

Exploration of Specialty Certification for Nurse Anesthetists: Nonsurgical Pain Management as a Test Case

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■ ABSTRACT:

Certification is the outcome of the demonstration of knowledge and skills, which is an important link to licensing and credentialing. Considering the essential role that Certified Registered Nurse Anesthetists play in the practice of nonsurgical pain management, it is important that a certification process be developed that provides the necessary support to licensing and credentialing at the local, state, and federal levels. The goal of this project was to develop the foundational elements for a specialty certification in nonsurgical pain management. The Delphi method for the systematic solicitation and collation of information was used to query experts in the field of nonsurgical pain management regarding the elements necessary to establish such a specialty certification. Results of the query were compiled, analyzed, and compared to feedback about the elements from a sample of certified registered nurse anesthetists involved in nonsurgical pain management to assess reliability. The results provided identification of a target population for competency evaluation, tools for evaluation, resources for knowledge and skills testing, and a table of specifications for testing. A valid process to develop a specialty certification for nurse anesthetists with demonstration of knowledge and skills will help bridge the gap between continuing education and an actual demonstration that an individual practitioner possesses the necessary knowledge and skills to practice nonsurgical pain management.

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INTRODUCTION

Certified registered nurse anesthetists (CRNAs) play an important role in the treatment of chronic pain. This group of professionals receives graduate level education in the provision of anesthesia care, including the framework for nonsurgical pain management (NSPM) (Council on Accreditation of Nurse Anesthesia Educational Programs, 2010). Throughout the United States, CRNAs are providing NSPM care and are frequently the only provider within the community with the knowledge and skills to provide such services (American Association of Nurse Anesthetists, 2005). Like many physicians, CRNAs obtained the knowledge and skills to provide these services through formal and informal education and training. Those NSPM services vary depending on the capability of the individual CRNA and the needs of the community. According to practice surveys by the American Association of Nurse Anesthetists and the National Board of Certification and Recertification for Nurse Anesthetists, those NSPM services provided by CRNAs range from the minimally complex interlaminar epidural steroid injection to a more comprehensive and complex service dealing with patient assessment, pharmacologic treatment, interventional strategies, imaging, and follow-up. Surveys also indicate that CRNAs work closely with physicians and other health care providers to address the NSPM needs of the patient.

State legislators, regulators, and policy makers have a mandate to protect the health and safety of the public and, therefore, expect to be assured that health care professionals possess the knowledge and skills necessary for a particular scope of practice, such as NSPM, before licensing them. Licensing and certification are two different types of occupational credentials. A license is a governmental authorization to engage in a particular occupation or activity, and a certification declares that an individual has been found to meet certain competency standards established by a private agency for a particular occupation or activity. Certification is the outcome of demonstrating specific knowledge and skill set competencies identified as necessary to the profession and is a critically important link to licensing (Chornick, 2008). However, the specificity and scope of competency in the area of NSPM has not been well delineated, nor has a certification process been developed that would assist in setting a national standard for the knowledge and skills required to ensure safe and quality pain management care provided by CRNAs.

The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) has autonomous authority to carry out certification functions for the

CRNA community (National Board of Certification and Recertification for Nurse Anesthetists, 2010). A practice analysis conducted by the NBCRNA in 2007 indicated a need to describe and define CRNA practice in the area of pain management. Findings from the practice analysis supported competency evaluation and certification in the specialty area of NSPM (Thiemann, 2010). The concept of specialty certification is consistent with the National Council of State Boards of Nursing's *Consensus Model for APRN Regulation*, which supports the development of specialty certification beyond the core role competencies and population foci (Partin, 2009).

Competency evaluation in a specialty area of health care practice is not a new concept. It often takes the form of a certificate or additional credential beyond the general certification process. The process of evaluating competency in a specialty area is different from an initial certification in the profession with its focus on testing for knowledge and skills required by the novice-generalist nurse anesthetist. Certification in a specialty area validates that a practitioner has the knowledge and skills necessary for competent practice in the particular specialty beyond the minimal requirements for licensure. "Certification yields benefits to the individual nurse, the profession, and the public, including improved patient safety and a commitment to lifelong learning" (Williams & Counts, 2013).

Continuing education requirements for CRNAs already exist, but there is no mechanism in place to assess the individual benefits of continuing education. A 2001 report from the Institute of Medicine (IOM) suggested that certification should include demonstration of competency because traditional methods of continuing education by themselves have not been shown to be effective indicators of competency (Institute of Medicine, 2001). The IOM report, and others (Burns, 2009; Swankin, LeBuhan, & Morrison, 2006), suggests that health care professionals should not rely solely on continuing education to maintain competency and that periodic demonstration of knowledge, skills, attitude, and judgment are critical to public safety.

It is apparent that continuing education, without demonstration of acquired knowledge, does not assure that a health care provider is maintaining an adequate knowledge base for contemporary practice. Many continuing education programs rely on self-evaluation and self-determination of competency. Studies that assess the relationship between self-evaluation and measured competency found that there was little connection between the two and that the results of self-evaluation are often an inflated sense of knowledge and skills (Davis et al., 2006). To determine if an individual possesses fundamental knowledge, it is necessary to objectively

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