

**2012 Legislative Interim Report  
of the  
Hawai'i State Center for Nursing  
December 28, 2011**

**Subject: SCR 167 SD 2: Requesting the Hawai'i State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for nurses.**

**Introduction**

Senate Concurrent Resolution 167, Senate Draft 2, 2010, Session Laws of Hawai'i requested the Hawai'i State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for registered and practical nurses. This report is the second of three reports required by the Legislature. The first report was submitted to the Legislature before its opening in 2011 and is accessible online at: <http://www.hinursing.org/policy-advocacy.htm>. The third and final report is due 10 days prior to the opening of the 2013 Legislative Session.

The report addresses the status of the study and the Continuing Education Joint Advisory Committee's<sup>1</sup> work throughout 2011, its findings and recommendations, and additional time that may be required to complete the study.

The individual nurse, like all health professionals, must embrace lifelong learning<sup>2</sup> as it is key to delivering safe high quality patient care. Continuing education must focus on the nurse remaining competent to deliver quality health care throughout the nurse's career.

**General Findings of the Continuing Education Joint Advisory Committee**

In 2011, the Continuing Education Joint Advisory Committee found<sup>3</sup>:

- A central reliable source of communication through which all nurses in the State can receive practice/regulatory information in a timely manner is absent in Hawai'i.
- Nurses need to be apprised of changes before they can embrace them; whether they are amendments to their nurse practice laws, effects of national/state initiatives, establishment of a continuing education program, or other issues.

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<sup>1</sup> Committee is made up of 24 representatives of professional nursing organizations, nursing programs, health care employers, long term care, Department of Commerce and Consumer Affairs and HI Board of Nursing comprise the Continuing Education Joint Advisory Committee

<sup>2</sup> Recommendation #6 of the recently released Institute of Medicine (IOM) *Future of Nursing Report* is to "ensure that nurses engage in lifelong learning".

<sup>3</sup> Addendum #1 on the Continuing Education Joint Advisory Committee's monthly activities in 2011 is attached.

- The Hawai'i State Board of Nursing does not publish a monthly newsletter to keep licensees apprised of board/nursing related issues, as other boards in the Nation do, citing a lack of resources.
- Hawai'i has multiple professional nurse organizations but lacks the coordinating mechanism to reach all nurses in the State.
- Since its establishment, the Hawai'i State Center for Nursing has tried to fill this gap in communication. However, the cost of reaching nearly 24,000 nurses through traditional means, i.e. the U.S. Postal Service, is prohibitive and time-consuming.

### **Continuing Education Joint Advisory Committee Interim Report for Registered and Licensed Practical Nurses in Hawai'i**

The proposed continuing competency program is composed of two phases to be implemented sequentially. Phase 1, development and implementation of the continuing competency program followed by Phase 2, the evaluation of the program on nursing practice.

#### **Phase 1 Continuing Competency Program (CCP)**

- The North Carolina program for continued competency was adopted by the Continuing Education Joint Advisory Committee as a best practice for adaptation to Hawai'i.
- The program<sup>4</sup> promotes personal responsibility and accountability for continuing competency through self-assessment of four practice domains. A number of options are available as learning activities.
- The Committee conducted a nationwide cost study of mandated continuing education/continuing competency programs. Preliminary cost analysis found New Hampshire is closest to Hawai'i in population and number of licensed nurses. Nursing license fee collection is similar in both states. The NH Board of Nursing is staffed with 12 FTEs and supports all aspects of nursing licensing and continuing education, reporting, monitoring, and compliance. The Department of Commerce and Consumer Affairs has approximately 0.8 FTE to support all aspects of nursing licensing, reporting, monitoring and compliance of 24,000 nurse licensees under the Hawai'i State Board of Nursing. Fiscal resources will be required to implement and operate the Hawai'i Continuing Competency Program. Within Hawai'i, licensing boards with similar numbers of members and fees receive greater staffing support than nursing.

#### **Phase 2 Evaluation of Continuing Competency Program on Nurse Practice**

- Identifying the best approach to measure nurses' continued competency and then developing an evaluation tool that can accomplish that goal efficiently and cost effectively is a major and ongoing national challenge.

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<sup>4</sup> Addendum 2 contains the proposed model

- A nationwide effort, by individual state boards and professional organizations, most notably by the National Council of State Boards of Nursing (NCSBN), is underway to develop such a tool. It is anticipated that Phase 2 will be implemented several years after Phase 1, depending on availability of a national tool.
- The Continuing Education Joint Advisory Committee will continue to monitor the development of a reliable and valid national tool.

## RECOMMENDATIONS

A Continuing Competency Program requires individual nurses, the Hawai'i State Board of Nursing, Hawai'i State Center for Nursing, Department of Commerce and Consumer Affairs, professional and educational organizations, accreditors, employers, insurers and other key stakeholders remain continuously involved.

Therefore, in an effort to support lifelong learning for nurses, the Continuing Education Joint Advisory Committee recommends:

- The Department of Commerce and Consumer Affairs establish an efficient, cost-effective method of communication, specifically the use of the nurses' email addresses, to communicate with all nurse licensees of the State in a timely manner.
- The proposed roles of the stakeholders in the proposed Continuing Competency Program are as follows:
  - The nurse will be responsible and accountable for maintaining professional competence on an ongoing basis.
  - The employer and collective bargaining units will work actively to create and maintain an employment environment which promotes and supports lifelong learning.
  - Insurers will provide information on nursing practice impacts on reimbursement related to quality care delivery.
  - The Hawai'i State Board of Nursing/Department of Commerce and Consumer Affairs will be an active participant in requiring that the nurses of Hawai'i demonstrate their competency throughout their careers. Citing the lack of resources as the reason to withdraw from this responsibility can no longer be an option. It will collaborate with the stakeholders to meet its responsibilities.
  - The Hawai'i State Center for Nursing through a permanent Continuing Competency Program committee established in conjunction with professional nursing organizations, employers, and insurers, will develop uniform standards and guidelines for the determination of performance and competency of nurses.

## **NEXT STEPS:**

The Continuing Education Joint Advisory Committee will complete the cost analysis to establish and maintain a continuing competency program for Hawai'i. This includes the resources required to ensure proper delivery, monitoring of nurse compliance with the program, as well as, funds needed for qualified staff, space, materials, and equipment; and the fiscal impact on nurses, employers, the State, and educational institutions offering continuing education.

The Office of the Attorney General (AG) will research and assess where current law shall be amended to provide clear authorization for the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing to use the email addresses to reach licensees so nurses can be informed of the proposed Continuing Program; changes in nursing-related laws (Chapter 457, HRS, and other chapters); and Continuing Education Joint Advisory Committee research data regarding workforce and other nursing initiatives; as well as other appropriate information that would impact nursing practice and protect consumer safety.

The AG will provide the Legislature with the appropriate amendments to the Hawai'i Revised Statutes which are needed to authorize this change. The AG must assess Chapter 457, HRS, and Title 16, Chapter 89, Hawai'i Administrative Rules, and all other applicable chapters for provisions that impede the practice of nursing'

Education of all nurses on all islands is key to the success of the continuing competency program. The Continuing Education Joint Advisory Committee of the Hawai'i State Center for Nursing and the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing will collaborate to achieve this goal.

The Continuing Education Joint Advisory Committee will continue to solicit nursing and stakeholder comment on the proposed Continuing Competency Program and conduct a licensee survey, analyze and report results.

The Legislature will amend the applicable statutes that will enable the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing to use the nurse licensees' email addresses to apprise nurses of the continuing competency program, address concerns and provide updates throughout the establishment of the program so nurses can embrace the program when the proposed Continuing Competency Program is required for license renewal. The amendments shall provide for the Department of Commerce and Consumer Affairs/Hawai'i Board of Nursing with authority to share the Hawai'i Center for Nursing/ Continuing Education Joint Advisory Committee research data regarding workforce and other nursing initiatives; as well as other appropriate information that would impact nursing practice and protect consumer safety.

In 2012, the Hawai'i State Center for Nursing will establish a Continuing Competency Program Committee with the objectives of:

- discussing the continuing competency program proposal and studying the Continuing Education Joint Advisory Committee's cost analysis when it becomes available in 2013
- pooling resources and identifying sources of financial support to achieve the highest and best results

- determining the phase-in period to allow educational institutions, employers, and professionals sufficient time to meet the mandatory continuing education requirements
- preparing to establish the permanent Continuing Competency Committee

The Continuing Education Joint Advisory Committee will require resources to complete the requirements set forth in the resolution.

## **ADDENDUM #1**

**December 28, 2011**

### **Activity: Continuing Education/Evaluation Continuum (Jan, 2011-Dec, 2011)**

**In 2010**, the Hawai'i Legislature passed SCR 167, SLH requesting the Hawai'i State Center for Nursing (HSCFN) to form a joint advisory committee to do a feasibility study of establishing a continuing education program for registered and practical nurses in Hawai'i. The Continuing Education Joint Advisory Committee (CEJAC) was established to research studies done on the determinants of safe post-entry<sup>1</sup>. Like the studies, the CEJAC concluded that a recurring problem in continuing education (CE) programs (nationally) is that the focus of CE is often on meeting regulatory requirements rather than identifying personal gaps in knowledge. While several states have mandated continuing education as a measure of competency, research shows that continuing education alone is not sufficient to ensure competency<sup>2</sup>.

**January, 2011**, the HSCFN submitted an interim report to the Legislature which included the CEJAC's 2010 findings and recommendation to develop a Continuing Competency Program (CCP), using the North Carolina Board of Nursing (NCBON) as a point of reference. The Committee agreed that the regulatory effort must focus on "Continuing Nursing Competency" rather than the traditional model of continuing education. This process included a nurse self-assessment with multiple options for learning as a requirement for re-licensure. A CCP would help them assess where their gaps in nursing knowledge exist and define the education needed to increase/maintain continued competency. The Committee also acknowledged that essential to the CCP is the use of an evaluation tool to assess whether the process is effective in affirming continued competency in nursing practice.

**February to March, 2011**, the CEJAC continued to review and discuss the existing models in the Nation. It identified barriers, issues and concerns experienced by other state boards of nursing, as well as those expressed by members of the Committee. The Committee focused on models which shift control of learning to the nurse; where the onus of adapting learning and filling any gaps in knowledge is on the individual nurse. The North Carolina program was adopted as a best practice for adaptation to Hawai'i. The barriers identified by the CEJAC relating to establishing CCP as a requirement for licensure renewal included, but were not limited to:

- Prohibitive cost to do statewide education/communication with stakeholders including approximately 24,000 nurse licensees. One solution would be to use the email addresses to reach the nurses and other stakeholders. DCCA maintains the nurse licensee email addresses but the Office of the Attorney General informally opined that the DCCA lacked statutory authority to use the email addresses for this purpose;
- In most states the professional nursing associations take on the responsibility of shaping and guiding the process for assuring nurse competence. Hawai'i has

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<sup>1</sup> National Council of State Boards of Nursing (NCSBN) *Studies for Post Entry Nursing Practice*;2002

<sup>2</sup> No national standard, CE requirement for license renewal varies throughout the United States. The majority of states require CEs, a few require practice hours and some a combination of CEs and practice hours.

professional nursing associations<sup>3</sup> but none do peer reviews or act as a central clearinghouse to approve continuing education based on uniform standards;

- Personal liability which nurses fear would be a problem if they formed a central CE committee, unless an indemnity clause is adopted into law and a disclaimer is placed on all approved CE lists that the individual nurse is ultimately responsible for the selection and application of CE in practice;
- Resources required to ensure a successful phased-in effort of the program;
- Resources and incentives available to retired nurses to maintain licensure so they can remain competent and continue to be responders during an emergency or disaster;
- DCCA's inability to oversee the regulatory aspect of the CPP process; citing a lack of resources. (Note: HI BON, Department of Commerce & Consumer Affairs is assigned approximately 0.8 FTE. Nursing license fee is similar in both states. Within Hawai'i, licensing boards with similar members and fees receive greater support than nursing.); and
- How increased/continued competence of individual nurse will impact employer decision on nurse's pay in relation to performance;

The barriers and concerns identified by the Committee relating to establishing an evaluation tool included, but were not limited to:

- What tool can be used to test the competency of approximately 24,000 registered and practical nurses licensed in Hawai'i;
- The complexity of the health care environment and the vast differences in practice. These differences in practice and areas of expertise make developing a single standardized testing for competence challenging;

#### Multi-levels of practice in different settings

1. Nurses employed in Medicare participating facilities:
  - Adult Day Health Centers
  - Ambulatory Surgery Centers (Freestanding Outpatient Surgical Facilities)
  - End Stage Renal Disease Programs
  - Home Health Agencies
  - Hospice
  - Hospitals
  - Intermediate Care Facilities for the Mentally Retarded
  - Outpatient Physical Therapy/Speech Pathology
  - Rural Health Clinics
  - Skilled Nursing (SNF) and Intermediate Care Facilities (ICF)
  - Free Standing X-Ray Facilities
2. Nurses employed in other licensed health care facilities
  - Adult residential care homes (ARCH)
  - Expanded care ARCH
  - Special treatment facilities (STF)
  - Developmentally disabled domiciliary homes (DDDH)
  - Assisted living facilities.
  - Foster care homes
3. Nurses employed in community settings such as doctor's offices, other health related settings

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<sup>3</sup> The North Carolina Nurses Association is a nationally accredited provider and approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

4. Nurses employed in nursing or health related areas, but no direct patient care (Nursing education, administration, nurse staffing agencies, nursing related boards, nursing associations, etc.)
  5. Nurses who are self-employed or working for non-health related employers (ex., law and insurance offices, etc.)
  6. Nurses employed in one of the above but live and work outside of Hawai'i, but maintain licenses here
  7. Nurses who live in Hawai'i or outside of Hawai'i and are not employed but maintain license here (ex. Stay at home moms, etc.)
- Prohibitive cost of using traditional postal service to do statewide education outreach to stakeholders, including 24,000 nurse licensees when the evaluation tool becomes available; and
  - Nurse managers' and employers' fear of impact on facility accreditation if there are negative evaluations of nurse employees' practice;

**By the end of March**, the CCP emerged as composed of two required components which have to be implemented separately: first, completion of continuing competence requirements and second, an evaluation of the process on competence in nursing practice.

- Part 1<sup>4</sup> would require each licensed nurse do a personal, private self-assessment to find gaps in knowledge; to select and complete a learning option to fill those gaps; and comply with these requirements to maintain licensure<sup>5</sup>.
- Part 2 would require an evaluation of the effectiveness of the process on the nurse's practice and would be implemented once valid tools are available. The specifics of this tool are not yet available. An effective evaluation tool measures the effect that a previously selected learning option has on the individual nurse's continued competency to practice. The National Council of State Boards of Nursing (NCSBN) has convened an effort to develop such a tool.

According to the American Nurses Association, *"Continuing competence tools will have to clearly and precisely measure knowledge, skills and abilities to be psychometrically sound and legally defensible. Tools will have to be developed to clearly compare differing testing systems to each other. Moreover, unless systems are standardized, there will be problems akin to those arising under any federated model B why does one state accept one score and another state accept a second, differing score? Can measurement tools be developed that are free of bias, cultural, and ethnic advantages/limitations? Questions will arise about whether non-governmental organizations or associations who test for continuing competence will be immune from lawsuits arising out of the use of those tests for licensure purposes."*(Whittaker, S., Carson, W., and Smolenski, M., ANA, "Assuring Continued Competence - Policy Questions and Approaches: How Should the Profession Respond?" OJIN, Volume 5 - 2000No. 3, Sept '00).

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<sup>4</sup> In 2010 CEJAC reviewed models and status of continuing education programs across the country. A small number of states stood out; however, the North Carolina Board of Nursing Model (NCBON) was of particular interest.

<sup>5</sup> The relicensure process which includes compliance with the CCP and disciplinary action for non-compliance has not yet been established. The HSCFN met with the Hawai'i State Board of Nursing to give a progress report (4/9/2011).



**April, 2011**, the CEJAC set out to apprise Hawai'i stakeholders of its progress to date and to see if it could garner support for the proposed model. Mass mailing would have been cost prohibitive so the Committee reached out to smaller groups whenever and wherever opportunities arose.

The Committee updated the Hawai'i State Board of Nursing (HI BON) of the CCP. Although the HI BON understood the general concept of the CCP, it cited a lack of resources which would prevent it from overseeing the regulatory end of the program.

The same information was shared with the Hawai'i Long Term Care Association with a positive reaction.

**May-October, 2011**, the CEJAC began its study on feasibility and cost to establish the CCP. The Committee researched the fifty state boards of nursing and assessed the resources available to the boards that have a CE program or a CCP.

The cost data collection for Hawai'i has begun and will continue in 2012, with the final analysis to be included in 2013 report.

Preliminary cost analysis found New Hampshire Board of Nursing (NH BON) is closest to Hawai'i in population and the number of licensed nurses. NH BON is staffed with 12 FTEs and supports all aspects of nursing licensing, reporting, monitoring and compliance. In contrast, the HI BON under the auspices of the Department of Commerce and Consumer Affairs (DCCA) is assigned approximately 0.8 FTE. HI BON nursing license fees are comparable to the NH BON. Within Hawai'i, other licensing boards with similar number of licensees and fees receive greater support than nursing.

**November-December, 2011**, the CEJAC reached out to the DCCA and key legislators to assist it in forming a collaborative relationship with the CEJAC and the HSCFN. It is hoped that this collaboration will enable the CEJAC to assist the HI BON/DCCA to:

- Analyze the HSCFN nursing workforce data and evidence-based research to underscore the fact that health care is rapidly evolving and that not just more nurses will be needed, but continually competent nurses are and will be needed to ensure consumer safety;
- Understand its role in the CCP;
- Know that it can have continuous access to expert and timely analyses of nursing data acquired through the HSCFN research and projects; and
- Know that it can look to the CEJAC/HSCFN to provide insight in understanding complex nursing issues, including the national movement towards adoption of CCPs.

It is hoped that this collaborative relationship will break down the following barriers and allow HSCFN/CEJAC to share data and planned initiatives, such as the CCP, with nurse licensees:

- Prohibitive cost of mailing information and surveys to individual nurse licensees via federal postal service;
- The HI BON/DCCA's lack of statutory authority to release licensee email addresses because of the possible violation of Chapter 92F, HRS, (misinterpretation/ misuse due to confidentiality and privacy concerns); and
- HI BON/DCCA's lack of statutory authority for it to use its nurse licensee email addresses for disseminating HSCFN/CEJAC workforce data and new initiatives, such as the proposed CCP.

## Addendum # 2

### Proposed Nurse Self-Assessment Model

December 28, 2011

#### **A. SELF ASSESSMENT**

Instructions: Dr. Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. This Self-Assessment tool uses her model for the development of the novice to expert nursing professional to guide the continuing competency activity. Circle the number that best describes your level of expertise for the indicators in each of the four practice dimensions. <sup>1</sup>

##### **1 = Novice**

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behavior is limited and inflexible

##### **2 = Advanced Beginner**

- Demonstrates acceptable performance
- Prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, formulated to guide actions

##### **3 = Competent**

- Typically a nurse with 2-3 years experience on the job in the same area or in similar day-to-day situations
- More aware of long-term professional and organization goals
- Perspective gained from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

##### **4 = Proficient**

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

##### **5 = Expert**

- No longer relies on principles, rules, or guidelines to connect situations and determine actions
- Much more background of experience
- Intuitive grasp of clinical situations
- Performance is now fluid, flexible, and highly-proficient

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1. <sup>1</sup>Benner, P. (1982). From novice to expert. American Journal of Nursing, 82(3), 402-407

**DIMENSION ONE: PROFESSIONAL RESPONSIBILITY**

The licensed nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and comply with the Nursing Practice Act (Chapter 457, HRS and Chapter 16-89, HAR).

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment.

1. I am knowledgeable of current law, standards, and policies relevant to the profession and my practice setting. Chapter 457, HRS; Chapter 16-89, HAR; facility policies. 1 2 3 4 5
2. I question policies and procedures that may be inconsistent with therapeutic outcomes, best practices, or safety standards. 1 2 3 4 5
3. I am responsible for obtaining the knowledge and skills needed for an assignment in order to safely accept that assignment. 1 2 3 4 5
4. I demonstrate competence by regularly evaluating my practice and taking necessary steps to improve personal competence. 1 2 3 4 5
5. I seek advice when I am unsure if I can safely perform essential functions due to mental, emotional, or physical conditions or stressors. 1 2 3 4 5
6. I seek advice when I am unsure if actions expected of me exceed my legally recognized scope of practice. 1 2 3 4 5

**DIMENSION TWO: KNOWLEDGE-BASED PRACTICE**

The licensed nurse is personally responsible and accountable for having the knowledge and skills necessary for safe, competent nursing practice.

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment.

1. I obtain appropriate information and resources to enhance my practice and achieve desired outcomes. 1 2 3 4 5
2. I use appropriate judgment in collecting and interpreting data, planning, implementing, and evaluating all aspects of nursing practice, and recording appropriately. 1 2 3 4 5
3. I effectively prioritize components of my practice, including planning and implementation. 1 2 3 4 5
4. I use evidence, such as research findings and current clinical expertise, to base decisions relevant to my practice. 1 2 3 4 5
5. I regularly invest time, effort and/or resources to ensure that my knowledge and skills remain current for the area/specialty where I work. 1 2 3 4 5
6. I share my knowledge with peers, new staff members, students, other members of the health care team, and clients. 1 2 3 4 5
7. I incorporate my learning into my practice, and evaluate its impact on my practice. 1 2 3 4 5

8. I am proficient in technology, including technical equipment and health information systems computer technology needed in my practice. 1 2 3 4 5

**DIMENSION THREE: LEGAL/ETHICAL PRACTICE**

The licensed nurse complies with the Nursing Practice Act.

Instructions: The competency indicators below should be interpreted as broadly as possible to apply to your type of nursing position and principal setting of employment. Mark the box on the continuum from novice to expert that best describes your level of expertise.

- 1. I understand my duty to report unsafe practice, professional misconduct to the appropriate individual or agency. 1 2 3 4 5
- 2. I act as an advocate to protect and promote a client's right to autonomy, respect, privacy, dignity, and access to information. 1 2 3 4 5
- 3. I assume responsibility for ensuring that my relationships with clients are therapeutic and professional. 1 2 3 4 5
- 4. I maintain confidentiality of information entrusted to me, and comply with HIPAA regulations. 1 2 3 4 5
- 5. I answer client questions to the best of my knowledge and refer clients to other professionals as necessary. 1 2 3 4 5
- 6. I support/create an environment in which learning, professional growth, cooperation and mutual respect can occur 1 2 3 4 5
- 7. I can identify alternate approaches to overcome obstacles and maximize health outcomes 1 2 3 4 5

**DIMENSION FOUR: COLLABORATIVE PRACTICE**

The licensed nurse maintains safe and effective nursing care, in collaboration with the client, significant others, and other health care providers.

- 1. I collaborate with others regarding activities related to assessment, planning, implementation and evaluation. 1 2 3 4 5
- 2. I communicate and work cooperatively to enhance delivery of safe client care. 1 2 3 4 5
- 3. I am accountable for my assignment or delegation. 1 2 3 4 5
- 4. I am sensitive to the need for care, which respects the client's race, culture, beliefs, sexual orientation, age and gender. 1 2 3 4 5
- 5. I provide individualized interactions by listening to and learning from my clients and other members of the healthcare team. 1 2 3 4 5
- 6. I ensure that appropriate teaching and counseling are provided to my clients. 1 2 3 4 5
- 7. I evaluate the outcomes of my interactions with my clients and other members of the healthcare team. 1 2 3 4 5

**B. LEARNING PLAN**

Instructions: Gather materials related to the assessment of your practice, any feedback you have collected from others (your last performance review for example, or feedback received from colleagues or patients). Use this material to identify your strengths and the areas of your practice you want to develop further.

Strengths in my practice: \_\_\_\_\_

Areas to develop in my practice: \_\_\_\_\_

Next, create a learning plan that will address your needs and interests. Your learning plan can include one to three learning objectives that can be achieved within the next two years, consistent with your license renewal cycle. Each learning objective should be related to a dimension of practice.

Learning Objective I want to: \_\_\_\_\_

This learning objective relates to the following dimension of my practice: (circle one or more)

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

Learning Objective I want to: \_\_\_\_\_

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

Learning Objective I want to: \_\_\_\_\_

- 1) professional responsibility
- 2) knowledge-based practice
- 3) legal/ethical
- 4) collaborative practice

## C. LEARNING ACTIVITY OPTIONS

(You would be expected to complete **ONE** of these to meet the requirements for Continuing Competence)

- a. National certification or re-certification related to the nurse's practice role;
- b. Thirty (30) contact hours of continuing education activities;
- c. Completion of a Board approved refresher course;
- d. Completion of a minimum of two semester hours of post-licensure academic education related to nursing practice;
- e. Fifteen (15) contact hours of a continuing education activity AND completion of a nursing project as principal or co-principal investigator;
- f. Fifteen (15) contact hours of a continuing education activity AND authoring or coauthoring a published nursing-related article, paper, book or book chapter
- g. Fifteen (15) contact hours of a continuing education activity AND developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours;
- h. Fifteen (15) contact hours of a continuing education activity AND 640 hours of active practice within the previous two years;
- i. Completion of recognized nurse residency program.

## RESOURCES

### 1. Acceptable Providers for Continuing Education

Acceptable continuing education may be taken in a conventional classroom setting, through on-line courses, professional journals, correspondence, or other emerging venues.

- A. Any provider, recognized by a national credentialing body, offering certification in the licensed nurse's specialty area of practice. Examples of National Nurse Credentialing/Certification bodies include, but are not limited to:
  - American Nurses Credentialing Center Commission on Certification (ANCC)
  - Oncology Nursing Certification Corporation (ONCC)
  - Board of Certification for Emergency Nursing (BCEN)
  - National Association of Practical Nursing Education (NAPNES)
  - National Commission for Health Education Credentialing, Inc. (NCHEC)
- B. American Nurses Association (ANA), or ANY state nurses association with standards equal or greater than Hawai'i's.
- C. Area Health Education Centers (AHEC) in Hawai'i or any state AHEC that is a member of the National AHEC Organization.
- D. National League for Nursing (NLN) [www.nln.org](http://www.nln.org)

- E. National Association for Practical Nurse Education and Service (NAPNES)  
[www.napnes.org](http://www.napnes.org)
- F. National Federation of Licensed Practical Nurses (NFLPN) [www.nflpn.org](http://www.nflpn.org)
- G. ANY state board of nursing with standards equal to or greater than Hawai'i's.
- H. National Council of State Boards of Nursing (NCSBN) [www.ncsbn.org](http://www.ncsbn.org)
- I. Employer sponsored continuing education programs having a minimum of one course objective. Unless the program is accredited through one of the other bodies mentioned on this document, employer sponsored continuing education may only be used for up to 50% of total contact hours.
- J. Any provider of professional continuing education for health care professionals recognized by the Hawai'i General Clearinghouse. Examples include offerings related to specialty areas of nursing practice such as research, case management, health policy, forensics, mental health, or complementary alternative therapies offered by bodies including but not limited to:
  - a. Commission for Case Manager Certification (CCMC)
  - b. Healthcare Quality Certification Board (HQCB)
  - c. American Legal Nurse Consultant Certification Board (ALNCCB)
- K. Professional Journals (eg., AJN, Nursing 2006, Nursing Management, Journal of Practical Nursing, and The Nurse Practitioner) offering continuing education approved by appropriate bodies including, but not limited to:
  - a. American Nurses Credentialing Center (ANCC) [www.nursingworld.org/ancc](http://www.nursingworld.org/ancc)
  - b. American Association of Critical Care Nurses (AACN) [www.aacn.org](http://www.aacn.org)
  - c. National Association for Practical Nurse Education and Service (NAPNES)  
[www.napnes.org](http://www.napnes.org)

## **2. Activities NOT accepted as Continuing Education**

- Offerings designed for lay persons
- Offerings less than 30 minutes in duration
- On-the-job orientation
- On-the-job training related to new policies, procedures or equipment
- Other educational activities not sufficiently professional in character to reasonably qualify as continuing education.

## **3. Clarification of CEUs (Continuing Education Units) and Contact Hours**

Acceptable Contact Hours or CEUs (in any combination) in fulfillment of Continuing Competence continuing education (CE) requirements (based on §16-89-132, Hawai'i Administrative Rules):

- (1) 1 contact hour = 60 minutes of instruction
- (2) 1 contact hour = 60 minutes of clinical or laboratory practice in an informal offering or a minimum of fifty minutes of actual organized instruction
- (3) 1 continuing education unit (CEU) = 10 contact hours of instruction
- (4) 1 continuing medical education unit (CME) = 1 contact hour of instruction
- (5) Academic credit will be converted to contact hours as follows:
  - (A) One quarter academic credit equals 12.5 contact hours
  - (B) One semester academic credit equals 15 contact hours
- (6) Contact hour equivalencies shall be as follows:
  - (A) 1 continuing education unit = 10 contact hours
  - (B) 1 continuing medical education credit = 60 minutes
  - (C) 1 American Medical Association credit = 60 minutes