Demonstrating Continuing Competency

A Conceptual Model

Revised 9-11-09 (adopted version 9-11-09)
Continuing Competency

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Acknowledgements

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Executive Summary

The purpose of the Nursing Care Quality Assurance Commission (NCQAC) is to improve and protect the health of the citizens of Washington State through assuring the quality of nursing care in our state. Patients, families and communities have a right to receive safe, competent and compassionate care. One of the NCQAC’s primary responsibilities is to establish continuing competency mechanisms for licensed registered nurses and licensed practical nurses in Washington State. The proposed “Continuing Competency Program” includes documentation by each nurse of the following components:

- Active nursing practice
- After self-reflection, completion of continuing education including compliance with required educational focus areas identified by the NCQAC.

State-wide implementation of a Continuing Competency Program was planned in phases. The first phase, completed in December 2008, engaged stakeholders in evaluation of the draft model and rules for implementation and obtained feedback. The second phase involves making revisions based on feedback received during the 2008 hearings. Areas of redundancy will be addressed, utilization of evidence-based data will be further incorporated into the model, and outcomes to be monitored will be identified. It is anticipated that the second phase including rules writing and implementation of an education plan will be completed by December 2009.
Introduction to Continuing Competency for Nurses

The development and implementation of continuing competency mechanisms for nurses promote patient safety, public protection, and enhance nursing practice.

Please send your written or email comments to:

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Continuing Competency

Purpose

Patients, families, and communities have a right to receive safe, competent, and compassionate nursing care. The public expects nurses to practice using safe and competent skills and knowledge throughout their career.

A safe and competent nurse must be able to analyze and synthesize complex scientific, clinical, and diagnostic data and to use this information to make patient care decisions quickly and accurately. Unsafe nursing practice has the potential of causing considerable harm to patients and the public.

The Washington State Nursing Care Quality Assurance Commission (NCQAC) is the legal authority for nursing and is responsible for the regulation of the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline (RCW 19.79.010) (1)

Continuing competency is not a new concept in the health care system. Health care professionals have long recognized that developing and maintaining continuing competency is part of professional accountability. A number of prominent public organizations have recognized the need for developing and implementing continuing competency mechanisms for health care professionals. The Pew Commission and the Citizen's Advocacy Council have been vocal in their insistence that nurses and other health professionals take prompt and definitive action to protect the public through continuing competency evaluation programs.

The development and implementation of a continuing competency program for nurses promotes patient safety, public protection and enhances nursing practice. Additionally, a hallmark of a profession is the self-monitoring and self-discipline of competency of individual professionals. It is essential that the nursing profession control the demonstration of nursing continuing competency. Identifying effective mechanisms to ensure continuing competency has been a challenge within the nursing profession. Several states currently mandate continuing education; however, research has shown continuing education alone is not sufficient to ensure competency (2)
History of Continuing Competency for Health Care Professionals

1995 The Pew Health Professions Commission (Pew Commission)
The Pew Commission report recommended that States should require each board to develop, implement, and evaluate continuing competency requirements to assure the continuing competence of regulated health professions.i

1995 Citizens Advocacy Center (CAC)
The CAC asked a compelling question: “Can the public be confident that health care professionals who demonstrated minimum level of competence when they earned their license continue to be competent years and decades after they have been in practice?”ii

1996 National Council of State Boards of Nursing (NCSBN)
In response to the 1995 Pew Taskforce on Health Care Workforce Regulation, NCSBN issued a position paper. In it, they defined competence as “the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the Nurse’s practice role, within the context of public health, safety, and welfare.”

1998 Pew Health Professions Commission
The Pew Commission recommended that States should require that their health care practitioners demonstrate their competence in the knowledge, judgment, technical skills, and interpersonal skills relevant to their jobs throughout their careers.

1999 Institute of Medicine (IOM) Report
In this seminal report, TO ERR IS HUMAN: Building a Safer Health System, IOM brought the concept of medical errors to the forefront of the public’s mind. IOM contends that health care in the United States is not as safe as it should be—and can be. They estimate that as many as 98,000 people die in hospitals each year because of medical errors that could have been prevented.

IOM introduced to the public the concept of “professional competence”. They identified competencies that should be included in the education of all health care professionals. They studied nursing work environment and stressed the need to create learning organizations

2001 Institute of Medicine Report
REPORT CROSSING THE QUALITY CHASM: A New Health System for the 21st Century distilled the principles of change into six guiding aims: health care should be safe, effective, patient-centered, timely, efficient, and equitable.

2003 Institute of Medicine Report
Health Professions Education: A Bridge to Quality
The IOM identified the core competencies needed for health care professionals. “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.”iii
Continuing Competency in Washington

1970s  Washington State required continuing education for nurse relicensure
Continuing education was required for relicensure for several years. The requirement was eliminated due to inadequate funding to monitor compliance. Since that time, research has shown that mandating continuing education does not improve practice.

2002  The NCQAC began considering methods to demonstrate continuing competency. They reviewed the literature and solicited input from stakeholders. NCSBN provided on-site consultation including: Regulatory Challenge - Vickie Sheets, JD, RN, CAE, and Continuing Education in the Nursing Profession – Report of Research Findings, June Smith, PhD, RN, NCSBN, Associate Director of Research Services. The NCQAC considered the work done by other states and Canada, including the models used in Ontario, Alberta, Tennessee, and North Carolina.

2004 - 2005  The NCQAC formed the Continuing Competency Task Force

The NCQAC approved a continuing competency definition, and authorized a pilot project using a personal portfolio model. They recognized the need to develop outcome measures and for further involvement by stakeholders to identify essential elements of a pilot project.

2006  The NCQAC established Continuing Competency as a top priority
They formed the Continuing Competency Subcommittee. In response to concerns expressed by some Nurses about the personal portfolio model, the NCQAC chose to develop a new model.

2007  Advisory Groups established
Advisory Groups assisted the Continuing Competency Subcommittee further develop the program and communicate with stakeholders. After considering various models, including the North Carolina model, the NCQAC approved a new model and program design, the Continuing Competency Program.

2008  Conduct baseline nurse survey & draft description of continuing competency
The NCQAC conducted a baseline survey of Nurses to determine their knowledge of continuing competency. The results of the survey were used to further develop the program for implementation. The NCQAC conducted public hearings to discuss and obtain feedback regarding the draft description of the proposed program.

2009  Develop rules based on feedback on the revision
The NCQAC will write the rules necessary to implement the requirements. An education plan will be developed and implemented.
2010 **Implement Continuing Competency Requirements**
Continuing competency requirements will be implemented for all registered nurses and licensed practical nurses. A designated unit will be established to provide technical assistance to nurses and manage compliance. Outcome measures for evaluation will be further refined.

2013 **Compliance audits will begin** (projected time)
The NCQAC will implement the Continuing Competency compliance audits. Data will be gathered to measure identified outcomes.

**Program Overview**

Several states currently mandate continuing education; however, research has shown that continuing education alone is not sufficient to ensure competency.

The NCQAC’s plan is to start a process to validate continuing competency of licensed nurses across the State based on a defined program made up of two components.

- Active nursing practice
- Completion of continuing education requirements.

By demonstrating continuing competency, licensed registered nurses and practical nurses will have the opportunity to enhance their knowledge and skill and to demonstrate continuing competency throughout their career. Continuing competency is general in nature, is based on the nursing law, and is applicable to any practicing nurse.

**Program Description**

Active nursing practice is the foundation of the requirement for attestation of continuing competency. A second component is the requirement for continuing education. The education hours will be self-selected based on self reflection of individual practice and identification of areas for improvement.
**Definition of Terms**

**Active Practice** means nursing practice in a paid or unpaid position. (See Nursing Practice definition below). Minimum practice requirement is 576 hours for the past thirty-six (36) month period.

**Attestation** means written acknowledgement by the nurse of compliance with the standards and terms of the continuing competency requirements.

**Compliance** refers to systems that ensure personnel are aware of and take steps to comply with relevant laws and regulations.

**Compliance Audit** is an audit that determines regulatory compliance. A compliance audit will be administered on the nursing licensee within the state to determine continuing competency.
Continuing Competency is the ongoing ability of a nurse to integrate the knowledge, skills, judgment, and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. \(^1\)

Continuing Education refers to those systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich the nurses’ contributions to quality health care and their pursuit of professional career goals. There are various types of continuing education activities. Some involve participant attendance where the pace of the activity is determined by the provider who plans and schedules the activity. Others are designed for completion by the learner, independently, at the learner’s own pace and at a time of the learner’s choice. (ANA 2000 Scope and Standards of Practice for Nursing Professional Development).

Inactive Practice is practice that doesn’t meet predetermined standard set by the NCQAC to meet minimum requirement for active practice. (A Continuing Competency sub-committee will develop a detailed definition that will be put into rule.)

Nursing Practice means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences (RCW 18.79.040). For purposes of the continuing competency requirements, the NCQAC recognizes “nursing practice” as being performance in either a paid or unpaid position where such knowledge, judgment, and skills are required.

Review Period means the licensing year for each nurse, beginning on the nurse’s birthday. The NCQAC may consider a nurses’ practice throughout their career: however, the review period will focus on the immediate past 36 months.

Unpaid Practice is practice that is within the scope of nursing practice that is unpaid however considered within the domain of the nursing profession. An example of unpaid practice is a nurse who volunteers their time to a church such as parish nursing or one who volunteers at a community clinic. The nursing profession has a wide range of opportunities to participate in unpaid service to the community, so this definition is meant to be inclusive at this point in the rule writing process.

Guidelines for Nurses

Step 1. Complete attestation of required practice hours and continuing education

You will be expected to provide a written confirmation (attestation) that you are complying with the requirements for continuing competency every year when you renew your license. This confirmation is verification that you have completed the practice hours and continuing education requirements. Upon request, each nurse will obtain/provide documentation indicating completion of 576 practice hours for the previous 36-month period.

Such documentation may include:

- Verification from employer of hours worked (examples: pay stubs showing hours worked, end of year work hour and payment statement, or verification from appropriate representative of the institution)

\(^1\) National Council of State Boards of Nursing (NCSBN), 2006.
- A statement of practice including description of practice setting whether paid or unpaid, a brief description of duties and responsibilities, a log book record recording time spent in active practice
- In the case of providing in home care of a friend or family member, documentation of hours from the appropriate health care provider

The NCQAC believes that deliberate self-assessment and reflection is an essential component of the program.

Each nurse is to provide documentation supporting completion of the 45 continuing education hour requirement (or equivalent – refer to the following guidelines) for the previous 36 months.

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<tr>
<th>Activity</th>
<th>Documentation</th>
<th>Reference</th>
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<tr>
<td><strong>Continuing Nursing Education</strong> (CNE)</td>
<td>• Certificates of attendance</td>
<td>² June Smith</td>
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<td>Minimum 45 hours in the previous 36 month review period</td>
<td>• Statement describing relevance to Professional Development Plan goals</td>
<td>Time requirements consistent with other states</td>
</tr>
<tr>
<td><strong>National Certification</strong></td>
<td>• Current Certificate from a nationally recognized certifying body</td>
<td>³ D. Vandewater</td>
</tr>
<tr>
<td><strong>Nursing Education</strong></td>
<td>• Certificate(s) of satisfactory course completion</td>
<td>WAC 246-12-110 (8)</td>
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<td>Completion of a Commission-approved Nurse Refresher Course, or facility-based Preceptorship, Residency program, or education inservice. Minimum 45 hours in the previous 36 month review period</td>
<td>• Letter from the provider of current enrollment and satisfactory progress toward course completion</td>
<td>WAC 246-840-120 (1)(4)(a)</td>
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<td>• Facility verification or equivalent</td>
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<td>• Completed within the previous 36 month review period</td>
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| Professional Nursing or Employer-sponsored Organizations or Committees | Written confirmation showing the nurse’s level of participation (i.e. copies of meeting minutes or meeting attendance rosters)  
- Completed within the previous 36 month review period |
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<td>Active participation including meeting attendance. Minimum 45 hours in the previous 36 month review period</td>
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| Advanced Education | Final Transcript or transcript of classes in-progress  
- Completed within the previous 36-month review period |
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<tr>
<td>toward an advanced degree in any field. Minimum 3 credits completed at an accredited college or university.</td>
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| Nursing Research: | One of the following: summary of findings, thesis, dissertation, abstract, granting agency summary  
- Completed within the previous 36 month review period |
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<tr>
<td>Completion of a nursing research project as principal investigator, co-investigator, or project director.</td>
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| Publication: | Copy of submitted/published article or book chapter;  
- Completed within the previous 36 month review period |
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<tr>
<td>Submitting / publishing a healthcare-related article, book chapter, or other scholarly work</td>
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</table>

| Presentations: | One of the following: program brochure or agenda or course syllabi, letter from the offering provider identifying the licensee’s participation  
- Completed within the previous 36 month review period |
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<tr>
<td>presentation on a healthcare or system-related topic. Minimum 1 hour presentation time</td>
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Continuing education should be related to the nurse’s area of professional practice or areas (identified through reflection and self assessment) for professional growth and development. Course for credit in advancing nursing education or a refresher course will also be accepted. Upon request, documents supporting completion of the required continuing education hours may include continuing education certificates or a copy of transcripts.
Step 2. Continuing Competency File

It is essential to be certain your documents are stored in a safe place and readily accessible to you. You may be directed by the NCQAC to submit these documents.

Do not send any documents to the NCQAC unless you are requested to do so.
Continuing Competency Program

Each Nurse completes the following activities each year every 36 months

ACTIVE PRACTICE 576 HOURS IN 36 MONTHS

No or Yes

NO. Apply for Inactive License Status

YES. Meets practice requirements

SELECT FROM THE FOLLOWING:

- 45 CE Hours
- National Certification
- Residency/Preceptor Program
- Nursing Committee Member
- 3 College Credit
- Nursing Research
- Published Article
- Professional Presentation
- Teach a Class

Maintain Continuing Competency File
(Hardcopy or digital file)
*Store in a safe place*

Contents include:
1. Documentation of active practice
2. Evidence of one of the following: CE courses, certifications, attendance certificates, college transcripts, committee minutes, research projects, copies of articles or presentations

Refresher course required for re-entry into practice
Auditing Compliance

Program Management

The NCQAC will appoint a continuing competency unit to manage compliance. The members of unit will be selected for their practice assessment skills and teaching ability. This unit will be responsible for management of operations, compliance audits, and data from surveys. In addition, they will establish and monitor outcome measures and provide periodic reports to the NCQAC.

Beginning on or about July 2013 all licensed nurses will be required at each license renewal to provide to the NCQAC a written attestation of full compliance with continuing competency requirements. Additionally, beginning on or about 2013 the monitoring unit of the NCQAC will randomly audit nurses on a regular basis for compliance with all requirements. It is anticipated that .05% of the licensed nurse population will be audited annually.

In addition to random audits, routine audits will be conducted for nurses who are in the discipline system within the NCQAC. The audit process will be initiated with a request to the nurse to provide documentation and evidence of compliance with all requirements.

The attestation and documents submitted by nurses will be reviewed by the designated unit for compliance. The audit results will be communicated to subject nurses. Nurses failing to comply with the requirements will receive written notification of non-compliance, with a timeline for completion of compliance requirements. Nurses who continue to fail to comply will be referred to the Case Management Committee of the NCQAC for consideration of disciplinary action.

See compliance audit diagram on the next page
Compliance Audit Diagram

START
AUDIT PROCESS

Commission
Selects Nurse for
Audit & Requests
Documents

Nurse Submits
Documents Within 30 days

NO. Professional
Practice Unit
Provides Technical
Assistance

Compliant?

YES. Process Ends
Here

Nurse Submits
Documents within 30 Days

Compliant?

YES. Process Ends
Here

NO. Issue
Warning Letter

Nurse Submits
Documents within 30 Days

Compliant?

YES. Process Ends
Here

NO. Nurse
Referred to Case
Management for
Potential Discipline

NO. Process Ends Here
Frequently Asked Questions “FAQs”

Why is the NCQAC developing a continuing competency program?
- The public expects nurses to practice with reasonable skill and safety throughout their career. The NCQAC is the agency responsible to protect the public by regulating the competency and quality of nurses. The NCQAC does this by establishing and monitoring licensure and standards of practice, continuing competency, and discipline.  
- At the present time, nurses demonstrate competency only when they are first licensed after graduating from an approved nursing program and passing the licensing examination (NCLEX). There is no mechanism in place currently for nurses to show that they are competent throughout their career. The Continuing Competency Program provides a foundation for nurses to document their current and ongoing competence.

When will the program begin?
- Starting on or about July 2010 all licensed nurses will be expected to be in compliance at each renewal in anticipation of audits.

What will I need to do to comply?
- Documentation of compliance regarding the required hours of active practice for the preceding 36-month review period.
- Collect evidence that will validate completion of competency activities.
- Every year, when you submit your application for re-licensure, you will be required to attest whether you have met the continuing competency requirements.

What do I do with the documents that I create?
- Keep documents in a safe, readily accessible location. This may be a notebook containing hard copies or a computer-based file with electronic documents. If you are selected for audit by the NCQAC, you will need to provide this documentation in a time sensitive fashion.

If I am audited, what do I submit to the NCQAC?
- Verification of active practice attesting that you have practiced at least 576 hours in the past 36 months, in a paid and/or unpaid position.
- Documents verifying completion of 45 hours of continuing nursing education.

Why 576 hours of practice?
- It is calculated based on 16 hours of practice per month over a 36-month period
- Allows for time out of practice for any reason

What happens if I don’t meet the active practice requirement?
- Nurses who have not practiced for 36 months or more, or who have not met the 576 hour requirement in 36 months, may apply for Inactive license status. Completion of a Commission-approved Nurse Refresher Course or other NCQAC approved remediation may be required prior to applying for an active license and returning to practice from inactive status.

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4 RCW 18.79.010 Commission Purpose
What happens if I don’t comply?
- Nurses found to be non-compliant will first be offered assistance to comply by the NCQAC. Nurses who continue to fail to meet the program’s requirement will be subject to disciplinary action, including fines, completion of remedial activities, and/or denial of re-licensure.

What will the program cost?
- Each nurse is responsible for all costs related to compliance, such as attending continuing education courses and satisfying certification requirements.

What’s in it for me?
- Nurses will join many other professionals in documenting their professional achievements and planning for the future practice.
- The Continuing Competency Program is consistent with the public’s desire for more transparency by health care professionals.

Who will be audited?
- The unit responsible for monitoring compliance will develop a system for random audits for all nurses and routine audits for nurses in the discipline system within the NCQAC. The audit process will be initiated with a request to the nurse to provide documentation and evidence of compliance.

How will this “improve and protect the health of the citizens of Washington State”, i.e. meet the purpose of the commission?
- Research shows that assurance of competency is multi-factorial in nature. In other words, competency must come from several arenas: practice, honest reflection, and continual learning. Competency is demonstrated through the interplay of these variables, i.e. it includes the application of new learning to actual practice. While monitoring the actual practice of all licensees is neither feasible nor practical, the NCQAC believes that by invoking these requirements, nurses will have a greater chance of success in performing their responsibilities as licensed practitioners. Additionally, the NCQAC has noted trends in actions that result in nursing discipline. By requiring all nurses to complete continuing education in one or more of the identified focus areas, it is believed that these trends will decrease over time.
End Notes

i The Pew Health Professions Commission (Pew Commission) was created by The Pew Charitable Trusts in 1989. The Pew Commission has developed recommendations for change in health professions education and advocated the development of policies which respond to the nation’s health care workforce needs. The Commission has initiated and sustained what many believe to be a national movement for change in health professions education and workforce policy.

ii The Citizens Advocacy Council (CAC) provides support for the public members serving on health care regulatory, credentialing, oversight, and governing boards as representatives of the consumer interest. CAC’s priority projects include the implementation of continuing competence requirements for all health care practitioners, and the Practitioner Remediation and Enhancement Partnership (PreP 4 Patient Safety), involving hospitals and boards of nursing and medicine in the early identification of practitioners who need to improve their knowledge and skills.


References


Appendix

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Nursing Care Quality Assurance Commission

Continuing Competency Assessment
Self-Assessment Tool

This Self-Assessment Tool is designed to assist you to evaluate your current nursing practice. By reflecting on these areas, you will see your practice strengths and identify opportunities for new learning. Use your responses as you develop your continuing competency development plan.

Reflect on each statement as it applies to your current nursing practice.

The following laws provide the foundation for nursing practice. RCW 18.130 Uniform Disciplinary Act (UDA) for Healthcare Providers; RCW 18.130.180 Unprofessional Conduct; RCW 18.79 Nursing Care; RCW 18.79.040 Registered nursing practice; RCW 18.79.260 Registered nursing activities allowed; RCW 18.79.060 Licensed practical nursing practice; RCW 18.79.270 Licensed practical Nurse activities allowed; WAC 246-840 Practical and registered nursing; WAC 246-840-700 Standards of nursing conduct or practice; WAC 246-840-705 Functions of a registered Nurse and a licensed practical Nurse; WAC 246-840-710; WAC 246-840-730 Mandatory Reporting; WAC 246-840-740 Sexual misconduct prohibited.

Laws related to nursing practice may be found on the Department of Health website at: https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/laws.htm

Instructions: Reflect on the following statements, interpreting them as broadly as possible to apply to your nursing practice and principal practice setting.
I. 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 law relating to nursing care and regulation of health professions.

1. I am familiar with current laws and rules relating to the nursing profession.
2. I take responsibility for acquiring new knowledge and skill to advance my nursing practice.
3. I participate in professional activities that contribute to my nursing knowledge and skill.
4. I incorporate new knowledge into my practice and evaluate its impact on my nursing practice.
5. I support and help to create an environment in which learning, professional growth, cooperation and mutual respect can occur.
6. I make patient safety a priority for patients and patient populations. I incorporate patient-specific risk-factors and standardized approaches, such as fall-reduction programs, “hand-off” communication, and infection control techniques, to reduce the risk of adverse outcomes.

II. Knowledge-Based Practice

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

1. I use evidence, such as research findings and current standards of practice, to base decisions relevant to my practice.
2. I encourage patients’ active involvement in their own care as a patient safety strategy.
3. I promote effective communication among caregivers. I use data gathered from all members of the team to optimize patient outcomes.
4. I promote the assessment of the education needs of patients and their families. I make sure that appropriate education is incorporated into the patient’s plan of care.
5. I use techniques to reduce the risk of health care-associated infections. I ensure good hand-washing techniques for myself and others.
6. I identify alternate approaches to overcome obstacles and maximize health outcomes for patients.
### III. LEGAL AND ETHICAL PRACTICE

The licensed Nurse complies with the Nursing Practice Act.

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<tbody>
<tr>
<td>1.</td>
<td>I understand my duty to report unsafe or substandard nursing practices to the Nursing Commission. I know that mandatory reporting includes unprofessional conduct, boundary violations, and criminal convictions.</td>
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<tr>
<td>2.</td>
<td>I promote a patients’ right to privacy by protecting their confidential information. I use patient information only for legitimate healthcare purposes.</td>
</tr>
<tr>
<td>3.</td>
<td>I have reviewed the Uniform Disciplinary Act (UDA) and nursing law related to boundary violations and sexual misconduct. My relationships with patients and clients are therapeutic and professional.</td>
</tr>
<tr>
<td>4.</td>
<td>I understand my responsibility to restrict my practice if I am not able to perform essential functions safely. This may be because of physical, emotional, or mental conditions or stressors, among other causes.</td>
</tr>
<tr>
<td>5.</td>
<td>I seek advice when I am unsure if actions expected of me exceed my legally recognized scope of practice.</td>
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