



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Nursing Care Quality Assurance Commission

Demonstrating Continuing Competency

A Conceptual Model

DRAFT

Continuing Competency

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Executive Summary

The purpose of the Nursing Care Quality Assurance Commission (“Commission”) is to improve and protect the health of the citizens of Washington State through assuring the quality of nursing care in this state. Patients, families and communities have a right to receive safe, competent and compassionate care from every nurse, every time. One of the Commission’s primary responsibilities is to establish continuing competency mechanisms for licensed registered nurses and licensed practical nurses in Washington State. The Commission is exploring the demonstration of nursing clinical competency through a multifaceted program and established a Continuing Competency Program Advisory Committee to draft a model of a continuing competency program for Washington State.

The proposed “Continuing Competency Program” would include documentation by each nurse of the following components:

- Active nursing practice
- Self-reflection and assessment of current knowledge, technical ability and learning needs
- A “Continuing competency development plan” created by each nurse
- Timely implementation of the “Continuing competency development plan”
- Evaluation of the “Continuing competency development plan” including integration of new knowledge into practice.

State-wide implementation of a “Continuing Competency Program” (CCP) is planned in phases. The first phase is to engage stakeholders in evaluation of the draft model and rules for implementation. The primary goal of the first phase is to obtain feedback from identified stakeholders on the details of the proposed model and rules. It is anticipated the first phase will be completed by December 2008.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Nursing Care Quality Assurance Commission

Introduction to Continuing Competency for Nurses

A Conceptual Model

The development and implementation of continuing competency programs for nurses promote patient safety, public protection, and enhances nursing practice.

A conceptual model is used in research to outline possible courses of action or to present a preferred approach to a system analysis project. The model is built from a set of concepts linked to a planned or existing system of methods, behaviors, functions, relationships, and objects.

The Commission has developed this conceptual model and is seeking feedback from the public, nurses, and other stakeholders.

Please send your written or email comments to:

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Continuing Competency

Purpose

Patients, families and communities have a right to receive safe, competent and compassionate nursing care. The public expects nurses to practice using safe and competent skills and knowledge throughout the career of nurses.

A safe and competent nurse must be able to analyze and synthesize complex scientific, clinical and diagnostic data and to use this information to make patient care decision quickly and accurately. Unsafe nursing practice has the potential of causing considerable harm to patients and the public.

The Washington State Nursing Care Quality Assurance Commission (“Commission”) is the legal authority for nursing and is responsible for licensure, discipline and nursing education. The Commission has a legislative mandate to provide mechanisms to ensure continuing competency of nurses. (1) Currently there is no regulatory requirement for nurses’ continuing competency to practice and no standard method to document competency.

Continuing competency is not a new concept in the health care system. Health care professionals have long recognized that developing and maintaining continuing competency programs is part of professional accountability. A number of prominent public organizations have recognized the need for developing and implementing continuing competency mechanisms for health care professionals. The Pew Commission and the Citizen’s Advocacy Council have been vocal in their insistence that nurses and other health professionals take prompt and definitive action to protect the public through continuing competency evaluation programs.

The development and implementation of a continuing competency program for nurses promotes patient safety, public protection and enhances nursing practice. Additionally, a hallmark of a profession is the self-monitoring and self-discipline of competency of individual professionals. It is essential that the nursing profession control the demonstration of nursing continuing competency. Identifying effective mechanisms to ensure continuing competency has been a challenge within the nursing profession. Several states currently mandate continuing education; however research has shown continuing education alone is not sufficient to ensure competency (2)

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 (endnotes, pg 31)

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 (endnotes, pg 31)

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 the 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 (endnotes, pg 31)

Continuing Competency in Washington

1970's Washington State required continuing education for nurse relicensure

Continuing education was required for relicensure for several years. The requirement was eliminated due to inadequate funding to monitor compliance. Since that time, research has shown that *mandating* continuing education does not improve practice.

2002 The Commission began considering methods to demonstrate continuing competency.

They reviewed the literature and solicited input from stakeholders. NCSBN provided on-site consultation including: *Regulatory Challenge* - Vickie Sheets, JD, RN, CAE, and *Continuing Education in the Nursing Profession – Report of Research Findings*, June Smith, PhD, RN, NCSBN, Associate Director of Research Services. The Commission considered the work done by other states and Canada, including the models used in Ontario, Alberta, Tennessee, and North Carolina.

2004 - 2005. The Commission formed the *Continuing Competency Task Force*

The Task Force conducted workshops throughout 2004 and 2005. Task Force members included the following stakeholder groups: Washington State Nurses Association (WSNA), Council for Nursing Education in Washington State (CNEWS); Washington Center for Nursing (WCN), Washington State Hospice & Palliative Care Organization, Washington Association of Nurse Anesthetists, UFCW Local 141, US Army, Homecare Association of Washington, Northwest Organization of Nurse Executives, ARNPs United, and Association of Operating Room Nurses.

The Commission approved a continuing competency definition, and authorized a pilot project using a personal portfolio model. They recognized the need to develop outcome measures and for further involvement by stakeholders to identify essential elements of a pilot project.

2006 The Commission established Continuing Competency as a top priority

They formed the *Continuing Competency Subcommittee*. In response to concerns expressed by some Nurses about the personal portfolio model, the Commission chose to develop a new model.

2007 Advisory Groups established

Advisory Groups assisted the Continuing Competency Subcommittee further develop the program and communicate with stakeholders. After considering various models, including the North Carolina model, the Commission approved a new model and program design, the *Continuing Competency Program*.

2008 Conduct baseline nurse survey & develop of rules

The Commission will conduct a baseline survey of Nurses to determine their knowledge of continuing competency. The results of the survey will be used to further develop the program for implementation. The Commission will conduct public hearings and write the rules necessary to implement the program.

2010 (projected time) Implement Continuing Competency Program

The Continuing Competency Program will be implemented for all registered nurses and licensed practical nurses. The Continuing Competency Unit will be established to provide technical assistance to nurses and to manage the program. Outcome measures for evaluation will be developed.

2011 (projected time) Compliance audits will begin

The Commission will implement the Continuing Competency Program compliance audits. Data to measure identified outcomes will be gathered.

Program Overview

Several states currently mandate continuing education; however, research has shown that continuing education alone is not sufficient to ensure competency. Carrie Lenburg, an expert in nurse education and development, stated:

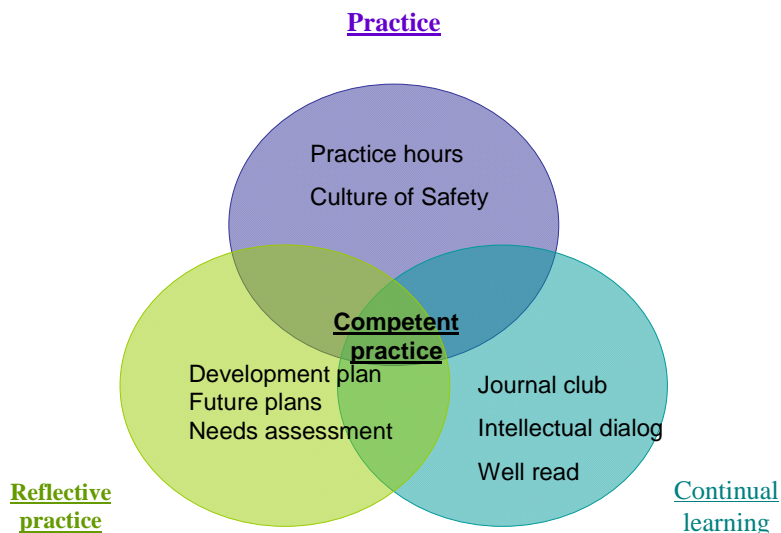
“Systematic, deliberate, and focused-self-reflection is an under-valued tool for enhancing individual accountability for continued competence. Used as a tool for professional development it can be a potent form of critical thinking and is the most solid basis for improving quality practice.”⁴

The Nursing Commission’s plan is to start a process to validate nursing continuing competency across the state based on a defined model. The model is made up of three components:

- Active nursing practice
- Self-reflection and assessment of current knowledge, technical ability and learning needs
- Creation of a continuing competency Development Plan demonstrating continual learning by the nurse

⁴ Lenburg, C.B. (2000). Promoting competence through critical self-reflection and portfolio development: The inside evaluator and the outside context. *Tennessee Nurse*. 63 (3), 14.

Competent Practice Diagram



The Continuing Competency Program is designed to support registered nurses and licensed practical nurses to enhance their knowledge and skill and to demonstrate continuing competency throughout their career. Continuing Competency is general in nature, based on the nursing law, and applicable to any practicing nurse.

Program Components

- Active nursing practice
- Self-reflection and assessment of current knowledge, technical ability and learning needs
- Creation of a Continuing competency development plan by the nurse
 - Timely implementation of the Development Plan
 - A minimum of two goals identified
 - Evaluation of the Development Plan including the integration of new knowledge into practice

See page 12-13 for Definitions and pages 14-24 for program details.

Definition of Terms

Attestation means written acknowledgement by the nurse of compliance with the standards and terms of the Continuing Competency Development Program.

Compliance refers to systems ensure personnel are aware of and take steps to comply with relevant laws and regulations.

Compliance Audit is an audit that determines regulatory compliance. A compliance audit will be administered on the nursing licensee within the state to determine continuing competency.

Continuing Competency is the ongoing ability of a nurse to integrate the knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice.⁵

Continuing Competency Development Plan is a written document that describes a plan for improving practice. Each nurse defines goals, objectives, and action steps based on their self-assessment and self-reflection activities. Short and long term goals may be incorporated into the plan.

Continuing Education refers to those systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals. There are various types of continuing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner's own pace and at a time of the learner's choice. (ANA 2000 Scope and Standards of Practice for Nursing Professional Development).

Inactive Practice is practice that doesn't meet predetermined standard set by the Nursing Commission to meet minimum standard for active practice. (Continuing Competency sub-committee will develop a detail definition that will be put into rule.)

Nursing Practice means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences (RCW 18.79.040). For purposes of the Continuing Competency Program, the Nursing Commission recognizes "nursing practice" as being such performance in either a paid or unpaid position or role that requires a nursing license.

⁵ National Council of State Boards of Nursing (NCSBN), 2006.

Review Period means the licensing year for each nurse, beginning on the nurse's birthday. The Commission may consider a nurses' practice throughout their career; however, the review period will focus on the immediate past 12-36 months.

Self-Assessment is a reflective process that may include, but not be limited to:

- Completion of the Commission's Self-Assessment tool
- Review of professional standards (American Nurses Association and/or national specialty nursing organization clinical standards) applicable to the nurse's practice
- Consideration of individual practice strengths and opportunities for professional growth
- Knowledge, skill, resilience, including physical and emotional hardiness, and stamina
- Results of supervisory performance evaluation, peer review, and client feedback

Statement of Active Practice means a written narrative describing a nurse's practice in a paid or unpaid position. (See Nursing Practice definition above.) Minimum practice requirement is 576 hours for the past thirty-six (36) month period.

Unpaid Practice is practice that is within the scope of nursing practice that is unpaid however considered within the domain of the nursing profession. An example of unpaid practice is a nurse who volunteers their time to a church such as parish nursing or nurse who volunteers at a community clinic. The nursing profession has a wide range of opportunities to make a difference for their community so this definition is meant to be inclusive at this point in the rule writing process.

Program Description

Active nursing practice is the foundation of the program. Additionally, each nurse self-assesses his/her practice using a reflective approach, and applies nursing standards related to his/her practice. The Commission has developed a Self-Assessment Tool to assist nurses with self-evaluation. The nurse then identifies opportunities for professional growth and develops a written plan with specific goals, action steps, and a timeline for completion.

Guidelines for Nurses

Step 1. Write a Statement of Active Practice

Each nurse writes a short narrative describing their practice. The statement of practice must include the following essential components include:

- A description of the practice setting whether paid or unpaid.
Examples: community setting, hospital or clinic, private practice
- A brief description of duties and responsibilities. Examples: If you are providing patient care, describe your patients and your role. If you are an educator, describe your educational activities. If you are an administrator, describe your role within your organization.
- Time spent practicing – list the number of hours that you normally practice within a reference period. Example: part-time at 16 hours per week; full time at 2080 hours per year, or some other pertinent reference period.
- Statement regarding whether you have met the 576 practice hour requirement for the previous 36-months.

Step 2. Complete the Self-Assessment

The Commission believes that deliberate self-assessment and reflection is an essential component of the program. Various self-assessment mechanisms are available and may be utilized such as self-evaluations completed as part of an organization's annual performance appraisal process and/or various career assessment questionnaires, tools or profiles.

The following Self-Assessment Tool is designed to be general in nature and to apply to nurses regardless of practice setting. This tool may be utilized based on assessment of your current knowledge. Use your self-assessment information as you create your Continuing Competency Development Plan in the next step.

Step 3. Create Your Continuing Competency Development Plan

You may use the worksheet provided, or you may develop your own format. If you use your own format, you must specify your learning goals and objectives, along with your plan to meet your goals and a timeframe for completion.

Your development plan may include both short and long-term goals. You will be asked to attest that you are making progress toward achieving your learning goals and objectives every 12 months, when you renew your license.

Self-Assessment. Start with your selected Self-Assessment Process. Identify topics where your practice will benefit by learning more on this topic. (*You do not need to include all your responses, only those most relevant to your practice.*) List these topics on your Continuing competency development plan Worksheet.

Example: I want to learn more about my responsibility for mandatory reporting.

Current Practice. Consider your current practice setting and identify areas where your practice will benefit by learning more on a particular topic or by gaining a new skill. Consider feedback from your supervisor, peers and clients. List these topics on your Continuing competency development plan.

Example: I work in med-surg and want to take an IV course.

Future Practice. Consider your areas of interest and establish future career goals. These goals may include achieving national certification or transitioning into a new practice setting.

Example: I want to move from med-surg to oncology and become certified.

Action Planning. Once you have identified your goals, develop the action steps you will need to take to achieve your goals and objectives. Be as specific in the action steps as you can be and set a reasonable timeline for completion of the steps. Be sure to describe your desired outcome – how will you know you have achieved your goal?

Step 4. Continuing Competency File

Keep your completed documents in a file stored in a safe place. It is up to you to decide how you want to safely keep and store your records – in hard copies, in a file, in a notebook or as electronic files on your computer.

It is essential to be certain your documents are stored in a safe place and readily accessible to you. You may be directed by the Commission to submit documents.

Keep the completed continuing competency development plan worksheet or equivalent and evidence that you are meeting your goals and action plan. (Examples: Certificates of Attendance, National Certification documents, copies of papers, or articles you have written)

You will be expected to provide a written confirmation (attestation) that you are complying with the program every year when you renew your license. This confirmation is verification that you have completed the Self-Assessment Process, evaluated your practice and created your Continuing competency development plan. You will also be verifying that you are making progress toward completing your goals according to the timeline that you developed.

***Do not send any documents to the Nursing Commission
unless you are requested to do so.***

Demonstrating Continuing Competency

Activity	Documentation	References
Required Activities		
Active Nursing Practice At least 576 hours in the preceding 36-month period	<ul style="list-style-type: none"> Statement describing the nurse's practice over the preceding 12 to 36-month period. <i>Additional verification may be requested.</i> Annual attestation of compliance with practice requirement 	Hours requirement is consistent with military practice requirement ⁶ June Smith. Factors contributing to current abilities
Completion of the Self-Assessment , using the self-reflective process	<ul style="list-style-type: none"> Self-Assessment for the previous 12-month review period Annual attestation of compliance 	⁷ Carrie Lenburg ⁸ Deborah Vandewater ⁹ D. Vandewater, Review of Canadian Continuing Competency Programs
Creation of a Continuing Competency Development Plan	<ul style="list-style-type: none"> Continuing Competency Development Plan developed and/or reviewed within the previous 12-month review period Annual attestation of compliance Minimum of 2 goals identified 	¹⁰ D. Vandewater ¹¹ D. Vandewater, Review of Canadian Continuing Competency Programs ¹² College of Nurses of Ontario

⁶ Smith, June E. (2004) Exploring the efficacy of continuing education mandates. *Journal of Nursing Administration*, 6 (1), 22 – 31.

⁷ Lenburg, Carrie. (2000) Promoting competence through critical self-reflection and portfolio development: The inside evaluator and the outside context. *Tennessee Nurse*. 63, (3), 11, 14, 18, 20. Lenburg, Carrie. (1999) Redesigning expectations for initial and continuing competency for contemporary nursing practice. *Online Journal of Issues in Nursing*. www.nursingworld.org.

⁸ Vandewater, Deborah. (2006) Update to best practices in competence assessment of health professionals policy paper. College of Registered Nurses of Nova Scotia.

⁹ College of Nurses of Ontario. (2005) Quality assurance reflective practice. Fact sheet.

¹⁰ Vandewater, Deborah. (2006)

¹¹ Vandewater, Deborah. (2006)

¹² College of Nurses of Ontario. (2005) Quality assurance reflective practice. Fact sheet.

Evidence of Learning Activities

Activity	Documentation	References
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Must provide evidence of achievement with at least one of the following

<p>Continuing Nursing Education (CNE) Minimum 15 hours in the previous 12-month review period</p>	<ul style="list-style-type: none"> • Certificates of attendance • Statement describing relevance to Professional Development Plan goals 	<p>¹³ June Smith Time requirements consistent with other states</p>
<p>National Certification</p>	<ul style="list-style-type: none"> • Current Certificate from a nationally recognized certifying body 	<p>¹⁴ D. Vandewater</p>
<p>Nursing Education Completion of a Commission-approved Nurse Refresher Course, or facility-based Preceptorship, Residency program, or education in-service. Minimum 15 hours in the previous 12-month review period</p>	<ul style="list-style-type: none"> • Certificate(s) of satisfactory course completion • Letter from the provider of current enrollment and satisfactory progress toward course completion • Facility verification or equivalent • Completed within the previous 12-month review period 	<p>WAC 246-12-110 (8) WAC 246-840-120 (1)(4)(a)</p>
<p>Professional Nursing or Employer-sponsored Organizations or Committees Active participation including meeting attendance. Minimum 30 hours in the previous 12-month review period</p>	<p>Written confirmation showing the nurse's level of participation (i.e. copies of meeting minutes or meeting attendance rosters)</p> <ul style="list-style-type: none"> • Completed within the previous 12-month review period 	

¹³ Smith, June E. (2004) 27-28.

¹⁴ Vandewater, Deborah. (2004) Best practices in competence assessment of health professionals policy paper, literature Search. Policy background paper. College of Professional Nurses of Nova Scotia. 5.

<p>Advanced Education toward an advanced degree in any field. Minimum 1 credit completed at an accredited college or university.</p>	<ul style="list-style-type: none"> • Final Transcript or transcript of classes in-progress • Completed within the previous 12-month review period 	<ul style="list-style-type: none"> • National Certification Body Requirement • Consistent with other state's models
<p>Nursing Research: Completion of a nursing research project as principal investigator, co-investigator, or project director.</p>	<ul style="list-style-type: none"> • One of the following: summary of findings, thesis, dissertation, abstract, granting agency summary • Completed within the previous 12-month review period 	<ul style="list-style-type: none"> • National Certification Body Requirement • Consistent with other state's models
<p>Publication Submitting/ publishing a healthcare-related article, book chapter, or other scholarly work</p>	<ul style="list-style-type: none"> • Copy of submitted/published article or book chapter; • Completed within the previous 12-month review period 	<ul style="list-style-type: none"> • National Certification Body Requirement • Consistent with other state's models
<p>Presentations: presentation on a healthcare or system-related topic. Minimum 4-hours presentation time</p>	<ul style="list-style-type: none"> • One of the following: program brochure or agenda or course syllabi, letter from the offering provider identifying the licensee's participation • Completed within the previous 12-month review period 	<ul style="list-style-type: none"> • National Certification Body Requirement • Consistent with other state's models



STATE OF WASHINGTON
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Nursing Care Quality Assurance Commission

Continuing Competency Assessment Self-Assessment Tool

This Self-Assessment Tool is designed to assist you to evaluate your current nursing practice. By reflecting on these areas, you will see your practice strengths and identify opportunities for new learning. Use your responses as you develop your continuing competency development plan.

Reflect on each statement as it applies to your current nursing practice.

The following laws provide the foundation for nursing practice. RCW 18.130 Uniform Disciplinary Act (UDA) for Healthcare Providers; RCW 18.130.180 Unprofessional Conduct; RCW 18.79 Nursing Care; RCW 18.79.040 Registered nursing practice; RCW 18.79.260 Registered nursing activities allowed; RCW 18.79.060 Licensed practical nursing practice; RCW 18.79.270 Licensed practical Nurse activities allowed; WAC 246-840 Practical and registered nursing: WAC 246-840-700 Standards of nursing conduct or practice; WAC 246-840-705 Functions of a registered Nurse and a licensed practical Nurse; WAC 246-840-710; WAC 246-840-730 Mandatory Reporting; WAC 246-840-740 Sexual misconduct prohibited.

Laws related to nursing practice may be found on the Department of Health website at: <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/laws.htm>

I. Professional Responsibility

The licensed nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and comply with the law relating to nursing care and regulation of health professions.

Instructions: Reflect on the following statements, interpreting them as broadly as possible to apply to your nursing practice and principal practice setting.

- | |
|--|
| 1. I am familiar with current laws and rules relating to the nursing profession. |
| 2. I take responsibility for acquiring new knowledge and skill to advance my |

nursing practice.
3. I participate in professional activities that contribute to my nursing knowledge and skill.
4. I incorporate new knowledge into my practice and evaluate its impact on my nursing practice
5. I support and help to create an environment in which learning, professional growth, cooperation and mutual respect can occur.
6. I make patient safety a priority for patients and patient populations. I incorporate patient-specific risk-factors and standardized approaches, such as fall-reduction programs, “hand-off” communication, and infection control techniques, to reduce the risk of adverse outcomes.

II. Knowledge-Based Practice

The licensed Nurse is personally responsible and accountable for having the knowledge and skills necessary for safe, competent nursing practice.

1. I use evidence, such as research findings and current standards of practice, to base decisions relevant to my practice.
2. I encourage patients’ active involvement in their own care as a patient safety strategy.
3. I promote effective communication among caregivers. I use data gathered from all members of the team to optimize patient outcomes.
4. I promote the assessment of the education needs of patients and their families. I make sure that appropriate education is incorporated into the patient’s plan of care.
5. I use techniques to reduce the risk of health care-associated infections. I ensure good hand-washing techniques for myself and others.
6. I identify alternate approaches to overcome obstacles and maximize health outcomes for patients.

III. LEGAL AND ETHICAL PRACTICE

The licensed Nurse complies with the Nursing Practice Act.

1. I understand my duty to report unsafe or substandard nursing practices to the Nursing Commission. I know that mandatory reporting includes unprofessional conduct, boundary violations, and criminal convictions.
2. I promote a patients’ right to privacy by protecting their confidential information. I use patient information only for legitimate healthcare purposes.
3. I have reviewed the Uniform Disciplinary Act (UDA) and nursing law related to boundary violations and sexual misconduct. My relationships with patients and clients are therapeutic and professional.
4. I understand my responsibility to restrict my practice if I am not able to perform essential functions safely. This may be because of physical, emotional, or mental conditions or

stressors, among other causes.

5. I seek advice when I am unsure if actions expected of me exceed my legally recognized scope of practice.
6. I am familiar with and know how to use the Nursing Commission's Scope of Practice Decision Tree. <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/documents/tree.pdf>

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Continuing Competency Development Plan Worksheet

Name _____ Date Completed _____ Time Period Referenced _____

The development plan is intended to assist you in developing a comprehensive plan to strengthen your knowledge about your practice. You may create your own development plan or use this worksheet. *Retain your completed plan in your Continuing Competency file. (see Required Activities, page 14-16)*

Learning Goal Area of interest	Learning Objectives What am I going to learn?	Action Plan List of Actions I will take	Success Indicators How I will know I have achieved my goal?	Target Dates For meeting my goals

Continuing Competency Development Plan Worksheet (Example)

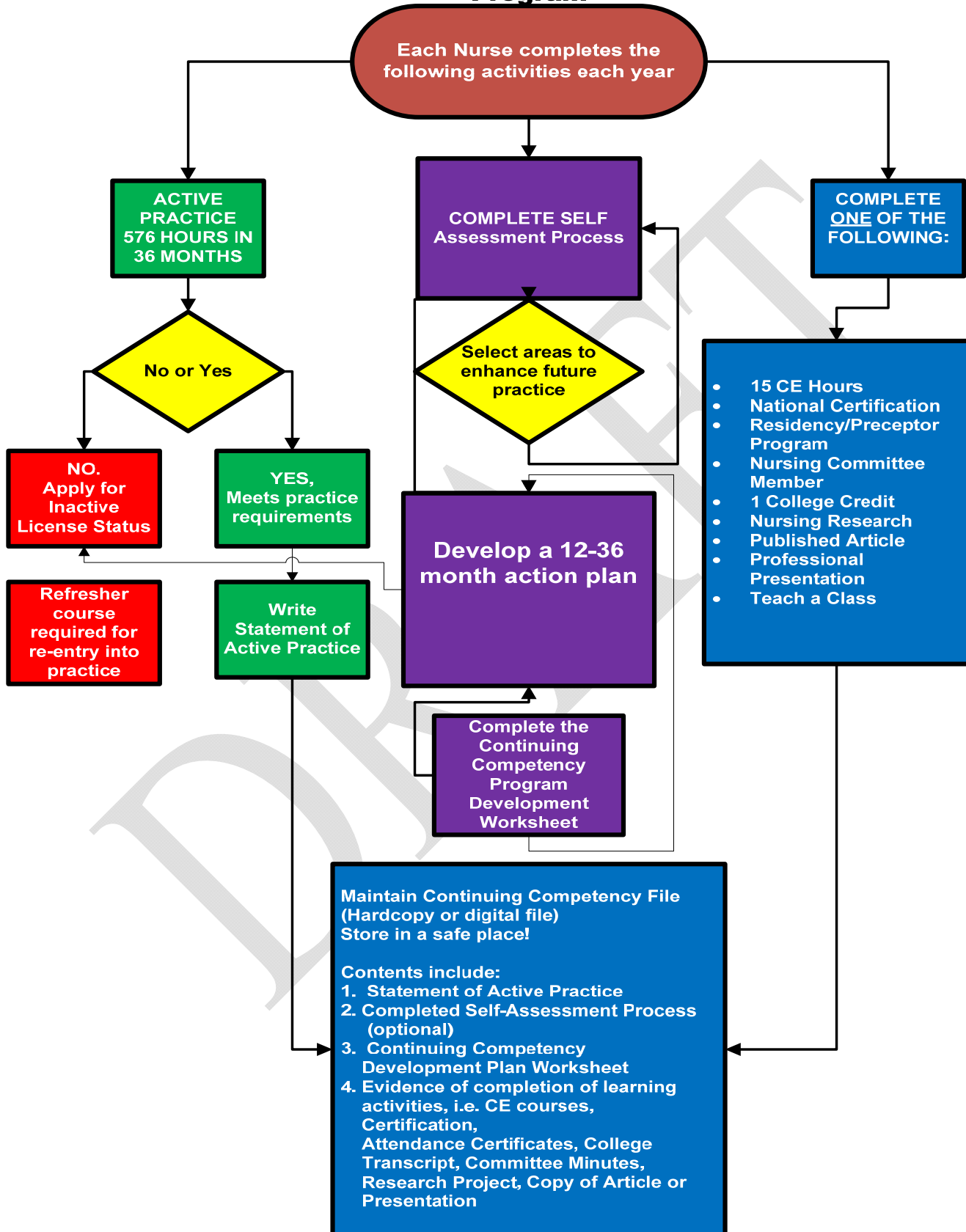
Name: Nancy Nurse Date Completed: 8-15-2012

Time Period Referenced: 8-15-2011 to 8-15-2012

The development plan is intended to assist you in developing a comprehensive plan to strengthen your knowledge about your practice. You may create your own development plan or use this worksheet. *Retain your completed plan in your Continuing Competency file.*

Learning Goal Area of interest	Learning Objectives What am I going to learn?	Action Plan & Tactics List of Actions I will take	Success Indicators How I will know I have achieved my goal?	Target Dates For meeting my goals
Take a wound care class to expand skills and update knowledge	Latest research and techniques on wound care Nursing strategies to promote optimal wound healing	Find appropriate class on wound care and attend Discuss with manager about sharing new learning and applying to practice	Document the class in personal competency folder Conduct an in-service for unit nursing staff Evaluate patient outcomes	8/15/2012
Become Oncology Certified	Investigate certification process and develop plan for meeting requirements	Enroll in appropriate classes Document hours of clinical practice Use test study guide Register for test	Successfully pass certification test	8/15/2013
Conduct an in-service on pain management	Development of learning objectives and theory content Preparation of visual aids Development of outlines for participant note-taking	Coordinate with manager re: scheduling Complete theory content and other materials prior to class Discuss content with manager for "buy-in" Develop pre-test and post-test to measure learning Develop class evaluation tool	Success on post-test Feedback from attendees and manager (class evaluation)	6/20/2013

Continuing Competency Program



Auditing Compliance through the Continuing Competency Unit

Program Management

The Commission will appoint a “Continuing Competency Unit” (CCU) to manage the CCP within Washington State. The members of CCU will be selected for their practice assessment skills and teaching ability.

Under the direction of the Commission’s Executive Director or designee, the CCU will dedicate staff and pro-tem Commission members to:

1. manage the operations of the CCU
2. manage the CCP compliance audit process
3. conduct baseline and other surveys to assess the CCU
4. establish outcomes measures for CCU
5. provide periodic reports to the Commission.

Beginning in _____ (*estimate July 2010 or 2011*) all licensed nurses will be required at each license renewal to provide to the Commission a written attestation of full compliance with CCP requirements. Additionally, beginning in _____ (*date*) the Commission’s CCU will randomly audit nurses on a regular basis for compliance with CCP requirements. It is anticipated that 5-10% of the licensed nurse population will be audited annually.

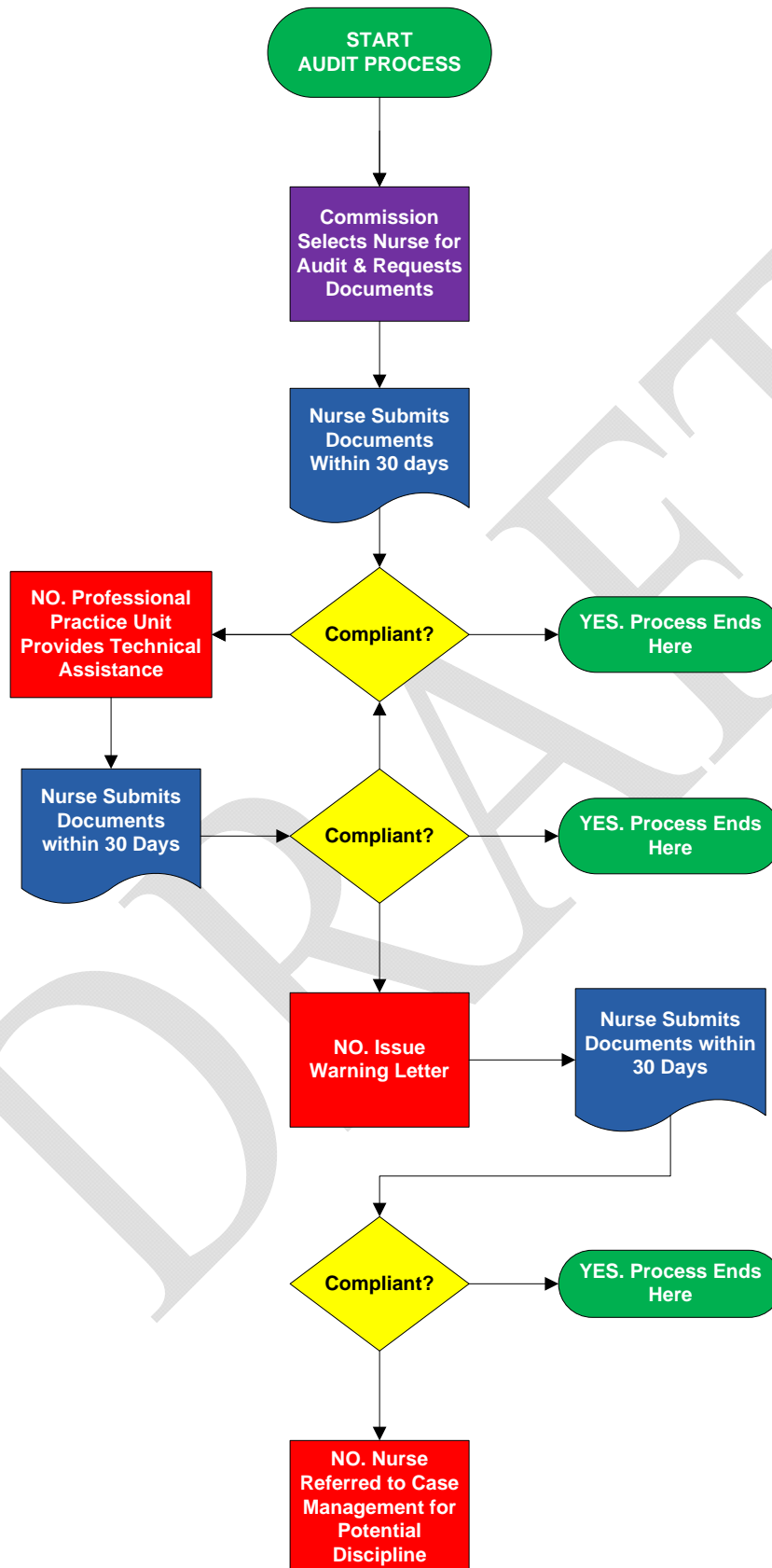
The CCU will develop a system for random audits for all nurses and routine audits for nurses in the discipline system within the Commission. The audit process will be initiated with a request to the nurse to provide documentation and evidence of compliance with CCP to CCU. The following documents will be required for submission:

- Statement of active practice
- Continuing Competency Development Plan
- Evidence of significant progress or accomplishment of goals.

The attestation and documents submitted by nurses will be reviewed by the CCU for compliance. The audit results will be communicated to subject nurses. Nurses failing to comply with the CCP requirements will receive written notification of non-compliance, given a timeline for completion of compliance requirements and offered technical assistance in from CCU. Nurses who continue to fail after the assistance will receive written notice of correction of non-compliance. Nurses who continue to fail to comply will be referred by the CCU to the Case Management Committee of the Commission for consideration of possible disciplinary action.

See compliance audit diagram on the next page

Compliance Audit Diagram



Frequently Asked Questions “FAQs”

Why is the Nursing Commission developing a continuing competency program?

The public expects nurses to practice with reasonable skill and safety throughout their career. The Nursing Commission is the agency responsible to protect the public by regulating the competency and quality of nurses. The Nursing Commission does this by establishing and monitoring licensure and standards of practice, continuing competency and discipline.¹²

At the present time, nurses demonstrate competency only when they are first licensed after graduating from an approved nursing program and passing the licensing examination (NCLEX). There is no mechanism in place currently for nurses to show that they are competent throughout their career. The Continuing Competency Program provides a foundation for nurses to document their current and ongoing competence.

When will the program begin?

Starting in _____, all licensed nurses will be expected to be in compliance at each renewal.

What will I need to do to comply?

- Complete a Statement of Active Practice for the preceding 12 to 36-month review period.
- Complete a Self-Assessment Process. Reflect on your self-assessment findings, consider your current skills and accomplishments and use this information to identify opportunities to improve your practice. (You are not required to submit a document.)
- Prepare a written Continuing competency development plan for the next 12 to 36-months. You may use the Commission’s worksheet or develop your own tool using a similar format (specific goals and objectives, action steps, timeline and success indicators)
- Collect evidence of completion of your goals, action steps and meeting the timelines you established in your Plan
- Every year, when you submit your application for re-licensure, you will be required to attest whether you have met program requirements

What do I do with the documents that I create?

Keep the documents in your Continuing Competency file. Your file may be a notebook containing hard copies or a computer-based file with electronic documents. Be sure your documents are safe and you can retrieve them if requested by the Commission.

If I am audited, what do I submit to the Nursing Commission?

- Statement of Active Practice describing your nursing practice and attesting that you have practiced at least 576 hours in the past 36 months, paid and non-paid hours.
- Continuing competency development plan

¹² RCW 18.79.010 Commission Purpose

Why 576 hours of practice?

- The requirement is consistent with the military's practice requirement
- It is calculated based on 16 hours of practice per month over a 36-month period
- Allows for time out of practice for any reason

What happens if I don't meet the active practice requirement?

Nurses who have not practiced for 36 months or more, or who have not met the 576 hour requirement in 36 months, may apply for *Inactive* license status. Completion of a Commission-approved Nurse Refresher Course or other Commission approved remediation may be required prior to applying for an active license and returning to practice from inactive status.

What happens if I don't comply?

Nurses found to be non-compliant will first be offered assistance to comply by the Commission. Nurses who continue to fail to meet the program's requirement after technical assistance will be subject to disciplinary action, including fines, completion of remedial activities, and/or denial of re-licensure.

What is the legal effect of these documents?

People have raised concern about the effect of the existence of these documents in case of legal action. The documents simply state your view of the facts of your practice. The fact that you have reduced them to writing does not change the facts of your practice – it only helps to improve your practice. Are these documents relevant in a lawsuit? They may be, but they are no different than your own oral testimony. It is better to know what your practice facts are than not to know.

What will the program cost? Will my licensure fee be going up in order for the Nursing Commission to support this program given the history of lack of funding to monitor compliance?

Each nurse is responsible for all costs related to compliance, such as attending continuing education courses and satisfying certification requirements. The license renewal fee increases have been due to other factors and not to continuing competency.

What's in it for me? (WIIFM?)

- Nurses will join many other professionals in documenting their professional achievements and planning for the future practice.
- Intentional self-reflection improves practice and promotes nursing excellence for you and your colleagues.
- The Continuing Competency Program is consistent with the public's desire for more transparency by health care professionals.

Who will be audited?

The CCU will develop a system for random audits for all nurses and routine audits for nurses in the discipline system within the Commission. The audit process will be initiated with a request to the nurse to provide documentation and evidence of compliance with CCP. The following documents will be required for submission:

- Statement of active practice
- Continuing Competency Develop Plan
- Evidence of significant progress or accomplishment of goals.

DRAFT

End Notes

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.

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

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