Increasing Certification Through Unit-Based Education

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Certification has been identified by multiple organizations as an important component and means of elevating the level of nursing care provided to patients and demonstrating to the public that the nursing staff has subspecialty knowledge. Certification may lead to improved patient satisfaction and outcomes as well as increased nurse satisfaction and retention. Despite the known potential benefits associated with certification, institutions struggle to improve certification rates. One possible method to overcome system barriers to certification is the implementation of a unit-based study course to prepare nurses for the Certified Breast Care Nurse (CBCN®) examination. Data collected by an author-developed tool as one institution created and executed a unit-based study course suggest that such an approach increased certification rates and improved disease-specific knowledge and confidence among the staff, despite no official data existing on the tool’s reliability and validity. Implementation of similar programs may be successful in improving certification at other institutions seeking to raise certification rates.

Background

Health care is continually evolving. Institutions and nursing leaders are constantly challenged to recruit and retain competent nurses with subspecialty knowledge and skills. Licensure is based on minimum requirements, whereas certification denotes a recognized higher standard of knowledge and practice (Altman, 2011). Specialty certification at the basic practice level of nursing is a voluntary strategy for validating clinical expertise (Kendall-Gallagher, Aiken, Sloane, & Cimiotti, 2011). Certification is one strategy associated with improved patient care and professional satisfaction because of professional development and employer recognition (Watts, 2010). To be effective, however, certification must be beneficial to all stakeholders, including patients, employers, and professional nurses (Brown, Murphy, Norton, Baldwin, & Ponto, 2010).

Specialty Certification

Numerous benefits have been attributed to specialty certification for patients, employers, and the nursing profession. It serves as one means of formal recognition of advanced achievements within nursing. In the profession of oncology nursing, several types of certification exist not only for general oncology nursing but also for subspecialties within oncology nursing (Oncology Nursing Certification Corporation [ONCC], 2013) (see Table 1). Benefits to patients and the public potentially include increased patient safety, improved patient outcomes, and promotion of excellence in nursing care (Brown et al., 2010; Coleman et al., 2010; Watts, 2010). Certification validates that the nurse has and can apply scholarly knowledge to clinical practice (Kendall-Gallagher et al., 2011; Niebuhr & Biel, 2007). Healthcare delivery
<table>
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<tr>
<td>Advanced Oncology Certified Nurse</td>
<td>AOCN®</td>
<td>This credential is available for renewal only.</td>
<td>The nurse has the knowledge to competently perform in an advanced role in cancer care having in-depth knowledge that goes beyond the basics of cancer care.</td>
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<tr>
<td>Advanced Oncology Certified Nurse Practitioner</td>
<td>Eligibility pathway 1: Graduate degree from an accredited nurse practitioner program with a concentration in oncology 500 hours as an adult oncology nurse practitioner One graduate-level oncology course of at least two credits or 30 contact hours in oncology</td>
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<td>The nurse has the knowledge to competently perform as an adult oncology nurse practitioner.</td>
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<tr>
<td>Advanced Oncology Certified Clinical Nurse Specialist</td>
<td>AOCNS®</td>
<td>Eligibility pathway 1: Graduate degree from an accredited clinical nurse specialist (CNS) program with a concentration in adult oncology, medical-surgical, family, gerontology, or women's health 500 hours as an adult oncology CNS One graduate-level oncology course of at least two credits or 30 contact hours in oncology</td>
<td>The nurse has the knowledge to competently practice as an adult oncology clinical nurse specialist.</td>
</tr>
<tr>
<td>Blood and Marrow Transplantation Certified Nurse</td>
<td>BMTCN®</td>
<td>1,000 hours of blood and marrow transplantation nursing experience within the past 2.5 years 10 contact hours in blood and marrow stem cell transplantation</td>
<td>The nurse has the knowledge to competently provide blood and marrow transplantation nursing for adults or pediatrics.</td>
</tr>
<tr>
<td>Certified Breast Care Nurse</td>
<td>CBCN®</td>
<td>1,000 hours breast care nursing experience within the past 2.5 years 10 contact hours in breast care nursing</td>
<td>The nurse has the knowledge to competently provide breast care nursing through a variety of challenges from prevention and detection through diagnosis, treatment, and survivorship.</td>
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<tr>
<td>Certified Pediatric Oncology Nurse Certified Pediatric Hematology Oncology Nurse</td>
<td>CPON®</td>
<td>1,000 hours of pediatric oncology or hematology nursing experience within the past 2.5 years 10 contact hours in oncology nursing</td>
<td>The nurse has the knowledge to competently provide care for children with cancer and their families.</td>
</tr>
<tr>
<td>Oncology Certified Nurse</td>
<td>OCN®</td>
<td>1,000 hours of adult oncology nursing experience within the past 2.5 years 10 contact hours in oncology nursing</td>
<td>The nurse has the knowledge to competently care for adult patients with cancer at the basic level in oncology nursing.</td>
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*All certifications require an active, unrestricted RN license and a minimum 12 months of experience as an RN within the three years prior to applying to test. For more detailed information on eligibility, refer to the Oncology Nursing Certification Corporation’s website at [http://oncc.org/Eligibility/InitialCertification](http://oncc.org/Eligibility/InitialCertification). Note. Based on information from Oncology Nursing Certification Corporation, 2013.*
has become increasingly challenging as patients with complex multisystem problems require care that is best provided by professionals with specialty knowledge and skills (Kaplow, 2011). In addition, certified nurses have been shown to be more confident in their decision-making skills (Kaplow, 2011). For example, in one study, certified oncology nurses demonstrated better pain assessment and management knowledge than noncertified nurses (Coleman et al., 2010). For that reason, employers often seek to hire and maintain certified nursing staff.

Benefits to employers include improved competency and retention as well as enhanced recruitment (Watts, 2010). Certification may be desirable when hiring a potential employee as it demonstrates that the employee has already achieved a proven knowledge base. Certified nurses also may be more likely to engage in long-term learning and professional development (Fitzpatrick, Campo, & Lavendero, 2011; Watts, 2010). For the profession, certification may be very important, as it is associated with nurses who stay actively engaged in clinical practice (Schmal & Derrevere, 2012). Retention is critical as the nursing workforce ages and some geographic areas experience significant shortages of nurses.

Certification usually is a voluntary process (Schmal & Derrevere, 2012), and the benefits to the certified nurse should not be overlooked. Those include increased personal confidence, enhanced job satisfaction, autonomy, credibility, empowerment, and accountability (Schmal & Derrevere, 2012; Watts, 2010). An identified benefit of certification to the nurse is increased opportunity for promotion and professional advancement (Wade, 2009). Certification also has been associated with improved collaboration across the multidisciplinary healthcare team (Wade, 2009).

Incentives and Barriers

Incentives for nurses to obtain and retain professional certification are internally and externally motivated. Intrinsic motivators include an enhanced feeling of personal accomplishment and satisfaction, professional challenge associated with knowledge acquisition for certification, improved professional credibility, and validation of professional knowledge (Wade, 2009; Watts, 2010). Extrinsic motivators include peer recognition, employer recognition, and financial incentives (Coleman et al., 2010; Wade, 2009; Watts, 2010). Certified nurses also may have more marketability (ONCC, 2013).

Barriers to certification include fear of test taking; costs of test taking, study courses, and materials; and not wanting to study and test alone (Fleischman, Meyer, & Watson, 2011). Employers may reduce barriers to subspecialty certification by paying for certification fees for initial testing and renewals, continuing education fees, and test preparation fees (Niebuhr & Biel, 2007). Some institutions look to hospital foundations and other philanthropic resources to assist with those costs (Johnson, 2012). Lack of access to materials and lack of time to prepare for the examination for specialty certification can be substantial barriers for nurses to even consider certification as feasible (Watts, 2010). Nurses may be more motivated to consider certification if they have administrative support and protected time to prepare for the certification examination (Callicutt, Norman, Smith, Nichols, & Kring, 2011). Lack of employer support and extrinsic rewards such as a certification differential or reimbursement may be the biggest factor in whether nurses obtain and retain certification (Wade, 2009).

The importance of employee recognition should not be underestimated. Employers can market that they have a pool of certified nurses (ONCC, 2013; Wade, 2009). Employers also can promote recognition by including certification credentials on identification badges and business cards or displaying certificates in prominent public places (Brown et al., 2010; Ellerbe & Regen, 2012). Including certification as part of a career ladder with potential career advancement also has been associated with increased numbers of nurses being motivated to obtain or retain certification (Brown et al., 2010). For certified nurses who choose not to recertify yet continue to practice in the subspecialty area, lack of financial rewards such as a certification differential or employer recognition are cited as significant barriers (Watts, 2010).

Sometimes a culture shift also is necessary, which often occurs as more nurses become certified coupled with institutional support (Callicutt et al., 2011). Nurse managers can encourage certification by providing basic information about certification, such as a test bulletin, discussing certification when hiring and during periodic performance reviews, setting concrete goals, and celebrating successes (Altman, 2011).

Institute of Medicine Report on Nursing

The Institute of Medicine (IOM, 2011) report The Future of Nursing: Leading Change, Advancing Health provides guidelines and recommendations to guide nursing practice through 2020. Although certification is not discussed specifically, the report does review the concept of lifelong learning, which can be applied to professional nursing certification (IOM, 2011). The IOM also stresses that attracting and retaining well-prepared nurses should be a priority. The recommendations include that healthcare organizations offer continuing competency and continuing education programs regularly; evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes; and update the programs accordingly. The IOM (2011) encourages healthcare facilities to partner with formal academic institutions to provide continuing education and competency programs.

Recognition From Institutional Credentialing Organizations

Certification provides a level of recognition desired by outside institutional credentialing organizations such as MagnetTM recognition and the American College of Surgeons. Certification has become a comparable benchmark for institutions to demonstrate competence and expertise within professional staff (Boyle, Gajewski, & Miller, 2012; Schmal & Derrevere, 2012), and surveyors for both of those organizations consider the total number and percentage of certified nurses in their decision making (ONCC, 2013). Many institutions are seeking such recognition for marketing purposes as well as to improve patient care.

Magnet recognition is awarded to healthcare facilities by the American Nurses Credentialing Center (ANCC), 2013 for nursing excellence. Institutions must meet a variety of criteria, such as improved certification rates, the advancement of nursing practice by the staff, and high levels of nursing satisfaction (ANCC, 2013). Obtaining and maintaining this status sets hospitals apart and has been shown to have higher professional intent.
to stay at the current workplace compared with non-Magnet hospitals (Lacey et al., 2007).

The American College of Surgeons offers the National Accreditation Program for Breast Centers ([NAPBC], 2012). Many institutions strive to have a dedicated breast center and desire such accreditation. NAPBC (2012) emphasizes that accredited centers have nurses with expertise in caring for patients throughout the breast cancer trajectory. Certification is one means of demonstrating this expertise, including the Certified Breast Care Nurse (CBCN®) credential, as it requires nurses to have knowledge of breast care across all areas and not just in one subspecialty.

Methods for Certification Preparation

Certification provides a systematic means of validating a nurse’s knowledge in a focused practice area and measures a specific standard of knowledge and experience beyond the minimum expected of an entry-level professional. Most certifying bodies, including ONCC, provide a content outline of required areas of knowledge, a minimal expectation of a number of years of focused experience, and a test that measures the application of knowledge in a specific area of expertise (ONCC, 2013; Stichler, 2010).

The ultimate goal of staff education is for nurses to be able to translate newly acquired knowledge into practice, thereby enhancing the quality of patient care (Watts, 2010). For that reason, some institutions offer formal test preparation courses for nurses prior to them taking a professional certification examination, which can have a positive effect on self-confidence, competence, leadership, and professional initiative (Sayre, Wyant, & Karvonen, 2010). Staff educators often struggle with finding ways to provide effective education, such as certification preparation courses, particularly with limited financial resources (McCarthy, 2010). Some institutions choose to provide their own certification review courses and may include approved continuing education credits in the specialty area, which often are required for initial certification, renewal of certification and, in many states, renewal of the license to practice (Fleischman et al., 2011). Some individuals within an institution or a professional organization chapter have found it effective to create formal or informal study groups to prepare for a certification examination (Altman, 2011).

Clearly, many benefits to certification exist for patients, institutions, and healthcare providers. However, challenges and barriers limit the number of nurses who actually pursue and maintain certification. As more nurses are encouraged to pursue certification, finding effective, cost-efficient means to prepare nurses to take a certification examination is crucial.

Trends in One Institution

In August 2009, the first author of the current article obtained certification by passing the CBCN® examination during the first year it was offered. At that time, no preparation materials or review courses were available for the new subspecialty examination. Preparation materials for the CBCN® examination still remain limited. At the same time, the culture of the outpatient breast medicine service at Memorial Sloan-Kettering Cancer Center was identified to be one where staff were not motivated internally or externally to obtain certification. In January 2011, only 38% of medical oncology nurses, 36% of surgical nurses, and 21% of chemotherapy nurses held any nursing certifications. During informal inquiry among staff nurses, the nurses reported the high cost of the test without employer reimbursement, fear of failure, uncertainty regarding optimal test preparation strategies, lack of preparation materials, and being unaware of the availability of a breast-specific certification test as reasons for not pursuing certification.

After discussions, the nurse manager and the first author of this article (the clinical nurse specialist for the service) decided to undertake a pilot offering to determine whether a review course would be feasible, effective, and of interest to the nurses. The purpose of the proposed review course was to increase nurses’ knowledge and confidence and ultimately motivate more nurses to increase their knowledge of breast care and successfully obtain the CBCN® credential. To accomplish that goal, a review and preparation course was designed to educate nurses about the CBCN® examination, raise awareness of possible preparation resources, and provide education aimed at preparing for the examination (e.g., didactic lecture, self-learning modules, practice questions).

Course Development

Course content was developed based on the ONCC’s test blueprint and references for the CBCN® examination (ONCC, 2013). Weekly one-hour didactic sessions were held throughout a 16-week period and repeated twice yearly. Topics were covered in a progressive sequential manner, beginning with risk and ending...
with management of the survivor. Copies of lecture materials and practice questions were provided to each nurse taking the examination. In addition, each nurse was taught how to access the National Comprehensive Cancer Network guidelines online and provided with tables and charts to supplement the lecture materials where appropriate. The class was taught exclusively by the first author, a clinical nurse specialist with a master’s degree in nursing education and a content expert with more than seven years of dedicated breast care experience.

For the first year and a half, the course was offered exclusively to nurses within the breast center of the institution and was promoted via email advertisement, word of mouth by participants, and by the nurse manager during staff meetings and performance reviews. Future sessions were offered institution-wide, with remote access for the institution’s employees working at satellite locations. Remote access included audio and visual connection to the physical classroom through a web conferencing service. Advertisement remained the same. Sessions were audio recorded for sustainability and made available to participants who missed a session or wanted to review the material again. The course was offered at no cost and 12.83 ANCC contact hours were provided at the completion of the course. The contact hours could be applied toward the 10 contact hours required to take the CBCN® examination. Nurses were provided support from leadership within their units to complete the course, and protected time was arranged when necessary. The course was offered in the morning before the start of the average work shift for convenience. At this institution, no direct pay incentive existed for certification or reimbursement for testing at the time the course was implemented. Instead, certification is part of a professional advancement program, or clinical ladder, which includes a pay increase when multiple criteria, including certification, are met. As a result of the lack of direct pay incentive, the nurses participating were assumed to be self-directed and self-motivated learners.

The largest barrier encountered in offering the preparation course was the provision of protected time for the participants outside of their work requirements. Although the classes were offered during the first hour of each work day, scheduling conflicts did affect regular attendance by some participants. In addition, nurses who were off on the day the class was offered were either unable to attend or needed to commit to attending on their day off. That was partially addressed by rotating the day that the class was held with each offering.

Curriculum updates were performed by the content expert at the time changes were made to the test blueprint and resources by the ONCC. Updates included new drugs, changes in side-effect management recommendations, and topics newly covered on the examination (e.g., clinical trials).

Data Collection

Descriptive data was collected before and after the course. In addition, other assessments included certification pass rates and anecdotal reports from those who completed the course. Descriptive statistics were used to summarize the data. Participants were asked to rate their level of knowledge and confidence before and after the course on a five-point Likert-type scale that assessed their perceived expertise level. The scale was set as: nothing (“I know nothing about breast care”), low (“I know some things about breast care”), moderate (“I know a good amount of one area of breast care but nothing about others”), high (“I know a good amount about all areas of breast care”), or expert (“I know a lot about all areas of breast care”). In addition, the certification rate in three areas (breast medical oncology, surgery, and chemotherapy) was monitored and updated after each offering of the course.

Findings

To date, 59 nurses have registered for the course and 57 have completed it. Before the course began, 14 nurses self-reported their knowledge and confidence levels at low, 27 at moderate, and 16 at high. After the course, 84% of participants reported an increase in one or more levels of knowledge and confidence, with 2 self-reporting their knowledge and confidence at moderate, 48 at high, and 7 at expert. In addition, certification rates in the breast center have increased since course inception (see Figure 1). Of note, 54% of participants took the course to prepare for the CBCN® examination and 46% sought to increase disease-specific knowledge. Of those nurses aiming only to increase knowledge (N = 19), 42% reported now planning to take the test. Of those who took it to increase knowledge but were not planning to take the examination, multiple reasons were cited (see Figure 2). About 95% of the nurses who have completed the course and already taken the CBCN® examination (N = 18 of 19) have passed. Although more nurses have taken the course to prepare for the test and only 19 have tested, the discrepancy is the result of a three- to six-month lag for nurses to register and take the test after completing the course. Current numbers cannot reflect nurses that have not yet tested because of recent course completion. Anecdotally, the clinical nurse specialist, nurse manager, and staff members felt morale was increased on the unit, and certification pursuit increased in older, more experienced but uncertified nurses. Collaborative
Implications for Practice

- Remember that potential certification benefits include improved patient outcomes, increased nurse satisfaction, and enhanced retention and recruitment for employers.
- Address barriers to achieving certification, such as the cost of testing and testing preparation, availability of study resources, and lack of employer recognition and support.
- Institute unit-based study programs to increase certification rates by overcoming known barriers while improving subspecialty knowledge and confidence in staff nurses.

Professional relationships also developed between nurses from different units after taking the course together.

Implications for Nursing Practice

Based on the results of this study during a three-year period, these courses can be implemented at institutions looking to train new staff in subspecialty content as part of training and orientation, as well as for certification test preparation. Unit-based education programs yield successful testing results which, in turn, can increase certification at the unit and institution level, have the potential to increase employee morale and intrinsic motivation for professional development, and may build relationships among nurses from varying subspecialties—possibly improving interdisciplinary care. In addition, providing recordings of the course add to its sustainability for future needs. Centers seeking to increase knowledge and certification could implement similar courses with expectations of success based on the current study’s findings.

Conclusions

The benefits of certification are vast and extend far beyond the nurse holding the credential. As more institutions and individuals seek to increase certification among staff nurses, one must recognize the potential barriers that exist in achieving this milestone. Successfully increasing certification rates at the unit and institution level requires buy-in from nurses and administration. Use of a course like the one described can meet the goals of administration with little to no budget impact while meeting the needs of the nurse seeking out certification. To date, the experience of this implementation demonstrates nurses’ willingness to participate in a course to increase disease-specific knowledge as well as become certified when provided with a resource that decreases known barriers (e.g., cost of study preparation materials, availability of resources, time for preparation, administrative support). In addition, the secondary benefits of strengthening nursing relationships across departments and increasing department morale have elevated the level of care patients are able to receive as a result of the implementation of this unit-based learning strategy.

References

Altman, M. (2011). Let’s get certified: Best practices for nurse leaders to create a culture of certification. AACN Advanced Critical Care, 22(1), 68–75.


Wade, C.H. (2009). Perceived effects of specialty nurse certification on the professional relationships also developed between nurses from different units after taking the course together.

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