

**COMMITTEE ON PLANNING A CONTINUING HEALTH
CARE PROFESSIONAL EDUCATION INSTITUTE**

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Introduction

On behalf of the board of the American Nurses Credentialing Center, known as ANCC, thank you for this opportunity to engage with you in learning how next generation professional development will match the needs of the communities we serve. Our thanks emanates as well from the volunteer leaders of the organization who lend support to peer review as the preferred methodology for ensuring that professional nurses possess the knowledge, skills and abilities to provide evidence-based, quality care to diverse patient and family populations across the United States and across the links that tie us together within a broad, global network.

Please note that throughout my remarks I will use the term, “continuing medical or nursing education,” sparingly. In a number of annual planning retreats held at ANCC, the board has concluded that lifelong learning and evidence-based practice lend themselves to the broader notion of professional development. Although we talk about professional development in terms of supporting personal enrichment of nurses who provide direct care, the goal of each educational contact is to raise the bar for providing quality patient care.

As ACCME, ACPE and ANCC have met and have communicated regularly for a number of years, some of our remarks will likely overlap and be supportive to one another. ANCC volunteer leaders and senior staff have deliberated over the charge of this committee. We have concluded that research findings, based on large sample sizes and carefully constructed research designs, are needed to provide the evidence upon which to definitively answer the questions under review today. At this fledgling time in the development of the field, findings emanating from small studies remain somewhat helpful and may encourage the interest of others to contribute to the effort. The growing movement of meshing evidence into practice is increasing across all disciplines. It is reasonable to consider that the supporting fields of continuing education and professional development must follow suit.

Background

Unlike the accrediting bodies of other disciplines that may credential both formal professional education programs and continuing education or professional development programs, ANCC does not credential formal nursing education programs. The formal programs are accredited by the American Association of Colleges of Nursing and the National League for Nursing. Additionally, curricula are approved by state boards of nursing.

Following are remarks that are meant to establish the context under which ANCC has operated for 20 years. The American Nurses Association (ANA) began the nursing certification program in 1973 and the nursing continuing education program in 1976. ANCC was developed as a separately incorporated, not-for-profit subsidiary of the ANA 20 years ago. This was to insulate the primary credentialing program, certification, from what could be perceived as undue influence by the parent association. External accreditation from the National Commission on Certification Agencies, the credentialing arm of the National Organization of Competency Assurance, was sought and granted, based on agreement of separate incorporation.

Later, the certification program was accredited by the American Board of Nursing Specialties. Both accreditations have been maintained since initial approval was provided. Approximately 145,000 nurses comprise the certification rolls annually. These include nurse generalists and advanced practice nurses in the two roles of nurse practitioner and clinical nurse specialist. Approximately 30 exams are given annually, primarily by computer based testing. In order to seek certification renewal every four years, evidence of professional development activities must be provided.

Staff members of an on-site measurement services program are accountable for development of the exams, working closely with hundreds of volunteers. The peer review process is focused on creating psychometrically sound and legally defensible examinations. There is a growing global interest in applying the exams for a variety of purposes, including as exit exams for schools of nursing desiring to validate the practice competencies of advanced practice graduating students. A majority of state licensing boards rely on some of the examination results to initially meet and later to maintain state licensing requirements.

Development of the ANCC accreditation of continuing education programs followed shortly after the certification program was established. The two programs operate separately under the advisement of two separate commissions, comprised of at least nine experts in each program. Overall fiduciary responsibility for the work of the certification and accreditation programs rests with the 13-member, ANCC board of directors. The accreditation program has 288 accredited continuing education units currently on its rolls. These include national health care organizations, specialty nursing organizations, national nursing organizations, education groups, health care facilities, constituent member associations of the ANA, commercial product companies, colleges or universities and the Federal Nursing Service.

Other programs in the ANCC portfolio include the Magnet Recognition Program and the Pathway to Excellence Program. Both are quality initiatives that support practice excellence in the workplace. While both are focused on promoting a culture of excellence that serves to recruit and retain the best and brightest health care providers, the Magnet Recognition Program has increased in scope through development of a model that is comprised of transformational leadership, structural empowerment, exemplary professional practice, new knowledge innovations and improvement and patient care outcomes. There are approximately 300 Magnet recognized facilities and 70 Pathway to

Excellence facilities. The former encompasses a number of the “Top 100 Hospitals” as reported in the U.S. & World News Report. The Pathway program centers primarily on small, rural facilities; critical access facilities and long-term care venues. A large number of nurses are involved in both programs. Each program has embedded in it a standard for professional development, which speaks to the need for the nurses to take part in accredited continuing education coursework.

Finally, ANCC has a research program that is instrumental in identifying areas of credentialing research needed to advance the field. A significant value of this program rests in its capacity to unite health care organizations and to offer advisement on the needs within the field; for example, there is a priority need for conducting studies that incorporate large databases. Although this work is in its infancy, the network holds great promise for finally moving credentialing research into the respectable realm of studies that suggest greater reliability and validity and study designs that may be replicated. This element of the ANCC mission dovetails with the discussion at hand today.

Following are responses to the three questions posed by the Committee on Planning a Continuing Health Care Professional Education Institute.

How can accreditation and credentialing be changed to improve CE?

Nurse credentialing has placed considerable trust in continuing education as a method for maintaining and advancing an individual’s capacity to practice: 29 states require CE for renewal of the R.N. license, and 40 states have CE requirements for renewal of advanced practice licenses. This suggests that there is general agreement that the purpose of CE is to maintain professional practice competence and to advance practice. Ironically, this sense of trust is based on a current CE system that contains few valid measures of how nursing practice is changed and improved as a result of educational enrichment and also how potential practice change affects patient care.

While research findings would shed light on measurement of change in practice that yields a positive difference in provision of safe, quality care, more needs to be known about the behavioral and environmental factors that serve as motivators and barriers to practice implementation. Conducting research is necessary to demonstrate the impact of continuing education instruction and lifelong professional development. Findings would play an instrumental role in informing development of policy on a number of levels.

Additionally, there is a need to develop common platforms for CE. Although the professional health care disciplines have begun to value interdisciplinary teamwork as the foundation for providing integrated, safe, quality care, we believe a common CE launching point would bring the disciplines together to learn the elements of how an efficient, empowered team is capable of implementing care integration with a fail-safe approach. This is aligned with the need to create a common language for the practice of CE. The thrust once again is to conduct research upon which findings will direct how these commonalities are understood and managed to best advantage.

The notion of conferring professional development credits instead of CME credits or nursing contact hours frames a context in which multiple entities are involved in learning together over spans of careers. In this approach, the entry point into professional development begins at the time of entry into nursing school and moves across the career span. So often, we hear that a minimal continuing education commitment follows graduation from the entry program. In partial response, ANCC addressed this by designing a portable, electronic, professional portfolio that allows the lifelong learner to store educational transcripts and continuing education certificates and other forms of professional development. Through this new offering ANCC intends to encourage the learner to share the portfolio with employers, licensing boards, accrediting bodies and those involved with providing other professional opportunities.

ANCC has begun to request that the accredited organizations provide an annual monitoring report, demonstrating evidence of competence in the practice of CE. As this database expands, a rich collection of examples will be available for study and perhaps for the purpose of networking communities of interest. To summarize, the notion of improving CE through credentialing requires support for development of a research agenda that brings together health care professionals to jointly plan a variety of research programs. The simple act of providing a place for professionals to meet for this purpose would promote wisdom circles, new collegial networks and an overall learning society. The interchange alone would lend itself to creation of interdisciplinary research and the development of common platforms and shared language of CE.

How can CE be strengthened to support professional performance?

As outlined in the IOM Report, A Bridge to Quality, professional performance flows out of evidence-based practice in large measure. There is a need to know more about integrating the best research available with clinical expertise and patient values for optimum care. While there appears to be general agreement that the role of professional development is to measure changes in practice, resulting from development activity, it is less clear how to make accurate measurements; however, indicators are that the need for promoting research and utilizing findings will strengthen professional performance.

At ANCC, four campaigns are underway to support and promote evidence-based practice. First, a modest \$25,000 grant is provided to a select educator or clinician, which may include an interdisciplinary team, engaged in credentialing research. The grant fund is named for a visionary, ANCC past president, Dr. Margretta Madden Styles. We have found that research findings in the field of credentialing research are scarce. Therefore, research programs or projects that enrich knowledge within the field need to be encouraged if credentialing is to inform CE. The implication is that policy could be informed to generate funding in support of testing innovations.

Second, a Magnet Prize, comprised in part of a \$25,000 purse, is awarded jointly by ANCC and the Cerner Corporation to a health care team that has developed an edge-runner, practice innovation. The prize, sometimes referred to as the Nobel Prize in Nursing, is announced at the national, annual Magnet conference, which is attended by

nearly 6,000 registrants. The winning team presents elements of the innovation during a plenary session. A condition of accepting the prize is that the funding will be invested in expanding the scope of the innovation. Implications are that joint funding sources produce outcomes that provide new evidence upon which to base CE. It is possible that this notion will transfer to the CE health care community if similar supports were made available.

Third, ANCC has developed a working relationship with Sigma Theta Tau International, the Honor Society of Nursing. Together, the two organizations are employing the Society's electronic repository, available free to colleagues around the world, 24 hours a day. Three types of postings have been developed in support of distributing practice innovations. Research abstracts selected for presentation at the Magnet conference are posted as are abstracts from Magnet facilities conducting research on practice innovations. Summaries of best practices at Magnet facilities are also shared in the repository. Implications are that global dissemination will provide CE professionals with opportunities to develop courses based on on-time information. As authors are identified, colleagues from around the world may contact one another to further agendas such as replication methods. What if a similar repository were available for the community of professionals involved in health care CE and professional development?

Fourth, a research council has been developed at ANCC to foster networking of professionals, primarily in Magnet recognized facilities. Purposes are to create a network that includes large database accessibility for informing research activities. A portion of the research designs will include credentialing as the central topic. Implications are that, once again, CE providers will have access to findings and that the notion of a council promoting innovation may be used to model a similar approach for the CE community.

Fifth, ACCME, ACPE and ANCC have developed a joint accreditation for inter-professional CE providers. Purposes are to demonstrate how collaborative teams engender quality improvement by planning, offering and evaluating educational sessions produced by teams. Professional practice gaps will be identified and remedied by the team, and education will be designed to change the skills and strategies, performance, or patient outcomes. Implications are that formation of a mutually beneficial bond also benefits clients and creates the context for successful future activities. This leads the way toward creating capacity to actually provide the continuous and reliable integrated care recommended in A Bridge to Quality.

Additionally, ANCC has encouraged its recognized CE providers to apply for recognition as a premier program. This opportunity shines the light on leaders that are recognized for their exceptional business and professional practices. Finally, ANCC has developed the nursing skills competency program. This is to provide opportunities for CE providers to have educational programs accredited that may not fall into the category of traditional CE; however, the learner is assured through this seal of approval that skills gained in the programs are transferable to other venues.

Implications are that there are CE teams producing excellent work. Typically, these achievements do not reach mainstream information vehicles. It is time to broaden the definitions of CE and professional development to include non-traditional approaches. Although the previously mentioned notion of creation of a network focused on CE and housed in a single setting would support growth in the field of CE and professional development, lacking is a virtual or physical location for the sharing to be formalized. If such a site were available, a first step would be taken to meet the present and future demands of health care education, outlined in A Bridge to Quality.

What concerns regarding CE and the IOM's study should be brought to the attention of the committee?

The IOM has recommended that an overarching vision for all programs engaged in the education of health professionals be developed such that *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*. Although some movement has occurred in implementing this mandate, much more could be accomplished if a publicly-funded institute were created to foster development of the elements of continuing education and professional development that move us beyond traditional approaches.

This connects with thoughts expressed in other arenas. In an issue of The McKinsey Quarterly, featuring lessons from innovation's front lines, IDEO's President Tim Brown summarized that innovation can make a difference in the way education is addressed by creating better experiences in designing human-centered educational designs. He remarked that this is beginning to be accomplished by new coalitions emerging to tackle problems getting in the way of progress. He further stated that foundations and corporations are playing roles that they weren't playing before in public services such as education. Inherent are opportunities to improve the life experience of many.

To summarize, my remarks were directed toward establishing rationale for development of a publicly-funded institute. The matter of conducting research serves as the lynchpin for creating and evaluating educational designs that will inspire the desire of learners to want to search more deeply into the elements that demonstrate the power of employing evidence based practice. Funding, accruing from a combination of sources and dispensed through the institute, is required to support research efforts. Professionals will engage in innovation to the extent that they are involved in a community or network of fellow innovators. Points of entry into the institute may vary, including the electronic environment and upcoming forms of technology. Key is the focus on innovation and how new ways of thinking may affect the change required to enhance, revise and perhaps eliminate traditional methods of conducting and measuring the effectiveness of CE.