What’s in a Word? Understanding Terms in Continuing Nursing Education and Professional Development

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Nursing professional development (NPD) is a specialty practice within the profession of nursing (Harper & Maloney, 2016). As shown in the Nursing Professional Development practice model (Harper & Maloney, 2016), NPD incorporates academic progression, continuing education, role development, competency maintenance, and other activities that support professional growth for the RN and other members of the health care team. Those who work in the NPD field must be familiar with terms and their appropriate usage in order to effectively carry out their work. This article focuses on terminology relevant to continuing nursing education, interprofessional continuing education, and the field of NPD practice. The Table provides a list of the terms described in this article, including the organizations defining the terms.

CONTINUING NURSING EDUCATION

The American Nurses Credentialing Center (ANCC) exists to “promote excellence in nursing and health care globally through credentialing programs,” one of which is primary accreditation for continuing nursing education (ANCC, 2017, para. 1). The ANCC has received ISO 9001:2008 certification as recognition of quality in the development of credentialing products and services (ANCC, 2017). Evidence-based criteria are used in all ANCC credentialing programs: the Magnet Recognition Program®, the Pathway to Excellence® program, certification, and accreditation.

The ANCC Primary Accreditation program defines continuing nursing education activities as “learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of the public and RNs’ pursuit of their professional career goals” (ANCC, 2015b, p. 44). This means that any postlicensure education that supports the ongoing development of the RN is considered to be continuing nursing education. Many years ago, there was a distinction between what was then referred to as in-service education, or job-specific learning, and continuing education. Over time, in-service education was recognized as an important component of a nurse’s continuing education, so the distinction between in-service education and continuing nursing education no longer exists (Harper & Maloney, 2016).

The unit of measure for continuing nursing education is the contact hour. The ANCC (2015b, p. 44) defines
a contact hour as “sixty minutes of an organized learning activity.” Often, nurses inappropriately refer to the CEU, or continuing education unit, in relation to obtaining continuing education credit. This is erroneous. According to the website for the International Association for Continuing Education and Training (IACET), the CEU was created in 1970 as a unit of measure for education activities that did not provide academic credit (IACET, n.d.). IACET and the U.S. Department of Labor have defined the CEU, or continuing education unit, as equivalent to
10 contact hours of instruction. IACET offers an accreditation program that allows accredited providers meeting its standards to use the “IACET CEU” (IACET, n.d.). IACET is a different accreditation program than that used by providers of continuing nursing education.

The ANCC Primary Accreditation Program accredits both providers and approvers of continuing nursing education. Accredited providers are those organizations that have received accreditation from the ANCC based on evidence of adherence to criteria in the areas of structural capacity, educational design process, and quality outcomes. Once accredited, providers have the authority to plan, implement, and evaluate their own continuing nursing education activities and award contact hours to learners who successfully complete the activities. Initial accreditation is for 2 years, subsequent accreditation periods are up to 4 years (ANCC, 2015b). Any organization in the world, with the exception of companies that produce, market, or sell products consumed by or used on patients, may apply for accreditation as a provider of CNE (ANCC, 2015b). Accredited approvers are organizations that have received accreditation from ANCC based on evidence supporting their ability to conduct peer reviews to analyze other organizations’ ability to develop quality continuing education activities. Accredited approver status is limited to three groups: Constituent/State Nurses Associations that are part of the American Nurses Association, the Federal Nursing Service, and Specialty Nursing Organizations (ANCC, 2015a). Accredited approvers all are able to approve applications for individual activities for which contact hours can be awarded. Only two accredited approver groups, Constituent/State Nurses Associations and the Federal Nursing Service, can approve providers. Approved providers are organizations recognized by ANCC accredited approvers as local, state, or regional groups with the ability to implement accreditation program criteria over a 3-year approval period.

There is an important distinction between providing and approving continuing nursing education activities. Accredited and approved providers have the ability to plan, implement, and evaluate their own educational programs and award contact hours to individuals who successfully complete the activities. Providers provide; they do not have the ability to approve. As an example, a nurse planner in a provider unit works with a group of stakeholders to plan and implement an educational activity. This nurse planner does not “submit an application” to anyone for “approval” to award contact hours for the activity. Accredited and approved providers already have the authority to do this, so there is no application or approval process. Likewise, someone cannot approach a nurse planner asking for “permission” to award contact hours—the nurse planner cannot approve an activity in which he or she has not been involved. The purpose of this is to ensure that educational design criteria are met—that activities are designed in such a way that practice gaps are addressed and content is developed to assist learners in achieving the desired outcome. The nurse planner is the individual with the expertise to facilitate that process.

Nurse planners guide the work of accredited and approved provider units. The individual accountable for adherence to accreditation criteria in an accredited provider unit is the lead nurse planner. This individual must have an active nursing license and hold a graduate degree, with either the graduate or undergraduate degree being in nursing (ANCC, 2015b). In an approved provider unit, the accountable individual is the primary nurse planner, who must have an active nursing license and a minimum of a baccalaureate degree in nursing (ANCC, 2015b). In addition to the lead or primary nurse planners, an accredited or approved provider unit may have as many nurse planners as desired. Nurse planners are individuals who have been educated about accreditation criteria for educational design and function under the guidance of the lead or primary nurse planner. Other nurses may serve on activity planning committees, but one of the provider unit’s nurse planners must always be involved in activity development.

In an accredited approver unit, the person responsible for operations and adherence to criteria is the nurse peer review leader. This individual, like the lead nurse planner, must have an active nursing license and a graduate degree, with either the graduate or undergraduate degree being in nursing (ANCC, 2015a). The individual in this position is accountable for the process by which individual activity or approved provider (or both) applications are accepted, reviewed, and approved. The nurse peer review leader is supported by a team of nurse peer reviewers. Nurse peer reviewers have an active nursing license and a minimum of a baccalaureate degree in nursing. They are educated by the nurse peer review leader to review applications for adherence to accreditation program criteria and provide feedback to the nurse peer review leader, who makes approval decisions.

At times, two or more organizations might choose to work together to provide a continuing nursing education activity. This is referred to as joint providership (ANCC, 2015b). When organizations jointly provide an activity, they work together in the process of developing, implementing, and evaluating the activity. Joint providership is a valuable opportunity to provide education with mutual benefit. As an example, a hospital is concerned with reducing avoidable readmissions. The hospital’s accredited provider unit partners with an area long-term care organization and a local home health agency to develop an edu-
Education activity for nurses from all three organizations. Content of the session focuses on discharge planning, collaborative communication, and risk reduction. This addresses the gap of ineffective care coordination when patients transition from acute care to long-term care or home care, which often results in those avoidable readmissions. The planning committee for the activity includes a nurse planner from the hospital’s accredited provider unit, as well as representatives from both the nursing home and the home health agency to ensure that educational needs of all groups are addressed as the activity is being developed. Even though all three groups have worked together for this activity, the accredited provider is accountable for adherence to all accreditation criteria.

The concept of content integrity is critical to maintenance of quality in continuing nursing education. Content integrity is a broad term that relates to all functions undertaken to ensure that an educational activity is fair, balanced, based on best available evidence, and free of influence. Specific issues fundamental to content integrity include commercial support, conflict of interest, and bias. The ANCC Accreditation Program’s (2016) Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities provides guidance to activity providers on issues related to commercial support, conflict of interest, promotion, advertisements, and exhibits, among other things.

Commercial support is money or in-kind contributions for an educational activity received from a commercial interest entity. A commercial interest entity is defined by ANCC as “any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients,” as well as companies that are owned or controlled by such entities (ANCC, 2015b, p. 43). When one of these organizations provides either money or in-kind support for an educational activity, steps must be taken to separate the funding or the support from the educational content. Written agreements specify the terms under which the support is given and stipulate that the provider of the activity is accountable for all decisions related to educational content.

Conflict of interest occurs when an individual who has the ability to control content of an educational activity has a financial relationship with a commercial interest entity whose products or services are relevant to the activity topic (Dickerson & Chappell, 2015). For example, an individual selected to serve on the planning committee or as a speaker or author for an activity on diabetes would have a conflict of interest if he or she served on the speakers’ bureau for a pharmaceutical company that manufactured drugs for the treatment of diabetes. On the other hand, this individual would not have a conflict of interest if he or she were on the planning committee or served as a speaker or author for an activity on traumatic brain injury, presuming that the pharmaceutical company did not make drugs for that condition. Managing conflict of interest during the planning phase of an educational activity is an important consideration in ensuring there is no control over content by companies that make or sell products that are consumed by or used on patients. An individual who is an employee of a commercial interest entity may not serve as a planner or presenter or author for any activity in which the content is related to the products of the commercial interest entity (ANCC, 2016). Assessment for conflict of interest must be done for everyone who has is able to control content for an educational activity.

Along the same lines, bias on the part of activity planners or presenters can interfere with presentation of content that is fair, balanced, and based on best available evidence. Bias is separate and distinct from conflict of interest. Bias occurs when a person has the “tendency or inclination to cause partiality, favoritism, or influence” (ANCC, 2015b, p. 43). A planning committee member or a presenter or an author might have bias related to a book he or she has published, research he or she has conducted, or a particular drug or treatment regimen. Nurse planners and planning committees play an important role in assessing activity content to be sure learners are getting a balanced perspective.

Vendors or exhibitors at educational events are essentially renting space to display their wares. Vendors and exhibitors have nothing to do with educational content for an activity. To ensure content integrity and avoid product promotion during an educational session, vendors or exhibitors should be in a separate physical space and available at a separate time from the educational activity. Vendors or exhibitors may or may not be commercial interest entities as defined earlier. Their presence as vendors or exhibitors has nothing to do with commercial support.

Interprofessional Continuing Education
Interprofessional education is defined by the World Health Organization (WHO, 2010, p. 7) as “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” Interprofessional education (IPE) refers to learning that occurs in academic settings.

Multidisciplinary is not synonymous with interprofessional. Multidisciplinary refers to an approach to learning or patient care involving more than one discipline or health profession. Although disciplines may collaborate, it is in a parallel mode of interaction (The Free Dictionary,
A multidisciplinary team consists of professionals from different disciplines working independently toward a common purpose.

WHO defines interprofessional collaborative practice as “when multiple health workers from different professional backgrounds work together with patients, families, careers [sic], and communities to deliver the highest quality of care” (WHO, 2010, p. 7). By breaking out of silos, respecting one another, sharing, and being open to each other’s perspective, health care providers can improve communication, work more effectively as a team, and provide better care to improve patient outcomes.

Interprofessional continuing education (IPCE; Joint Accreditation for Interprofessional Continuing Education, 2016a) is defined as “when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes” (Accreditation Council for Continuing Medical Education [ACCMME], Accreditation Council for Pharmacy Education [ACPE], ANCC, 2015, para. 4). Patients may also be considered part of the IPCE team. The goal of IPCE is to address team-focused practice gaps through collaborative planning to influence team skills, performance, and patient outcomes (Joint Accreditation for Interprofessional Continuing Education, 2016a).

WHAT IS AN IPCE ACTIVITY?

The hallmark of an IPCE activity is that the activity is planned collaboratively by members of two or more professions and that during the activity, learners from those professions have the opportunity to learn together. For example, an IPCE activity designed to address barriers to the management of the patient with diabetes, using an interprofessional collaborative team-based approach, might incorporate a discussion of the roles of the various members of the team and their specific responsibilities in addressing the comprehensive needs of patients with diabetes. The physician might discuss how he or she collaborates with the patient using shared decision making to create a treatment plan. The pharmacist might describe how he or she identifies potential drug–drug interactions, monitors prescription refills, and follows up with patients and prescribers when patients fail to pick up their prescriptions. The nurse might explain how he or she utilizes strategies to identify and address barriers to treatment adherence with patients. A patient could also be part of the activity and share his or her unique perspective. Learning about and respecting each other’s roles helps promote communication, teamwork, and collaboration.

There are several common misperceptions about IPCE. One is that an activity for nurses with pharmacists invited to attend is an IPCE activity. That is not the case. Although two professions are learning together, the activity was not purposely designed to address a mutually identified nurse–pharmacist practice gap. For this to be IPCE, pharmacists would have had to be part of the planning of the activity and the event would have had to be designed to improve practice of the team. IPCE is not simply inviting other professions to your educational program.

Another common misperception is that targeting two different specialty areas from the same profession (i.e., a cardiovascular nurse and a critical care nurse) meets the condition for an IPCE activity. For an activity to be IPCE, it needs to target more than one profession, and at least one member of each of those professions needs to be involved in the planning process. In this example, both targeted groups are from the same profession: nursing.

One additional common misperception is that an activity planned for multiple professions is automatically IPCE. That may or may not be the case. For an activity to be IPCE, representation from the professions targeted need to be actively involved in the planning of the activity, with the focus on improvement in the work of the health care team, patient outcomes, or both.

Joint accreditation is a collaboration of the ACCME, the ACPE, and the ANCC. Joint Accreditation establishes the standards for education providers to deliver IPCE, planned by the health care team for the health care team. This group is anticipated to expand as other professional accreditors support IPCE and collaborative practice.

Like the ANCC Primary Accreditation program, joint accreditation is also a voluntary process. An institution, organization, or agency undergoes an in-depth analysis to determine its capacity to provide quality continuing education for the health care team in alignment with the Joint Accreditation for Interprofessional Continuing Education® criteria. To be eligible to seek joint accreditation, an organization’s structure and processes to plan and present IPCE for the health care team have to be in place and fully functional for at least the past 18 months. Within that period, at least 25% of all educational activities developed must be IPCE, with an integrated planning process that includes a health care team of two or more professions who are reflective of the interprofessional target audience the activity is designed to address. Applicants must also demonstrate compliance with the 13 Joint Accreditation criteria (Joint Accreditation, 2017).

Once accredited, those institutions or organizations are known as jointly accredited providers (Joint Accreditation for Interprofessional Continuing Education, 2016b). Jointly accredited providers are simultaneously accredited to provide medical, pharmacy, and nursing continuing education activities. An advantage of joint accreditation
is that applicants complete a single, unified application process, have one fee structure, and follow only one set of accreditation standards (Joint Accreditation, 2017). A common misperception is that if an organization becomes jointly accredited, then all its activities must be IPCE. This is not true. A minimum of 25% of the activities need to be IPCE; the remaining activities can be for a single profession or for multiple professions (Joint Accreditation, 2017).

As in the ANCC Primary Accreditation program (Joint Accreditation for Interprofessional Continuing Education, 2016b), Joint Accreditation sets high standards for the quality and independence of its educational activities, requiring that providers maintain content integrity in their planning and implementation processes. Jointly accredited providers must develop activities and educational interventions independent of commercial interests by adhering to the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities. (ACCME, 2015).

In 2011, the Interprofessional Education Collaborative Expert Panel established IPCE core competencies that set the foundation for interprofessional curriculum and accreditation standards. These competencies reflect expectations of health care team members in the areas of teamwork, interprofessional communication, roles and responsibilities, and values and ethics for interprofessional practice (Interprofessional Education Collaborative Expert Panel, 2011). In 2016, the four core competencies were consolidated into a single domain: interprofessional collaboration. (Interprofessional Education Collaborative, 2016).

THE PRACTICE OF NURSING PROFESSIONAL DEVELOPMENT

Nursing professional development is a specialty nursing practice, with its own scope and standards of practice and its own certification examination. The Nursing Professional Development: Scope and Standards of Practice defines NPD as “a specialized nursing practice that facilitates the professional role development and growth of nurses and other healthcare personnel” (Harper & Maloney, 2016, p. 6). The NPD practice model depicts the NPD practitioner and the learner as partners on the professional development journey, with the ultimate goal being optimal care and protection of the public.

Many times, people who serve in the roles of education specialists, nurse planners, unit educators, or other similar titles hold dual responsibilities—clinical positions and educator positions. The expertise of the educator is often subjugated to the clinical role, to the extent that the NPD specialty is not well understood or valued. The Association for Nursing Professional Development, which is the specialty nursing organization for this area of practice, advocates for clarity about the role and specific language to identify those who practice in this specialty.

To that end, the Nursing Professional Development: Scope and Standards of Practice describes the NPD practitioner as the individual who supports professional development and lifelong learning of RNs and other members of the health care team (Harper & Maloney, 2016). There are two levels of NPD practitioners: generalists and specialists. The NPD generalist holds a minimum of a baccalaureate degree in nursing and may or may not have certification in the specialty. The generalist category also includes RNs who have graduate degrees but are not NPD certified. The NPD specialist has a graduate degree in nursing or a related field, with a minimum of a baccalaureate degree in nursing, and holds certification in the field of nursing professional development. The NPD generalists focus on educational and related activities that support professional development of learners in a variety of health care practice settings. The NPD specialist, in addition to supporting learner development, also works to advance the NPD practice specialty (Harper & Maloney, 2016).

CONCLUSION

Understanding terminology related to the field of continuing nursing education and professional development provides a framework to support the work of education departments, provider units, and organizations that seek to improve the practice of nurses and other members of the health care team. Having knowledge about the language of professional development helps NPD practitioners and others implement their roles effectively. In a practice environment dedicated to quality, cost-effective care, ongoing professional development that produces outcomes in support of safe practice and protection of the public is vitally important.

REFERENCES
American Nurses Credentialing Center. (2016). Content integrity standards for industry support in continuing nursing educational activities.