

Texas Nursing Competency Initiatives

Summary of Request:

This report is to request board input on new methods to enhance continued competency and to consider revising Rule 216 Continuing Education to incorporate these new methods.

Historical Perspective:

Continued competence in nursing has been discussed not only on a national level but also during several board meetings. The NCSBN defines continued competency as the application of knowledge and the interpersonal, decision making and psychomotor skills expected for the nurse's practice role within the context of public health, welfare and safety.

The *Journal of Practical Nursing* (Fall 2007) reviewed the NCSBN Report of Findings from the 2005 LPN/VN Post Entry-Level Practice Analysis and suggests this analysis could serve as a foundation for a continued competence assessment.

Attachment A is an overview of national initiatives for continued competencies as outlined in a report from the State of Washington Department of Health Nursing Care Quality Assurance Commission.

During the last two years, board staff have presented information to the Board about initiatives in the state that are promoting safe nursing practice through continued competency.

- April - 2006 Report on groups that are developing initiatives to evaluate and test graduate and continued nursing competency.
- October - 2006 Report on the North Texas Competency Consortium composed of schools of nursing in the north Texas area that developed teaching strategies for 10 high risk, high volume, problem prone patient conditions.
- January - 2007 Report on recommendations for changes in the NPA to eliminate named groups out of Section 301.303 (d) to clarify that there are no "official" CE approval bodies of the Board.
- April - 2007 Report on the Texas Nurses Association's (TNA) Continuing Competency Task Force which outlined four domains of competencies.
- October - 2007 Report on Board participation in the TNA Continuing Competency Task Force to provide LVN stakeholder input into the Committee.
- July - 2008 Report to the Board containing the *Nursing Competency: Movement Towards Assurance in Nursing Report* outlining suggested CE changes in the 2009 - 2011 and 2011 - 2013 Biennium and the proceedings of the Texas Nursing Competency Consortium Invitational Conference *Bridging the Gap Between Patient Safety and Nursing Competency*.

Based upon the work of the TNA Continuing Competence Task Force and other national and state initiatives to expand and promote continued competency, board staff request a charge to review the following recommendation for possible revisions to Rule 216.

- Consider making changes to Rule 216 Continuing Education to allow nurses to meet board requirements for continuing education by documenting their continued competence through EITHER 20 hours of continuing education in their **area of practice** per licensing period from an approved provider OR national certification in the nurse's specialty area of nursing practice. This process will involve an evaluation by the BON regarding the consistency of testing by certifying bodies.

Pros and Cons:

Pros: Over the past two years, the Board has been briefed about changes that are needed in current methods of evaluating continued competency to promote safe practice. Requiring CEU's in a nurse's specific area of practice is an initial step in making changes to promote a more comprehensive approach to continued competency. National certification bodies generally require an entrance exam, mandated practice hours and more continuing education than required by the board thus promoting a more rigorous approach to continued competency.

Cons: Certain sub-specialities in nursing practice, including those nurses in non-clinical roles, may have more difficulties in obtaining related CEU's. If CEU's must relate to a nurse's area of practice, identification and definition of the nurse's "practice area" may be difficult to quantify and evaluate. There will need to be an evaluation of national nursing certification bodies to ensure standardization and consistency in their requirements. Changes in the board's processes to monitor CEU compliance will require more resources to evaluate and monitor these new methodologies.

Staff Recommendation:

Move to charge NPAC to consider revisions to Rule 216 Continuing Education to incorporate new methods to allow nurses to document their continued competence through EITHER 20 hours of continuing education in their **area of practice** per licensing period from an approved provider OR national certification in a specialty area.

Or:

Move to charge staff with revising Rule 216 Continuing Education to incorporate new methods to allow nurses to document their continued competence through EITHER 20 hours of continuing education in their **area of practice** per licensing period from an approved provider OR national certification in a specialty area.

History of Continuing Competency for Health Care Professionals

The need to develop methods for Nurses to demonstrate that they are competent is not new. Nursing organizations and Boards and Commissions of Nursing have been writing on the topic and developing programs since the early 1990s.

The Commission's role is to protect the public from unsafe nursing and nursing practice. At this time, the Commission does not have a mechanism to ensure that a licensed Nurse maintains nursing competence throughout the Nurse's career. The Commission has a legislative mandate to provide mechanisms to ensure continuing competency.

Nurses should control their professional practice and not allow others to take action because nurses have failed. The public expects that we will take the actions necessary to provide assurance to the public that they can expect safe nursing practice. It is the right thing to do and the timing is now.

Several influential public organizations have recognized the need for a continuing competency mechanism and have been vocal in their recommendations.

1995 The Pew Health Professions Commission (Pew Commission)

The Pew Commission report recommended that States should require each board to develop, implement and evaluate continuing competency requirements to assure the continuing competence of regulated health professions.ⁱ

1995 Citizens Advocacy Center (CAC)

The CAC asked a compelling question: *Can the public be confident that health care professionals who demonstrated minimum level of competence when they earned their license continue to be competent years and decades after they have been in practice?*ⁱⁱ

1996 National Council of State Boards of Nursing (NCSBN)

In response to the 1995 Pew Taskforce on Health Care Workforce Regulation, NCSBN issued a position paper. In it they defined competence as “the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the Nurse's practice role, within the context of public health, safety and welfare.”

1998 Pew Health Professions Commission

The Pew Commission recommended that States should require that their health care practitioners demonstrate their competence in the knowledge, judgment, technical skills and interpersonal skills relevant to their jobs throughout their careers.

1999 Institute of Medicine (IOM) Report

In this seminal report, *TO ERR IS HUMAN: Building a Safer Health System*, IOM brought the concept of medical errors to the forefront of the public's mind. IOM contends that health care in the United States is not as safe as it should be--and can be. They estimate that as many as 98,000 people die in hospitals each year as a result of medical errors that could have been prevented.

IOM introduced to the public the concept of "professional competence". They identified competencies that should be included in the education of all health care professionals. They studied nursing work environment and stressed need to create learning organizations

2001 Institute of Medicine Report

REPORT CROSSING THE QUALITY CHASM: A New Health System for the 21st Century, distilled the principles of change into six guiding aims: health care should be safe, effective, patient-centered, timely, efficient, and equitable.

2003 Institute of Medicine Report

Health Professions Education: A Bridge to Quality

The IOM identified the core competencies needed for health care professionals. "All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics."ⁱⁱⁱ

ⁱ The Pew Health Professions Commission (Pew Commission) was created by [The Pew Charitable Trusts](#) in 1989. The Pew Commission has developed recommendations for change in health professions education and advocated the development of policies which respond to the nation's health care workforce needs. The Commission has initiated and sustained what many believe to be a national movement for change in health professions education and workforce policy.

ⁱⁱ The Citizens Advocacy Council (CAC) provides support for the public members serving on health care regulatory, credentialing, oversight and governing boards as representatives of the consumer interest. CAC's priority projects include the implementation of [continuing competence requirements](#) for all health care practitioners, and the [Practitioner Remediation and Enhancement Partnership](#) (PreP 4 Patient Safety), involving hospitals and boards of nursing and medicine in the early identification of practitioners who need to improve their knowledge and skills.

ⁱⁱⁱ IOM: Health Professions Education: A Bridge to Quality (2003). The National Academy of Sciences.
