

**AMERICAN NURSES ASSOCIATION  
RECOGNITION OF A NURSING SPECIALTY,  
APPROVAL OF A SPECIALTY NURSING  
SCOPE OF PRACTICE STATEMENT,  
ACKNOWLEDGMENT OF SPECIALTY NURSING  
STANDARDS OF PRACTICE,  
AND  
AFFIRMATION OF FOCUSED PRACTICE  
COMPETENCIES**



**Approved by the ANA BOD  
August 2017**

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## **BUILDING QUALITY NURSING PRACTICE**

“Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.” (*Nursing: Scope and Standards of Practice, Third Edition*, 2015)

### **AMERICAN NURSES ASSOCIATION**

The American Nurses Association (ANA) is the premier organization representing the interests of the nation's 3.6 million registered nurses. ANA has long advanced the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on healthcare issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. In this leadership role, ANA must address the assurance of safety and quality in the clinical, administrative, education, policy, and research domains of nursing practice.

### **FOUNDATIONAL RESOURCES FOR NURSING PRACTICE**

Several professional documents establish the foundation and create the framework for all nursing practice within the global and more discrete areas of specialty practice.

The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) provides significant ethical guidance for all nurses and their nursing practice in every setting and role. Recognizing that nurses face ethical dilemmas in everyday practice, the *Code* provides foundational guidance applicable to nursing theory and practice. The *Code* addresses individual nursing obligations as well as the collective expectations of the profession and professional associations. It describes nursing's values, obligations, duties, and professional ideals as guidance to strengthen the nurse's confidence and knowledge in ethical decision making in all settings.

*Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) presents the scope and standards of practice for all registered nurses (RNs), graduate-level prepared registered nurses, and advanced practice registered nurses (APRNs). The scope of practice statement describes what nursing is, what nurses do, and those responsibilities for which nurses are accountable. Additional content identifies where, when, why, and how nursing occurs.

This resource also includes Standards of Professional Nursing Practice, authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently. Those standards are identified in two categories: a) Standards of Practice that describe a competent level of nursing practice as demonstrated by the nursing process, and b) Standards of Professional Performance that describe a competent level of behavior in the professional role.

The scope and standards of nursing practice are highly valued by registered nurses nationally and internationally and are regularly referenced by those engaged in practice, legal, regulatory, administrative, educational, policy, and research activities. The scope and standards of nursing practice language also serves as a template for a nursing specialty when delineating the distinguishing characteristics and complexity of that specialty. The updated Model of Professional Nursing Practice Regulation (Figure 1) reaffirms the profession's focus on the safety, quality, and evidence-base of nursing practice. (See *Nursing: Scope and Standards of Practice, Third Edition, 2015*, for additional details.)

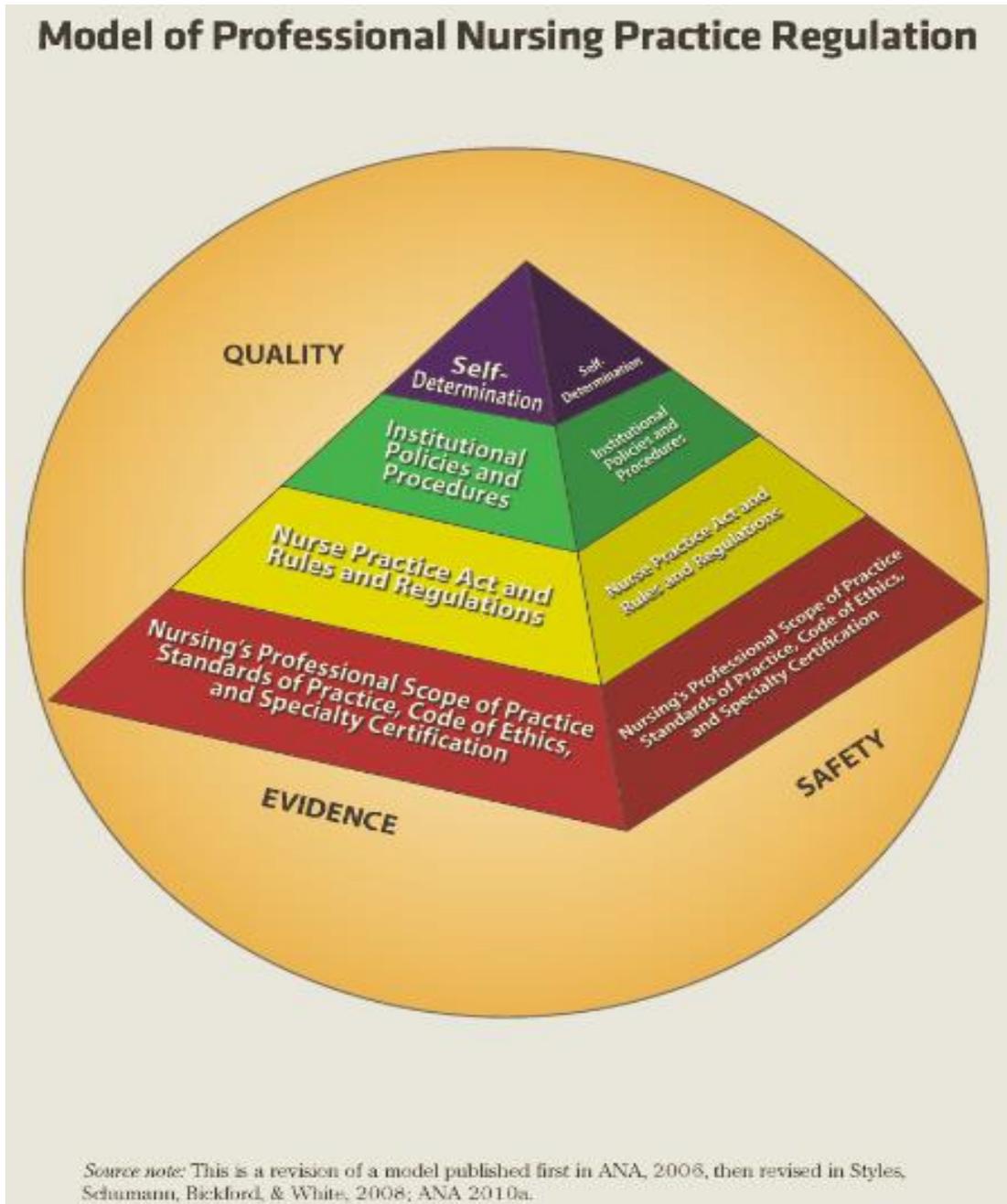


Figure 1. Model of Professional Nursing Practice Regulation (ANA, 2015, p. 34)

The content from the 2010 *Nursing's Social Policy Statement: The Essence of the Profession* is incorporated as an appendix within *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015). It describes professional nursing's accountability to the public and identifies the processes of self-regulation, professional regulation, and legal regulation as mechanisms to maintain public trust.

## **NURSE PRACTICE ACT AND RULES AND REGULATIONS**

The applicable state nurse practice act, rules, and regulatory language, accompanied by the interpretation of those directives by the responsible legal and regulatory bodies, provide further guidance to the registered nurse and advanced practice registered nurse in identifying the components of safe, quality nursing practice.

## **INSTITUTIONAL POLICIES AND PROCEDURES**

Similarly, institutional, organizational, or systems-level policies, procedures, and governing statements establish other parameters that influence and direct nursing practice and its environment.

## **SELF DETERMINATION**

The registered nurse, using knowledge, skills, and professional judgment, ultimately determines what is appropriate nursing practice based on the scope of practice, standards of practice, nurse practice acts, legal regulations, and institutional policies and procedures. The expected outcome is always safe, quality, and evidence-based practice.

## **HISTORY OF ANA'S RECOGNITION PROGRAM FOR SPECIALTY NURSING PRACTICE, APPROVAL OF SCOPE OF PRACTICE STATEMENTS, AND ACKNOWLEDGMENT OF STANDARDS OF PRACTICE**

As ANA's organizational structure evolved and specialty practice interests expanded, increasing numbers of specialty nursing organizations emerged to provide pertinent specialty focused continuing education and professional resources. The specialty nursing organizations also created specialty practice standards and guidelines to describe a distinct focus of practice which in turn resulted in significant diversity in format and content. The rapidly changing demands of the healthcare environment, including the call for certification of nurses for specialty practice, created the need to develop consistent, standardized processes for recognizing specialty areas of nursing practice, approving specialty nursing scope of practice statements, and acknowledging specialty nursing standards of practice.

During the late 1990's ANA convened representatives from various specialty nursing groups to address the need for consistency in standards of practice and to identify a formal mechanism to confirm professional recognition of specialty practice. This resulted in the ANA Congress of Nursing Practice, later known as the Congress on Nursing Practice and Economics (CNPE), becoming the reviewing body of specialty nursing standards of practice.

Upon organizational restructuring, ANA continues to provide to the profession the recognition, approval, and acknowledgment services related to specialty nursing with the ANA Board of Directors (BOD) serving as the final reviewing body. The ANA Committee on Nursing Practice Standards, a designated expert panel of appointed members, assists in this work. The members of this committee identify issues relating to standards, coordinate and manage the ANA practice standards program, serve as the first reviewers of specialty nursing organization scope and standards documents, provide consulting assistance, and make recommendations to the BOD. Both the BOD and the Committee on Nursing Practice Standards rely on the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) and *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) to inform their decisions.

The *Nursing: Scope and Standards of Practice, Third Edition*, serves as a template for a nursing specialty organization when describing the details and complexity of that specialty practice. The Committee on Nursing Practice Standards continues to reaffirm the earlier Congress on Nursing Practice and Economics decision that specialty nursing scope and standards must be reviewed, revised as necessary, and resubmitted for approval and acknowledgment at least every **five** years, or more frequently if warranted because of the significant changes in the evolving healthcare and nursing practice environments. Therefore, ANA's approval of the scope of practice and acknowledgment of the standards of practice remain valid for **five** years starting from the date of publication.

Because the context of specialty practice should not be separated from the standards of practice, the Committee on Nursing Practice Standards requires that specialty nursing organizations forward an updated specialty scope of practice statement for review and approval with each standards revision. Completing the review process before self-publication by specialty organizations will allow inclusion of the appropriate announcement about ANA's approval of the specialty scope of practice and acknowledgment of the specialty standards of practice in the final document.

Specialty nursing organizations that serve as the custodians and stewards of the respective specialty nursing scope and standards of practice are encouraged to begin the review and revision process approximately two years before the end of the five year approval and acknowledgment period. This timeline usually provides sufficient time for the review and writing activities, vetting via a public comment period, additional revisions, specialty organization board(s) of directors' approval, and completion of ANA's two-step review process of examinations by the Committee on Nursing Practice Standards and the Board of Directors.

The following sections provide specific details and guidance about ANA's process for recognition of a nursing specialty, approval of a specialty nursing scope of practice statement, and acknowledgment of specialty nursing standards of practice. Additional content about the new ANA program for affirmation of interprofessional and focused nursing practice competencies will be addressed in a separate section.

## PROCESS FOR ANA RECOGNITION OF A NURSING SPECIALTY, APPROVAL OF SCOPE STATEMENTS, AND ACKNOWLEDGMENT OF PRACTICE STANDARDS

“*Specialization* involves focusing on nursing practice in a specific area, identified from within the whole field of professional nursing. ANA and specialty nursing organizations delineate the components of professional nursing practice that are essential for any particular specialty” (ANA, 2010, p. 17).

A *nursing specialty* encompasses a specified area of discrete study, research, and practice as defined and recognized by the profession. *Specialists* are those who elect to focus their professional practice to their identified specialty.

Numerous robust and thoughtful discussions by the ANA Committee on Nursing Practice Standards members over several years resulted in the generation of the following framework characterizing nursing specialties:

- *Emerging specialties or focus of practice* – have begun defining characteristics of practice, have no defined or few formalized competencies, and have few members
- *Evolving specialties* – have developed job descriptions, defined and formalized competencies in place, growing in member numbers, gaining in recognition in the practice environment, and may seek ANA specialty recognition when scope and standards are developed
- *Established specialties* – have historical roots and recognized presence, clearly defined scope and standards of practice, and a substantial number of members who devote most of their professional time to the specialty

Each developmental level continues to promote safety, quality, and evidence-based nursing practice.

ANA is pleased to assist specialty nursing organizations as they explore their interest in recognition of a nursing specialty, complete their assessment of readiness to be formally recognized by ANA as a specialty practice, or pursue approval of a scope of practice statement and acknowledgment of specialty practice standards.

Established and evolving specialties should plan for a 12 to 24 month development process to create a specialty nursing scope and standards document. Interested nursing groups can expect that the review and pre-publication processes include some or all of these activities:

1. The interested specialty nursing organization (SNO) contacts ANA in writing to express its interest in gaining formal recognition of a nursing specialty, approval of a scope of practice statement, and acknowledgment of specialty practice standards. The notification of interest should include the name and contact information of the SNO’s individual who will serve as a resource to ANA throughout the process. Notification of

Interest should be sent to the Director of Nursing Practice and Work Environment for delivery to the designated support personnel.

2. Specialty nursing scope and standards documents should be reviewed and revised as necessary at least every **five** years or more frequently if dictated by changes in the practice environment.

3. The SNO should also notify ANA of its intention to self-publish or to utilize ANA's publication department, Nursebooks.org. ANA publication services are free of charge. Organizations that intend to publish through ANA will be required to enter into a publication agreement. Self-publishing organizations should refer to the guidelines for self-publishing organizations in Appendix C.

4. After receiving the SNO's notification of interest in requesting recognition of a specialty, approval of a scope statement, and standards acknowledgment, ANA forwards an electronic copy of *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) and other materials explaining the process and criteria for recognition, approval, and acknowledgment to the designated contact person.

5. The SNO establishes a workgroup to create the new or revise the existing specialty nursing scope and standards of practice. ANA provides a model in Appendix B to consider when identifying specialty workgroup members.

6. The SNO develops the specialty scope and standards document. This process must include opportunities for organizational members' input and public comment, as well as a defined leadership team or board of directors' approval mechanism.

7. The SNO submits the unpublished specialty scope and standards document for ANA review.

8. The ANA Committee on Nursing Practice Standards (Committee) reviews the submission against established review criteria that have been approved by the ANA Board of Directors. (See pages 12-14, 17). The Committee provides written recommendations to the SNO if the document does not meet the established review criteria. The Committee members and designated ANA support staff are available to assist the SNO in resolving discrepancies in content and format in preparation for re-submission for another review.

9. When the submission meets the established review criteria, the Committee on Nursing Practice Standards forwards its recommendations to the BOD for review and action. The BOD may take the following actions:

- Recognize the nursing specialty
- Approve the scope of practice statement
- Acknowledge the standards of practice

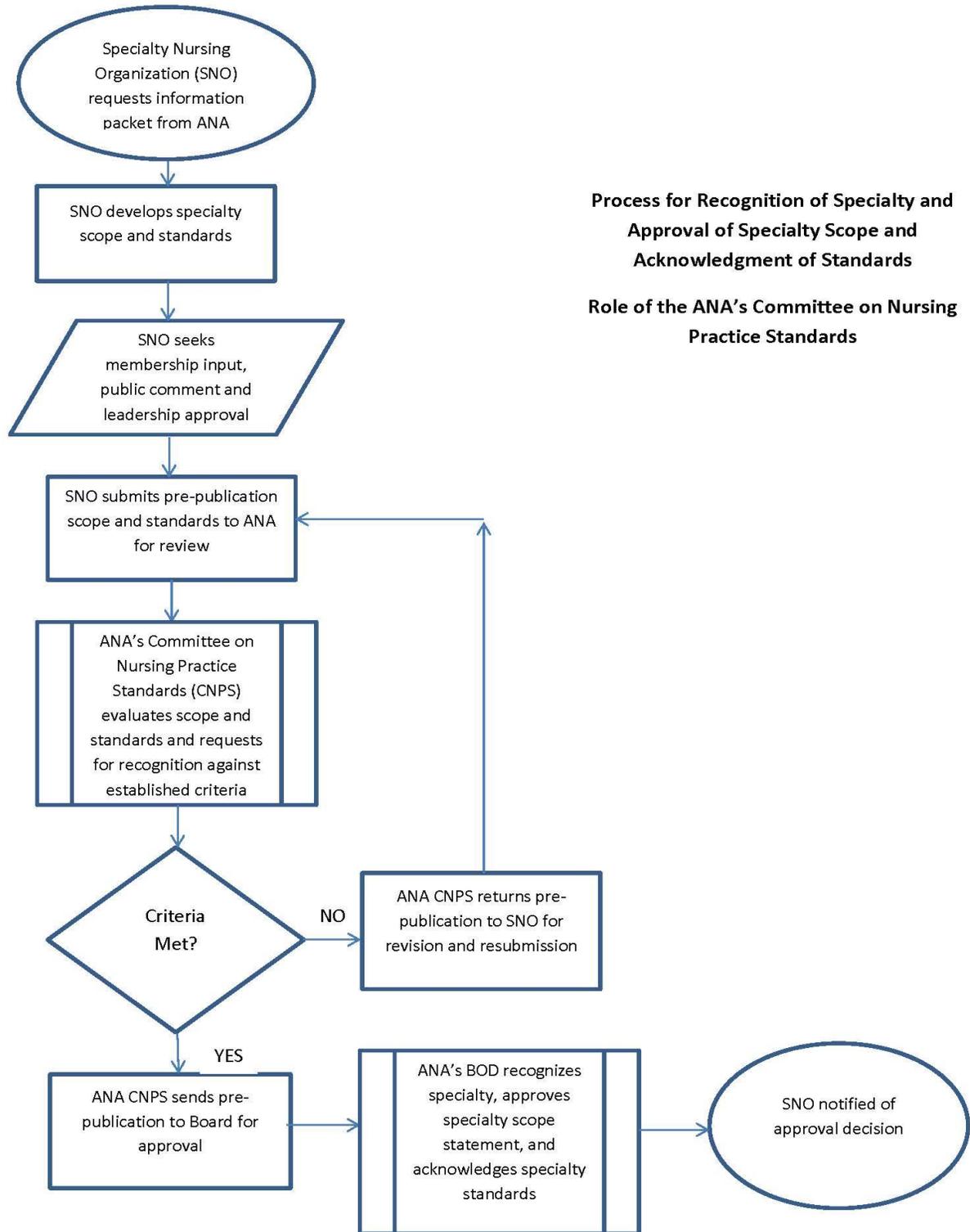
10. ANA's publishing department, Nursesbooks.org, provides free editorial, publishing, and marketing services for specialty nursing organizations wishing to maximize

dissemination of those specialty scope and standards of practice that have completed the ANA review process. Nursesbooks.org markets a special package that includes all currently published specialty scope and standards of practice.

In some instances, ANA may convene a workgroup of experts to develop or revise a specialty nursing scope and standards of practice. See Appendix B “ANA Workgroups for Revision/Development of Specialty Nursing Scope of Practice Statements and Standards of Specialty Nursing Practice” for selection criteria for workgroup members. The ANA development/revision process includes a posting of the draft document for a four week public comment period at [www.NursingWorld.org](http://www.NursingWorld.org) and also may incorporate discussion forums at appropriate professional meetings, conferences, and conventions. The resultant scope and standards are submitted for the two-step ANA review process.

See Figure 2 for an overview of the process for recognition of a nursing specialty, approval of specialty nursing scope of practice statements, and acknowledgment of specialty nursing practice standards.

**Figure 2**



## ANA RECOGNITION OF A NURSING SPECIALTY

A clear description of specialty nursing practice assists the larger community of nurses, healthcare consumers, and others to gain familiarity and understanding of the nursing specialty and its contribution to nursing and health care. Therefore, the document requesting ANA recognition must clearly and fully address each of the fourteen specialty recognition criteria described below. A contemporary specialty nursing scope and standards of practice document must accompany the request for recognition. Other supporting documents and references may be included to provide additional information, but are not required.

### CRITERIA FOR RECOGNITION AS A NURSING SPECIALTY

The recognition criteria were originally developed in 1998 by the American Nurses Association Congress of Nursing Practice and its Committee on Nursing Practice Standards and Guidelines in collaboration with members of the Nursing Organization Liaison Forum (NOLF). The Congress on Nursing Practice and Economics regularly reviewed the adequacy of the criteria and approved minor revisions in 2004, 2008, and 2010. In 2017 the Committee on Nursing Practice Standards added explanatory bullets that were approved by the ANA Board of Directors. Both the Committee and BOD use these criteria during the review and decision-making processes to recognize an area of practice as a nursing specialty.

A nursing specialty:

1. Defines itself as nursing.
  - Describes the registered nurse, graduate-level prepared nurse, and advanced practice registered nurse and their use of the nursing process as a critical component of the specialty nursing practice.
  - Discussion of APRN practice may not be necessary for select nursing specialties.
2. Is clearly defined.
  - Answers the “who, what, where, when, how and why” questions about the specialty.
  - Includes a history of development and evolution of the specialty practice.
3. Is concerned with phenomena of the profession of nursing.
  - Addresses such concepts as person, health, wellness, caring, environment, health promotion, disease prevention, healing, human response, holism, culture, health literacy, and learning.
4. Subscribes to the overall purposes and functions of nursing.
  - Includes affirmation of nursing’s *Code of Ethics* and social contract with society.
  - Describes scope and standards of practice content.
5. Can identify a need and demand for itself.
  - Addresses and validates the need for the specialty supported by evidence such as data, needs analysis, role delineation studies, trends, and demonstrated

- impact of the specialty.
- Incorporates health consequences if the specialty practice is not present.
6. Has a well-derived knowledge base particular to the practice of the nursing specialty.
    - Describes examples of concepts, topics, information, and evidence comprising the knowledge base for the specialty.
  7. Describes existing mechanisms to develop, support, review, disseminate, and integrate research into practice to substantiate and advance its knowledge base and evidence-based practice.
  8. Defines competencies for the area of specialty nursing practice.
    - Addresses competencies for registered nurse, graduate-level prepared registered nurse, and advanced practice registered nurse, as well as evolution from novice to expert.
  9. Has defined educational criteria for specialty preparation or graduate degree.
    - Identifies recommended core curriculum content and post-licensure educational options.
  10. Has continuing education programs or other mechanisms for nurses in the specialty to maintain competence.
  11. Adheres to the overall education, licensure, and certification requirements of the profession.
  12. Is practiced nationally or internationally.
  13. Includes a substantial number of registered nurses who devote most of their professional time to the specialty.
    - Provides data and metrics.
  14. Is organized and represented by a national or international specialty association or branch of a parent organization.

## ANA APPROVAL OF A SPECIALTY NURSING SCOPE OF PRACTICE STATEMENT

A scope of practice statement describes the “who”, “what”, “where”, “when”, “why”, and “how” of nursing practice.

For approval of the specialty nursing scope statement, the organization’s written submission must address all of the following criteria.

### CRITERIA FOR APPROVAL OF A SPECIALTY NURSING SCOPE STATEMENT

The specialty nursing scope of practice statement:

1. Includes a definition of the nursing specialty that discusses the parameters for the specialty nursing practice, practice characteristics, and phenomena of concern unique to the specialty practice.
2. Describes the practice environment in sufficient detail to establish an understanding of the specialty practice settings.
3. Identifies the practitioners and their roles in the nursing specialty.
4. Describes the historical perspective of the development of the nursing specialty.
5. Discusses the current issues and trends affecting the nursing specialty.
6. Differentiates registered nurse, graduate-level prepared registered nurse, and advanced practice registered nurse roles.
7. Addresses the educational preparation for the registered nurse, graduate-level prepared registered nurse, and advanced practice registered nurse.
8. Addresses the mandate for professional development and lifelong learning.
9. Addresses the presence or absence of specialty practice certification opportunities.
10. Demonstrates congruence with the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015). Includes each provision and an example/scenario reflective of the specialty practice.
11. Includes language congruent with *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015) and *Nursing’s Social Policy Statement: The Essence of the Profession* (ANA, 2010).

An explanation of why a criterion is not applicable or cannot be met must be included.

## ANA ACKNOWLEDGMENT OF STANDARDS OF SPECIALTY NURSING PRACTICE

The following statement reflects the evolution to ANA's current thinking about standards of practice:

### **Significance of Standards**

The Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently. The standards published herein may be utilized as evidence of the standard of care, with the understanding that application of the standards is context-dependent. The standards are subject to change with the dynamics of the nursing profession, as new patterns of professional practice are developed and accepted by the nursing profession and the public. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time, e.g., during a natural disaster. The standards are subject to formal, periodic review and revision.

The competencies that accompany each standard may be evidence of compliance with the corresponding standard. The list of competencies is not exhaustive. Whether a particular standard or competency applies depends upon the circumstances. The competencies are presented for the registered nurse level and are applicable for *all* nurses. Standards may include additional competencies delineated for the graduate-level prepared registered nurses, a category that also includes advanced practice registered nurses. In some instances, additional discrete competencies applicable only to advanced practice registered nurses may be included. (ANA, 2015)

For example, a nurse providing treatment to an unconscious, critical patient who presents to the hospital by ambulance without a family member has a duty to collect comprehensive data pertinent to the patient's health (Standard 1. Assessment). However, under the attendant circumstances, that nurse may not be expected to assess family dynamics and impact on the patient's health and wellness (Assessment Competency). In the same circumstance, Standard 5B: Health Teaching and Health Promotion may not apply at all.

The standards language from *Nursing: Scope and Standards of Practice, Third Edition*, provides a framework useful in describing the specialty nursing practice for the registered nurse, graduate-level prepared specialty nurse, and the advanced practice registered nurse (APRN). The Significance of Standards content should also be incorporated in the description of nursing specialty practice.

ANA's Committee on Nursing Practice Standards expects the specialty nursing organization will have adapted the Standards of Professional Nursing Practice template content and format and its components of Standards of Practice and Standards of

Professional Performance to best express the specialty practice expectations. For example, this framework could be presented as:

Standards of \_\_\_\_\_ (Specialty) Nursing Practice

Standards of Practice

- 1 Assessment
- 2 Diagnosis
- 3 Outcomes Identification
- 4 Planning
- 5 Implementation
  - 5A Coordination of Care
  - 5B Health Teaching and Health Promotion
- 6 Evaluation

Standards of Professional Performance

- 7 Ethics
- 8 Culturally Congruent Practice
- 9 Communication
- 10 Collaboration
- 11 Leadership
- 12 Education
- 13 Evidence-based Practice and Research
- 14 Quality of Practice
- 15 Professional Practice Evaluation
- 16 Resource Utilization
- 17 Environmental Health

The Standards of Practice describe a competent level of nursing practice as demonstrated by the nursing process that includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.

The Standards of Professional Performance describe a competent level of behavior in the professional role – including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health.

All nurses are expected to demonstrate the registered nurse competencies associated with each standard. Graduate-level prepared registered nurses and advanced practice registered nurses are expected to demonstrate additional competencies as delineated.

Every specialty nursing organization must address the standards of specialty nursing practice and competencies for registered nurses and should include the applicable additional standards and competencies for the graduate-level prepared specialty nurse and APRN.

## **CRITERIA FOR ACKNOWLEDGMENT OF SPECIALTY NURSING STANDARDS**

The following criteria must be met for the specialty nursing standards to be acknowledged:

### **A. Standards of Practice and Professional Performance Review Criteria**

1. The standards of practice and professional performance with minor modifications reflect the nursing process. The specialty name is added, for example, but the essence of the core statement is unchanged.
2. The standards of practice and professional performance for the registered nurse are standards of basic competence.
3. The additional standards of practice and professional performance for the graduate-level prepared specialty nurse and advanced practice registered nurse are standards of basic competence for those levels.
4. Each competency is congruent with the competency language in *Nursing: Scope and Standards of Practice, Third Edition* and:
  - Is specific to the standard
  - Is measurable
  - Has one action per competency statement
  - Any additional competency statements support the specialty practice within that standard

### **B. Additional Review Criteria**

1. If any standard has been deleted or substantially changed, the specialty nursing organization includes an explanation in an accompanying statement that highlights the changes.
2. If additional standards and accompanying competencies are included, the specialty nursing organization provides an explanation about evolving practice and the need for the additional content in an accompanying statement.

## **ANA AFFIRMATION OF FOCUSED PRACTICE COMPETENCIES**

The affirmation of a defined set of competencies is designed to identify and support evidence, safety, and quality in the healthcare environment and healthcare delivery systems. ANA offers this formal review process for emerging specialties or focused practice to identify the competencies reflecting the specific knowledge, skill, abilities, accountability, and judgment deemed important for professional practice success, interprofessional team success, interprofessional collaborative practice, and achievement of defined outcomes. ANA affirmation of focused practice competencies remains valid for five years.

### **Criteria for Affirmation of Focused Practice Competencies**

The following criteria must be met for affirmation of the focused practice competencies:

1. The accompanying statement about the development and use for the competencies identifies:

- The defined practice focus
- The rationale, definition, importance of the competencies
- The framework used to characterize and categorize the competencies
- The purpose and expected outcomes – statement of use
- The history of development – workgroup/organization composed of the full spectrum of diverse practitioners
- The evidence that supports the competencies, including literature review
- How the competencies support patient safety and quality care
- Who demonstrates the competencies
- Examples of where the competencies are applicable
- The posting for public comment with integration of recommendations as warranted
- The established review and revision process occurring at least every 5 years, and more frequently as warranted.

2. A competency:

- Has one action per competency
- Is a measure of basic performance
- Is measurable
- Is presented within a framework or category
- Addresses:
  - Knowledge
  - Skills
  - Abilities – demonstrated through performance
  - Judgment – includes shared problem solving, shared decision making, and conflict resolution

3. The set of competencies:

- Identify accountability
- Include ethical components
- Address communication

- Include collaboration

Focused practice competencies could be recognized and used by the American Nurses Credentialing Center (ANCC) or other credentialing entities for certification via examination or portfolio process. Such competencies and the accompanying certification could be incorporated within institutional recognition and the mandate for certification.

## **SUMMARY**

The nursing profession is continually evolving in conjunction with healthcare consumer needs and desires, expanding healthcare and nursing knowledge, and the evolution of healthcare delivery systems, sites, and technologies. As nurses focus their nursing practice in new and different areas of health care, clear statements of the scope of specialty nursing practice, standards of specialty practice and professional performance, and competencies help assure continued understanding and recognition of nurses' and nursing's essential and diverse professional contributions. For additional discussion detailing specialization, credentialing, and certification, see *Nursing's Leading Edges: Specialization, Credentialing, and Certification* (ANA, 2017).

## GLOSSARY

**Advanced Practice Registered Nurse** – A registered nurse who has completed an accredited graduate-level education program preparing her or him for the role of certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist; has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN. (*Nursing: Scope and Standards of Practice, Third Edition, 2015, p. 85*)

**Certification** – The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes. (American Board of Nursing Specialties, accessed on March 1, 2017 at <http://www.nursingcertification.org/about>)

**Competence** – Competence is performing successfully at an expected level. (*Professional Role Competence Position Statement, ANA, 2014*)

**Competency** - A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment. (*Professional Role Competence Position Statement, ANA, 2014*)

**Graduate-level Prepared Registered Nurse** – A registered nurse prepared at the master's or doctoral educational level who has advanced knowledge, skills, abilities, and judgment; functions in an advanced level as designated by elements of her or his position; and is not required to have additional regulatory oversight. (*Nursing: Scope and Standards of Practice, Third Edition, 2015, p. 87*)

**Interprofessional** – Reliant on the overlapping knowledge, skills, and abilities of each professional team member. This can drive synergistic effects by which outcomes are enhanced and become more comprehensive than a simple aggregation of the individual efforts of the team members. (*Nursing: Scope and Standards of Practice, Third Edition, 2015, p. 88*)

**Interprofessional Collaborative Practice** – When multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care. (WHO, 2010)

**Registered Nurse** – An individual registered or licensed by a state, commonwealth, territory, government, or other regulatory body to practice as a registered nurse.

**Nursing** – The protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. (*Nursing: Scope and Standards of Practice, Third Edition, 2015, p. 1*)

**Nursing Process** – A critical thinking model used by nurses that is represented as the integration of the singular, concurrent actions of these six components: assessment,

diagnosis, identification of outcomes, planning, implementation, and evaluation. (*Nursing: Scope and Standards of Practice, Third Edition, 2015, p. 88*)

**Nursing Specialty** – A nursing specialty encompasses a specified area of discrete study, research, and practice as defined and recognized by the profession.

- *Emerging specialties or focus of practice* – have begun defining characteristics of practice, have no defined or few formalized competencies, and have few members
- *Evolving specialties* – have developed job descriptions, defined and formalized competencies in place, growing in member numbers, gaining in recognition in the practice environment, and may seek ANA specialty recognition when scope and standards are developed
- *Established specialties* – historical roots and recognized presence, clearly defined scope and standards of practice, and a substantial number of members who devote most of their professional time to the specialty

**Specialists** – Those who elect to focus their professional practice to their identified specialty.

**Specialization** – “*Specialization* involves focusing on nursing practice in a specific area, identified from within the whole field of professional nursing. ANA and specialty nursing organizations delineate the components of professional nursing practice that are essential for any particular specialty” (ANA, 2010, p. 17).

**Specialty Nursing Standards of Practice** – Include specialty nursing standards of practice and professional performance modeled after ANA’s Standards of Professional Nursing Practice

**Standards of Practice** – Describe a competent level of nursing care, as demonstrated by the critical thinking model known as the nursing process, which includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. These standards encompass significant actions taken by registered nurses and form the foundation of the nurse’s decision making and action.

**Standards of Professional Nursing Practice** – Authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently.

**Standards of Professional Performance** – Describe a competent level of activities and behavior in the professional role. These standards inform decision making and actions by registered nurses in all settings and roles. Registered nurses are accountable for their professional actions to themselves, their patients, their peers, other stakeholders, and ultimately society.

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## APPENDIX A

# Position Statements

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### Professional Role Competence

**Effective Date:** November 12<sup>th</sup>, 2014

**Status:** Affirmed Position Statement

**Originated By:** Nursing Practice and Work Environment

**Adopted By:** ANA Board of Directors

**Purpose:** The purpose of this position statement is to define competence and competency in the professional role of the registered nurse within the context of today's healthcare environment. This position statement also identifies principles for addressing competence in the nursing profession. Initiatives such as the development of the scope and standards of nursing practice, creation of educational curricula, formulation of a research agenda, and revision of the model nurse practice act and other regulatory requirements demand that American Nurses Association (ANA) take a position on this important nursing issue. The work of other professional groups on this topic, i.e. National Council of State Boards of Nursing (NCSBN), nursing specialty groups, and other professional groups, has been reviewed.

**Statement of ANA Position:** The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. ANA further believes that it is the nursing profession's responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders.

ANA believes that in the practice of nursing, competence is definable, measurable and can be evaluated. No single evaluation method or tool can guarantee competence. Competence is situational, dynamic, and is both an outcome and an ongoing process (Competency and Credentialing Institute [CCI], 2008). Context determines what competencies are necessary. The competencies included with each ANA standard of nursing practice are indicators of competent practice for that standard.

**History/previous position statements:** In May 1999, the ANA Board of Directors appointed an Expert Nursing Panel on Continuing Competence with representation from the State Nurses' Associations (SNA), the ANA board, the American Nurses Foundation (ANF), and the American Academy of Nursing (AAN), the American Nurses Credentialing Center (ANCC), the Nursing Organizations Liaison Forum (NOLF), and the National Council of State Boards of Nursing (NCSBN). This group was charged to develop policy recommendations and an action plan with a proposed research agenda. In August 1999, the ANF board funded a grant titled "The Profession's Action for Continued Competence" to support this work. The ANA Board received the report of the expert panel and authorized review and comments to be sought from the Constituent Member Associations (CMA), the United American Nurses (UAN), the Congress on Nursing Practice and Economics (CNPE), and other related entities (ANA, 2000).

In 2002 the expert panel proposed the Continuing Professional Nursing Competence Process to the ANA House of Delegates. This proposed process incorporated the development of portfolios by individual nurses to document ongoing activities related to the demonstration of continuing competence. The resultant discussion indicated the need for further exploration of this topic.

In 2005 the ANA's Committee on Nursing Practice Standards and Guidelines began a working paper about competence and its relationship to ANA's *Nursing: Scope and Standards of Practice* (ANA, 2004) document. This paper was presented to the Congress on Nursing Practice and Economics (CNPE) in November 2006 for continued development. In May, 2008, the Congress on Nursing Practice and Economics submitted the position statement "Professional Role Competence" to the ANA Board of Directors who subsequently approved the document on May 28, 2008.

**Supportive material:** ANA's *Nursing's Social Policy Statement: The Essence of the Profession* (2010b) and *Nursing: Scope and Standards of Practice, Second Edition* (2010a) define: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations". Therefore, the primary purpose for ensuring competence is the protection of the public. A secondary purpose for ensuring competence is the advancement of the profession through the continued professional development of nurses. A third purpose is to ensure the integrity of professional nursing.

ANA's *Code of Ethics for Nurses with Interpretive Statements* (2001) states: "Individual nurses are accountable for assessing their own competence" (p. 17) and "maintenance of competence and ongoing professional growth involves the control of one's own conduct in a way that is primarily self-regarding. Competence affects one's self-respect, self-esteem, professional status and the meaningfulness of work. In all nursing roles, evaluation of one's own performance, coupled with peer review, is a means by which nursing practice can be

held to the highest standards” (p.18). “The nurse owes the same duties to self and to others...to maintain competence, and to continue personal and professional growth” (p. 18).

### Definitions and Concepts in Competence

- An individual who demonstrates “competence” is performing successfully at an expected level.
- A “competency” is an expected level of performance that integrates knowledge, skills, abilities, and judgment.
- The integration of knowledge, skills, abilities, and judgment occurs in formal, informal, and reflective learning experiences.
- Knowledge encompasses thinking; understanding of science, humanities, and professional standards of practice; and insights gained from practical experiences, personal capabilities, and leadership performance.
- Skills include psychomotor, communication, interpersonal, and diagnostic skills.
- Ability is the capacity to act effectively. It requires listening, integrity, knowledge of one’s strengths and weaknesses, positive self-regard, emotional intelligence, and openness to feedback.
- Judgment includes critical thinking, problem solving, ethical reasoning, and decision-making.
- Formal learning most often occurs in structured, academic, and professional development environments, while informal learning can be described as experiential insights gained in work, community, home, and other settings.
- Reflective learning represents the recurrent thoughtful personal self-assessment, analysis, and synthesis of strengths and opportunities for improvement. Such insights should lead to the creation of a specific plan for professional development and may become part of one’s professional portfolio.

### Competence and Competency in Nursing Practice

Competent registered nurses can be influenced by the nature of the situation, which includes consideration of the setting, resources, and the person. Situations can either enhance or detract from the nurse’s ability to perform. The registered nurse influences factors that facilitate and enhance competent practice. Similarly the nurse seeks to deal with barriers that constrain competent practice.

The ability to perform at the expected level requires a process of lifelong learning. Registered nurses must continually reassess their competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences.

The expected level of performance reflects variability depending upon context and the selected competence framework or model. Examples of such frameworks for registered nurses include, but are not limited to:

- *Nursing: Scope and Standards of Practice, Second Edition* (ANA, 2010a)
- Specialty nursing scope and standards of practice
- Academic and professional development models (AACN, 2008)

- Benner’s Novice to Expert Model (1982)
- Credentialing and privileging requirements
- Statutory and regulatory language
- Evidence-based policy and procedures

ANA’s *Nursing: Scope and Standards of Practice, Second Edition* (2010a) is the document defined and promoted by the profession that “describes a competent level of nursing practice and professional performance common to all registered nurses” (p. 2). Each standard is an “authoritative statement of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently.” (ANA, 2010a, p. 2) and “may serve as evidence of the standard of care, with the understanding that application of the standards depends on context (ANA, 2010a, p. 2). Further detailing of the expected level of performance is currently represented as competencies for each nursing process component or professional performance category.

### Evaluating Competence

ANA maintains that “...competence can be defined, measured, and evaluated” (ANA, 2010a, p. 12). The competencies included with each standard are key indicators of competent practice for that standard. For a standard of practice or professional performance to be met, all the listed competencies for that standard must be met.

Competence in nursing practice must be evaluated by the individual nurse (self- assessment), nurse peers, and nurses in the roles of supervisor, coach, mentor, or preceptor. In addition, other aspects of nursing performance may be evaluated by professional colleagues and patients/clients.

Competence can be evaluated by using tools that capture objective and subjective data about the individual’s knowledge base and actual performance and are appropriate for the specific situation and the desired outcome of the competence evaluation. Such tools and methods include but are not limited to: direct observation, patient records, portfolio, demonstrations, skills lab, performance evaluation, peer review, certification, credentialing, privileging, simulation exercises, computer simulated and virtual reality testing, targeted continuing education with outcomes measurement, employer skills validation and practice evaluations. However, no single evaluation tool or method can guarantee competence.

**Summary:** As the professional association representing the profession of over 3.1 million nurses, ANA leads the profession in addressing the complex issue of assuring professional competence of the nursing workforce.

ANA supports the following principles in regard to competence in the nursing profession:

- Registered nurses are individually responsible and accountable for maintaining competence.
- The public has a right to expect nurses to demonstrate competence throughout their careers.

- Competence is definable, measurable, and can be evaluated.
- Context determines what competencies are necessary.
- Competence is dynamic, and both an outcome and an ongoing process.
- The nursing profession and professional organizations must shape and guide any process assuring nurse competence.
- The competencies contained in ANA's various scope and standards of practice documents are the competence statements for each standard of nursing practice and of professional performance.
- Regulatory bodies define minimal standards for regulation of practice to protect the public.
- Employers are responsible and accountable to provide an environment conducive to competent practice.
- Assurance of competence is the shared responsibility of the profession, individual nurses, regulatory bodies, employers, and other key stakeholders.

### **Recommendations/Next Steps**

The definitions of competence and competency and the accompanying descriptions of related concepts were incorporated in ANA's *Nursing: Scope and Standards of Practice, 2<sup>nd</sup> Edition* (2010a).

Many issues and questions remain and must be addressed, including but not limited to:

- How does the work environment impact the assurance and maintenance of competence?
- How should basic competence or specialized competence be measured?
- Who pays for it?
- What are the legal issues related to the assurance and maintenance of competence?
- How will or should competency measurement be used in licensure and regulation? (Whittaker, Carson, & Smolenski, 2000)
- What are the implications of competence for nurses who practice as part of interprofessional teams?

ANA affirms its commitment to ongoing examination, discussion, and action related to these and other issues around competence of nurses.

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## **APPENDIX B**

### **ANA WORKGROUPS FOR REVISION/DEVELOPMENT OF SPECIALTY NURSING SCOPE OF PRACTICE STATEMENTS AND STANDARDS OF NURSING PRACTICE**

#### **FORMATION OF ANA WORKGROUP**

ANA initiates a workgroup of at least 6-9 individuals and supports its activities to complete the specialty nursing scope and standards development or revision activities. ANA uses designated criteria for selection of the workgroup members. The availability of telecommunications technologies and the practice of posting draft scopes and standards documents to [www.NursingWorld.org](http://www.NursingWorld.org) website permit extensive field reviews and comments as part of the process.

#### **COMPOSITION OF EACH SCOPE AND STANDARDS WORKGROUP**

Each Scope and Standards Workgroup has members who:

- Have at least 5 years current specialty nursing practice experience
- Represent registered nurse and APRN roles as appropriate to specialty practice
- Represent practice, education, administration, and research areas
- Represent designated care settings as appropriate to the specialty practice
- Are designated representatives of applicable specialty organizations

Other ANA staff may be invited to participate as necessary.

#### **CHARACTERISTICS OF INDIVIDUAL WORKGROUP MEMBERS**

Each workgroup member is a registered nurse who:

- Is recognized as a content expert in the practice area for which the scope and standards are being developed or reviewed\*
- Is currently actively practicing in the specialty area under discussion\*
- Has an understanding of the broad scope of nursing and specialty practice and a vision for the “desired future state”
- Is expected to have an appreciation of the historical and ethical perspectives

\*Required

Critical thinking and creative visioning are essential for success of the workgroup. Members are expected to represent various schools of thought. Stakeholder specialty organization representatives are expected to be endorsed by and designated to speak for the specialty organization. Distribution of members by educational preparation, gender, ethnicity, geographic representation, and career stage is considered.

## APPENDIX C

### REQUIREMENTS FOR SELF-PUBLISHING ORGANIZATIONS

Organizations that elect to self-publish the Scope and Standards of Practice for their nursing specialty are required to include the following language to indicate ANA's recognition of the specialty, approval of the scope of practice and acknowledgement of the standards of practice. The language must be used verbatim. Formatting may be altered. Failure to include this language may result in revocation of ANA's recognition, approval and/or acknowledgement.

#### **Recognition of the Specialty:**

*The American Nurses Association recognizes     (insert specialty)     nursing as a nursing specialty.*

#### **Approval of the Scope of Practice:**

*The American Nurses Association has approved the     insert specialty     scope of practice as defined herein. Approval is valid for five (5) years from the first date of publication of this document or until a new scope of practice has been approved, whichever occurs first.*

#### **Acknowledgment of the Standards of Practice:**

*The American Nurses Association acknowledges the     (insert specialty)     standards of practice, as set forth herein. Acknowledgment is valid for five (5) years from the first date of publication of this document or until new standards of practice have been published, whichever occurs first.*

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