



In My Opinion

Competency-Based Education for Nurse Practitioner Certification Alignment

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A B S T R A C T

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The nurse practitioner's scope of practice is defined by their educational preparation and board certification. Therefore, nurse practitioner clinical practice must align with the population foci of their certification. As more nurse practitioners are seeking certification alignment, postgraduate education must consider developing competency-based, certification-alignment programs to support regulatory guidance of the Consensus Model.

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Loretta Ford first defined the nurse practitioner (NP) role in the late 1960s as follows: “Nurse Practitioners provide comprehensive well-child care to well children and identify, appraise, and temporarily manage certain acute and chronic conditions of the sick child.”¹ Over the past 60 years, the role of the NP has expanded from one of primary care for children to include care for patients from neonates to the geriatric population in highly acute environments. As these roles and NP specializations rapidly expanded, credentialing and certifying bodies began to examine the training, qualification, and competency of the NP to treat patients within these specialty areas.

In 2008, the Advanced Practice Registered Nurse (APRN) Consensus Work Group and National Council of State Boards of Nursing developed the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. The purpose of this document was to provide guidelines for aligning NP education and certification with clinical practice by defining APRN licensure, roles, and population foci; standardizing education and certification; and outlining a strategy for state-by-state implementation to align education, certification, licensure, and practice role and setting.² The decision to adopt and enact these recommendations is ultimately decided by state legislation. As the states move closer to fully implementing the Consensus Model, the number of NPs practicing outside of their area of certification is increasing.³ To support NPs who seek to align their practice and certification, there is an urgent need for competency-based certification-alignment postgraduate programs.

Certification and Practice Misalignment

An NP with a misaligned practice is an individual who maintains a clinical practice providing care for a patient population that is outside the scope of their education and certification foci (eg, an APRN with the family NP certification caring for critically ill

patients in the critical care/intensive care unit). Although there is evidence of NPs working outside the scope of their certification anecdotally and in the literature,^{2,4,5} the full extent of certification misalignment in clinical practice is unclear and may vary significantly between institutions. In part, this paucity of data is due to the presence of multiple certifying organizations and private employment databases that are not available to the public. The first step to addressing certification misalignment is defining its prevalence. This has yet to be fully addressed in the literature.

When an NP wishes to change their role or population in practice, Consensus Model regulations indicate the individual must complete an accredited graduate program to align with the new role or patient population.⁶ Some applicants for postgraduate NP education programs are board-certified NPs who are already actively practicing in the population specialty for which they are seeking certification. These NPs often bring with them rich experience in developing differential diagnoses, treating, and caring for that specialty population. A traditional postgraduate NP matriculation plan does not consider a student's achieved NP competencies. A solution to this discrepancy is a postgraduate program that evaluates competency and leads to certification in the population foci that aligns with the NP's practice, or a “certification-alignment” program. Such a program is a learner-centered approach to educating this skilled group of NPs and includes a tailored, competency- and gap-based curriculum that leads to certification alignment.

It is currently unclear how many academic institutions have created unique pathways for NP certification alignment using competency-based education (CBE). The concept of CBE requires the student to demonstrate the attainment of certain learning outcomes before progressing in their course of study.⁷ These pre-established outcomes can be directed through the use of specific objectives relating to the knowledge, skills, and attitudes/abilities of the desired specialty population focus.⁸ Although CBE has been

adopted by numerous universities for registered nurse to bachelor of nursing science programs, it is a novel approach for postgraduate education.⁷ Graduate nursing program competencies are guided by *The Essentials: Core Competencies for Professional Nursing Education*.⁸ Therefore, the challenge presented lies in observing, defining, and measuring the competency of the experienced NP seeking certification alignment consistent with the knowledge, skills, and attitudes/abilities outlined by the *Essentials*.

Application to Acute Care

Although NP education and clinical practice misalignment exists across NP specialties, it is likely most prevalent between primary care and acute care population foci. There are many unanswered questions around NP population foci and scope of practice involving NPs in the inpatient and intensive care unit settings.⁹ Professional nursing organizations report that 88.9% of NPs are certified in an area of primary care.¹⁰ One study reported that 74% of NPs working in a hospitalist role (ie, in medical, surgical, intensive care, and other specialty units) held a primary care certification.⁵ This wide disparity in certifications suggests there is a large number of primary care–certified NPs caring for critically ill patients in acute settings and underscores the growing demand for more acute care–certified NPs.

To comply with the Consensus Model recommendations, health systems across the nation are seeking to standardize their NP staff who care for critically ill patients to those providers carrying an active acute care certification. NPs who are certified to care for a primary care population but treat critically ill patients are likely to begin seeking certification alignment and applying to postgraduate programs for adult-gerontology acute care, pediatric acute care, and neonatal certifications. The recent coronavirus disease 2019 pandemic has demonstrated the high demand for critical care–certified providers, and many acute care NP programs have seen an increase in applicants. This growing need is an opportunity for graduate nursing programs to collaborate with academic medical centers and their communities to work together and support NP certification alignment by developing competency-based education programs that validate existing clinical skills, use a formal gap analysis, and provide high-quality postgraduate education.

Conclusion

As health care systems adopt Consensus Model recommendations, more NPs working outside of their scope of practice are applying for postgraduate education to align their certifications with their practice. These applicants have clinical experience and expertise, but lack the formal education required for certification.

Accredited educational institutions need competency-based programs for NPs whose certifications are misaligned. These postgraduate programs should use a formal gap analysis and subsequent curriculum grounded in the competencies required of the specialty that the student is seeking while validating the NP's existing clinical skills. These efforts would support the Consensus Model recommendations and support improved patient safety and outcomes. This is a call to action for nursing employers, leaders, and educators to engage in a full examination of certification alignment in today's clinical practice and consider the development of competency-based postgraduate programs for NPs to align their certification with their practice.

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