

SWOT Analysis on the CPC Program

BACKGROUND

The Roles of the AANA and NBCRNA

The AANA was founded in 1931 as the professional association representing certified registered nurse anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). Throughout its history, the AANA has been central in ensuring the value and quality of the CRNA credential even as the environment in which nurse anesthetists practice has changed. In 1945, the AANA developed and implemented the first national qualifying examination for nurse anesthetists. In 1952, it established an accreditation mechanism for nurse anesthesia educational programs. The AANA instituted a recertification program in 1978 to ensure the ongoing quality of the CRNA credential. The AANA has instituted a process for prior approval of assessed CE to ensure its validity.

In 1975, the AANA formed autonomous multidisciplinary councils with public representation for performing the profession's certification, accreditation, and public interest functions. Two of those councils—the Council on Certification of Nurse Anesthetists (CCNA) and the Council on Recertification of Nurse Anesthetists (COR) —eventually incorporated in 2007 as the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). Although the NBCRNA assumed the credentialing function as an external accreditation body, both organizations have the shared goal of ensuring that the CRNA credential is well recognized as an indicator of quality and competence.

Overview of Problem and Goals

As part of its ongoing communication with the AANA, the NBCRNA initiated a discussion with the AANA Board of Directors in 2009 concerning the evolution that had been taking place in medical education and the impact of these changes on the certification of nurse anesthetists. The NBCRNA shared with the AANA the results of the 2008 benchmarking study, which reviewed the recertification models of more than 300 credentialing programs; their national professional practice analysis; and their review of the literature on medical education and education theory.

What was clear from that analysis was the expectation that the process of recertification for nurse anesthetists would need to evolve from the current 2-year process that had been in effect since 1978. What form that change would take, and how and when it would go into effect, would be the focus of discussions between NBCRNA and AANA between 2009 and 2014. During these discussions, both the AANA and the NBCRNA worked through a series of proposed changes, informed by input from CRNAs gained through surveys, emails, and in-person meetings.

Environment

Although the NBCRNA cited a large number of references from the literature and professional communications, three citations held significant influence on the future of nursing education. *Health Professions Education: A Bridge to Quality*, published in 2003 by the Institute of Medicine made recommendations for health professions education reform, with one recommendation for health professions boards to require periodic assessment to demonstrate continuing competence. In 2007, the American Board of Nursing Specialty Accreditation Council (now ABSNC) also spoke to the importance of continuing competence in the specialty over time. The ABNS Accreditation Council added a requirement to demonstrate continuing competence and provide documentation showing how competence in the specialty is maintained. These requirements were significant in that they were required by the body that accredits the NBCRNA. The value of end-of-activity assessments in improving traditional continuing education was supported in a 2008 benchmarking study of the recertification literature by the Institute for Credentialing Excellence (ICE).

In an effort to understand whether and how these and other findings from the literature would impact the future of recertification of nurse anesthetists, the NBCRNA undertook an extensive process of analysis between 2007 and 2009, which included the benchmarking study and the professional practice analysis.

As a result of their research, the Recertification Task Force submitted recommendations to the NBCRNA Board of Directors, which were accepted and shared with the AANA Board and shortly thereafter with the AANA membership for input.

In their 2009 report, *Future of Recertification*, the Recertification Task force defined continuing competence as “an ongoing, multimodal, and iterative process supporting the level of expertise in nurse anesthesia competencies as defined in the *AANA Scope and Standards of Nurse Anesthesia Practice* to promote protection of the public.” The 2010 *AANA Scope and Standards* document outlined an expansive role for CRNAs, to “strive for professional excellence by demonstrating competence and commitment to clinical, educational, consultative, research, and administrative practice in the specialty of anesthesia.” The *Scope and Standards* also suggested that “CRNAs should assume a leadership role in the evaluation of the quality of anesthesia care provided throughout the facility and the community.”

The AANA and the NBCRNA have been in discussions about the CPC Program to ensure that the CPC Program is well positioned to support the organizations’ shared goal of ensuring that the CRNA credential is well recognized as an indicator of quality and competence in a profession that is continuing to grow.

Needs Analysis

The initial focus of the Recertification Task Force was to envision a program that would ensure that a certified registered nurse anesthetist possessed the essential knowledge and skills related to nurse anesthesia; remained current with changes and developments in the practice of anesthesia since initial certification;

and was able to manage complex problems as they arise with individual patients and the overall system of health care. The literature, benchmarking, and professional practice analysis all pointed to a need for change to meet the expectations of the changing medical education environment.

The initial proposal began by outlining the existing 2-year program and recommending changes based on key concepts, including, but not limited to,

- Consistency with other nursing specialties;
- Promoting individual accountability for meeting educational requirements;
- Greater recognition of the importance of professional issues, such as patient safety, standards of practice, infection control, and the business and legal aspects of anesthesia;
- Providing allowances for CE credit for teaching and mentoring related to clinical and professional anesthesia practice;
- Support for the continuing competence paradigm in which there is an emphasis on ongoing learning;
- Recognition within the literature of the increasing role of periodic demonstrations of competency through assessment; and
- Increasing importance of evidence-based practice and the importance of tying evidence-based literature to learning.

SUMMARY CPC PROGRAM SWOT ANALYSES

The initial CPC Program proposal offered by the Recertification Task Force focused on re-aligning the existing 2-year program to address the identified needs. The areas addressed included: length of cycle; requirement for initial certification and licensure; work/practice documentation; CE requirement in both assessed and non-assessed credits; educational modules (competency, or core, modules) that focus on evidence-based literature; the start date; and the competencies. The Recertification Task Force recommendations were presented to the AANA membership and opened for public comment from September 6, 2011 to November 14, 2011.

After the open comment period and during the next development phase of the CPC Program, the NBCRNA conducted a SWOT analysis on a variety of potential aspects that may be considered for inclusion, or adaption, into the program being developed. The following list includes, but is not limited to, some of the variables considered by the CPC Committee and the NBCRNA Board of Directors:

- Model the program after CNMs, NPs, and/or airline pilots
- Staged implementation of the examination
- Use of self-assessment examinations rather than high-stakes or pass/fail examination
- Variables impacting the current Refresher Program
- Coordination of recertification with re-licensure at the state level
- Use of modules for first cycle, then requiring a self-assessment examination

- Use of assessed and non-assessed continuing education (no professional development options)

- Practice hour requirement
- Use of peer evaluation for demonstration of practice requirement
- Length of recertification period

The following SWOT Analysis topics were taken from stakeholder feedback on the proposed CPC process from 2011 – 2014. There was continuous review and evaluation by members of the CPC Committee and the NBCRNA Board of Directors.

SWOT Analysis of the CE Requirement for the CPC Program

Class A: Assessed Continuing Education

Proposed Requirement (original): 35 CEUs per year, 15 requiring end-of-activity assessment and 20 require no assessment

Strengths:

- There are many studies that suggest CE for health care providers does improve patients care, but others studies do indicate that CE by itself is not sufficient to demonstrate competency.
- Including end-of-activity assessment will help improve retention, provide demonstration of knowledge acquisition, and encourage attentiveness.
- Studies show that audit/feedback CE is the most effective. At the same time, the additional 20 hours of non-assessed CE will provide for credit in areas not currently credited, but those areas are important to lifelong learning and continuing education/competency in the field of anesthesia.
- Perhaps allowing for credit in areas of teaching, research, and administrative activities related to anesthesia will encourage CRNAs to become more active outside of the operating room.

Weaknesses:

- Additional CE requirements can place a burden on CRNAs in terms of time, travel, and cost.
- Providing CE credit requirements without explicit evidence of how many credits are effective, may increase the skepticism about the program.

Opportunities:

- Evidence through end-of-activity assessment can be provided to show that CE requirements are improving knowledge retention, at least in the short term.
- Another is the possible encouragement of state and national anesthesia meeting attendance for those organizations who take the opportunity to provide quality educational programs at a reasonable cost and that meet the proposed CPC requirements.

Threats:

- The short-term threat is that the proposed increased costs and time requirements could create a burden (real or perceived) on practicing CRNAs.

Use of 15 assessed CEs

Strengths:

- Continuing education has been used by the vast majority of health care professional organizations and professional boards to encourage lifelong learning.
- Continuing education without demonstration of knowledge retention may not be adequate.
- Evidence suggests that continuing education with after-activity assessment is valuable.
- 15 assessed CEs is less than the current requirement of 20 CEs per year.
- Cost and time to meet this requirement may be less than is currently required, while encouraging attendance at meetings and assessing knowledge retention.

Weaknesses:

- No study could be found that suggests how much continuing education is necessary.

Opportunities:

- None.

Threats:

- None.

Class B: Professional Development Activities

Use various activities for the required 20 non-assessed professional development credits

The professional development options may include, but are not limited to:

- Workshops
- Academic credit
- Administrative contributions to the profession (e.g., service on professional, state, and national boards and committees)
- Authorship of book chapters and peer reviewed journal articles
- E-Learning
- Facility in-service (practice relevant) program
- Independent study programs on topics related to nurse anesthesia
- Lecture presentations
- Meeting attendance
- Preceptorship of graduate nurse anesthesia students
- Participation in simulation-based education
- Scholarly poster presentations

Strengths:

- At the present time, few of the listed activities qualify for continuing education credits.
- Allowing credits for these activities will certainly encourage CRNAs to contribute to professional activities, participate in the education of other health care providers, and look for unique opportunities to strengthen their own professional base.
- In addition, including these activities in the list of approved professional development activities, most CRNAs will likely find that they will spend less time and money.

Weakness:

- The activities and credits have yet to be approved. Much work is still needed to identify specifics of the professional development activities.
- Auditing of many of these credits will be challenging.

Opportunities:

- For many CRNAs, the opportunity to get credit for these activities will be welcome and encouraging. Recognition of professional activities for CRNAs will help encourage others to participate in such activities.
- State organizations will have additional options in offering professional activities at state meetings.

Threats:

- Since the program is self-reported, there is the possibility of individuals abusing the system. The potential for deception may diminish the value of these 20 credits.

Audit the 20 professional development activities on a random basis, rather than requiring CRNA to gain pre-approval and certification of all of those credits.

Strengths:

- At the present time, few of the listed activities qualify for continuing education credits. Allowing credits for these activities will certainly encourage CRNAs to focus on the additional core competencies, contribute to professional activities, participate in the education of other health care providers, and look for unique opportunities to strengthen their own professional base. In addition, including these activities in the list of approved CE credits, most CRNAs will likely find that although the professional development requirements will increase from 20 to 35 per year, they will spend less time and money because they are already meeting 20 of the required credits with their ongoing professional activities, leaving 15 assessed credits to acquire each year.

Weaknesses:

- Even with stringent criteria for content subject matter, program committee chairs, and private enterprises offering CE frequently submitted topic (with objectives) that simply did not apply to anesthesia practice or professional aspects. There is a real potential that reducing the rigor of the prior approval process would dilute the value professional development activities as compared to traditional CE.
- The activities and credits have yet to be approved. Much work is still needed to identify specifics of the non-assessed credit program. Auditing of many of these credits will be challenging.

Opportunities:

- For many CRNAs, the opportunity to get credit for these activities will be welcome and encouraging. Recognition of professional activities for CRNAs will help encourage others to participate in such activities. State organizations will have additional options in offering professional development activities at state meetings. Simulation-based education may be credited under this option. Offering credits in these areas will bring CRNAs in line with other health care professional groups who already offer such credit.

Threats:

- A real concern would be for the CRNA who was randomly audited and whose professional development activities did not meet the defined standard. Mechanisms should be developed to allow time for certificants to complete professional development activities within the certification timeframe in the event an audit identifies an insufficient number of credits meeting the standards.
- Since the program is self-reported, there is the possibility of individuals abusing the system. The potential for deception may diminish the value of these 20 credits.

Core Module Requirements

Require four core modules on the four core areas

Strengths:

- One of the most significant strengths of the CPC program is that the four core competency modules are linked to the content outline of the recertification examination. There has been significant concern expressed regarding the recertification examination and its content, the process by which it will be constructed, and the repercussions for failure. Certificants will be

somewhat reassured that since the test content is linked to the modules, they should be better prepared for the examination after completing the four modules.

- The four core competencies encompass the broad conceptual areas where provider knowledge deficits pose an immediate threat to patient safety. Patient injuries relating to airway misadventures and failure to properly use equipment and monitors (e.g., burns, hypoxic injuries, and awareness under general anesthesia, peripheral nerve injuries, and central venous catheter complications) constitute a significant proportion of anesthetic complications.
- Completing the requirements of the core modules and using the content outline to engage in focused preparation for the recertification examination could conceivably correct existing knowledge deficits and reduce the likelihood of patient injuries.
- Updating the core competency modules every two years increases the likelihood that completion of the modules will deliver current, evidence-based information to the CRNA preparing for recertification.

Weaknesses:

- Because the recertification process requires completion of each of the modules only once in every recertification cycle, a significant period of time could transpire between completion of any particular module and challenging the recertification examination. It is conceivable that the information contained in a particular module in 2015 will be out of date, or will omit important information, in 2023.

Opportunities:

- Because completion of the core competency modules is a requirement for recertification, this represents an opportunity to accelerate the adoption of evolving evidence-based knowledge and reduce the historical lag time that has existed between the discovery of new information, and the generational implementation of that knowledge.
- The requirement for the completion of the modules could correct, to a degree, the inevitable “knowledge loss” that occurs with the passage of time. Established, previously acquired knowledge will reasonably be reinforced in the process of acquiring new and more current evidence based facts, principles, algorithms, and standards.

Threats:

- The creation of the core competency modules, linked to the major content areas of the recertification examination, represent a significant logistical challenge.

- It is conceivable that the complexity and expense of creating the initial product, and the resources needed to keep the product current will be significant. The expense could be passed on to the consumer, who has historically been accustomed to a relatively inexpensive recertification experience.
- The current recertification process is conceptually straightforward. The proposed process, including the requirement for completion of the core competency modules, the introduction of new categories of continuing education opportunities that have to be satisfied annually, and the requirement of the recertification examination may be confusing to some.

Recertification Examination

Pass/Fail Examination

Strengths:

- Continuing competency involves self-assessment, education, improvement, and demonstration of abilities. The recertification examination is a component of the CPC that allows for demonstration of abilities; currently the only demonstration in place is the initial certification exam, which only establishes baseline competency at a minimum level of performance.
- Mastery of skills are put to the test on an everyday basis in a nurse anesthetist's career, but in order to incorporate the four categories mentioned, currently there is no proven or better method than to provide a recertification exam that has the intent to focus on clinical applications of knowledge gained through experience. The intent of the CPC is to add to the knowledge base of the CRNA as well as create a process that requires a demonstration of competence – the recertification exam.
- 73% of ABNS organizations accept testing for recertification.
- Standards of the NCCA require that its recertification requirement measure or enhance the continued competence of certificants.
- Evidence that supports the change:
 - Physician certification processes that include testing are correlated with superior patient outcomes.
 - Self-assessment of performance correlates poorly with a provider's actual competence.
- Adoption of continuing competency, including testing, include specialty physician groups (anesthesiologists) and other advanced practice nursing organizations, but more importantly the consumers (patients) expect it.

Promoting patient safety by enhancing provider quality.

- According to research conducted by the Citizen's Advocacy Center in 2007:
 - 95% believe healthcare professionals should be required to show up-to-date knowledge as a condition of re-licensure.
 - 90% believe it is important for healthcare professionals to be periodically re-evaluated.
 - 84% believe healthcare professionals should be evaluated on their qualifications.
 - 78% believe healthcare professionals should be required to pass a written test of medical knowledge at least every 5 years.

Weaknesses:

- Continued state presentations and education of the CRNA community is crucial to communicate the importance and evidence-based research that supports recertification examination.
- There will always be a minority of CRNAs who do not accept the evidence supporting recertification examinations.
- Some may argue that written testing does not accurately measure competence. However, this may have the positive effect of stimulating discussion of alternative evaluation measures (e.g., simulation).
- Writing the recertification examination will be an extensive undertaking financially as well as increasing the test bank enough to limit exposure of questions.
- With CRNAs writing the recertification exam questions, how will those CRNAs be tested? Will they be excused from taking the recertification exam?
- Expense for the recertifying CRNA.

Opportunities:

- Provides consistency with other APRN and anesthesia providers.

Threats:

- How to address reentry for individuals who fail to pass the examination.
- Need to establish criteria and policy for retaking test after unsuccessful attempt.

Proposal (rejected) Require the recertification examination of all new graduates after January 1, 2015 and allow all current certificants to voluntarily take the recertification examination.

Strengths:

- This option allows for the institution of the new recertification process while addressing the opinion of the majority of CRNAs who submitted feedback.

- This option is consistent with the majority of the existing recertification programs in medicine. Another strength is that the recertification candidates would have all been involved with computer adaptive testing for most, if not all, of their professional career. Many of them have taken a computer adaptive exam for their nursing license (RNCLEX), the GRE, and the NCE.
- This option would be relatively easy for the NBCRNA to implement.

Weaknesses:

- The biggest weakness of this option is that it creates a two-tiered system within the membership. In addition to the obvious clinical disparity between practitioners, there is an added complexity to the management of the recertification program.
- There are no nursing organizations that grandfather currently certified and practicing clinicians.
- Not on parity with requirements of other anesthesia providers (physicians and anesthesiology assistants).

Opportunities:

- There will be acceptance from the majority of the membership.

Threats:

- May conflict with the NCCA opposition to “grandfathering.”

Reentry Program

Value of retaining CE course requirement for the Reentry program

Strengths:

- Prior to the CPC, the Refresher Program offered a tiered method for CRNAs who have been out of practice for more than 3 years to re-enter practice through CE and clinical components with or without the NCE. It delineated those out of practice less than 3 years, 3 to 5 years, 5 to 7 years, and more than 7 years by varying the CE component as well as the practice requirement, depending upon years out of practice. Incorporating the Refresher Program into the current CPC would help to do the same; i.e., distinguish the requirements of each CRNA depending upon years out of clinical practice.

Weaknesses:

- Retaining the current program has several limitations:
 - Procurement of a clinical site is challenging.
 - Difficulty in obtaining malpractice coverage.

- Some states prohibit the practice of nurse anesthesia while provisionally recertified.
- The current program is quite expensive.
- If an updated Refresher Program were to be put into place incorporating components of the CPC, would the completion of the core competency modules be enough? If a CRNA were out of practice more than 2 years, would those competency modules provide enough didactic learning in order to pass the NCE?

Opportunities:

- Consider increasing the period from 1 year to 2 years for individuals who do not document compliance with the professional work practice requirement.
- Those out of practice up to 2 years would be required to complete up to 20 additional hours of CEs with end-of-activity assessments, along with the required components of the CPC.
- For those out of practice more than 2 years, consider, in addition to completion of the CPC components:
 - A simulation-type environment to document clinical competence
 - Completion of the NCE

Threats:

- After the end of the comment period, perhaps the CPC Committee should be tasked with taking a more in depth look at the requirements for re-entry into practice for all CRNAs out of practice more than 2 years, and possibly incorporating some of the concepts of the current Refresher Program into an updated Program that is congruent with the CPC program, NBCRNA stakeholders, and public safety.