



Developing Nursing Core Competencies

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Developing meaningful competency requirements for registered nurses continues to confound the nursing profession. The challenge it presents for healthcare regulators is learning how to objectively measure competencies across various settings, specialties, years of experience and geographic regions. According to Oppewal et al. (2006), core competencies have been developed in different specialty areas, but even nurses' awareness and implementation of such standards vary. The National Council of State Boards of Nursing (NCSBN) has worked, through their committees of Research and Practice, Regulation, and Education, to develop a program to transition graduate nurses into the profession; this program has been a culmination of research and defines the needs of new nurses. Spector and Li (2007) discuss this ongoing research that is being completed to assess the design of this program.

At the Center for American Nurses LEAD Summit 2008, Dr. Mary Ann Alexander, Chief Officer of Nursing Regulation for the NCSBN, will present current research and findings about past, present and future issues related to continued nursing competence. Dr. Alexander also serves on the Steering Committee for the National Coordinating Council for Medication Error Reporting and Prevention, which promotes open communication between healthcare providers, reporting of errors and improvement and dissemination of strategies to maximize safe medication use.

In a recent interview with Dr. Alexander, the Center discussed her role and previewed what attendees at LEAD Summit 2008 will learn about nursing core competencies.

Center: Could you provide an overview of your role at the NCSBN?

Dr. Alexander: NCSBN is a nonprofit organization whose mission is to provide leadership to advance regulatory excellence. The organization serves 59 state boards of nursing from across the United States and its territories. There are two divisions in our organization: Regulatory Programs and Business Operations. I oversee the Department of Regulatory Programs. Within this division are NCSBN's programs in nursing education, practice and credentialing, research, and licensure and discipline. Numerous national meetings, projects, policies and initiatives emerge from this department in response to the regulatory needs and trends of nursing in the United States and territories.

As the Chief Officer of Nursing Regulation, my first and foremost responsibility is to ensure the development of quality programs and the dissemination of timely and useful information, resources and services to meet the needs of our member boards. I am responsible for ensuring that all of our programs, projects, policies and initiatives fulfill the mission of the organization. The staff and I constantly work to evaluate nursing trends, examine opportunities and address regulatory challenges.

I, along with our CEO, Kathy Apple, and the directors within Regulatory Programs, share the responsibility of representing NCSBN at national meetings. I sit on national advisory panels, attend policy meetings and give presentations at national/international conferences. Along with other members of our leadership team, I periodically visit the state boards to assess their needs and update them on our projects and activities. We share the responsibility for building and maintaining relationships with our member boards as well as with nursing leadership organizations and other stakeholders.

I am also responsible for the direct development of several initiatives and projects. I oversee our Center for Regulatory Excellence Grant Program, which will award 2.5 million dollars in grants this year; I am exploring research related to patient safety and examining potential regulatory interventions; and I am currently the lead staff for our continuing competence initiative.

The Center for American Nurses is a professional association whose mission is to create healthy work environments through advocacy, education and research.

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Center: In your research, have you found that there is agreement on competency requirements for registered nurses?

Dr. Alexander: Yes. NCSBN conducted a post-entry RN practice analysis, which was the first of its kind to scientifically determine whether core competencies existed across all areas of nursing. Scientific data emerged from a survey administered to a random sampling of nurses in the profession. Over 4,700 RNs participated. The geographic distribution, gender, ethnicity and work settings of the survey respondents in this study were extremely comparable to the sample of nurses described in the Health Resources and Services Administration's (HRSA) study, *The Registered Nurse Population: National Sample Survey of Registered Nurses* (HRSA 2004). The results from our practice analysis determined core competencies for RNs existed regardless of nursing specialty or practice setting. For example, the competencies that were identified according to frequency and importance most often by survey participants included: patient-centered care, working with the interdisciplinary team and communication. These were not only identified by nurses across the country that participated in our study as being essential for competent practice, but they were also identified by the Institute of Medicine (IOM) and the Quality and Safety Education for Nurses (QSEN) faculty. In fact, all of the competencies outlined by the IOM and QSEN were identified in our practice analysis.

In addition, while the purpose of our study was to identify the competencies that are essential for nurses in the United States, it is interesting to note that, when we presented the post-entry practice analysis at a conference in Toronto with regulators from around the world in attendance, individuals commented that what we had identified were universal competencies that should be core to nursing practice around the world.

Center: What is your vision for the future related to the regulation of nursing practice?

Dr. Alexander: Together with leaders from across all areas of nursing, we will continue to develop ways to ensure competency of nurses and safer systems for patient care. There will be even more

collaboration of educators, practitioners and regulators to advance nursing and improve outcomes for patients. NCSBN's vision is to build regulatory expertise worldwide. It is my vision that our regulatory programs will be a center for knowledge, not only for regulators in the United States, but on a global scale as well.

Center: What will nurses attending your session at the LEAD Summit learn?

Dr. Alexander: Nurses will learn past, present and future issues related to continued competence. The presentation will include:

- 1) A discussion about the significance of continued competence, its purpose and why this issue has come to the forefront of nursing
- 2) An examination of the history of the continued competence movement from a national and global perspective
- 3) The current status of continued competence in nursing across the United States
- 4) The future of continued competence, including data for and against various methodologies
- 5) Research done by NCSBN identifying RN core competencies

For more information about the LEAD Summit, please visit www.leadsummit2008.org.

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