

Beyond Knowledge – Developing a Certification for Today’s Healthcare Environment

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The modern role of case management in the acute care setting connects patient care and patient flow through the health care system by collaborating with physicians and bedside nurses to achieve a clear plan of care, determine goals, and advance the plan of care. This necessitates many diverse yet collaborative partnerships with nurses, physicians, administrative staff at various levels, and other care team members. The influence of case management extends into almost all sectors of the healthcare organization, and directly affects both patient care and financial outcomes. Ensuring competency in the role, therefore, is critical. The competency of case managers hired and trained today determines their positive influence on the healthcare outcomes of tomorrow.

Certifying and credentialing competency in this broad and interdisciplinary field, however, presents significant new challenges. These challenges, and the solutions that have been developed to overcome them, are examined in this article and provide a framework to evaluate the ultimate meaning of both new and existing certifications.

EVOLUTION OF HOSPITAL CASE MANAGEMENT

The evolution of hospital case management reflects the challenging realities of – and is a response to – the modern healthcare environment. The role developed from the traditional model of nurses performing Utilization Review (UR) and discharge planning functions and social workers performing psychosocial

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interventions, support and counseling. Over the past 15 years, many hospitals¹ have combined these functions resulting in a new case management service. UR in its traditional form was independently unable to manage the tightening healthcare reimbursement environment. A more proactive, interventional and collaborative approach to resource management is required. Additionally, although patients enter the hospital for clinical reasons, in a large number of cases managing psychosocial dynamics also plays a critical role in the efficient progression of the patient’s care – requiring a psychosocial expertise not included in nursing education. As pressure increased to expeditiously transition or discharge patients to a lower level of care, complex arrangements had to increasingly be made which required both the clinical expertise of a nurse and the psychosocial expertise of a social worker. Social workers in hospitals started learning new skills not included in their training and education. Today, the

typical case management department includes nurse and social work case managers, as well as support from a physician advisor or medical director. While case management services typically include UR and discharge planning/placement functions, case managers now function more broadly to also assess clinical care, facilitate the delivery of care, determine patient status, interact with payers, and manage key compliance issues. Within the past two years, many case management departments have also taken a collaborative role in documenting Present on Admission (POA) indicators and preventing Hospital Acquired Conditions (HCAs). The optimal goal is a balance of clinically/psychosocially effective patient care and fiscally sound business practices.

Case management performance is usually measured by a combination of metrics including: average length of stay (ALOS), avoidable days/delays, patient satisfaction, and readmissions. Additionally, according to the 2007 ACMA National Hospital Case Management Survey findings², case mix index and patient status are increasingly being monitored as key outcome measures. These broad priorities and inclusive metrics have exposed the impact and value case managers have on achieving desired goals. This has led to increased involvement in a range of diverse functions that influence overall efficiency and effectiveness, such as capacity management, access management, denial management, compliance, and palliative care. As the case manager role has continued to prove effective at integrating these collaborative practices, many organizations also utilize case managers as catalysts for organizational change and practice improvements.

VALIDATING COMPETENCY IN THE MODERN HEALTHCARE ENVIRONMENT

In healthcare professions, certification has historically been used as evidence of practitioner competency. Hospital case management has evolved and expanded so rapidly that consistent and defined professional practice standards and training procedures have struggled to keep pace. An identified need was a certification specifically for case management practice in the acute inpatient setting – an external validation of competency in this practice.

However, developing certifications for today’s healthcare environment presents unique challenges. These challenges were faced by ACMA in the development of the Accredited Case Manager

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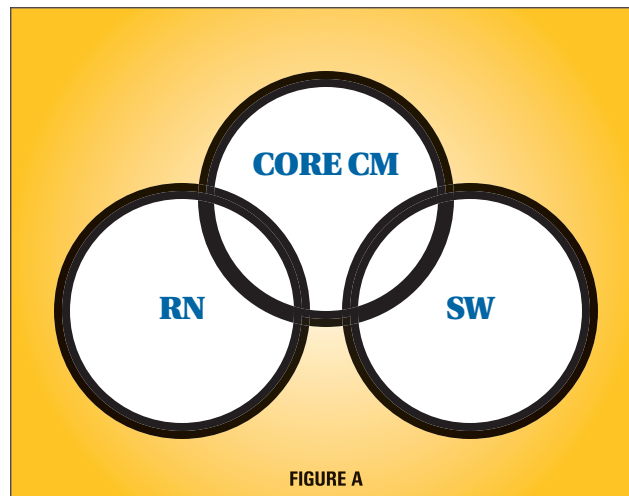
(ACM™) Certification, but are not unique to case management. The challenges described below apply to all healthcare certifications that strive to develop or maintain validity and relevance amongst the complexity and collaboration that characterizes modern healthcare.

- **Enhancing collaboration through certification –** Interdisciplinary collaboration is a critical element in delivering efficient, effective and quality patient care. Professional credibility is foundational to effective collaboration. Case management – a highly collaborative and interdisciplinary practice – requires a certification that can validate competency, increase credibility, and thereby facilitate collaborative practice, yet maintain the professional identity of both nurse and social work case managers.
- **Measuring a multidisciplinary and dynamic specialty –** Efficient medical practice and the common structure of care teams requires increased knowledge of other specialties – knowledge that transcends the traditional boundaries of healthcare roles. Case management exemplifies this trend, and requires a broad base of multidisciplinary knowledge that is not clearly aligned with any single discipline or training. It includes the nurse’s clinical knowledge, the psychosocial expertise of the social worker, and knowledge of hospital reimbursement, resource management and revenue cycles.
- **Testing for critical thinking –** Knowledge alone does not ensure a proficient and effective professional. Like other medical professions, critical thinking skills – the application of knowledge to rapidly progressing situations – are key to effective case management. Traditional methods of testing are limited in their ability to demonstrate the application of knowledge to practice.

Introduced in 2005, the ACM™ Certification process addresses the above challenges in unique and replicable ways to provide a certification for hospital case managers that possess significant evidence of validity and is meaningful to the practice.

CREATING A CERTIFICATION TO ENHANCE COLLABORATION

Effective interdisciplinary collaboration is founded on mutual respect and professional credibility. One of the most important functions of a certification or credential is to impart an external confirmation of professional credibility. For the field of hospital case management, which involves both nurse and social work case managers, a certification common to both professions – holding both to the same standard of competency to earn a single credential – is necessary. Mutual respect for the content and skills required to earn the credential strengthens the value of the certification. Validating not only profession-specific competency but also the core skills of hospital case management (as shown in Figure A), provides the needed foundation of credibility to facilitate collaboration within case management.



While both nurse and social work case managers must master the practice’s core skills, effective case management requires the skills and knowledge unique to each professional discipline. Through collaboration of both disciplines, an effective case management service can be realized. Certification in this collaborative practice has inherent challenges in providing a standard of competence and credibility while affirming – rather than normalizing – the unique skill sets that the various professions add to care delivery.

The ACM™ Certification examination accomplishes this challenge by utilizing two distinct testing methods. The first examination component employs multiple-choice questions to test core case management knowledge relevant to both nurse and social work case managers. The second examination component is a series of clinical simulation problems, which are unique to the case manager’s professional background, and employs profession-specific simulation problems to test the competencies unique to either nurse or social work case managers.

The clinical simulation method of testing is designed to simulate reality and test the judgment and skill set relevant to each discipline’s practice. Although the nurse and social work case managers utilize the same root hypothetical clinical situations, the questions are profession specific and reflect the respective perspectives of nursing and social work.

CONTENT EVIDENCE

The validity of any healthcare certification rests on scientific evidentiary justification of the examination’s content – its direct applicability to the field of practice for which it is designed. Measuring modern healthcare fields of practice, however, such as the dynamic role of hospital case managers, presents significant challenges. A hospital case manager’s knowledge base and skill set does not clearly align with a single specialty or degree. As shown in

Figure A, a significant portion of the core case management knowledge is not included in the initial education and training of nurses and/or social workers. This core knowledge is primarily learned through experience and practice, and can differ from the knowledge needed in other case management settings.

To ensure the psychometric validity of the ACM™ Certification content and consistency with National Commission for Certifying Agencies (NCCA) standards, the certification development team – comprised of case management leaders and testing professionals – conducted a job analysis process to identify the responsibilities of hospital case management professionals. The job analysis process consisted of a survey sent to over 2,000 case managers in hospital/health systems. The survey received a response rate of 33%, with 99% of the respondents indicating the practice analysis appropriately addressed the responsibilities of the nurse and social work case manager. This process was used to verify that the knowledge, skills, and abilities significant to the practice were included on the examination.

The continuing applicability of the examination content was further validated in 2007, two years after the certification's introduction, through a survey of ACM™ Credentialed professionals. Over 98% of respondents indicated that the test content was applicable to the case management practice at their hospital.³

TESTING CRITICAL DECISION-MAKING ABILITY

The American Philosophical Association defines critical thinking as *“a process of purposeful judgment that places emphasis on decision making in the context of an identified problem, goal, desired outcome, or purpose.”*

In hospital case management, critical thinking skills are a must. An effective case manager must be able to evaluate a patient situation, make decisions about their care, determine appropriate plans, and evaluate outcomes.

Traditional testing methods primarily test an individual's knowledge of information and facts – only to a limited extent do traditional methods test the ability to *apply* that knowledge. However, effective practice in any healthcare field requires more than a body of knowledge. Effective practice is achieved by the correct application of facts and knowledge to real scenarios – doing this well characterizes advanced practitioners. An advanced professional certification can effectively identify and reward individuals with these skills.

An effective method for testing critical decision-making skills and the ability to apply knowledge is through clinical simulation. This methodology was first developed and implemented in the 1960's and 1970's, and is applicable to any field where practitioners must gather information and then make a decision based on that information. This testing

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ACM™

C E R T I F I C A T I O N

The ACM™ Certification, created by ACMA in 2005, is designed specifically for Hospital Case Management Professionals. This certification is unique among Case Management certifications because the examination:

- Specifically addresses case management in the hospital setting
- Tests core case management knowledge that is shared by nurse and social work case managers, as well as competency in the individual skills of each professional background
- Utilizes clinical simulation testing methodology to test “competency beyond knowledge” – testing critical thinking skills and the ability to use knowledge in practical situations.



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methodology is designed to correlate examination content to actual practice – to ensure an “authentic assessment.” Clinical simulation methodology also has been employed for other healthcare professions. Most notably, the National Board of Medical Examiners was one of the first to implement this testing methodology when the bedside practical portion of the physician licensing examination was changed to a type of written simulation in 1961. Simulation examinations are now utilized in diverse professional fields such as respiratory care, veterinary medicine and, more recently, real estate brokerage.

ACM™ Certification examinees complete five clinical simulation problems. Each problem begins with several sentences describing a clinical situation. The examinee is first asked to select what information should be gathered to effectively address the clinical situation provided. After the examinee selects the information to gather, the simulation continues with a few sentences presenting additional information (or clarifying the information that should have been sought), and poses a question that requires decision-making. These decision-making sections can involve focusing on the single best decision, or can involve multiple decisions made simultaneously. This process continues, with each simulation containing approximately eight sections. The sequence of information gathering and decision-making sections approximates the situation’s natural chronological movement, allowing a sequence of time to pass between sections. For example, the simulation might follow a patient from admission, through various aspects of their stay progressing to discharge.

The simulation tests two critical skills. Generally two of the eight sections in each problem test the examinees’ ability to gather the information appropriate to the given situation. For example, given a patient’s situation, what pieces of information do they need to proceed with the case? The remaining six sections in a typical problem evaluate an individual’s ability to make the appropriate decision or decisions based on the information available.

MEANING OF THE ACM™ CERTIFICATION

Since the ACM™ Certification for hospital case management was introduced in April, 2005, over 900 professionals have passed both components of the examination and earned the ACM™ Credential. The ACM™ Certification is increasingly recognized by case management leaders and hospital administrators as a preferred case management credential. It is rewarded at many leading organizations through increased professional advancement opportunities and additional compensation.

What does achievement of the ACM™ Credential mean? It indicates that an individual has attained a high level of proficiency in hospital case management – a strong comprehension of the knowledge base required for effective case management and the ability to gather and apply information through correct, timely decision-making. It also indicates the

individual’s desire to advance their professional practice by improving and validating their skills, competency, and credibility. In the recent (2007) survey of ACM™ Credentialed professionals, 91% indicated a desire to increase their professional credibility as a motivating factor in pursuing a certification in case management, and 89% indicated they were motivated because certification presented a professional challenge.⁴

The pace of new knowledge acquisition and the rapid evolution of new fields of practice challenge all healthcare certifications to maintain applicability to the field and the ability to validate skills most critical to practice. Scientifically valid content evidence provides a foundation of validity for a certification, and the resulting credential’s ability to facilitate interdisciplinary collaboration ensures applicability to the modern hospital workplace. Testing critical thinking abilities through a certification examination provides a means to reliably identify and credential advanced professionals.

Ultimately, the value of a healthcare certification is evidenced by the caliber of certified practitioners. Effectively developing, rewarding, and validating standards of excellence support positive outcomes for patients and continued fiscal stability of healthcare organizations.

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- 1 84 percent of hospitals indicate that case management and social work are blended into a single department. Source: 2007 American Case Management Association (ACMA) National Hospital Case Management Survey.
- 2 2007 American Case Management Association (ACMA) National Hospital Case Management Survey
- 3 Includes respondents who chose “very applicable” or “somewhat applicable” in response to the question “How applicable was the ACM™ Certification exam content to your hospital case management practice?” The results of this survey have a 95% confidence level.
- 4 Respondents were asked “What motivated you to pursue a certification in case management?” 91.48% indicated “Increase my professional credibility among my coworkers” as a strong or secondary motivating factor, and 89.69% indicated “Certification presented a professional challenge” as a strong or secondary motivating factor. These results have a margin of error of less than five percent.