

Summary of Standards Revisions October 2016

The Accreditation Board for Specialty Nursing Certification, as part of its quality improvement initiatives, completes an ongoing review of its standards and criteria for accreditation. While not compromising the intent and rigor of the standards, the board does respond to current industry standards as well as members' and applicants' questions/suggestions. Narratives and criteria found in the application are modified occasionally to ensure the standards are clear and succinct, and continue to reflect best practices.

The following changes were approved on October 6, 2016. The revisions reflect the board's desire to clarify applicant expectations for Standards 5, 8, and 10. Because the standards were clarified rather than revised, they will become effective for all applications submitted on or after January 1, 2017.

October 6, 2016 (Effective January 1, 2017):

- **Standard 5: Public Member**
 - Questions about Public Member eligibility based on this standard have been received regularly by ABSNC. Board members believe part of the confusion stemmed from the inclusion of eligibility requirements in the "Rationale" section of this standard. That language has been removed, and this section now only addresses the importance of the Public Member as a representative of healthcare consumers on the certification board.
 - *Criterion #3 has been revised to indicate the Public Member "is not or has never been...a non-nursing professional who works or worked closely with nurses in the nursing specialty environment in the patient care setting." While this may appear to apply only to clinical nursing certifications, it should be interpreted to indicate the typical work setting of certified nurses. Using certified legal nurse consultants as an example, a Public Member candidate cannot be a lawyer, paralegal, or other person commonly encountered in the work setting during performance of the consultant role.*
 - To clarify further, the criteria now concludes with the following statement: "Based on these criteria, individuals who work for healthcare organizations but have no more than coincidental contact with nurses may be eligible for service as Public Members. These include, but are not limited to, support roles such as marketing and accounting."

- **Standard 8: Test Development**
 - *As change was needed to Standard 8 to provide more clarity around expectations.*
 - Board members recognized equating as simply one way of ensuring form equivalence, and determined it cannot be required for programs with low candidate volume. A revised Standard 8.7 (formerly 8.5) now reads, "Submit policies and procedures that describe the preliminary item analysis conducted prior to final scoring (if items have not been pretested), procedures for identifying and handling flawed items, and procedures for ensuring that forms are statistically equivalent and candidates are not advantaged or disadvantaged based on the form they happen to encounter (e.g., equating)."
 - *Revision also involved deletion of reference to flawed items in 8.4 to avoid duplication; previous 8.6c was removed because development of a sampling plan is addressed in standards 7.4 through 7.6.*

- **Standard 10: Test Administration**
 - Recent reviews raised concern about the clarity of Standards 10.2 and 10.3.
 - *More detailed language about administration of each test form has been added to Standard 10.2: "Document the number of operational test forms administered each year, the number of first-time, repeat, and recertifying candidates taking each form, and the schedule by which new forms are introduced and old forms are taken out of use."*
 - More detailed language about what constitutes evidence items have not been overexposed has been added to Standard 10.3: "Provide evidence that test forms and test items are not overexposed. Evidence must include numbers of repeat candidates at each administration (annual totals are acceptable if the examination is available on demand) and number of items common to multiple test forms."

- **A January 1, 2017, effective date has been selected for the revised certification standards because revisions represent clarification rather than added requirements. Applications submitted on or after January 1, 2017, should use the revised standards dated October 6, 2016.**