Nursing Professional Development

Revision of the Scope and Standards of Practice

The American Nurses Association (ANA), as the professional organization of registered nurses, creates the foundational documents for nursing practice. These documents include the Nursing: Scope and Standards of Practice, 3rd Edition (ANA, 2015a), and the Code of Ethics for Nurses With Interpretive Statements (ANA, 2015b). Although these documents guide overall nursing practice, specialty organizations create the scope and standards of practice to guide specialty practice. The specialty scopes and standards build on the foundational ANA documents and define the who, what, when, why, and where of the specialty practice (Harper & Maloney, 2016).

BACKGROUND
Nursing professional development (NPD) has a rich history dating back to 1969 when a meeting was convened to discuss national issues related to continuing nursing education (Harper & Maloney, 2016). In 1972, ANA created the Commission on Continuing Education, which published Standards for Continuing Education in Nursing in 1974. As the specialty practice, called nursing staff development, emerged, the first Standards for Nursing Staff Development was developed by ANA in 1990, signaling “official” recognition of the specialty. The use of NPD to describe the specialty was first documented in 1994 when ANA published Standards for Nursing Professional Development: Continuing Education and Staff Development. Standards for the specialty were subsequently updated in 2000 and 2010.

REVISION PROCESS
In April 2014, the Association for Nursing Professional Development (ANPD) Board of Directors appointed Dr. Mary Harper and Dr. Patsy Maloney to lead a workgroup to update the NPD scope and standards to reflect current and future practice. In response to a call for volunteers, ANPD received 51 applications from highly qualified NPD practitioners. Dr. Harper and Dr. Maloney ultimately selected 12 NPD experts (see Table 1) from diverse practice environments and geographical locations to conduct the review and revision. In addition to their expertise in NPD, members of the workgroup were selected based on expertise in varied aspects of NPD practice such as diverse patient care settings including long-term care, academia, quality improvement, research, transition to practice programs, collaborative partnerships, and simulation. The experts began their work in August 2014.

Concomitant with identification of workgroup members, Dr. Joan Warren and Dr. Mary Harper initiated a groundbreaking NPD Role Delineation Study by convening a focus group of 29 NPD experts and stakeholders (Warren & Harper, 2015). They used the themes from the focus group data to conduct an eDelphi survey process with additional NPD experts, who ultimately achieved consensus around seven NPD roles: learning facilitator, leader, change agent, mentor, champion for scientific inquiry, partner for practice transitions, and advocate for the NPD specialty. Findings from this study informed the revisions of the scope and standards.

In addition to findings from the NPD Role Delineation Study, the workgroup reviewed the 2010 NPD: Scope and Standards of Practice (National Nursing Staff Development Organization [NNSDO] & ANA, 2010) and the 2010 Nursing: Scope and Standards (ANA). Workgroup leaders also conferred with Dr. Carol Bickford, Senior Policy Fellow at ANA, who provided guidance for the overall review and revision process. Ultimately, the workgroup was divided into four task forces (see Table 2), which each addressed one section: the overview, the scope of practice, the standards of practice, and the standards of professional performance. The task forces met on a monthly basis for almost a year.

The Overview Task Force, led by Dr. Jean Shinners, relied heavily on the work of the other three task forces in order to provide an introduction to the scope and standards.
Their work included an analysis of the trends affecting the evolution of NPD practice since the last edition. Discussions centered on the focus on interprofessional continuing education, technology—both educational and clinical, and healthcare reform, including the transition of care to community settings. In addition, the task force identified the challenges of implementing evidence-based practice in the clinical setting, despite an ongoing focus on its use. Finally, the leadership role of NPD in change management in the complex healthcare environment was recognized as an area of future focus.

The Scope of Practice Task Force, led by Mary Holtschneider, assumed responsibility for defining the who, what, when, and where of NPD practice, including the NPD Practice Model. Early in the process, the group decided to organize the scope section of the document around the components of the NPD Practice Model with clear identification of the who, what, when, and where. Using the findings of the NPD Role Delineation Study (Warren & Harper, 2015), the group engaged in deep discussions about NPD practice asking thought-provoking questions such as the following:

1. When does NPD practice occur—when a learning need is identified or before?
2. How are interprofessional collaboration and continuing education best represented in the NPD Practice Model?
3. Do NPD practitioners participate in partnerships other than academic partnerships?
4. What is the difference between orientation and onboarding?
5. What is the difference between roles and responsibilities?
6. How do we align the scope’s nursing education requirement with the following realities without minimizing the need for an MSN for the specialty practice—especially as we consider our future practice?
   a. Many nurses who practice NPD have only a BSN degree.
   b. Certification in NPD requires only a BSN.

In addition to these challenging questions, this task force reviewed the updated Code of Ethics for Nurses (ANA, 2015b) and analyzed their application to NPD practice. Finally, the group considered both current and potential future issues and trends that impact the specialty.

The NPD Standards of Practice are broken into two components: Standards of Practice and Standards of Professional Performance. As mentioned earlier, a task force was created for each. The task forces were charged with moving from measurement criteria that were used in the 2010 NPD: Scope and Standards of Practice (NNSDO & ANA, 2010) to competencies. Other charges were to revise the standards and competencies to reflect current and future practice as delineated in the NPD Role Delineation Study (Warren & Harper, 2015). The group engaged in deep discussions about NPD practice asking thought-provoking questions such as the following:

1. When does NPD practice occur—when a learning need is identified or before?
2. How are interprofessional collaboration and continuing education best represented in the NPD Practice Model?
Study (Warren & Harper, 2015) and to consider whether the NPD Scope and Standards should differentiate two practice levels to align with ANA’s format in Nursing: Scope and Standards of Practice. Major challenges the task forces faced included (a) work begun before the NPD Role Delineation Study was complete and (b) the work was concurrent with the other task forces’ work. Flexibility was required of all members.

The Standards of Practice Task Force developed a work plan with assignment of lead responsibility for each of the standards. This task force met via phone conference each month to review the work and reach consensus. For each standard, the group considered the competencies required of a graduate-prepared, certified specialist and those required of a generalist. They reviewed and aligned, when appropriate, with ANA’s (2015a) Nursing: Scope and Standards of Practice. In addition, the task force incorporated the findings of the Role Delineation Study (Warren & Harper, 2015). For example, Standard 5B under Standard 5 Implementation, the group changed “Learning and Practice Environment” to “Facilitation of Positive Learning and Practice Environments.” This task force also considered the ongoing changes in the practice of professional development and continuing education such as the inclusion of gap analysis.

The Standards of Professional Performance Task Force followed a very similar work plan. They reviewed each of the Standards of Performance in the 2010 NPD: Scope and Standards of Practice (NNSDO & ANA, 2010) to determine if they continued to reflect current and future NPD practice and the roles delineated in the NPD Role Delineation Study (Warren & Harper, 2015). Like the Standards of Practice Task Force, this group spent much time differentiating the specialist (advanced) competencies and generalist competencies. This task force also decided that integration of competencies related to diversity throughout the standards would better emphasize their importance rather than being isolated as a single standard on cultural congruence as in ANA’s (2015a) Nursing: Scope and Standards of Practice.

The Standards of Professional Performance Task Force also ensured that each of the seven roles delineated by Warren and Harper (2015) were reflected in the Standards of Performance. These roles included learning facilitator, change agent, mentor, leader, champion for scientific inquiry, partner for practice transitions, and advocate for the NPD specialty. The roles of learning facilitator (educator), leader, advocate, and champion for scientific inquiry (researcher) had been incorporated in the 2010 standards (NNSDO & ANA, 2010). However, the roles of mentor, change agent, and partner for practice transitions were not articulated in the previous edition. The group needed to consider not only how to incorporate these new roles but also how to change any of the previously included ones to better reflect current and future practice.

The final task that this task force completed was to order the finalized Standards of Performance logically. In choosing the order, the group reviewed the Standards of Performance from ANA’s Nursing: Scope and Standards of Practice (ANA, 2015a) and the Standards of Performance from the Nursing Professional Development Scope and Standards of Practice (NNSDO & ANA, 2010), but decided that the order of the Standards of Performance should be based on their perceived importance and frequency of use. They agreed with ANA’s (2015a) alignment and placed the ethics standard first. Other standards, some new and specific to the NPD specialty practice, were ordered differently from ANA and the past edition of the NPD standards.

The full workgroup convened on a monthly basis to evaluate the work of the individual task forces and provide feedback. Documents were maintained on Google docs to facilitate review and feedback for the geographically dispersed group.

The draft document was made available for public comment in May 2015 with subsequent revisions based on the feedback. In the fall of 2015, the draft was submitted to the ANA Committee on Nursing Practice Standards for feedback, again resulting in substantial revisions that led to the final document, to be published in the second quarter of 2016.

PLANS FOR THE SCOPE AND STANDARDS COLUMN

Over the next year, we will dissect the updated NPD: Scope and Standards of Practice, provide greater insight into the revisions, and give recommendations and exemplars for application in practice. Upcoming topics will include the major changes in the 2016 Scope and Standards, the NPD Practice Model, Standards of Practice, Standards of Performance, Future Trends, Use of the Scope and Standards in Practice, Practice Exemplars, and Scope and Standards: Year in Review. We welcome your feedback and would like to hear about how you implement the new scope and standards into your practice.

References