

POSITION PAPER

# **CONTINUING COMPETENCE IN NURSING**

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## INTRODUCTION

Successful completion of a standardized curriculum from a nationally accredited nursing program and achieving a passing score on the National Council Licensure Examination (NCLEX) is the first step in demonstrating the foundational knowledge necessary to practice as a Registered Nurse (RN). Using Benner's stages of learning taxonomy for nurses, the newly licensed RN is a novice who will acquire the skills and experience to practice at a peer level over time (Benner, 1984). It is through additional applied learning, knowledge and experiences that the nurse can achieve a basic level of competence by demonstrating efficiency, coordination, and confidence in his/her actions. However, the health care system is fluid and presents continual challenges for all nurses to remain competent therefore, a commitment to lifelong learning, ethical behavior and continued development and maintenance of professional competency remain pillars of nursing practice. In 2014, the American Nurses Association stated, "assurance of competence is a shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers and other key stakeholders" (American Nurses Association, 2015b).

## PURPOSE

The purpose of this position statement is to educate and empower nurses by providing an overview of the current evidence, definitions, and regulations addressing continuing competency in the nursing profession.

## BACKGROUND

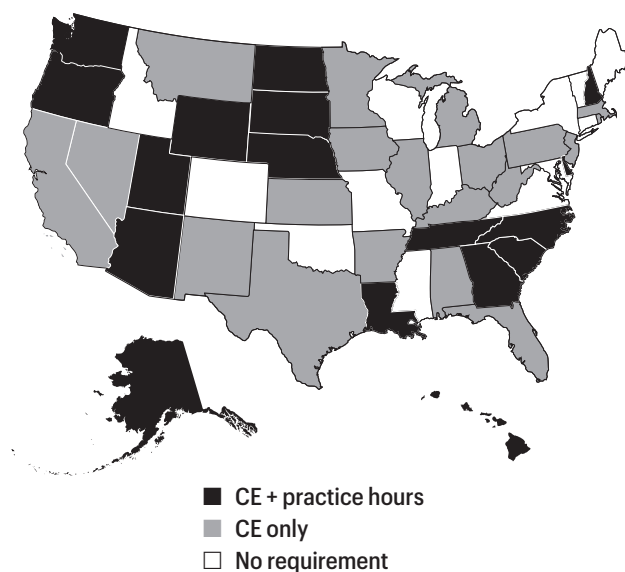
The National Council of State Boards of Nursing (NCSBN) defines competence as "the application of knowledge and the interpersonal, decision-making and psychomotor skills expected for the practice role, within the context of public health" (National Council of State Boards of Nursing, 1996). Initial minimal competence for nursing practice is demonstrated by the successful completion of a standardized curriculum within a nationally accredited nursing program and a passing score on the National Council Licensure Examination (NCLEX). This process is accepted by all state commissions and boards of nursing for initial nursing licensure.

The primary purpose of nursing licensure, through state regulation, is the protection and safety of the public. Nurses ensure competency throughout their careers as a commitment to their patients, in addition to the advancement and integrity of the nursing profession. In 2005, the NCSBN defined continued competency as "the ongoing synthesis of knowledge, skills, and abilities required to practice safely and effectively in accordance with the scope of nursing practice" (National Council of State Boards of Nursing, 2005).

## NATIONAL STANDARDS OF COMPETENCY

The Washington Nursing Care Quality Assurance Commission (NCQAC), along with all state boards of nursing, are tasked by the NCSBN with the safety and protection of the public by ensuring licensed nurses are competent to practice through regulatory oversight. Despite the emphasis on the importance of competency and public safety by multiple national organizations (Pew Charitable Trust, Citizen Advocacy Center, Institute of Medicine, Institute for Healthcare Improvement and the Joint Commission), professional nursing organizations, along with boards of nursing lack a single process and consensus for assessing or determining continuing competency in nursing practice. In a 2018 review, these inconsistencies were evident and revealed that of 51 Boards of Nursing (BON) practice acts, 21 required continuing education (CE), 17 required both CE and practice hours and 13 BON had no requirements for the demonstration of continued competency for nursing license renewal.

**Demonstration of continuing competency in nursing licensure**



In Washington state, the NCQAC defines continuing competency as, "the ability of a nurse to maintain, update and demonstrate sufficient, knowledge, skills, judgement and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice" (Washington State Department of Health, 2011). In 2011, the NCQAC passed WAC 246-840-200 through 246-840-260. This policy defines an independent continuing competency program (CCP) for Registered Nurses (RN) and Licensed Practical Nurses (LPN) for Washington

nursing license renewal (Washington State Department of Health, 2011). Beginning in 2013, all Washington RNs and LPNs are required to demonstrate continued competency through documentation of at least 531 active practice hours and 45 clock hours of continuing education within a three-year audit cycle (Washington State Department of Health, 2011). Although specifics of this regulation are currently under review, the policy aligns with national efforts from the Agency for Healthcare Research and Quality, Institute of Healthcare Improvement, Joint Commission and National Patient Safety Foundation, intended to promote a “Culture of Safety and Quality” among nurses.

In 2015 the ANA published, *Nursing: Scope and Standards of Practice, Third Edition* (American Nurses Association, 2015b). Within this document are the Standards of Professional Nursing Practice. These standards provide “authoritative statements of the duties that all registered nurses, regardless of role, population or specialty, are expected to perform competently” (American Nurses Association, 2015b). The seventeen standards are placed within two essential categories: a) Standards of Practice “that describe a competent level of nursing practice as demonstrated by the nursing process” and b) Standards of Professional Performance that “describe a competent level of behavior in the professional role” (American Nurses Association, 2015b). Although these standards of nursing competence can be defined, measured and evaluated, a lack of evidence supports a single method or evaluative tool that can guarantee competence.

<b>STANDARDS OF PRACTICE</b>	Assessment Diagnosis Outcomes identification Planning Implementation <ul style="list-style-type: none"> <li>• Coordination of care</li> <li>• Health teaching and health promotion</li> </ul> Evaluation
<b>STANDARDS OF PROFESSIONAL PERFORMANCE</b>	Ethics Culturally congruent practice Communication Collaboration Leadership Education Evidence-based practice and research Quality of practice Professional practice evaluation Resource utilization Environmental health

## POSITION

It is the position of the Washington State Nurses Association (WSNA), in concurrence with the NCSBN, state regulators and nursing professional organizations, that the public has the right to expect nurses to demonstrate professional competence throughout their careers.

Furthermore, the WSNA believes that maintenance of continuing competency is the individual nurse’s professional responsibility that affects every facet of the healthcare system. As stated in Provision 5 of The American Nurses Association’s Code of Ethics for Nurses; “The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth” (American Nurses Association, 2015a). Continuing competency entails lifelong learning; therefore, it is dynamic and requires, not only ongoing self-assessment of knowledge, skills and attitudes to identify professional practice disparities, but active professional engagement to prevent or remedy practice gaps.

The WSNA, in agreement with the ANA, believes that competence is definable, measurable and can be evaluated. The WSNA does not support a single method or tool to ensure competence. Finally, the WSNA believes that employers carry the responsibility and accountability to empower, facilitate, and “provide an environment conducive to competent practice” (American Nurses Association, 2010). The competent practice of a nurse is directly impacted by the nature of the work environment and professional engagement. Barriers to competent practice can include, but are not limited to, environmental hazards, organizational culture, and availability of resources.

The WSNA believes defining, maintaining, and the evaluation of competency is a collaborative process that includes individual nurses, educators, employers, professional colleagues, professional organizations, credentialing and certification entities and regulatory agencies. Various tools can be utilized that combine objective and subjective data appropriate to the nurse’s specific practice setting, role and desired performance expectations. Methods for demonstration of continuing competency can include, but are not limited to, direct observation, simulation exercises, certification, peer review, performance evaluations and patient chart reviews.

## ISSUES FOR FURTHER CONSIDERATION

With a lack of significant evidence supporting current methods of the demonstration of continuing competency, Washington nurses are encouraged to continue the momentum to amend the current requirements by addressing the following questions:

1. What is the proper balance of self-regulation, professional regulation and legal regulation as mechanisms to ensure continuing competency in the nursing profession?
2. Competency is definable, measurable and can be evaluated. How should competency be measured and how often should competency be evaluated?
3. Given the variability in state regulations and requirements of continuing competency for license renewal, what are the implications of the NCSBN Nursing Compact License regarding continuing competency in nursing?
4. What role should state regulators and nursing professional organizations play in the dissemination of best practices addressing competencies?
5. How should issues specific to and within the context of nursing care, such as social determinants of health or nursing delegation, be incorporated into the demonstration of continuing competency?
6. Who or what are the facilitators for nurses to establish and maintain continuing competency programs or methods of evaluation?
7. Who has the power or responsibility to remove the barriers of cost, time and accessibility for nurses to establish and maintain continuing competency programs or methods of evaluation?
8. What are the implications of continuing competency for nurses who practice in the telehealth setting?
9. What roles can patient care simulation or the Nurse Competence Scale play in assessing, measuring and demonstrating continuing competency?
10. What are the legal ramifications of documenting or not documenting evidence of continuing competency by nurses? Does lack of documentation indicate incompetence?

Nurses are poised to be at the forefront of not only recognizing and maintaining continuing competency, but challenging status quo regulations. These issues need to be addressed by regulators such as the NCQAC and NCSBN as documentation of continuing competency requirements continue to evolve.

## SUMMARY

A review of current evidence and regulations indicates no consensus or single evidence-based method for the demonstration of continuing competency. There is no correlation between required continued nursing education (CNE) for nursing license renewal and the maintenance of nursing skills, knowledge or abilities necessary for competent nursing practice. Assessing, acquiring and maintaining continued competency in nursing practice is a professional responsibility for all nurses. As maintaining competency in nursing practice shifts from simply completing skills checklists, satisfying CE requirements for licensure or selecting the “best” answer on an exam, WSNA challenges all nurses to identify their unique professional development needs. All nurses are encouraged to seek and engage in evidence-based, high-quality learning activities. Additionally, to be successful, nurses should be provided necessary resources and empowered by their organizational culture and workplace environment, through implementation strategies in this process. Confidence, change, and professional development are the outcomes and rewards of deliberate and consistent attention to each nurse’s commitment to lifelong learning. The power of nurses’ collective commitment to continuing competency will make a tremendous contribution to not only better health outcomes and safety in patient care, but the advancement of the nursing profession and entire healthcare system.

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