

# Nursing Professional Development Standards of Practice



## Standards 1–6

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Standards of practice are “authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting, are expected to competently perform” (American Nurses Association [ANA], 2021a, p. 15). Specialty nursing associations develop the scope and standards for their nursing specialty, which may be submitted to ANA for approval of the scope of practice and acknowledgment of the standards. In March 2022, the Association for Nursing Professional Development, the professional association for the nursing professional development (NPD) specialty, released the fourth edition of *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2022). The scope of practice, approved by ANA, has been presented in previous columns. This column begins the review of the standards of practice and professional performance that the ANA has acknowledged.

The first six standards in *Nursing Professional Development: Scope and Standards of Practice, Fourth Edition* (Harper & Maloney, 2022), comprise the standards of practice and apply the nursing process framework to NPD practice. In alignment with the ANA’s (2021b) guidelines for specialty recognition, each standard lists competencies for the NPD practitioner and the NPD specialist, an NPD

practitioner who has a graduate degree and is certified in NPD. These standards address assessment of needs, diagnosis of practice gaps, planning, implementation, and evaluation of NPD initiatives in achieving predetermined outcomes. The updates in the fourth edition provide competency expectations reflective of current and emerging NPD practice. These standards align with the ANA’s (2021a) *Nursing: Scope and Standards of Practice, Fourth Edition*.

Throughout the first six standards, a significant change is the broadened focus from “educational activities” to “NPD initiatives.” Whereas educational activities are typically limited to a workshop, simulation, or other learning events, NPD initiatives not only encompass those activities but also include projects, programs, and processes that support or enhance one or more of the six NPD responsibilities: onboarding/orientation, competency management, education, collaborative practice, role development, and inquiry. Examples of initiatives include creating systems and processes to manage an annual competency program and developing an evidence-based practice mentorship program. Although these activities can include educational components (e.g., a workshop on competency or mentoring), the roles and responsibilities of the NPD practitioner are much broader than education alone and, thus, better represented by “initiative.”

This column discusses the updated NPD standards of practice and their use in NPD practice. Documentation of the work of the NPD practitioner is incorporated in each standard, so it is not specifically mentioned in the discussion of the standards for this column.

## STANDARD 1. ASSESSMENT

Standard 1 provides strategies for collecting, analyzing, and synthesizing data about “individual, unit, organization, and system performance” (Harper & Maloney, 2022, p. 64).

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Competencies associated with this standard include collecting data from various sources and prioritizing data collection based on the situation in alignment with organizational priorities. The assessment process was broadened to include using evidence-based assessment techniques to guide relevant data collection. Other additions include creating a safe environment for competency assessment and remaining knowledgeable of advances in technology that influence assessment. Although the NPD practitioner is responsible for assessing the impact of unit dynamics on practice, the span of assessment for the NPD specialist includes “department, organization, system and community dynamics” (p. 65). As in the previous edition of the scope and standards (Harper & Maloney, 2016), the NPD specialist remains responsible for forecasting potential needs based on “environmental scanning at national and global levels” (Harper & Maloney, 2022, p. 65).

## **STANDARD 2. DIAGNOSIS**

Standard 2 focuses on the nursing process step of diagnosis and includes analyzing assessment data to identify practice gaps, both actual and potential, and other issues that impact the performance of members of the healthcare team. Differentiating professional development issues from system or compliance issues is emphasized. Once a professional development issue is identified, further analysis is conducted to determine if the practice gap results from a lack of knowledge, skill, and/or practice. In addition to the core expectations for all NPD practitioners, the NPD specialist analyzes practice gaps related to the organization’s mission and goals, as well as national standards, and uses information and communication technology to facilitate diagnosis. Whereas the NPD practitioner prioritizes identified practice gaps at the individual or unit level, the NPD specialist also considers departmental and organizational needs.

## **STANDARD 3. OUTCOMES IDENTIFICATION**

Standard 3 provides the foundation for development of measurable outcomes for a plan designed to meet the diagnosed needs of an “individual, unit, department, organization, system, or population...to ensure quality care and safety of the healthcare consumer/partner” (Harper & Maloney, 2022, p. 68). This standard specifies inclusion of learners and other key stakeholders in formulating measurable, evidence-based, context-specific outcomes that reflect the values of the organization, stakeholders, and learners that align with regulations. The NPD specialist is expected to ensure that anticipated outcomes demonstrate impact within the organization or system, depending on the specific need to be addressed. The NPD specialist also revises outcomes based on changing needs.

## **STANDARD 4. PLANNING**

The planning process includes development of innovative NPD initiatives in collaboration with others, respecting

diversity, using adult learning and instructional design principles, and preparing content reflective of expected outcome(s) and current evidence. Competencies include using the best available evidence and organizational learning concepts and planning interprofessional initiatives. NPD practitioners are charged with identifying resources to help learners achieve the desired outcome(s) and using NPD practice judgment to prioritize elements of the plan. In addition, the NPD specialist uses systems thinking—focusing on the interdependencies within the organization—in all phases of the planning process, applying theories related to learning, change, and other relevant frameworks.

## **STANDARD 5. IMPLEMENTATION**

Implementation of the identified plan is the focus of Standards 5, 5-A, and 5-B. Of note, the previous Standard 5-B: Facilitation of Positive Learning and Practice Environments has been incorporated into the new Standard 18: Environmental Health, and the previous Standard 5-C: Consultation has been absorbed by Standard 15: Quality of Practice. These standards will be discussed in a future column.

Standard 5 emphasizes that the implementation of a planned NPD initiative focuses on ensuring quality and safety for the healthcare consumer/partner (Harper & Maloney, 2022). Detail is provided about the way in which implementation is carried out, including coordination and timeliness, in a manner proportionate to the urgency and complexity of the outcome. Furthermore, all NPD practitioners are expected to interact with others in a way that demonstrates caring, respect, empathy, and inclusiveness. NPD practice judgment, which is defined as “the identification and interpretation of the learner’s needs and the decision to act—or not act—on those needs using typical, modified, or new NPD interventions as appropriate...includes contextual reasoning based on knowledge of the learner” (Harper & Maloney, 2022, p. 16), is used throughout implementation. NPD practice judgment allows for modification of the plan and addressing barriers as needed to meet the needs of the target audience. Decision-making is emphasized for the NPD specialist, along with analysis of quality improvement tools, coordinating interprofessional and community resources, and translating evidence-based findings into practice.

## **STANDARD 5-A. COORDINATION**

The coordination of the intended plan has been significantly reworked and enhanced. This standard articulates with more specificity the involvement of other professionals and staff (including, for the first time, the professional development associate), stakeholders, and learners, with an emphasis on the interprofessional team and provision of safe and equitable care. Also, for the first time, this standard addresses coordination (by NPD practitioners) and creation (by NPD specialists) of practice transition

programs, which include preceptor development. In addition, coordination of student experiences, participation on advisory boards, and coordination of other collaborative partnerships are identified as key competencies. Furthermore, the NPD specialist leads interprofessional initiatives to ensure high-quality care and safety.

### STANDARD 5-B. HEALTH TEACHING AND HEALTH PROMOTION

This standard is new to the fourth edition of the NPD scope and standards and asserts that the NPD practitioner “employs strategies to teach and promote wellness” (Harper & Maloney, 2022, p. 77). The NPD practitioner has an essential role in promoting healthy lifestyles, disease prevention, and self-care in learners, as well as providing education to help clinical staff promote wellness in their healthcare consumers/partners. In addition, the NPD specialist ensures that health promotion and self-care resources are applicable, accurate, and understandable for learners—whether healthcare personnel or healthcare consumers/partners.

### STANDARD 6. EVALUATION

Standard 6 addresses the measurement of “progress toward attainment of outcomes” (Harper & Maloney, 2022, p. 79). The updated standard clearly articulates the role differentiation of the practitioner and the specialist. While evaluation is systematic and ongoing, the NPD practitioner is focused on outcomes of established plans, whereas the NPD specialist additionally focuses on process and impact. The NPD practitioner analyzes, documents, and disseminates results of evaluation data. In addition, the NPD specialist creates inclusive processes to involve stakeholders in evaluation, uses valid and reliable tools to measure behavior change, and synthesizes evaluation data to guide decision-making and determine impact on the healthcare consumer/partner. Additional focus is given to identifying barriers to sustaining outcomes; determining the influence of interprofessional learning and practice environment for the NPD practitioner; and using evaluation data to advance research, policy, or nursing practice for the NPD specialist.

### IMPLICATIONS FOR NPD PRACTICE

The changes made to Standards 1–6 clarify and amplify the importance of identifying and addressing gaps in healthcare practice that are amenable to NPD interventions through any of the six NPD responsibilities. Environmental scanning and the use of data and technology are ever present as approaches to ensure that NPD initiatives are timely and relevant and support optimal care and population health in alignment with the organization’s mission and vision (Harper & Maloney, 2022). Recognition of the healthcare consumer,

interprofessional team, learners, and stakeholders in each standard demonstrates the importance of collaboration in the development of NPD initiatives. NPD initiatives are not planned in isolation but with the involvement of others at all phases to ensure that the desired outcomes are likely to be met.

References to NPD practice judgment and decision-making throughout the updated NPD scope and standards reflect a foundational body of knowledge specific to the NPD specialty. The NPD practitioner uses this judgment in each of the standards of practice. Judgment is not sufficient by itself; it must be accompanied by the NPD practitioner’s use of tools, resources, and instruments that are valid, reliable, and evidenced based. Such tools add rigor to the work and promote credibility and acceptance of outcomes.

The fourth edition’s new focus on health promotion and health teaching in Standard 5-B is significant. It directs NPD practitioners to attend to self-care, healthy work environments, and promotion of wellness for all healthcare staff—including themselves—and healthcare consumers/partners (Harper & Maloney, 2022).

Finally, significant implications for practice are found in Standard 6: Evaluation, which clearly differentiates the NPD practitioner and specialist. The NPD specialist is directed to develop a continuous, systematic evaluation plan with the intention of monitoring and measuring both processes and outcomes relevant to NPD initiatives, healthcare consumers/partners, learners, and stakeholders.

### CONCLUSION

Although NPD standards of practice 1–6 have historically applied to the educational design process, their scope has been expanded to apply to all NPD initiatives. Whether engaged in onboarding/orientation, competency management, education, collaborative partnerships, role development, or inquiry, NPD practitioners use the competencies associated with each of the standards of practice as their “minimum guidelines for practice” (Harper & Maloney, 2022, p. 62).

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