

Marquette University

e-Publications@Marquette

---

College of Nursing Faculty Research and  
Publications

Nursing, College of

---

5-2010

## Perioperative Specialty Certification: The CNOR as Evidence for Magnet Excellence

Michelle Byrne

*North Georgia College and State University*

Kathryn Schroeter

*Marquette University, kathryn.schroeter@marquette.edu*

Julie Mower

*Competency & Credentialing Institute*

Follow this and additional works at: [https://epublications.marquette.edu/nursing\\_fac](https://epublications.marquette.edu/nursing_fac)



Part of the [Nursing Commons](#)

---

### Recommended Citation

Byrne, Michelle; Schroeter, Kathryn; and Mower, Julie, "Perioperative Specialty Certification: The CNOR as Evidence for Magnet Excellence" (2010). *College of Nursing Faculty Research and Publications*. 684.  
[https://epublications.marquette.edu/nursing\\_fac/684](https://epublications.marquette.edu/nursing_fac/684)

Marquette University

**e-Publications@Marquette**

### ***Nursing Faculty Research and Publications/College of Nursing***

***This paper is NOT THE PUBLISHED VERSION; but the author's final, peer-reviewed manuscript.*** The published version may be accessed by following the link in the citation below.

*AORN Journal : The Official Voice of Perioperative Nursing*, Vol. 91, No. 5 (May 2010): 618-622. [DOI](#). This article is © Association of periOperative Registered Nurses and permission has been granted for this version to appear in [e-Publications@Marquette](#). Association of periOperative Registered Nurses does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Association of periOperative Registered Nurses.

# Perioperative Specialty Certification: The CNOR as Evidence for Magnet Excellence

**Michelle Byrne**

Program Coordinator for Masters in Nursing Education, Professor of Nursing, North Georgia College & State University, Dahlonega, GA

**Kathryn Schroeter**

Assistant Professor, Center for the Study of Bioethics, Medical College of Wisconsin, Milwaukee, WI

**Julie Mower**

Credentialing and Education Project Manager, Competency & Credentialing Institute, Denver, CO

**Editor's note:** Magnet Recognition Program is a registered trademark and Magnet is a trademark of the American Nurses Credentialing Center, Silver Spring, MD. Perceived Value of Certification Tool is copyrighted by CCI, Denver, CO.

The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program<sup>®</sup> is a quality indicator for nursing excellence. This program accredits and showcases those health care institutions that act as a “magnet” for professional nurses by creating a work environment that rewards quality nursing services. Magnet– designation is the highest level of reward that can be given to organized nursing services in health care organizations.<sup>1</sup> Nurse scientists continue to evaluate Magnet hospitals, and some studies have confirmed improved patient outcomes within organizational environments that support professional nursing practice.<sup>2-5</sup> Magnet designation remains a valid marker of excellence in nursing care, thereby supporting the association between competence and quality nursing care.

## Specialty Board Certification

In 2007, the 14 Forces of Magnetism were collapsed into a new Magnet model to better reflect the relationships among the Forces by emphasizing the outcomes of the infrastructure of nursing excellence and innovation. For example, Force 14: Professional Development has been realigned under the empirical domain of Resource Utilization and Development within the Magnet Model component of Structural Empowerment, thus simplifying the theoretical model. Following are two outcome indicators specific to specialty certification that are listed as examples of empirical quality:

- the “percentage of direct-care registered nurses (RNs) with certification” and
- the “percentage of nurse leaders with certification.”<sup>6(p4)</sup>

Both initial Magnet designation and Magnet redesignation require that facilities seeking accreditation describe “how the organization sets goals and supports professional development and professional certification, such as tuition/registration reimbursement and participation in external local, regional, national, and international conferences”<sup>6(p27)</sup> and demonstrate “that the organization has met goals for improvement in professional certification.”<sup>6(p27)</sup> In addition to helping facilities achieve Magnet designation, seeking certification is one way nurses can develop and demonstrate a higher level of clinical competence.<sup>7</sup> For example, one method of assessing perioperative nursing knowledge is the CNOR board examination. Perioperative nurses acting as first assistants must first secure the CNOR credential before seeking the CRNFA credential.

The CNOR examination is based on standards for competent practice<sup>8</sup> and explicated by the Perioperative Nursing Data Set (PNDS),<sup>9</sup> which is the first specialty nursing language that standardizes perioperative terms and concepts to allow for consistent understanding and evaluation of outcomes. Perioperative nurses sitting for the examination must have two years and 2,400 hours of work experience. The Competency & Credentialing Institute's (CCI) web site (<http://www.cc-institute.org>) provides additional information about obtaining perioperative nurse certification.

## Perceived Benefits of Certification

The Perceived Value of Certification Tool (PVCT)<sup>®</sup> has been used to gather data surrounding the benefits of certification and has been documented as reliable and valid.<sup>10-12</sup> This research has shown that there are both internal and external rewards for achieving board certification in a nursing specialty.<sup>10-12</sup> Some examples of internal rewards are

- personal accomplishment,
- personal satisfaction,

- professional growth,
- confidence in clinical abilities,
- professional challenge,
- specialized knowledge,
- accountability,
- achievement of a practice standard for clinical competence,
- professional credibility, and
- professional autonomy.

Examples of external rewards include

- employer recognition,
- nursing peer recognition,
- recognition from other health care professionals,
- marketability,
- salary, and
- consumer confidence.

Additionally, nurses have reported gaining more personal satisfaction and a greater sense of accountability and accomplishment after they are certified.<sup>11, 12</sup> The CNOR certification communicates to employers and peers that a nurse has mastered current standards of practice.

## The Portfolio Process for Recertification or Reactivation

Recently, CCI implemented an evidence-based portfolio for CNOR reactivation or recertification.<sup>13</sup> Previously, continuing education or retesting were the sole avenues for recredentialing of the CNOR; however, portfolios are an additional way to demonstrate continued competency maintenance. Portfolios provide a flexible and versatile way to reflect on professional practice and provide evidence of a variety of activities necessary for a perioperative nurse.

Twelve professional activities of perioperative nurses were identified by CCI through a synthesis of professional nursing competency models and results of a job analysis.<sup>14</sup> These activities provide a framework that nurses can use to identify key components of their personal work domain.<sup>15</sup> For example, perioperative nurses may be educators, managers, staff nurses, or OR specialty nurses or may work in information technology or central processing departments. The myriad roles require unique competencies.

## Twelve Types of Perioperative Professional Activities

When compiling a portfolio, a nurse should highlight four of the 12 professional activities that are reflective of his or her practice and include evidence that supports and communicates competence in the four areas.<sup>15</sup> All activities must have occurred within the five years immediately preceding submission of the portfolio application. The material evidence and a written reflection describing the activity serve as quality indicators for perioperative practice. Following is a description of the 12 activities with examples of evidence that could support quality or competence in that domain. These examples are not intended to be an inclusive list of submission documents.

## Continuing Education

Quality indicators for continuing education are certificates of completion from an acceptable accreditation provider. An accrediting body ensures that learning objectives are taught appropriately by a qualified faculty and that there is an evaluation component. A total of 35 continuing education hours is required for portfolio documentation of this activity. Courses should reflect the nurse's commitment to maintaining a current knowledge base of perioperative issues.

## Patient-Centered Care

A quality indicator for direct patient care activities is evidence that illustrates application of the nursing process, such as a clinical pathway for a specific patient population or surgical procedure. For example, a comprehensive plan of care that includes assessment data for managing care, individualized nursing diagnosis, and age-specific expected outcomes communicates competency in nursing practice. The plan of care should include and integrate the three domains of perioperative patient care:

- physiological responses,
- safety, and
- behavioral responses of the patient and family.<sup>9</sup>

Charting documentation, hand-off tools, discharge planning, or multidisciplinary collaborative initiatives also could be indicators of this activity.

## Educational Resources

Quality indicators that also can be used as evidence for this activity include handouts, brochures, web-based materials, or innovative resources. Perioperative nurses often create teaching tools for patients and staff members to address the myriad procedures, equipment, and patients in the health care setting. For example, educational information could be attached to a corresponding piece of equipment to aid in operation and troubleshooting.

## Standards Application

Quality indicators for this activity are an updated policy and procedure or nursing or interventional protocol. Quality patient care assumes that perioperative nurses' practice incorporates the best evidence and appropriate standards of care; therefore, this activity could be communicated through evidence of applying an AORN standard, recommended practice, or guideline or a Perioperative Nursing Data Set outcome.

## Evidence-Based Practice/Continuous Quality Improvement Project

Specific quality indicators for this activity could be product review data, survey or questionnaire development, Surgical Care Improvement Project initiatives, or evidence-based practice journal articles that are linked to practice improvements. To communicate this activity, the nurse should include examples of how research or evidence-based practice was used to validate or change practice. Specific examples could include an implementation project addressing medication reconciliation, safety issues, or a patient monitoring protocol.

## Risk Management

Quality indicators for this activity could include a root cause analysis or health care failure mode effects analysis to demonstrate how nurses can affect quality of future practice. Perioperative nurses are often involved in risk management and prevention of unexpected patient outcomes. A nurse could demonstrate his or her involvement in risk management activities by providing reports, meeting minutes, revision of a policy or procedure, or audit data.

## Precepting, Mentoring, and Coaching

Quality indicators for this activity should include evidence of the respective process. Precepting, mentoring, and coaching colleagues promotes competency as long as the activity integrates teaching and learning principles. These activities should be deliberate and purposeful to meet specific learning needs and should include learner outcomes, teaching strategies, timelines, and evaluation of outcomes in the process.

## Contribution to the Institution

To ensure quality within the health care system, perioperative nurses should contribute their skills and abilities for institutional improvement. For example, a nurse could participate in committees on topics such as infection control, quality improvement, surgical services, policy and procedures, evidence-based practice, and accrediting bodies. Quality indicators that can be used as evidence for this activity include committee rosters, minutes, agendas, and reports. In addition, peer or management recognition of a nurse's abilities could be communicated by letters and awards.

## Contribution to a Professional Organization

Quality indicators for this activity are taking on leadership positions or activities. Many perioperative nurses choose to align themselves with professional organizations such as AORN because there is a relationship between being a member of a professional specialty organization and perioperative certification. Other professional organizations such as the National League for Nursing, American Nurses Association, and Sigma Theta Tau also provide opportunities for leadership development and service. This activity can be communicated with rosters, minutes, peer support letters, reports, or other published materials.

## Educational Presentations

Educating peers or patients is a quality indicator of professional practice. Educational offerings may occur in a variety of settings, including the health care facility, academic institutions, or the community. Evidence for this activity includes teaching plans, evaluations, handouts, learner evaluations, and topic outlines.

## Professional Writing

Dissemination of scholarship is a revered quality indicator. Published writing may include articles, book chapters, columns, newsletters, books, reviews, a thesis, or a dissertation. A copy of the published work suffices as the evidence for this activity.

## Academic Courses Completed or Taught

The preparation for and teaching of academic courses are quality indicators for professional practice. Many perioperative nurses are pursuing degrees, and some may hold teaching positions in academic

institutions. Typical evidence for this activity includes syllabi or outlines of course materials as well as evaluation data.

## Conclusion

Certification can provide many intrinsic and extrinsic values that promote quality in patient care and overall nursing practice. Certification is not a one-time accomplishment; it demands lifelong learning that continually demonstrates individual accountability and competence. The 12 activities contained in the portfolio assessment format provide evidence of a wide range of areas of competence and quality for perioperative nurses. Institutions pursuing Magnet accreditation can use the portfolio as a visible method for documenting professional nursing activities with concrete evidence supporting patient care, lifelong learning, and institutional improvements.

## Biographies

- **Michelle Byrne** , PhD, RN, CNOR, Program Coordinator for Masters in Nursing Education, Professor of Nursing, North Georgia College & State University, Dahlonega, GA
- **Kathryn Schroeter** , PhD, RN, CNOR, Assistant Professor, Center for the Study of Bioethics, Medical College of Wisconsin, Milwaukee, WI
- **Julie Mower** , RN, MSN, CNS, CNOR, Credentialing and Education Project Manager, Competency & Credentialing Institute, Denver, CO

## References

- 1 American Nurses Credentialing Center. Forces of Magnetism. <http://www.nursecredentialing.org/Magnet/ProgramOverview/ForcesofMagnetism.aspx>, Accessed January 29, 2010
- 2 L.H. Aiken, D.S. Havens, D. Sloane, J. Buchan. Magnet nursing services recognition programme/Commentary. *Nurs Standard*. 2000; 14(25): 41.
- 3 R.S. Twibell, D. Siela, C. Riwitis, et al. Nurses' perceptions of their self-confidence and the benefits and risks of family presence during resuscitation. *Am J Crit Care*. 2008; 17(2): 101– 111.
- 4 D. Kendall-Gallagher, M.A. Blegen. Competence and certification of registered nurses and safety of patients in intensive care units. *Am J Crit Care*. 2009; 18(2): 106– 113.
- 5 M.L. McClure. Magnet hospitals insights and issues. *Nurs Admin Q*. 2005; 29(3): 198– 201.
- 6 American Nurses Credentialing Center. Application Manual: Magnet Recognition Program. Silver Spring, MD: American Nurses Credentialing Center. 2008, 17; 26-27.
- 7 American Board of Nursing Specialties. A position statement on the value of specialty nursing certification. [http://www.nursingcertification.org/pdf/value\\_certification.pdf](http://www.nursingcertification.org/pdf/value_certification.pdf), Accessed February 5, 2010
- 8 Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc. 2010.
- 9 C. Petersen. Perioperative Nursing Data Set. Rev 2nd ed.. Denver, CO: AORN, Inc. 2007.
- 10 Competency & Credentialing Institute. Perceived Value of Certification. [http://www.cc-institute.org/research\\_value.aspx](http://www.cc-institute.org/research_value.aspx), Accessed February 5, 2010
- 11 K.B. Gaberson, K. Schroeter, A.R. Killen, W.A. Valentine. The perceived value of certification by certified perioperative nurses. *Nurs Outlook*. 2003; 51(6): 272– 276.

- 12 K.R. Sechrist, W. Valentine, L.E. Berlin. Perceived value of certification among certified, noncertified, and administrative perioperative nurses. *J Prof Nurs*. 2006; 22(4): 242– 247.
- 13 M. Byrne, T. Delarose, C.A. King, J. Leske, K.G. Sappas, K. Schroeter. Continued professional competence and portfolios. *J Trauma Nurs*. 2007; 14(1): 24– 31.
- 14 Perioperative Nurse Competency Continuum Survey. Denver, CO: Competency & Credentialing Institute. 2006.
- 15 CCI Professional Portfolio: An Evidence-based Tool for CNOR Recertification or Reactivation. Denver, CO: Competency & Credentialing Institute. 2008, [http://www.cci-institute.org/docs\\_upload/portfolio.pdf](http://www.cci-institute.org/docs_upload/portfolio.pdf), Accessed February 5, 2010.