

THE AMERICAN HOLISTIC NURSES CREDENTIALING CORPORATION'S CERTIFICATION PROGRAM DEVELOPMENT PROCESS

OVERVIEW

The Role-Delineation Process is automatically initiated every five years, unless the annual literature review identifies sufficient changes in practice to warrant doing the RDS sooner, as described in step I. Literature Review. Each step in the process is considered essential and requires careful coordination between the AHNCC Board and the Professional Testing Corporation. While a literature review (Step I, shown below) is undertaken annually, Steps I-XII are considered the formal phases of the Role-Delineation Study; steps XIII-XVI illustrate the relationship between the Role-Delineation Study and the Development of the Certification Examinations; and steps XVII-XVIII discuss the examination administration and evaluation processes.

I LITERATURE REVIEW

- 1) An annual review of the Holistic Nursing and Nurse Coach literature is performed to identify changes that include continuation of current competencies, new competencies, and change in emphasis of competencies.
- 2) When minimal changes are reflected in the analysis of the literature, the five-year cycle is maintained, starting with a literature review, and then moving to step *II. Listing of Competencies*.
- 3) When significant changes in competencies are reflected in the literature, a new RDS is initiated, moving straight to step *II. Listing of competencies, etc.*
- 4) When new, emerging roles are identified and explicated within the context of the HN precepts, the process includes steps IA-IC and then on to step *II. Listing of Competencies* as indicated.

IA. NEEDS ASSESSMENT

When the literature provides evidence of emerging roles, the following take affect:

- a) The Board reviews the significance of the role within the parameters of the Healthcare System.
- b) If the Board determines that the emerging role can be projected to be important to the advancement of a Healthcare System that will promote holistic health, wellness and wellbeing, a Needs Assessment is undertaken.
- c) When the Needs Assessment indicates a need for a Certification Program, go to steps IB-IC.

IB. FOCUSED ASSESSMENT

- a) A focused literature review is undertaken to clarify the specifics of the role, the emerging Scope and potential Competencies.
- b) Interviews of experts who have developed/are practicing within the role to clarify their perception of the Scope of the role, and the Competencies is done.

IC. ESTABLISH LIAISONS

If the Board has not already established a Liaison with the experts/leaders in the emerging role, a liaison is useful to specify the Scope and Competencies of the specified role, to create linkages/networks with other nursing agencies/organizations, and to fully articulate the role.

II. LISTING OF COMPETENCIES

A listing of competencies is drafted based on the literature review, input from expert practitioners, and previous RDS and Scope & Standards of Practice documents.

III. EXPERT PANEL 1 REVIEW FOR OMISSION/COMMISSION/CLARITY

A panel of 5-10 known experts that represent the certification program is convened to review the listing of competencies. They are asked to consider the listing for omission and commission of content/competencies; clarity of stated competency; and categorization by Standard. A specific timeline for individualized feedback is indicated, usually 2-4 weeks depending on the time of year and other relevant factors. Revisions of the competencies are made based on input from Expert Panel 1. When there are conflicting comments, clarification is requested.

IV. EXPERT PANEL 2 REVIEW FOR OMISSION/COMMISSION/CLARITY/REDUNDANCY

A second panel of 5-10 new experts is created to review the revised list of competencies. The experts are asked for validation of competency, clarity of statement, redundancy, and other comments. A specific timeline for individualized feedback is indicated, usually 2-4 weeks depending on the time of year and other relevant factors. Revisions of the competencies are made based on input from Expert Panel 2. When there are conflicting comments, clarification is requested. Additional comments are also compiled. When the experts lack general agreement, an expert review committee is established. For example, when there is not agreement regarding redundancy, clarity, categorization, or other issues, a review committee is established.

V. EXPERT REVIEW COMMITTEE

When an Expert Review Committee is needed, 5-10 experts (50% drawn from the two expert panels and 50% drawn from the remaining identified body of experts) are convened by teleconference or GoToMeeting to discuss and resolve issues raised by Expert Panel 2. A final listing of draft competencies is produced from this meeting.

VI. EDITORIAL REVIEW

The competencies are sent to the Professional Testing Corporation (PTC) for review, editorial changes, assessment re clarity, and other considerations as identified by the Editorial Staff at PTC. All comments, concerns are sent back to AHNCC; if the issues can be addressed by the Chair of the RDS Committee, they are discussed with PTC and finalized. If substantive issues arise, another Expert Review Committee is formulated and executed.

VII. SURVEY DEVELOPMENT

The PTC staff creates a survey including instructions, the listing of competencies, and demographics. Each competency is listed separately and according to the related Standard of Care. Respondents are asked to indicate how often they carry out the competency and how important it is to the specialty or role. The survey is reviewed by the RDS Chair; when approved by the PTC and the Chair of the RDS Committee, the survey is submitted for Beta testing.

VIII. BETA TESTING

Five to ten persons, expert in the practice, are asked to Beta test the survey for clarity, trouble with links, time involved, and other concerns.

IX. REVISIONS AS INDICATED

The survey is revised according to issues raised during Beta testing. When approved by PTC and ready for dissemination, the major survey is executed.

X. SURVEY ADMINISTRATION

The survey is distributed to all potential respondents, as much is possible. Various sources (e.g. website, direct email, advertising in AHNA eNews and Beginnings) are used to recruit participants. Only complete survey-response is used in final analysis. Therefore, when a respondent initiates a survey, but leaves it incomplete, they are contacted by PTC and invited to complete the survey. The program is set so that they can sign in, create an ID and password, work on the survey, leave and reenter. Thus, they can do the survey all at once or in sections, depending upon their time. PTC keeps tally on the respondents to ensure that we have appropriate representation based on the numbers certified at each level, AHNA membership, and geographical distribution. If needed, additional respondents are recruited, sometimes with a targeted population (e.g. HN-BC from the northeastern part of the US).

XI. DATA ANALYSIS

Data derived from the respondents are coded using criticality indices and then analyzed to determine how important each competency is to the practice of the specialty or role under study. Data are analyzed using standard psychometrics needed to clarify difference (or not) across levels of certification, education, geographic location, etc.

XII. RDS REPORT

A full report of the process undertaken to complete the RDS is drafted and submitted for publication in a timely manner.

XIII. BLUEPRINT REVISION

The Blueprint used for Examination Development is revised based on the findings from the data analysis.

XIV. ITEM WRITING

Item-writers from across the population of experts are invited to review the Item-writer's Handbook, draft items, and send them to PTC. PTC then reviews the items, makes editorial changes, and creates a bank of items

XV. ITEM REVIEW

When sufficient items are accrued in the item bank, PTC requests that a group of experts be identified to review the items by GoToMeeting. Each item is reviewed with consideration for clarity, specificity, relationship to the Standard of care, single correct answer, and redundancy with other items. Revisions are made when deemed necessary; items are removed when considered inappropriate for the specific certification program, and/or the Scope of Practice.

XVI. EXAM DEVELOPMENT

When a substantial number of items have been accrued, PTC creates a draft examination. An Examination Development Committee consisting of 5-7 experts in the specific level of certification is gathered to review the exam, finalize items to be included, and to set passing scores using Angoff methods. The entire process is completed in confidence and under the direction of PTC staff.

XVII. EXAM ADMINISTRATION

The Examinations are maintained by PTC in a secure location. They are administered at specified, secure testing sites arranged by PTC, and under the supervision of trained monitors. The dates, times, and locations of the examinations are posted on the AHNCC and PTC websites at least one year in advance.

XVIII. EVALUATION OF RESULTS

Each examination is committed to a post-examination evaluation. Reliability and validity factors are assessed; item analysis is undertaken when indicated. Items are removed from the exam when warranted by item-analyses. Data are also evaluated to determine the nature of the test takers, and their geographical location. Problems

with the examinations are addressed immediately; rescoring is performed if warranted.

PTC sends each candidate a set of data indicating their score, passing score, and how their score relates to the Blueprint. They also send copies to AHNCC. AHNCC sends final letters of congratulations with award certificates or notice of failure.