Fall 2007 www.napnes.org

JPN

THE JOURNAL OF PRACTICAL NURSING

Continued Competence and the 2005 Post Entry-Level LPN/VN Practice

Special Publication

// Journal of Practical Nursing

ON THE COVER

Riverside School of Practical Nursing, located in Newport News, Virginia, is operated by Riverside Health System and affiliated with Newport News Public School System. The school has operated continuously since 1961 and is accredited by the National League for Nursing Accrediting Commission. The students featured on the cover represent a portion of the 2008 Graduating Class. There are two traditional entrees to the program in September and April, which lead to a diploma in eleven months. A new Evening Weekend program began in August 2007 to meet the needs of working students. This program is completed in 17 months. The school has three entries points a year to facilitate meeting the demands of the nursing shortage here and nationally.

The school has 100% membership in NAPNES and has consistently achieved an average NCLEX CAT PN pass rate of 95%.

Riverside School of Practical Nursing adheres to the philosophy that every nurse becomes a leader when they stand at the bedside of a patient. Leadership and professional development is emphasized throughout the curriculum as a skill demanded of the profession. NAPNES membership and involvement serves as an effective means to foster this development. Every student enrolled in our school receives a membership in NAPNES. This has the added advantage of allegiance to a professional organization as well as receiving the Journal of Practical Nursing throughout the student year.

Also through NAPNES, students become aligned with state, national and international issues related to nursing, and in particular, to practical nursing.

Riverside School of Practical Nursing has the distinction of being the first school to initiate NAPNES student memberships at the current rate and the initiation of the March issue of JPN being dedicated in part to student authors.

Brenda E Booth, MSed, RN
Director
Riverside School of Health Careers
School of Practical Nursing

EDITOR-IN-CHIEF
Patrick Mahan, LPN, CWM
1940 Duke St. - Suite 200
Alexandria, VA 22314

EDITORIAL STAFF
Brenda Booth, MEd., RN
Spruce Lynch, LPN
Kathleen M. Patchan

NAPNES OFFICERS
Mattie Marshall, LPN, President
Ann Bauer, LPN, RP, Vice-President
Theresa Parker, LPN, Secretary
Roy Wilson, LPN, Treasurer

BOARD OF DIRECTORS
Lola Crum, LPN
Mitzi Dixon, LPN
Vera H Love-Lee, LPN
John Hayworth, RT
P'Nina Sagraves, LPN
John Word, LPN. Exec. Dir. Emeritus
Sylvia Rozier, RN

EXECUTIVE STAFF
Patrick Mahan, LPN, CWM
Executive Director

Helen Larsen, LPN, BS, JD
Chief Financial Officer
Director of Regulatory Affairs

Mary Eyles, RN, PhD
Acting Director Education

Constance Butherus, RN, MA
Council of Practical Nurse Educators

The ***Journal of Practical Nursing*** (***JPN***) is a peer reviewed journal. Views expressed in the ***JPN***, are solely those of the authors or persons quoted. They do not necessarily reflect ***JPN's*** views or those of the National Association for Practical Nurse Education and Service, Inc. (NAPNES). Unless specified otherwise, neither ***JPN*** nor NAPNES endorses any product or service advertised in the ***JPN***.

The ***JPN*** (**ISSN Number: 0022-3867**) is published quarterly (Spring, Summer, Fall & Winter) by the NAPNES, located at 1940 Duke St., Suite 200; Alexandria, VA 22314. ***JPN*** is printed at Mosaic, located in Cheverly, Maryland. Copyright 2007 by the National Association for Practical Nurse Education and Service, Inc. All rights reserved. No part of this publication may be reproduced without the expressed written permission of the publisher.

SUBSCRIPTIONS:
One year (4 issues) in the U.S. and possessions, $25.00; elsewhere $70.00 in U.S. dollars. No refunds. Make checks payable to the ***Journal of Practical Nursing***. Missing issues must be claimed in writing within one month of the issue date. Only one replacement for damaged or missing issue per subscriber per issue. Subscription requests should be sent to: NAPNES ***JPN***; 1940 Duke St., Suite 200; Alexandria, VA 22314.

Electronic subscriptions are available at substantially discounted rates. Electronic subscriptions must be paid online at www.napnes.org for complete details.

CHANGE OF ADDRESS:
Send to: NAPNES Subscription Service, 1940 Duke St., Suite 200; Alexandria, VA 22314 at least ten weeks before the change is to become effective. Include old address and zip code. Third class mail is not forwarded by the post office. ***JPN*** does not replace issues lost for failure to notify address change at least ten weeks prior to the publication date.

Publication number is 583540
Indexed annually in the Winter Issue. ***JPN*** is also indexed in the Cumulative Index to Nursing and Allied Health Literature and Silver Platter.

Continued Competence and the 2005 Post Entry-Level LPN/VN Practice

By Anne Wendt, PhD, RN, Maryann Alexander, PhD, RN

Introduction

In recent years, consumer awareness has been raised regarding the need for health care providers to demonstrate competency throughout their careers. It should come as no surprise that many Boards of Nursing express concern as to how to assure the public that nurses maintain their competency.

While Boards of Nursing have striven to ensure the continued competency for nurses, there are no universally agreed-upon, evidence-based methods that measure or support this endeavor. In November of 2005, the National Council of State Boards of Nursing (NCSBN) reviewed the continuing education requirements of its member boards Twenty-eight jurisdictions required continuing education for license renewal and 26 jurisdictions had no continuing education requirements for license renewal noted.[1] Choosing a method for assessment of continued competency of post entry-level nurses remains a challenge for nurse regulators.

The increasing emphasis for ongoing competency requirements extends beyond nursing. Discussions on continued competence accelerated when the Pew Health Professions Commission, asserted that continued competence validation among health care providers is vital to safe practice.[2,3] The Institute of Medicine (IOM), The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and The Citizens Advocacy Center have all advocated for a process that objectively measures competence among the post entry-level health care workforce.[2,3,4,5,6,7,8,9,10,11] NCSBN has recognized the necessity to assess the competence of experienced practitioners and has been at the forefront in addressing this issue. Since 1985, NCSBN has researched, supported and promoted the development of a continued competence assessment for nurses.[12]

The standard method used by licensure programs for developing an instrument that evaluates competence for initial licensure begins with a practice analysis of the entry-level practitioner. Next, an assessment instrument is developed. In addition to providing the foundation for a pre-licensure assessment, the method assists in providing validation of the survey questionnaire and ultimately supports the assertion that the assessment instrument measures the essential competencies of the entry-level practitioner.[13,14] When developing an instrument to assess ongoing or continued competence of an experienced health care professional, the same methodology applies. However, the practice analysis surveys the post entry-level practitioner.

The purpose of this article is to describe the methodology and findings from the *Report of the Findings from the 2005 LPN/VN Post Entry-Level Practice Analysis*.[15] These findings are proposed to be the foundation for a continued competence assessment instrument for licensed practical/ vocational nurses.

NCSBN currently assesses entry-level practice for licensed practical/ vocational nurses (LPN/VNs) once every three years. However, this is the first practice analysis that has attempted to develop a description of post entry-level LPN/VN practice. The intent of this study was two-fold: 1) to determine if there are core nursing activity statements for post entry-level LPN/VNs regardless of practice setting, specialty area and years of experience and 2) to determine whether these nursing activities could be used to develop core competencies for LPN/VNs that could be used to develop a continued competence assessment instrument.

Methodology

The practice analysis consisted of a number of steps. A panel of subject matter experts was assembled, a questionnaire was developed and piloted, individual LPN/VNs were selected and surveyed, and data were collected and analyzed.

A subject matter panel of expert LPN/VNs created an initial list of activity statements that reflects current LPN/VN practice. All panel members were LPN/VNs in current practice and represented all geographic areas of the country, all major nursing specialties, all major practice settings, a range of years of experience and two LPN/VN professional organizations. A list of the LPN/VN SMEs can be found in Table 1. Activity statements were developed through a study of daily logs maintained by LPN/VNs in practice, job descriptions, orientation manuals, performance evaluation, institutional policies and procedures, in addition to previous nursing activity statements.

A survey was created that incorporated 159 activity statements. The survey also included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity statements rated by each respondent and to increase the likelihood of respondents completing the survey.

Following the development of the survey instrument, a sample of 20,000 LPN/VNs was selected and split into two subsets of 10,000 LPN/VNs per survey form that had roughly the same geographic representation. The sample was stratified by jurisdiction and then randomly drawn from the population of active licenses within that jurisdiction. A four-stage mailing process was used to engage participants in the study. Surveys were returned by 4,783 respondents for an adjusted return rate of about 25%. The data set was analyzed to ensure it met quality assurance criteria. After this analysis, a total of 1,061 surveys were deemed unusable because: 1) respondents indicated they were not currently

employed as an LPN/VN or failed to answer this question or 2) respondents failed to provide frequency ratings for at least 75% of the activity statements. Applying these exclusion criteria resulted in an analyzable return rate of 19.2% (3,722 respondents).

Results of the Study

Demographics

The majority of LPN/VN respondents stated they were female (96.0%). The respondents were between the ages of 20 to 85 years with an average age of 47.43 years. The respondents were grouped by the four geographic areas of the NCSBN Member Boards shown in Table 2 .

Area III had the largest representation with approximately 40% of the responding LPN/VNs. Area I had the lowest percentage of representation at about 11% as shown in Figure 1.

A greater number of respondent LPN/VNs reported White Not of Hispanic Origin (76.1%) as their ethnicity while 13.8% selected African American and 4.0% selected Latino or Hispanic. On average LPN/VNs reported approximately 18 years of LPN/VN experience. LPN/VNs indicated vocational/technical certification as their highest level of education (71.7%). Completion of associate degree accounted for 12.7% of the LPN/VN responses, and 3.4% of the respondents indicated a baccalaureate degree as their highest level of education. LPN/VNs reported earning an average of 16 continuing education (CE) contact hours per year. On average LPN/VNs who indicated hospitals as their primary employment facility reported the greatest yearly continuing education contact hours.

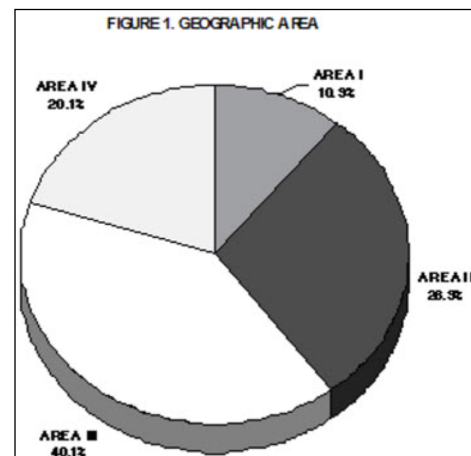
Table 1. LPN/VN Subject Matter Experts

Name and Credentials	State Representation	Areas of Practice	Years of Experience
Area I			
Erica Wong, LVN	CA VN Board of Nursing	Critical Care, OB-GYN	6
Wayne McKay, LPN	MT Board of Nursing	Medical-Surgical, Pediatrics	38
K. Joel Allred, BSW, LPN	UT Board of Nursing	Psychiatry	16
Area II			
Gwendolyn Odom, LPN	IL Board of Nursing	Long-Term Care	7
Laura L. Owens, BA, LPN	IA Board of Nursing	Ambulatory Care Clinic Nursing	25
Melinda Leed, LPN	KS Board of Nursing	Long-Term Care	23
Area III			
Candace Melancon, LPN	LA Board of Nursing	Clinical Nursing, Faculty	15
Debra Newton-Doria, LPN	SC Board of Nursing	School Nurse, Camp Nurse, OB-GYN	15
Cheri Garner, LVN	TX Board of Nursing	OR, Family Clinic, Internal Medicine, Endocrinology	3
Ella Leftwich, LPN	VA Board of Nursing	Medical-Surgical, VA System	11
Area IV			
Thelma Huskey, LPN	MD Board of Nursing	Military, Geriatric	20
Patricia Rioux, BS, LPN	NH Board of Nursing	Mental Health	3
Ottamissiah H. Moore, LPN, CLNI, WCC	DC Board of Nursing	Medical-Surgical, Health Educator	20
Theresa Parker, LPN	PA Board of Nursing	Hospice, Home Health	20

Table 2. Jurisdictions Included in

Area I	Area II	Area III	Area IV
AK	IL	AL	CT
American Samoa	IN	AR	DE
AZ	IA	FL	DC
CA	KS	GA	ME
CO	MI	KY	MD
Guam	MN	LA	MA
HI	MO	MS	NH
ID	NE	NC	NJ
MT	ND	OK	NY
NV	OH	SC	PA
NM	SD	TN	Puerto Rico
Northern Mariana Islands	WV	TX	RI
OR	WI	VA	VT
UT			Virgin Islands
WA			
WY			

Most LPN/VN respondents (34.2%) reported working in long-term care. About 25.1% LPN/VNs reported working in hospitals, 24.0% in community-based/ambulatory care



and 7.6% reported working in home health care. The majority of LPN/VN respondents (31.2%) indicated nursing

(continued page 20)

home, skilled or intermediate care as their primary specialty area. A majority of respondents (57.3%) indicated a typical shift was 6-8 hours long while the majority of LPN/VNs (64.5%) reported working 31 to 40 hours a week.

When asked to select *all* of the age groups of clients for whom they provided care, LPN/VNs indicated that they were most likely to care for clients aged 65 to 85 years (69.1%), clients aged 31 to 64 years (53.4%) and clients over the age of 85 (41.0%) as shown in Figure 2.

Respondents were asked to select *all* of the types of clients for whom they provided care. Most of the clients could be described as having stabilized chronic conditions (57.6%), acute conditions (46.1%), clients with behavioral/emotional conditions (41.6%) and clients with unstabilized chronic disorders (41.3%) as seen in Figure 3.

Activity Performance

The participants were asked whether the nursing activities on their questionnaire form represented the activities that they actually performed in their positions. A majority indicated that the activities were representative of their current practice. Respondents indicated if an activity was not applicable to his or her work setting by marking the "Never performed in work setting" response. The activities ranged from approximately 1% Not Performed to approximately 96% Not Performed in their work setting. The frequency of activities was recorded using a scale of "0 Typically Performed Less Than 1 Time per Shift" to "4 Times or More." The average frequency of the activities of the total group ranged from 0.85 or approximately 1 time per shift to 3.74 or approximately 4 or more times per shift. The importance of performing each nursing activity for the continued competence of LPN/VN practice was recorded using a 4-point scale: "1 Not Important" to "4 Extremely Important." Average total group importance ratings ranged from 2.41 "Not important" to 3.90 "Extremely Important". When the importance ratings were examined according to practice setting, years of experience, geographic location and specialty area, most of the activities were rated as "3" or greater indicating the activity was "Important" or "Extremely Important."

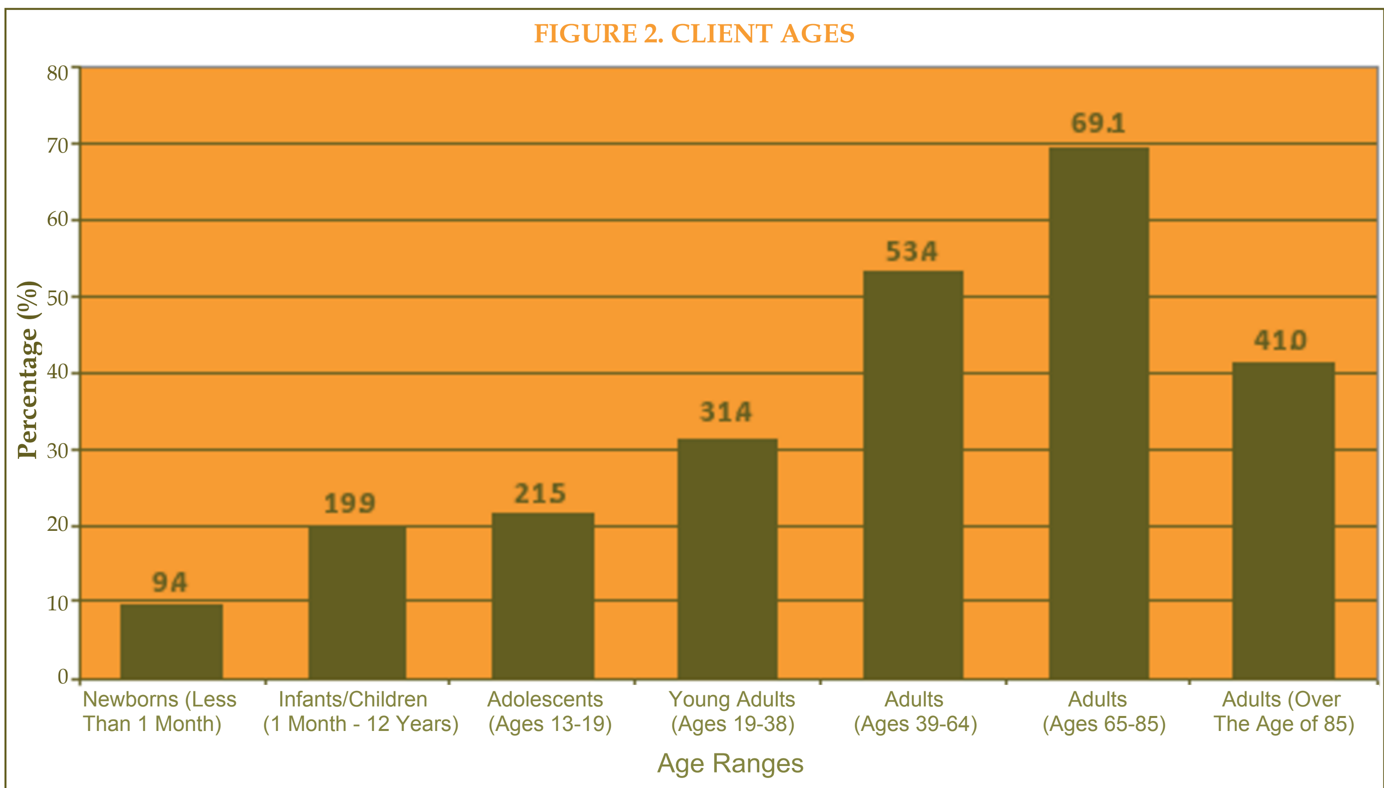
Summary

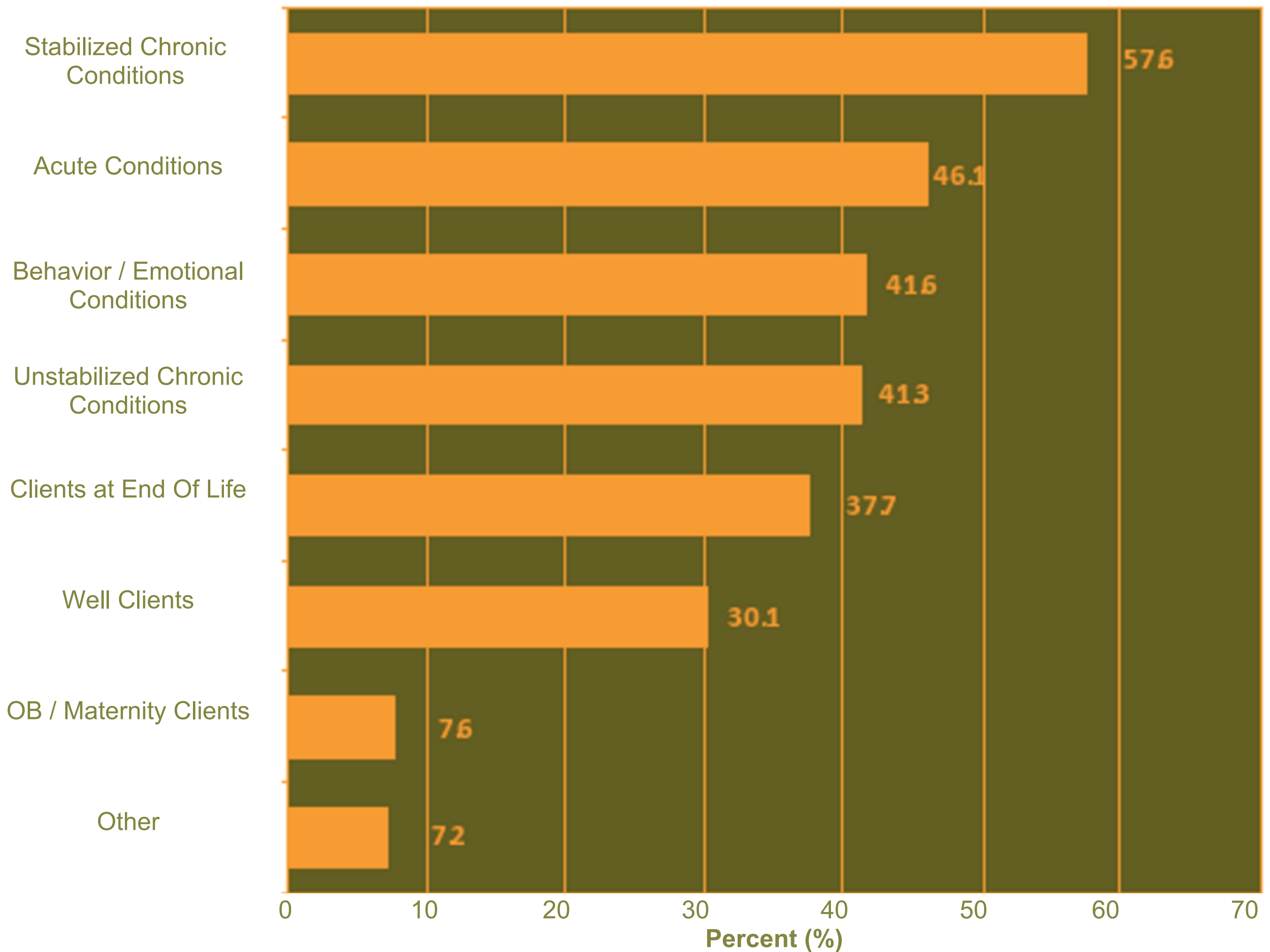
A non-experimental, descriptive study was conducted to explore the importance and frequency of activities performed by post-entry level LPN/VNs. More than 3,700 LPN/VNs responded. Results suggested that LPN/VN work is essentially the same regardless of facility, specialty, years of experience and/or geographic region.

Conclusion

The findings from this study provide the starting point for determining whether this set of LPN/VN activities can be used to establish core competencies. Additionally, while the practice analysis provides an important foundation, extensive research and development is needed to produce a standardized, psychometrically sound, and evidenced-based assessment instrument that measures current nursing knowledge, skills and abilities for the post entry-level practitioner. A copy of the NCSBN Research Brief, *Report of the Findings from the 2005 LPN/VN Post Entry-Level Practice Analysis* can be downloaded from NCSBN's website by going to:, www.ncsbn.org.

FIGURE 2. CLIENT AGES





References

1. National Council of State Boards of Nursing Learning Extension. *Board of Nursing Continuing Education Requirements*. Available at: http://www.learningext.com/resources/cerequirements.asp. Accessed August 10, 2006.
2. PEW Health Professions Commission. *Reforming Healthcare Workforce Regulation: Policy Consideration for the 21st Century*. San Francisco: University of California San Francisco Center for the Health Professions; 1995.
3. PEW Health Professions Commission. *Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation*. San Francisco: University of California San Francisco Center for the Health Professions; 1998.
4. Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment for Nurses*. Washington, DC: The National Academies Press; 2004.
5. Institute of Medicine: *Health Professions Education: A Bridge to Quality*. Washington, DC: The National Academies Press; 2003.
6. Institute of Medicine: *Who Will keep the Public Healthy: Educating Health Professionals for the 21st Century*. Washington, DC: The National Academies Press; 2003.
7. Institute of Medicine: *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press; 2001.
8. Institute of Medicine: *To Err is Human: Building a Safer Health System*. Washington, DC: The National Academies Press; 2000.
9. President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry: *Improving Quality in a Changing Health Care Industry*. Available at: http://www.hcqualitycommission.gov/final. Accessed August 22, 2006.
10. Citizen Advocacy Center. *Maintaining and Improving Health Profession Competence: The Citizen Advocacy Center Road Map to Continuing Competency Assurance*. Washington, DC: Author; 2004.
11. Citizen Advocacy Center. *Continuing Professional Competence: Can We Assure It?* Washington, DC: Author; 2004.
12. National Council of State Boards of Nursing. *Continued Competence Accountability Profile*. Chicago: NCSBN; 1998.
13. Raymond MR, Neustel S. Determining the Content of Credentialing Examinations. In Downing SM, Haladyna TM, eds. *Handbook of Test Development*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers; 2004; 181- 223.
14. American Psychological Association, American Educational Research Association, National Council on Measurement in Educa- tion. *The Joint Standards for Educational and Psychological Testing*, Washington, DC: Author; 1999.
15. National Council of State Boards of Nursing. *Report of Findings from the 2005 LPN/VN Post Entry-Level Practice Analysis* (Research Brief Vol. 26). Chicago: NCSBN; 2006.