, decision-making and psychomotor skills expected for the nurse’s practice role, within the context of public health, welfare and safety”² (p. 235). Kane defined competence as “The level of an individual’s competence in some area of practice can be defined in terms of the extent to which the individual can handle the various situations that arise in that area of practice”² (p. 235). Cheetham and Chivers proposed that meta-competencies are the base for professional competencies, which include abilities such as communication, creativity, problem solving, and most importantly reflection. They suggested that competencies also involve knowledge, functionality, personal behavior, values and ethics.²

However, the definition which made the largest impact on the Task Force was the definition of continuing competence supplied by the Canadian Nurses Association and Canadian Association of Schools of Nursing “The ongoing ability of a registered nurse to integrate and apply the knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include but are not limited to attitudes, values and beliefs”⁵. The Task Force chose this definition as a building block for its definition.

Beliefs About Competence

Distinction between Competence and Competency

CCTF adopted the distinction between competence and competency as crafted by Schroeter:⁶ “Although they may sound similar, competence and competency are not necessarily synonymous. Competence refers to a potential ability and/or a capability to function in a given situation. Competency focuses on one’s actual performance in a situation. This means that competence is required before one can expect to achieve competency” (p. 12).

Beliefs

As CCTF explored definitions, it became apparent that a definition alone did not convey the complexity and importance of a concept so integral to a practice discipline. Thus, CCTF created a set of beliefs to underpin the definitions.

We believe that competence is:

- a professional and ethical obligation to safe practice
- a commitment made to the individual, the profession, and to consumers
- a responsibility shared among the profession, regulatory bodies, certification agencies, professional associations, educators, 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
- evolutionary, in that it builds upon previous competence and integrates new evidence
- dynamic, fluid, and impacted by many factors as the individual enters new roles and new situations

Definition of Continuing Competence

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.

CCTF built its definition based upon a definition that the Canadian Nurses Association and Canadian Association of Schools of Nursing developed (2004).⁵ The literature contains many references to this definition.^{1,5,7,8} The International Council of Nurses also endorsed the definition.⁹

Uses of the Beliefs and Definition

CCTF believes the beliefs and definition will serve as a guide to operationalize competence in nursing practice and credentialing, and measure outcomes in research projects. And CCTF believes that indicators of continuing competence are specific to the specialty practice area. This Statement may be a useful tool for specialty organizations to explore the alignment of core competencies with specialty-specific competencies, as the Task Force did in comparing *ANA Standards of Practice*¹⁰ with *HPNA Advanced Practice Nurse and Registered Nurse Competence Topics*.^{11,12}

The American Nurses Association⁹ has provided a set of standards for nursing care and professional performance with competencies that define each standard in professional nursing practice, regardless of nursing specialty. CCTF compared these core nursing competencies with the competencies that the Hospice and Palliative Nurses Association (HPNA) identified for the Advanced Practice Nurse (APN)¹¹ and the Registered Nurse (RN)¹², as an example of applying core nursing competence to specialty practice. The table on the following pages displays only the ANA Standards and not the specific competencies that ANA lists for each standard.

The definition and beliefs also provides a framework for refining the process of certification and re-certification in nursing specialties. The belief that continuing competence evolves and builds upon previous competence implies a recertification process that evidences professional growth.

In Conclusion

CCTF respectfully offers this work to our profession for its use. We look forward to exploring potential developments in response to this Call to Action in dialogue with ABNS and with other organizations involved in education and credentialing in nursing.

HPNA Advanced Practice Nurse (APN) and Registered Nurse (RN) Competence Topics and ANA Standards of Practice and Performance

NOTE: This Table does not intend to imply equivalences, only relationships.

<i>HPNA APN and RN Approved Competence Topics</i>	<i>ANA Nursing: Scope and Standard, 2nd edition</i>
Clinical judgment	<p>Standard 1. Assessment The registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/ or situation.</p> <p>Standard 2. Diagnosis The registered nurse analyzes the assessment data to determine the diagnoses or the issues.</p> <p>Standard 3. Outcomes Identification The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.</p> <p>Standard 4. Planning The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.</p> <p>Standard 5. Implementation The registered nurse implements the identified plan.</p> <p>Standard 5A. Coordination of Care The registered nurse coordinates care delivery.</p> <p>Standard 5B. Health Teaching and Health Promotion The registered nurse employs strategies to promote health and a safe environment.</p> <p>Standard 5C. Consultation The graduate-level prepared specialty nurse or advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.</p> <p>Standard 5D. Prescriptive Authority and Treatment</p>

<i>HPNA APN and RN Approved Competence Topics</i>	<i>ANA Nursing: Scope and Standard, 2nd edition</i>
	<p>The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.</p> <p>Standard 6. Evaluation The registered nurse evaluates progress toward attainment of outcomes.</p>
Advocacy & ethics	<p>Standards of Professional Performance Standard 7. Ethics The registered nurse practices ethically.</p>
Professionalism- not a true match here	<p>Standards of Professional Performance Standard 8. Education The registered nurse attains knowledge and competency that reflects current nursing practice.</p> <p>Standard 10. Quality of Practice The registered nurse contributes to quality nursing practice.</p> <p>Standard 12. Leadership The registered nurse demonstrates leadership in the professional practice setting and in the profession.</p> <p>Standard 14. Professional Practice Evaluation The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.</p>
Collaboration	<p>Standards of Professional Performance Standard 13. Collaboration The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice.</p>
Systems thinking - not a true	Standards of Professional Performance

<i>HPNA APN and RN Approved Competence Topics</i>	<i>ANA Nursing: Scope and Standard, 2nd edition</i>
match here	<p>Standard 15. Resource Utilization The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.</p> <p>Standard 16. Environmental Health The registered nurse practices in an environmentally safe and healthy manner.</p>
<p>Cultural & Spiritual (APN) Cultural (RN)</p>	
Facilitator of learning	
Communication	<p>Standards of Professional Performance Standard 11. Communication The registered nurse communicates effectively in all areas of practice.</p>
Research (APN only)	<p>Standards of Professional Performance Standard 9. Evidence-based Practice and Research The registered nurse integrates evidence and research findings into practice.</p>

Appendix A

Continuing Competence Task Force (CCTF) Process

Members of CCTF collectively brought considerable breadth of experience and perspective to bear upon defining competence, as reflected by the biographical information in the **Continuing Competence Task Force Members** section of this document. The Task Force met monthly by conference call, enhanced by web-based document sharing. NBCHPN staff supported Task Force communications and meetings.

At the first meeting, members introduced themselves and participated in discussion to clarify and crystallize the task:

- Distinguish between competence and competency
- Define competence
- Define continuing competence and indicators of continuing competence

The Task Force accepted a work plan designed to accomplish the task by early 2011. The Task Force discussed distinctions between competence and competency and adopted Schroeter's distinction.⁶

Members accepted an assignment to review reference materials distributed prior to the meeting, identify phrases and concepts critical to the task, and submit these selections to the chair. Members identified additional sources of background information including selections from the ABNS bibliography and the Hospice and Palliative Nurses Association (HPNA) Approved Competence Topics. Staff made these resources available to all members. The **Reference** section of this document includes all references. The volume of material pertinent to the task both delighted and challenged members. The chair collated members' responses to the assignment and distributed a summary document prior to the second meeting.

At the next meeting, members discussed the summary of their literature review and identified the need to express beliefs about competence as a set of tenets to guide the definition of competence. Through discussion, members extracted beliefs about competence from the resource material and from their own experiences and perspectives.

In subsequent meetings, the Task Force discussed and refined existing definitions of competence. Members accepted the challenge of remaining focused on the circumscribed task of defining competence and recognized that elaborating upon implications for certification and specialty-specific competencies went beyond the scope of their assigned task. The Task Force acknowledged the role of core competencies and confirmed that the

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newly formed beliefs captured the concept that competence is dynamic, fluid, and impacted by many factors as the individual enters new roles and new situations.

Ultimately, CCTF refined its statement of beliefs and definition of competence. The process included continued reflection on work previously accomplished to assure consistency and that these beliefs did indeed underpin the definition. The Task Force decided to begin the process of sharing its work and a planned to present the Statement to the ABNS Research Committee in support of the ABNS Research Agenda.

Each Task Force meeting included a process of examining previous work of CCTF, re-examining literature previously reviewed, and integrating newly identified resources, such as the American Nurses Association (ANA), *Nursing: Scope and Standards of Practice*¹⁰, The Institute of Medicine (IOM), *The Future of Nursing*¹³ and recent pertinent publications.

The prospect of sharing its work with ABNS energized Task Force members and strengthened the commitment to further the exploration of how nursing competence impacts different aspects of health care including: research, nursing practice, patient care, education, leadership, informatics, and the other diverse roles and specialties in which nurses practice. CCTF respectfully offers this work to our profession for its use.

Appendix B

Continuing Competence Task Force Members

Bette Case Di Leonardi, PhD, RN-BC chaired the Continuing Competence Task Force and has served as a board member of the National Board for Certification of Hospice and Palliative Nurses (NBCHPN) since 2008. Dr. Di Leonardi has practiced nursing for more than 40 years in a variety of roles including staff nurse, school nurse, administrator, and educator. Since 1993 she has practiced as an independent consultant in education and competency management for the health professions. She has published and speaks on a variety of professional topics and has designed and teaches Web-based courses for both academic and continuing education programs. She was among the first group of nurses which ANCC certified in Nursing Professional Development (NPD) and serves on the Content Expert Panel for the NPD examination. She serves on the editorial board of the *Journal of Continuing Education in Nursing* and is an active member of the National Nursing Staff Development Organization (NNSDO).

Melissa Biel, DPA, RN has over 25 years experience in the nonprofit and health care fields. She serves as a consultant to a variety of hospitals, community clinics, and nonprofit organizations. She is the Deputy Director of the American Board of Nursing Specialties (ABNS), a national organization for specialty nursing certification. In this role she directs ABNS's research efforts and supports the work of the ABNS Research Committee. Dr. Biel is adjunct faculty at Brandman University and a lecturer at California State University, Long Beach, teaching in the Health Administration degree programs. She is the recipient of the 2008 Outstanding Senior Lecturer award from Chapman University College. Her scholarly activities include professional service, publications and speaking that address nursing certification, community benefit, credentialing research and a variety of clinically-focused topics.

Virginia (Ginger) Marshall, ACNP-BC, ACHPN has 17 years of experience as a bedside nurse and 11 years as a nurse practitioner. She has served on the National Board for Certification of Hospice and Palliative Nurses (NBCHPN) and on the APN Examination Development Committee since 2008. In 2010 she served as president for NBCHPN and for the Alliance for Excellence in Hospice and Palliative Nursing. Ms. Marshall has authored articles and has performed both local and national presentations on topics related to palliative care. In 2005, she helped to start the University of Utah Hospital Palliative Care service. She currently practices at University of Utah Hospital where she serves as program director for the Palliative Care Service. She is board certified in Acute Care by the American Nurses Credentialing Center (ANCC) and in Hospice/Palliative Care by NBCHPN.

Dede Pahl, MBA joined the NBCHPN Board of Directors as the public member, beginning in January 2011 and serves on the Continuing Competency Committee. Ms. Pahl is currently a lead assessor for the American National Standards Institute, specializing in ISO/IEC 17024 (an International Standard which sets out criteria for an organization's certification program for individual persons) regarding personnel certification. As a volunteer, she will also serve on the Board of Trustees for the Commission for Graduates of Foreign Nursing Schools, beginning January 2011. In the past, Ms. Pahl served two terms as the public member on the Board of the American Board of Nursing Specialties (ABNS), including service on its accreditation committee, and on the National Organization for Competency Assurance [NOCA, now Institute for Credentialing Excellence (ICE)] Board of Directors, including as its president. She recently retired as the executive director for the Investment Management Consultants Association, an international membership and credentialing association for investment professionals with over 7000 members and 5500 certificants. Ms. Pahl also served as Chief Operating Officer of the Certified Financial Planners Board of Standards (with over 100,000 certificants worldwide), served as ISO Secretary for the technical committee on personal financial planning, and held a variety of positions within the financial services industry

Barbara Schmal, MS, RN, CHPN, CLNC is the current president of the National Board for Certification of Hospice and Palliative Nurses (NBCHPN) and has also served two terms on the RN Examination Development Committee as a content expert. Ms. Schmal has been a nurse for 35 years, and has worked in end-of-life care since 1992. She currently practices as a clinical resource nurse/educator for Hospice of the Valley in Phoenix, AZ and an adjunct faculty member for Grand Canyon University. Ms. Schmal has presented at state and national levels and has authored several computer- and Web-based educational modules related to hospice and palliative care.

Denise Stahl, RN, MSN, ACHPN has more than 20 years experience as a Clinical Nurse Specialist working in oncology, bone marrow transplant, phase I clinical research, palliative care and hospice. Ms. Stahl is currently the Program Manager for Hospice and Palliative Care services for VISN 4 of VA Healthcare. She is responsible for growth and development of palliative care and hospice services across 104 counties in the network, in both inpatient and outpatient care settings. She serves as a board member of the National Board of Certification of Hospice and Palliative Nurses (NBCHPN) and the APN Examination Development Committee. Ms. Stahl is certified as an Education in Palliative and End of Life Care (EPEC) and End of Life Nursing Education Consortium (ELNEC) trainer for nurses and physicians who work in end-of-life care. She regularly presents, both locally and nationally, regarding a variety of clinical and professional topics related to end-of-life care.

Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAAN serves as the Editor-in-Chief of *The Journal of Continuing Education: Continuing Competence for the Future*, where she conducts an annual survey of state boards of nursing and professional credentialing bodies related to requirements for initial and continuing credentialing. In addition to teaching at two universities, Dr. Yoder-Wise served as President of the American Nurses Credentialing Center (ANCC), the world's largest credentialing organization in nursing. She is author/coauthor of numerous articles and several texts, including *Leading and Managing in Nursing*. She most recently served on the Texas Nurses Association's Task Force on continuing competence, which resulted in a report of a broad view of competence and a change in the Texas Board of Nursing's acceptance of certification as a second avenue for meeting the requirement for continuing competence demonstration.

Sandra Lee Schafer, RN, MN, AOCN, has practiced nursing in a variety of roles. She worked as a bedside staff nurse in medical surgical nursing and critical care, as a Clinical Nurse Specialist in cancer care and pain management and as a Quality Improvement Manger for long term acute care/rehabilitation. A contributing author to three cancer nursing books and several nursing journals, Ms. Schafer has given numerous presentations locally, nationally, and internationally on pain and symptom management, cancer care, care at the end of life, caring for the caregiver, communication, and professional practice. She held leadership positions with many organizations on a local and national level including the American Cancer Society, The Pennsylvania State Cancer Pain Initiative, The Pennsylvania Society of Oncology and Hematology. She was National President of the Oncology Nursing Society. Ms. Schafer is currently Director of Certification for the National Board for Certification of Hospice and Palliative Nurses (NBCHPN). Her work focuses on the coordination of all administrative activities involving certification. She also serves as a Board member of the American Board of Nursing Specialties (ABNS).

Judy Lentz, RN, MSN, NHA, in the capacity as CEO of the National Board for Certification of Hospice and Palliative Nurses (NBCHPN), served as a member of the Continuing Competence Task Force. Ms. Lentz has been practicing nursing for nearly 50 years in a variety of roles: staff nurse, administrator, oncology clinical nurse specialist and finally as an association executive for the past nearly 11 years. She participated on the American Nurses Association (ANA) Task Force to write the Scope and Standards for Nurse Executives. Ms. Lentz has published on various topics and presented locally, regionally and nationally. NBCHPN has been a member of the American Board of Nursing Specialties (ABNS) since 2000 where Ms. Lentz served as president in 2004-2005. She is also the CEO of the Hospice and Palliative Nurses Association, the Hospice and Palliative Nurses Foundation and the Alliance for Excellence in Hospice and Palliative Nursing.

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