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HEADLINE ARTICLES

Rescue Me: The Art of Reputation Recovery and Rebuilding Integrity

By Christine Niero, PhD

Christine Niero, vice president, Professional Testing, Inc., and Natalie Judd, principal, Big Voice Communications, presented “Reputation Rescue: Recovering and Re-launching a Certification Program” at the ICE 2012 Annual Educational Conference.

As the corporate crises of recent years have demonstrated, a reputation that took a lifetime or even generations to create can be destroyed in seconds. A mishandled response, inappropriate behavior of credential holders, poor program and weak policies, and a hostile regulatory or public policy environment all have the power to instantly tarnish a sterling reputation built by stellar performance and hard work. Not only does this impact the organization but it spills over to all those who carry your credential and are directly or indirectly affiliated with your organization.

Restoring an organization’s reputation is a monumental—but not impossible—task. The good news is that it is doable but requires focused efforts from all corners of the organization. One only need to look at the corporate world to find a number of examples of large and small companies that lost reputation and were successful in restoring their good name.

Organizations can also take comfort in the fact that it does not take decades to restore their reputation—crises do fade with time. In a survey conducted by *WithinWorldwide* and Burston-Marsteller, the average recovery takes approximately four years, and the average time for the crisis to fade in most stakeholders’ minds is three years.

The Ostrich Response is Not an Option

When crisis strikes, hiding your head in the sand and hoping that the problem will disappear is not an option. This era of constant news coverage and the almost instantaneous spread of information on blogs, email and social media requires a firm grip on the microphone in order to establish the facts and stop rumors from gaining momentum. Because the simple truth of crisis management is that the story will be told with or without you, so it’s best to keep your organization’s voice in the mix so the facts do not get distorted.

The organization’s board president or executive director must be the public face for the crisis, and the organization should be upfront on its website, newsletters, blogs and other media. If

managed well, a company's media can deliver timely facts to core constituents and can dispel any notions of closing ranks, withholding information or making decisions without volunteer input.

Solid, Decisive Action Nets Results

We recently saw a great response from an organization that was just launching a new credential. When the first announcement about the credential was issued, a small group of prominent leaders in the field—largely from the academic community—immediately launched an attack questioning the value of the credential in a field where most people had an M.A. or Ph.D. They challenged the organization for making the decision to develop this program “without their input” and that this program “came out of the blue.” The organization responded quickly and decisively with a factual response on their website and in their newsletters outlining all the prior mentions of the credential and retraced its development over the past few years. But it didn’t stay on the defensive. The organization also made it clear that it was still willing to listen, and it created listening sessions at its annual meeting, in addition to developing collateral outlining the value of the credential and retracing its long development process. The crisis was over within a few months, and the credential was announced with the endorsement and support of leading members. As additional challenges arose (and they always will), they came with much less gusto and fizzled out relatively quickly.

Ostrich Approach Nets Long Crisis

A contrasting example comes from another sector. The organization was hit with a major crisis that originated from some bad actors that held its credential and were accused of defrauding seniors. As a result, the issue caught the attention of Congress, and the credential’s reputation was damaged substantially—especially in core sectors. While the organization responded to the Congressional hearings, it didn’t manage the crisis in a public and open way with its credential holders and chose to take the ostrich approach. As a result, they are still struggling to recover some four years later and have lost a lot of credential holders in key sectors. While admittedly on a different scale, the two vastly different responses had a serious impact on the longevity and message management of the crisis.

Walking the Walk

While managing the message is critical, it is the integrity of the organization’s overall program that will ultimately rebuild the organization’s reputation. The key to staying in the public’s good graces and repairing reputation for the long haul always begins with doing the right thing through the crisis, but, at the same time, maintaining open lines of communication so that the public and credential holders can determine for themselves that the organization is on the right track.

Reviewing the entire program to make sure that policies and disciplinary procedures are solid, seeking third-party validation and working with the entire staff to shift the corporate culture to prevent future crises are all critical steps in walking the walk to recovery.

Credentialing organizations also always need to be mindful of the fact that by “wearing” your organization’s credential, credential holders have entrusted some of their own brand reputation to your organization. It is vital to them and their own businesses that the organization be seen as a credible program with integrity and a solid reputation. Only by satisfying this critical audience can the organization truly move forward.

Moving from Good to Great

While it takes time to (re)build and maintain a good reputation, the *WithinWorldwide* and Burston-Marsteller study estimated that it takes more than five years to move from good to great. Clearly, organizations must deliver sustainable proof before stakeholders agree that an enduring positive reputation has been (re)built. And, like any other business, credentialing organizations want to grow.

As in the corporate world, credentialing organizations will face crisis and can recover. In our collective work, we have seen and worked with numerous organizations that have addressed crises with varied responses and varied success.

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Establishing the Rigging and Signaler Training Certificate Program

By Aisha S. Taylor, MS, Deborah Martin, PhD, and Christine Huizenga

The time has never been better to develop rigorous certification programs for crane operators and the riggers and signalers. To demonstrate this point, it was just more than one year ago when a 5.8 magnitude earthquake rocked Washington, D.C., resulting in millions of dollars of damage to the Washington National Cathedral. Pinnacles shook, finials broke and flying buttresses were stressed. To add to the mayhem, a construction crane with a lifting capacity of 500 tons that was put in place to repair the earthquake's disastrous effects toppled over as thunderstorms and wind gusts of 40 to 50 miles per hour swept through the area, damaging two buildings and several vehicles.

Although this high-profile example did not result in any serious injuries, the Occupational Safety and Health Administration (OSHA) recently estimated that 89 crane-related fatalities occur per year in construction work. A Federal Register article developed in 2010 by OSHA reported that from 1984 to 1994, there were 479 crane accidents, resulting in 502 fatalities. The main causes of these accidents were preventable mistakes, such as electrocution, crane assembly/disassembly, boom buckling/collapse, crane upset/overturn, rigging failure and overloading. These statistics, coupled with the crane collapse at the Washington National Cathedral, demonstrate the vital need to take focused and intentional action to prevent crane accidents in the future.

To address the need for high-quality riggers and signalers with advanced skills, the training arm of the United Brotherhood of Carpenters and Joiners of America (UBC) has been working with CPS HR Consulting (CPS HR) for more than two years to improve the quality of training and testing provided to union members who work in the area of crane rigging and signaling. Recently, they obtained approval for Institute for Credentialing Excellence (ICE) accreditation for the Rigging and Signalers Certificate Program. In addition, work is currently underway to develop a proprietary certification program for UBC members. The critical journey that the UBC has taken, which continues today, is a testament to the experience of continual education that the ICE standards can facilitate through the rigorous accreditation process for both a certificate program and a certification program.

The UBC is North America's largest building-trades union, with more than a half-million members in the construction and wood-products industries. Since 1990, the UBC has lived out one essential part of its mission by providing quality training for union members through what is today called the Carpenters International Training Fund (CITF). With 223 training centers in the USA and Canada and an international train-the-trainer center headquartered in Las Vegas, Nev., CITF has nearly 550 training instructors and more than 19,000 union members qualified in rigging and signaling. It is through CITF that UBC has developed the above mentioned accreditation programs.

In 2009, CITF partnered with CPS HR for assistance in the completion of the ICE Rigging and Signaler Certificate Program. Over the next two years, CITF and CPS HR worked together to

create a complete ICE application, conduct a thorough job analysis study and develop a comprehensive examination of the practical skills and requisite knowledge needed to ensure the qualifications of its members in the area of rigging and signaling. Each component of this work is described in more detail below.

It is only through ICE's American Council for Accredited Certification review process that the CITF was able to enhance the professionalism and rigor of the rigging and signaling program. The application process highlighted the certificate program's strengths and emphasized the developmental initiatives CITF needed to be a well-managed certificate program, which resulted in approval for ICE accreditation of the Rigging and Signaler Certificate Program in December 2011.

A job analysis was conducted to validate the training and examination blueprint. It included an extensive literatures search, task and KSA development, administration of a job analysis online survey that was completed by nearly 900 UBC members, completion of task-KSA linkages and the development a new examination plan. Examination development consisted of building a robust item bank, multiple examination forms and a revised practical exam.

Using the National Commission for Certifying Agencies' (NCCA) standards that exemplify the rigorous legal and professional standards in the industry, CITF leaders, stakeholders and SMEs are building on their momentum and working to develop a sound proprietary certification program that will not only help to ensure the safety of UBC's members but also protect the public and industry investments. Currently, CITF is working to address the developmental initiatives necessary to meet the certification requirements set forth by the ICE. Maintaining a high-caliber certificate program and creating a certification program that meets industry standards will enable the UBC to assure the public that each and every UBC rigger and signaler is qualified to meet the safety requirements of OSHA and ANSI as well as specific client needs. These programs are enabling UBC members to do their jobs more effectively and ensure that the working conditions and the product of their work will be safe and secure. Using the guidance put forth by NCCA, the UBC is not only increasing trust and engendering more confidence within the ranks of its own membership, it is also gaining a competitive advantage among industry partners by raising awareness that a job completed by a UBC member will be done safely, efficiently and at the highest level of quality. Most importantly, UBC is helping to prevent crane and rigging accidents in the construction industry, of which even one preventable accident is too many.

Aisha S. Taylor, MS, is a senior human resources consultant at CPS HR Consulting and has more than 10 years of experience in human resources in many industries, including health care, nonprofit and government. She has performed a full range of services for certification examination development, including job analysis, development of written and oral tests, test validation, pass-point setting, item writing/review, technical report writing and various statistical analyses. She holds a master's degree in industrial-organizational psychology from Portland State University, where she is currently working toward her Ph.D. in the same field.

Deborah Ford, Ph.D., has been working in the field of industrial organization for 15 years. Ford has collaborated with a number of certification examinations with a number of organizations from multiple industries including accounting, financial planning, construction trades, water treatment and distribution, counselors and medical trades. She has managed job analysis, examination blueprint development, test construction, test administration, standard settings/pass point setting and test equating using Classical Test Theory and Item Response Theory methodologies.

Christine Huizenga has served as the office manager at the Carpenters International Training Fund (CITF) for more than 10 years. She has served an integral role in the steps of developing the Rigging and Signalers Certificate Program, including developing ICE application and participating in the job analysis study and examination development work. She is also helping to facilitate the development of the Rigging and Signalers Certification Program.

Credential Management: Does Your Program Have a Robust Solution?

By Blair Harris

Let's face it: Credential management—defined here as data management for candidate eligibility, examination performance, credential maintenance and recertification—is a tedious, time-consuming task that eats up labor hours. If your program cannot manage these multiple sources of data, it can damage candidates' careers and the credibility of your program in the process. While many organizations use customized, internal or automated programs, the scalability and robustness of your solution will impact its sustainability.

No system is perfect. However, if the advantages of your current system do not outweigh the disadvantages, it might be time to consider a more robust solution. In this article, I highlight some of the features that your program might consider when evaluating your current system and competing options.

Program Considerations

- How does the system help your program evaluate each of these key features?
 - Candidate eligibility
 - Examination performance
 - Credential maintenance
 - Recertification
 - Fulfillment
- How does the system facilitate access to demographic, program, psychometric and security reports and dashboards?
- How does the system assist with facilitating security processes to detect potentially anomalous results and policy infractions prior to releasing a score report or awarding a credential?
- How does the system help your program provide automated and customized communications to candidates?
- How does the system assist your program with awarding credentials that are based on complex requirements or logic?
- How does the system help your program control costs of score reporting and certificate production?
- How well does the system scale to planned changes and growth for your program?

Candidate Considerations

- How does the system assist with candidates' ability to self-serve using web-based tools for the following?
 - Accessing demographic information, eligibility status, exam results, credential status, credential maintenance status, recertification and/or other customized program data
 - Sharing examination score reports and/or credential transcripts with third parties

- Downloading authenticated score reports and certificates
- Tracking fulfillment of program requirements
- Submitting questions to customer service and receiving responses
- How does the system support engagement from candidates for whom English is not a primary language?

Customer Service Considerations

- How does the system assist your customer service staff with the following?
 - Responding to requests that could be resolved by the candidates themselves
 - Resolving specific data accuracy issues such as missing records, merges and demerges or duplicate records
 - Updating candidate demographic information
 - Starting, tracking, resending and reporting on fulfillment processes
 - Performing processes that could be automated
- How does the system facilitate greater efficiency for your program's candidate service staff?

Although this series of questions is not comprehensive, these questions target program, candidate and customer service considerations that programs might consider when evaluating credential management systems and the landscape of options that your program may be considering.

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Key Elements in Launching a Recertification Program

By Isabel Feher-Watters, CTD, CHRP

Isabel Feher-Watters, CTD, CHRP, presented “Key Elements in Launching a Recertification Program” at the ICE 2012 Annual Educational Conference.

Whether you are just now considering launching a recertification program or are in the midst of doing so, the process can seem like a long and arduous journey added to an already jammed work schedule. However, by following a few important steps and understanding the key elements of a renewal program, the journey can be less bumpy and perhaps even enjoyable.

The Institute for Credentialing Excellence (ICE) Handbook defines recertification as “requirements and procedures established as part of a certification program that certificants must meet in order to ensure continuing competence and renew their certification.”

So, what are the key elements to launching a recertification program? What are the things you should look for? What kind of resistance might you meet along the way? What can you do to help mitigate the risks?

Goal of Recertification

From the start, it is important to identify and document why you want to launch the recertification program and the goals. This exercise not only forces you to sit down and think about why this is important, but it also helps to comply with one of the essential elements in the National Commission for Certifying Agencies (NCCA) standards. The goals for recertification vary from organization to organization and depend upon whether the certification is voluntary or mandated through legislation to the profession. Where certification is voluntary to the profession, such as in human resources and training and development, the purpose tends to be to augment or develop the competence of certificants through continuing education, mentoring and other types of lifelong learning strategies. Where certification is legislated, such as in health care and health and safety, recertification requirements may need to measure or re-evaluate the continued competence of certificants as well as promote lifelong learning in that profession. The requirements for recertification will therefore vary depending on the purpose. The clearer you are on your goals, the easier it will be to set your requirements.

Market Research

Conducting market research to see what other certifying bodies are doing will open up a broad range of practices and criteria for your consideration. Most organizations have this readily available on their websites. Look to see what their requirements are, the length of their recertification renewal cycles, their policy on what happens when the requirements aren't met, their process for revoking certification and so on. Find out when and how they launched their programs, learn about the challenges they faced.

Stakeholder Survey

Surveying your members and stakeholders is a good step for getting buy-in and minimizing resistance to the launch. However, be careful not to do this until you have a draft framework in place for what the requirements and criteria for recertification might look like. Ask questions about the value of recertification, the length of the recertification renewal period and criteria and requirements that are important to them. Ask them why these are important to them. Find out what they don't like about the recertification concept. You may already have a good sense of what is important to your stakeholders, but you still might be surprised. The survey will provide insight into what the profession feels is important for continued improvement and will provide a way for them to be involved. In addition, it will help you apply quick wins and eliminate any barriers or opposition to implementation. Pick up the phone and find out what your stakeholders think. The more you engage them in the process, the better they will support and help drive your initiative forward.

Communicate, Communicate, Communicate

This cannot be emphasized enough: Make sure your stakeholders know where you are each step of the way. The greatest barrier to your launch may be certificants who don't agree with the requirements or feel that the requirements are too difficult or too costly to achieve. Building the right renewal program for your profession will mitigate this risk and increase buy-in. An upfront, transparent and equitable program will increase acceptance and success.

Other Considerations

When designing your recertification program, be sure to think about and set policy for how and what percentage of certificants will be audited, how long they will get to meet the requirements if they have lapsed and at what point along the way their certification will be revoked. The more you can document and build into your infrastructure, the more likely the launch and sustainability of your program will be successful. Governance and staffing workload should also be considered.

Isabel Feher-Watters, CHRP, CTDP, is director of certification at the Canadian Society for Training and Development (CSTD). With more than 20 years of experience in diverse business environments, workplace learning and performance and human resource development. Feher-Watters is passionate about meeting organizational results and people engagement through quality initiatives, certification and accreditation processes. She has a global perspective on credentialing, specifically in the IT industry, and currently focuses her energies on raising the standard for internal training and development in Canada through certification and accreditation processes.

Size Matters: Addressing Item Bank Deficits Rapidly and Effectively

By Phil Dickison, PhD, and Jason Schwartz, MS

Phil Dickison, PhD, and Jason Schwartz, MS, presented “Addressing Item Bank Deficits Rapidly and Effectively” at the ICE 2012 Annual Educational Conference.

A healthy and robust test item bank affords credentialing bodies tremendous flexibility and control over their examinations. Advantages include the ability to limit item exposure through the use of multiple forms, the ability to test more efficiently using computer adaptive testing or linear on-the-fly testing (LOFT) and the ability to withstand even large compromises of test content. Additionally, better test forms can be constructed when there are simply more choices available across every category of the test blueprint. When it comes to item banks, size definitely matters. However, a large item bank is a necessary but not a sufficient condition for success. Test sponsors need more than just a lot of items. Size matters but so does balance.

Rich Bank, Poor Bank

As item banks organically grow over time, it is typical for different areas of the bank to grow at different rates. The result is that a large item bank will rarely contain just the right number of items in each area. Rather, it will contain large surpluses in some areas, complemented by deficits in others. While one might hope that over time the imbalances will correct themselves, the more common outcome is exactly the opposite: The areas of the bank that grew the fastest tend to be the areas of the item bank that will continue to grow the fastest. Because, for many purposes, the item bank is only as strong as its weakest area, this phenomenon is one that requires intentional management and creative planning.

Balancing the Bank Across the Content Dimension

The growth and maintenance of a strong item bank requires that attention be paid to content balance as well as item difficulty. An item bank with thousands of items—all too hard—is of little value, as is an item bank that hits difficulty targets nicely but has insufficient items in required content areas. In general, a content balance is easier to achieve than statistical balance since the item bank owner typically knows the composition of the bank and can exert influence on the development of new items. For example, the item bank owner might recognize a deficit in a specific content area, hence arrange for additional item writing in this content area. Furthermore, to the extent the item bank owner has data relative to the survival rates of items by content area, the numbers of new items to develop by content area can even be made precise.

Balancing the Bank Across the Difficulty Dimension

In contrast, statistical deficits in an item bank are more difficult to address. What strategies are available when, for example, the overall bank is simply too easy? Unfortunately, success can be low when the problem is solved by asking item writers to write difficult items. Here, a likely and costly result is items so difficult as to be unusable. A more successful strategy involves the creation of item variants. Roughly speaking, an item variant is a new item closely derived from a pre-existing item with known statistical properties¹.

One example of an item variant is shown below. Notice the minor changes in wording and the shuffling of answer choices.

<i>Source item</i>	<i>Variant item – similar difficulty</i>
Which beverage is most refreshing on a hot day?	Which drink is most refreshing on a warm day?
A. lemonade	A. coffee
B. coffee	B. hot tea
C. hot tea	C. lemonade
D. apple cider	D. apple cider

In the above case, the items are so close in content that one might assume their difficulty levels would be nearly identical. In fact, the term "cloning" is often used for variants of this type¹. While cloning does provide a rapid means of producing new items with reasonably predictable difficulty levels, there are two notable disadvantages:

1. This strategy presupposes the availability of source items with the appropriate difficulty; and
2. Given how closely the variant resembles the source, it is questionable whether the variant item truly added anything new to the item bank.

An approach that can be dramatically more successful involves taking the very items that created the surplus and turning them into items that address deficits. Here, a successful formula depends on answers to questions like these:

- What types of item variations tend to make items **slightly** more easy/difficult?
- What types of item variations tend to make items **much** more easy/difficult?

In their ICE 2012 Annual Educational Conference session, Dr. Philip Dickison and Jason Schwartz provided answers to these questions based on their work with the NCLEX® programs. They also shared data suggesting that a straightforward application of these strategies led to an eightfold increase in item production and a corresponding eightfold decrease in the time required to achieve desired item yields.

Reference

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Dr. Philip Dickison, PhD, chief officer, Examinations, National Council of State Boards of Nursing (NCSBN), oversees the development, administration and psychometrics of the NCLEX®

examinations, the National Nurse Aide Assessment Program (NNAAP®) and Medication Aide/Assistant Certification Examination (MACE®). Dickison has been active in the certification and licensure community for more than 25 years, serving as the psychometrician and associate director of the National Registry of Emergency Medical Technicians as well as being a member of the Psychometric Society and Association of Test Publishers. Dickison earned an ADN in nursing from Regents College in New York, a Bachelor of Business Administration degree from Mount Vernon Nazarene College in Ohio and a doctorate in Quantitative Research in Evaluation and Measurement in Education from The Ohio State University.

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No Risk Certification: Transforming the Model through Innovation

By Margaret Harrison, M.S., RN, CPNP

When you reflect on the value your board brings to certificants, what is the ultimate benefit? And what benefits do you offer before someone becomes certified by your organization?

In 2009, the Pediatric Nursing Certification Board (PNCB) decided to provide potential certificants a tangible benefit before the examination process even begins. This was done by promising to absorb the fees for failed Certified Pediatric Nurse (CPN®) exams for nurses whose employers agreed to be invoiced for passing exam fees only. By offering a no-risk exam experience, this benefit also removes some of the stress in testing. Today more than 60 hospitals participate in this program, which is called "No Pass, No Pay" (NPNP). From Jan. 1, 2009, to April 1, 2012, 4,011 nurses have benefited from the program, and 3,532 of these nurses testing have earned certification as a result. In recognition of PNCB's groundbreaking initiative, NPNP received a Summit Award, which is the highest national honor for contributions to society and innovation from the American Society of Association Executives (ASAE) "Power of A" Awards, in 2011.

The CPN exam validates experience and expertise for RNs in a variety of pediatric nursing settings. It is a voluntary certification not linked to state board licensure. At some hospitals or medical facilities, certification is a factor in or even a requirement for advancement, and some institutions may award the nurse a salary differential, a one-time bonus or an annual bonus. More than 16,000 nurses actively hold CPN certification, and in 2012, the certification renewal rate was 90 percent.

How NPNP Started

As the leading certification organization for pediatric nursing, PNCB has relied on technology to process exam applications quickly and keep database functionality nimble. In 2008, a small community hospital approached PNCB about submitting one payment for multiple nurses' exam fees to streamline processes for the hospital. Around this time, a few hospitals highly engaged in CPN certification were reporting major funding cuts for professional development.

PNCB staff explored taking the invoice concept a step further. Instead of billing hospitals upfront, the PNCB could offer a special code that nurses could use to apply for the exam online. Then, after nurses test, only passing exam fees would be billed in a single monthly invoice to participating hospitals. PNCB absorbed the cost of any failed exams. The program was eventually called "No Pass, No Pay" (NPNP).

How It Works

The PNCB and the hospital sign an agreement valid for a 12-month period, and hospitals commit to have at least 10 nurses test during this time frame. This commitment is agreed upon by both the hospital and PNCB using a straightforward contract with no financial penalty if a 10-nurse minimum is not met. The 10-nurse minimum is generally low enough that smaller community hospitals can participate successfully. In the contract, one or two hospital staff

members are identified as being responsible for sharing the code, which is unique to their facility. These staff members also agree to review a bi-weekly roster of candidates who have used the code prior to testing and to contact PNCB if a nurse on the list is no longer employed by the hospital. Nurses then test, and PNCB bills the hospital each month for every passing exam fee of \$295 for nurses linked to its location. Exam fees were not increased with the advent of this program.

Several months before the end of the 12-month agreement period, PNCB staff contacts the hospital and invites them to renew. While some smaller community hospitals only meet the 10-nurse minimum, larger hospitals test up to or more than 100 nurses annually, and 93 percent of hospitals have renewed since the program's inception.

What's the Catch?

There really is no catch. Hospital responsibilities include paying invoices in a timely manner and some additional responsibility for the hospital facilitators, but hospitals not meeting their 10-nurse minimum are not billed a penalty fee. If recruitment efforts were unsuccessful, a hospital might not be invited to renew their agreement but would be asked to contact PNCB in the future should interest among eligible nurses increase. No activation or administrative fees to participate are required. Employers must have a way to manage a centralized payment process to help save staff time for both parties.

Why It Works

Launched in 1989, PNCB's CPN exam gained additional momentum beginning in the 1990s, in part due to the influence of the Magnet Recognition® program developed in the early 1990s by the American Nurses Credentialing Center (ANCC). Professional development, evidence-based clinical practice and recognition of nurses are key values in Magnet facilities. As hospitals strive to achieve and maintain Magnet status, certification has become a marker for these values, and the numbers of nurses certified in a specialty have increased as a result. Hospitals earning Magnet designation provide added assurance to their communities that nursing care has met a rigorous standard. Hospitals seeking these designations encourage nurses to consider certification.

The success of NPNP is also due to strong relationships developed over the years between PNCB and hospital staff. PNCB supplies free materials and giveaways to share with influential hospital team members at all levels, from the bedside nurse to chief nursing officer, who want to reach out to potential candidates. Ideas for recognizing certified staff, Wall of Distinction posters and "Five or More CPNs" certificates are shared as well. These no-cost items communicate how to become certified or simply that certification is an exceptional achievement, and they are available to all employers year-round, regardless of NPNP participation. PNCB staff is also happy to talk with staff members who feel enrollment is lagging, and they may help brainstorm ideas for enlivening their recruitment efforts.

Getting Board Approval

When PNCB staff presented the idea for the program to its board of directors, naturally there were concerns. Would the benefit encourage testing before nurses were ready? Would nurses neglect to prepare or not take the exam seriously? Would managing the program be too time-intensive for staff? And how would generating no revenue from failed exams impact PNCB's bottom line?

The board was quickly won over. National surveys continue to demonstrate that nurses seek certification for personal validation.¹ PNCB staff felt confident that candidates would take studying seriously when preparing to test. The burden on staff workloads would be eased by technology, with enhanced functionality and new features for PNCB's proprietary software. Finally—if the program took off as staff suspected it would—an increase in the number of CPN exam candidates meant that failed exam fees would be offset by the likewise increased volume of passing exams. The CPN exam also has a stable national pass rate and its renewal rate has been consistently high, which meant that, once certified, nurses value their certification and tend to maintain it for the foreseeable future.

In addition, prior to NPNP, nurses who failed usually did not retest. NPNP offers two no-risk exams per 12-month hospital agreement period, and staff felt those who failed on the first attempt may be more likely to retest, an assumption that proved true. From Jan. 1, 2009, to April 1, 2012, 20 nurses retested without access to NPNP, and 184 nurses retested with NPNP. Of the NPNP re-testers, 114 have since passed, allowing PNCB to recoup an exam fee for those individuals from NPNP employers.

Immediate Benefits for Nurses and Hospitals

Besides no upfront, out-of-pocket fees for nurses wishing to test, the program offers no financial loss for a failed exam. As mentioned previously, nurses at NPNP locations can test two times and fail using the no-cost code within their hospitals' 12-month hospital agreement period. Should a nurse fail both exam attempts, two more no-risk opportunities are available to him or her during the next contract period if the hospital renews the agreement.

Hospital facilitators also receive an annual report of aggregate statistics for pass/fail numbers, retests, cancellations and no-shows. An average of items answered correctly in each exam category can help educators identify future learning needs, particularly if they facilitate an in-house review course. Hospital average and national average are also shown to allow for comparison. In addition, an anonymous demographic profile of passing versus unsuccessful candidates is provided. This data compares educational degrees held, years of pediatric nursing experience and age to highlight any trends as hospitals help nurses prepare. This real-time report is also available year-round on demand.

Program Feedback

In 2011, 2,787 CPNs who had benefited from NPNP since the program's inception were surveyed about certification and their perceptions of the program. Of the 622 respondents, 71 percent identified personal initiative as the most influential factor in seeking certification, while

only 14 percent identified the influence of leadership. When asked if they would have sought CPN without NPNP, only 37 percent of NPNP CPNs said yes, 19 percent said no and 43.5 percent said maybe. This data indicates that the program has potentially captured 63 percent more candidates. A majority—87 percent—answered that NPNP did not encourage them to test before they were ready.

When offered the chance to share any open-ended comments about NPNP, 97 shared feedback. After analysis, the following top six categories evolved in priority of mention:

1. Kudos for the program;
2. Realization of financial benefit;
3. Decreased test-taking pressure and anxiety;
4. NPNP provided incentive to test;
5. Appreciation for or lack of education/reviews provided by employers; and
6. Wished program was more widespread (i.e., offered by other boards for their colleagues in other specialties or sub-specialties).

Positive comments about the program and financial benefit far exceeded other comments, with feedback such as:

- "The biggest benefit for me was that the No Pass, No Pay alleviated the stress of having to pass. This allowed me to be relaxed and, most likely, to perform better on the exam."
- "I felt that the No Pass, No Pay [sic] program allowed me to not have additional pressure to pass the exam. I was able to just focus on studying and didn't have to worry about losing money had I not passed."
- "I wish more certifications were this way. I feel more people would do certifications without having the hardship of paying up front."

A survey was also sent in 2011 to current NPNP facilitators who communicate the benefit at the hospital level to eligible nurses. Thirty-five out of 53 facilitators responded for a 62 percent response rate. Findings included:

- Seventy-one percent felt NPNP was either the major factor or a key factor in increasing certification at their facility;
- NPNP benefits identified by facilitators included support of the culture of certification (90.3 percent), increased interest in CPN (83.9 percent), reduced cost for RNs (71 percent), NPNP perceived as a benefit offered by the hospital (67.7 percent) and reduced fear of testing (64.5 percent); and
- Seventy-seven percent felt that CPN was trending higher than other certifications, and that CPN numbers had increased since joining the NPNP program.

PNCB will continue to gather feedback to monitor trends and enhance the program.

Current Pros and Cons

This program has generated excitement among nurses and hospital leadership alike, aside from the potential increase in revenue. Nurses see both PNCB and the employer as tremendous supporters of their professional development goals.

The drawbacks are few, but they are present. While most hospital legal departments make minimal edits to the NPNP contract, others have increased the amount of edits, which impacts turnaround time for starting the program or renewal. Transitions for hospital contact staff also hampers program momentum when not communicated to PNCB promptly, finding a new hire may take many months for the hospital, and the program often becomes dormant during that time. Another external factor impacting programs consists of hospital accreditation processes, technology changes and hiring issues. Essentially, when priorities are shifted to non-certification efforts for hospital staff, certification efforts are stalled and enrollment decreases.

Another consideration is no-show seat fees from the third-party testing vendor. When a nurse does not show for a scheduled exam, the vendor bills PNCB a \$70 fee. No-shows do happen for a variety of reasons from forgetfulness to fear to true emergencies, but for the 2011 total no-shows, 20 applicants were nurses from NPNP hospitals, and 30 were from non-participating employers.

Hospital exam reimbursement or support policies also come into play. While the majority of hospitals provide at least one exam attempt fully paid as a benefit to their staff, some hospitals only pay half the cost, and some do not pay at all. When these scenarios exist at a hospital that joins NPNP, nurses still benefit because they will not lose money on a failed exam. However, those types of NPNP hospitals will seek reimbursement from the nurse after receiving PNCB's invoices. This can result in confusion for nurses about the benefit of NPNP and possibly lead to the perception that their employer is not fully supportive of their professional development.

Barriers to Participation

Even if PNCB and participating hospitals feel NPNP is a win-win, not every facility agrees. Feedback from three hospitals that decided against participating in the program demonstrates concerns that this benefit could potentially sway nurses whose practice is better suited to a sub-specialty certification toward our exam and not the unit's preferred exam. Another potential barrier developed for some hospitals with third-party "tuition" reimbursement or those with limited funding for certification. However, in all but one known instance, hospital financial infrastructure hurdles were surmounted by nursing leadership at these institutions.

Barriers for nurses are harder to define. Some nurses, regardless of the benefit, simply do not want to seek certification. Some choose to pay on their own even though the benefit is offered at their facility. Perhaps information about the benefit was not conveyed clearly at the hospital level, or perhaps the nurse did not want his or her name to appear on the roster for review (the hospital code facilitator could potentially follow up with the nurse candidate about pass/fail status, and therefore a failed exam—or failure to show for the exam—would be known). In the

2011 survey for NPNP facilitators, 11 of 22 responses indicated fear of failure is still perceived as a barrier for their nurses.

Looking to the Future

Responses in both surveys underscored the need for clearer communication about the benefits of the program—and what PNCB offers—for both nurses and NPNP facilitators. As a result, PNCB is evaluating ways to improve communications. A welcome/renewal packet is now shared with the hospital contact upon initial contract or renewal, and quarterly updates reinforcing important information are in place. A targeting postal mailing to Chief Nursing Officers was undertaken this year with a noticeable increase in interest. To emphasize the need for scheduled candidates to show for their exams, PNCB reworked the annual report format in 2011 to present the number of no-shows along with a note explaining the impact for PNCB.

Although NPNP was created partly in response to the recession, PNCB plans to keep the program for posterity. Keeping communications open and strong are key as we continue to offer this benefit. NPNP facilitators use part of their busy day to promote certification as an option for nurses' growth in the profession, and PNCB will always be on the lookout for ways to make their efforts easier.

Is This Model Right for Your Board?

The PNCB presented information and data about NPNP to other nursing certification boards at a national meeting in 2012. The idea of free failed exams isn't the right fit for every certification organization. So far, PNCB is the only board to offer NPNP. You need great relationships with employers who support a culture of certification. The annual volume of candidates must be large enough to support an initial loss of revenue, your pass rate must be stable and renewal rates should be high. You will need to customize your technology and train staff. And you'll need to convince your board leadership that this program will increase certification and assist in offsetting lost revenue.

Conclusion

NPNP has the potential for nurses to see their employers, as well as our organization, as supporters in their career journey. Employers that support certification may benefit from higher retention rates, thereby maintaining an experienced nursing workforce and avoiding costs to replace staff.² The current average replacement cost for a full-time RN is about \$36,567.³ More certified nurses on staff means hospitals can reassure their communities that nationally validated nursing care is available for their children. And, most importantly, patients are more likely to receive care from a nurse whose expertise has met a distinguished standard. One of the goals of the NPNP program is to communicate that PNCB shares the nursing value that caring matters, and we want to give back to the profession by paying it forward from the start.

References

¹ American Board of Nursing Specialties. Specialty nursing certification: Nurses' perceptions, values and behaviors, 2006.
www.nursingcertification.org/pdf/white_paper_final_12_12_06.pdf. (Accessed Sept. 13, 2012).

² Piazza IM, et al. "Differences in Perceptions of Empowerment Among Nationally Certified and Non-certified Nurses." *Journal of Nursing Administration*, 36 (5): 277-283, May 2006.

³ Robert Wood Johnson Foundation. *Wisdom at Work: Retaining Experienced Nurses*. July 1, 2010.
<http://www.rwjf.org/files/research/WWN.final.pdf>. (Accessed June 13, 2012).

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INDUSTRY NEWS

Final Court Ruling Released in American Board of Optometry Win

On Aug. 23, the Court released its final Judgment and Findings of Fact and Conclusions of Law in favor of Defendant American Board of Optometry, Inc. and against Plaintiff American Optometric Society, Inc.

In documents issued by Judge A. Howard Matz ([judgment](#) and [court order](#)), it is noted that “the court finds that the AOS failed to present evidence that would sustain its claim [of false advertising] under the Lanham Act. In fact, in a number of instances, the AOS presented evidence that negated elements of its claim.”

“The Judge’s ruling unambiguously states that our use of the term Board Certified is not confusing to the public,” said Paul Ajamian, OD, ABO Chairman of the Board. “The AOS’s attempt to put a cloud over our program has failed. This ruling ends a bitter chapter in the history of optometry. We are moving ahead and look forward to continuing to serve the profession with a credible board certification program.”

The DALE Foundation Approved as ADA CERP Recognized Provider

The DALE Foundation, the official affiliate of the Institute for Credentialing Excellence (ICE) member the Dental Assisting National Board, Inc. (DANB), was officially approved as an American Dental Association Continuing Education Recognition Program (ADA CERP) Recognized Provider in May 2012 for a three-year period.

“This is a great milestone for the DALE Foundation,” said Cindy Durley, M.Ed., MBA, executive director of the DALE Foundation and DANB. “Continuing education providers receive ADA CERP recognition for anywhere from a one- to four-year period. We’re proud to say that the DALE Foundation received initial recognition for a three-year period.”

The DALE Foundation was evaluated on 14 aspects of continuing education quality and met ADA CERP’s standards and procedures. ADA CERP is administered by a standing committee of the ADA’s Council on Dental Education and Licensure. This committee includes representatives from the ADA, the American Association of Dental Boards, the American Society of Constituent Dental Executives, the American Dental Education Association and other organizations that represent recognized dental specialties.

ADA CERP was established in 1993 to offer ADA members and the dental community a way of selecting continuing dental education with assurance. The program also assists regulatory agencies and other organizations that require continuing education to locate providers that offer acceptable credit.