

LPN/VN Continued Competence Panel of Experts Speak Up

LPN/VN representatives from around the country met with NCSBN in Chicago July 2005 to assist in evaluating continued competence. NCSBN has historically maintained the position that nurses must remain competent throughout their careers. To ensure continued competence, a method must be devised to identify the on-going learning needs of nurses in practice and a strategy must be developed to foster the fulfillment of those learning needs. The LPN/VN panel of experts was called together with these goals in mind. The panel consisted of fourteen LPN/VNs from throughout the United States, including representatives from the National Association for Practical Nurse Education & Service (NAPNES) and the National Federation of Licensed Practical Nurses, Inc (NFLPN). Panelist Candace Melancon, an LPN from Louisiana, validated the importance of the task assigned to them, asserting that "Developing structured, consistent competencies (nursing activity statements) is crucial in the success of the future of nurses."

The panel was charged to develop a list of activity statements that described the post entry-level practice of the Licensed Practical/Vocational nurse. The differences in the scope of practice proved most challenging for the group. Panelist Gwendolyn Odom, an LPN from Illinois noted, "The experience, knowledge and commitment of the Panel of Experts to the practical nursing profession left me speechless. I am truly amazed by the differences in our scope of practices."

Working together the panel refined the list of nursing activities until the panel felt they had a comprehensive list of competencies that represented the broad spectrum of LPN/VN post-entry level practice throughout the country. The activity statements developed by this panel will be used to survey post-entry level LPN/VNs throughout the country. The professionals responding to the surveys may be asked to determine the importance of each of the listed activities, as well as the frequency with which they are performed. Data collection for the LPN/VN surveys is scheduled for October 2005.

The LPN/VNs participating in this panel expressed a sense of accomplishment in their work on this project and encouraged their colleagues to respond to the surveys when they are received. Wayne McKay, an LPN from Montana notes that participation is paramount to enhancement of the profession, saying, "I think [responding to the survey] is one of the best things any nurse can do to give something back to nursing."

If you have any questions about the LPN/VN continued competence practice analysis study, contact Anne Wendt, PhD, RN CAE at awendt@ncsbn.org or Lorraine Kenny, MS, RN at lkenny@ncsbn.org.

"The experience, knowledge and commitment of the Panel of Experts to the practical nursing profession left me speechless."

Gwendolyn Odom, an LPN from Illinois

Authors Note: The RN Continued Competence Panel of Experts met in August 2005. Data collection of post-entry level RNs is scheduled to begin in January 2006. All RNs who receive a survey are encouraged to complete and return it. For more information about NCSBN's work on continued competence for nurses, you may access NCSBN's Web site at www.ncsbn.org/testing/continuedcompetence.asp.

Advanced Practice Roundtable

The annual NCSBN Advanced Practice Roundtable was held in Chicago on May 5, 2005. Forty individuals representing APRN education, APRN certification programs, accrediting agencies, boards of nursing and other nursing organizations attended.

The meeting was led by Kathy Thomas, executive director of the Texas Board of Nurse Examiners and chair of NCSBN's Advanced Practice Advisory Panel. Presentations on the regulation of advanced practice nurses were given by panel members Kathy Thomas; Randy Hudspeth, director of Patient Care Services at Saint Alphonsus Regional Medical Center, Boise, ID and president of the Idaho Board of Nursing; and Janet Younger, associate dean for Academic Programs at VA Commonwealth University, director for Academic Nursing VCU Health System, and president of the Virginia Board of Nursing. Additionally, Laura Poe, executive director of the Utah Board of Nursing and chair of the Nurse Licensure Compact Administrators, discussed regulatory issues surrounding the RN and APRN Compacts.

NCSBN has sponsored the APRN Roundtable since 1995 to discuss common issues of concern and to promote communication with APRN organizations, including APRN certification programs. Many boards of nursing use APRN certification examinations as one criterion for advanced practice licensure. Information about the RN and APRN compacts and NCSBN's 2002 position paper on the regulation of APRNs can be found on NCSBN's Web site at www.ncsbn.org.

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continued from page 3

Working with Others: A Position Paper

Therefore, nursing education should include delegation in theory, case studies and simulated activities. Students should also have clinical experiences that support decision-making and give the nurse the authority to delegate.

The paper makes clear that pervasive nursing practice functions, such as assessment, planning, evaluation and nursing judgment, cannot be delegated. The paper asserts that besides being an individual nursing responsibility, delegation is an organizational responsibility. Organizational accountability relates to providing:

- Sufficient resources and staffing
- Appropriate staff mix
- Policies and role descriptions
- Staff development
- Conducive environment and culture

Challenges were identified related to delegation. There is a wide variation in the preparation and use of assistive personnel. The paper acknowledges the need for more consistent training and education for these health care workers. When the education of assistive personnel is more consistent, nurses will more reliably be able to delegate activities to them.

Draft model language for nursing assistive personnel suggests having three levels for nursing assistants, including Certified Nursing Assistant I, Certified Nursing Assistant II, and the Certified Medication Assistant. There should be increased hours of education for each level. The assistive personnel would have a range of functions which include the activities typically performed by the nursing assistive personnel. These functions should be learned in nursing assistant education.

The delegation position paper, along with the *Model Nursing Practice Act* and *Model Nursing Administrative Rules* are available on the NCSBN Web site at www.ncsbn.org. Please contact Vickie Sheets at vsheets@ncsbn.org with any questions you might have.

Leader to Leader

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Leader to Leader

Nursing Regulation & Education Together

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Nurse Educators as Global Leaders

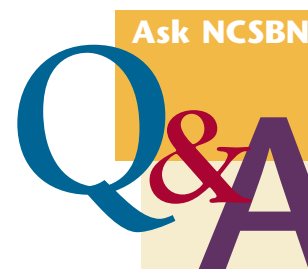
Mi Ja Kim, PhD, RN, FAAN, Director, Academy of International Leadership Development

Much has been written about global changes that happen daily around the world. The impact of these changes on nursing education can be noted by unprecedented and easy access to literature around the world and by almost instant exchange of knowledge across the countries. New technologies in this *Knowledge Worker Age* have transformed most local, regional, and national markets into global markets without borders. This universal connectivity has facilitated collaborative work with international colleagues in a significant way. Most importantly, this globalization phenomenon has changed the concept of benchmarking of excellence from national to "world class" (Covey, 2004, p. 104). With this changing landscape of benchmarking, nurse educators have little option but to become global nurse leaders who can educate students and lead nursing with a "global mindset," which encompasses attitudes and competencies such as knowledge, skills, and abilities for would-be global leaders (McCall, Jr. & Hollenbeck 2002, p. 31). Global mindset is developed through a transformation process encompassing both the cognitive complexity that comes with crossing organizational boundaries and the emotional complexity of dealing with other cultures (Hollenbeck in Mobley and McCall Jr. 2001).

Nurse Educators need to have knowledge about clinical, management and social differences in host countries...

In nursing, the global mindset is determined by the balance of two factors, cultural and business (nursing) complexity (McCall, Jr. & Hollenbeck 2002). This clearly indicates that nurse educators as global leaders should have a firm grasp of the culture of a country of interest in addition to broad knowledge about health and nursing in the United States and international arena. They need to have knowledge about clinical, management and social differences in host countries as well as about nursing in the United States at professional organization levels, including knowledge about our national issues and nursing history and the impact of current issues such as the global nursing shortage, nurses' migration, and trade agreements.

continued on page 2



Q: Do the states differ with regard to their requirements for approving (some states call it "accrediting") nursing programs?

A: Yes. While there are many similarities among states, there also are some differences. To assist the boards of nursing in achieving consistency, NCSBN has developed model administrative rules and a model practice act (available on the NCSBN Web site at www.ncsbn.org). These models were designed for use as guidelines, and the boards have proven to be very helpful to the boards of nursing. The 2002 Profiles of Member Boards identifies some of these differences among states. Please note: the numbers below may be slightly different because of changes since 2002.

- Of the 60 boards of nursing, 58 approve/accredit prelicensure nursing programs.
- 20 boards approve RN-baccalaureate completion programs; 22 boards approve/accredit direct entry master's programs; 17 boards approve/accredit direct entry doctorate programs; and 17 boards approve/accredit graduate nursing programs.
- Approval/accreditation is granted in terms ranging from 1-10 years. Often for the longer terms, the board is relying on national accreditation by NLNAC or CCNE.
- 45 boards require a criterion percent for first time writers who pass the NCLEX®. This varies from 85% to 75%, though some states base their criteria on a percentage of the national pass rate.
- 36 programs collaborate with CCNE or NLNAC for on-site visits when approving/accrediting programs; 28 boards use the reports prepared by CCNE or NLNAC when approving/accrediting programs; six boards require NLNAC or CCNE accreditation.

We invite your questions. Please send your questions to Dr. Nancy Spector at nspector@ncsbn.org

INSIDE...

Working with Others: A Position Paper

PN Scope of Practice White Paper

Clinical Instruction in Prelicensure Nursing Programs

LPN/VN Continued Competence Panel of Experts Speak Up

...and more



New technologies in this Knowledge Worker Age have transformed most local, regional, and national markets into global markets without borders.

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Recent Initiatives from the NCSBN Testing Services Department

Representatives from NCSBN's Testing Services Department recently attended Sigma Theta Tau's 16th Annual International Nursing Research Congress, "Renew Nursing Through Scholarship." Anne Wendt, PhD, RN, CAE, Associate Director of Testing Services – Content Management, and Casey Marks, PhD, Associate Executive Director – Business Operations, submitted two abstracts that were accepted. Thomas O'Neill, PhD, Associate Director of Testing Services – Psychometrics, attended and presented in lieu of Dr. Marks.

At the meeting, Wendt and O'Neill presented *Evaluating English Language Skills Needed for Entry-Level Nursing*. The study provided information for nursing regulators and educators who must make policy decisions regarding the level of English language proficiency needed to practice nursing at the entry level. This was a nonexperimental study in which 25 nurses with varying backgrounds met in order to provide their opinions on the level of English proficiency needed to practice entry-level nursing. Two different standard-setting methods were used to establish a passing standard on the Test of English as a Foreign Language (TOEFL®). Results of the study were used by NCSBN to make a recommendation to boards of nursing on the level of English proficiency needed by entry-level nurses (TOEFL score of 220). The study results have implications for member boards choosing to adopt the NCSBN recommendation as well as for those nurses seeking licensure in the United States.

The study provides evidence for a regulatory policy that supports public protection by establishing a performance benchmark for English proficiency.

Impact on Health Care: Developing a Passing Standard for English Proficiency was accepted for a poster presentation. The study provides evidence for a regulatory policy that supports public protection by establishing a performance benchmark for English proficiency. NCSBN has conducted a standard-setting study that would produce a minimum passing score on the International English Language Testing System (IELTS) examination. Findings from this study provide a recommended passing standard for the level of English language proficiency, as measured by IELTS, that is needed by entry-level nurses in order to practice nursing safely and effectively. International nurse-candidates must meet or exceed this standard of English proficiency. The results of this study will have a significant impact on the health care of the public by helping to ensure that the caregiver and recipient of care can communicate.

As a result of these two studies, NCSBN has recommended to its member boards of nursing a passing standard of 220 on the TOEFL and a passing standard of 6.5 overall with a minimum of 6.0 in any one of the four modules (Listening, Academic Reading, Speaking, and Writing) on the IELTS examination. If you have any questions contact Anne Wendt, MSN, PhD, RN, CAE at 312.525.3616 or awendt@ncsbn.org.

For more information on setting the passing standard for the TOEFL and other research initiatives in the Testing Services Department access our Web site at www.ncsbn.org.

Building a New Level of Nursing Cultural Competence

Working with people from different cultural backgrounds is one of the most exciting challenges nurses take on every day. The best nurses know that effective communication among professionals and patients from diverse cultures is crucial. Becoming aware of how a nurse's cultural values correspond with the values of others will enrich the nurse's understanding of diversity in health care and make him/her better equipped to communicate with others.

NCSBN Learning Extension has developed an educational program to help nurses learn to become more culturally astute professionals. *Diversity: Building Cultural Competence* is a self-paced course designed to provide nurses with the opportunity to learn cultural competence through self-assessment, interaction, and skill development in order to improve their effectiveness as nurses, as employees, and in their own personal relationships. The course leads learners through a personal reflection of their own culture and its differences from other cultures. Participants are also presented with the uniqueness and similarities of other cultures, religions, genders and lifestyles, specifically in the context of the modern health care environment comprised of diverse patients, nurses and other professionals.

Go to www.learningext.com to view course objectives or to register.



Leader to Leader Survey Summary

A special thank you for all of you who completed our survey and provided input on the ways NCSBN can better serve you through the *Leader to Leader* newsletter. The 81 respondents from all over the United States reported that NCLEX® updates, NCSBN education initiatives, and Ask NCSBN were favorite aspects of the newsletter. Respondents also noted that they would like to read more about nursing regulation, NCSBN's positions, and specific issues such as delegation and discipline in future issues. This feedback enables us to provide a richer and more informative publication that facilitates a better understanding of nursing regulation and its affect upon you and your students. Please contact Dr. Nancy Spector at nspector@ncsbn.org if you have any further suggestions or comments

2

Nurse Educators as Global Leaders *continued from front page*

To develop future global nurse leaders, nurse educators need to pay serious attention to the curriculum so that it is capable of meeting cultural and international standards. The curriculum should include an international nursing course or integrate such content beginning at the bachelor's degree program. The international nursing course should include topics such as how international communities and agencies function, and how that affects the process of getting the work done. The work of international groups such as the International Council of Nurses, World Health Organization, International Monetary Fund, World Bank, and USAID are good resources.

To become global nurse leaders, nurse educators need to begin to avail themselves to myriads of opportunities for global leadership development. At home, they can actively participate in the work of organizations that have international emphasis. This includes Sigma Theta Tau International (www.nursingsociety.org), and the International Network for Doctoral Education in Nursing (www.umich.edu/~inden/), both of which can help link interested nurse educators with international colleagues. Members of these organizations usually enjoy the opportunity to network with international nurse scholars and educators to pursue the goal of becoming a global leader. The Global Network of WHO Collaborating Centers for Nursing and Midwifery Development (www.whooc.gcal.ac.uk) is another organization that can help nurse educators connect with international colleagues. The connecting points for this Network is through the WHO designated Collaborating Centers throughout the world. Currently, there are 37 such Centers in the world, and 12 are located in the United States.

One could also go abroad as a consultant and/or visiting professor, though both options require an invitation from a host university. These options are possible when one has established the network with international colleagues through the aforementioned organizations, and when one's expertise is recognized. The Fulbright Scholarship program (<http://exchanges.state.gov/education/fulbright/sir.htm> or www.cies.org) is one venue for achieving one's dream to get involved in international scholarly work. Established in 1946 by late

Senator J. William Fulbright, who sponsored the legislation for the program, it allows scholars including nurses to get involved in international educational exchanges while meeting the goal of advancing mutual understanding among countries. Through open, merit-based competitions, nurse educators can apply for one option: teaching only, research only, or a combination of both. The program is known to have had extraordinary impact around the world with more than 250,000 Fulbright grantees to date. One of the requirements of the Fulbright Scholarship application is an invitation letter from a host institution. The importance of networking with international colleagues and building trusting relationships with the international leaders is again noted.

One informal process of developing a global network is working with international nursing students, who will be tomorrow's leaders in various countries. Many of today's global nurse leaders have learned this secret through their long-standing mentoring experiences. It goes without saying that this relationship should be built on a deep understanding of students' cultural background and needs. Teaching and mentoring students with trust and respect for differences in culture will go a long way in helping them to become global leaders, and this process in turn will help educators to mature in dealing with the ramifications of cultural complexity. This may be a good beginning for nurse educators to become global leaders.

We are pleased to have Mi Ja Kim, PhD, RN, FAAN, Professor and Dean Emeritus and Director, Academy of International Leadership Development, University of Illinois, Chicago, write our guest article for this issue of Leader to Leader.

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Leader to Leader wants YOU!

NCSBN is looking for individuals who would like to be guest authors in future issues. Please contact Dr. Nancy Spector at nspector@ncsbn.org if you would like to participate.

Teaching and mentoring students with trust and respect for differences in culture will go a long way in helping them to become global leaders...



NCSBN Recently Published

3

Clinical Instruction in Prelicensure Nursing Programs

Nancy Spector, DNSc, RN
Director of Education, NCSBN

The NCSBN Practice Regulation & Education (PR&E) committee recently published a position paper designed to provide guidance to boards of nursing in evaluating the clinical experience component of prelicensure nursing programs. Because the paramount mission of the boards of nursing is to protect the public, boards have the responsibility of ensuring that new graduates are prepared to practice safely.

Committee members reviewed available literature, surveyed the boards of nursing and nursing education organizations, sought stakeholder input, consulted with experts, and participated in simulated experiences to provide the rationale for this paper. Their research addresses critical components of clinical education, though further research must be conducted on clinical teaching in nursing. The literature supports the following as being essential elements of all nursing clinical experiences:

- Deliberate practice
- Feedback by qualified faculty
- Time to reflect
- Experiential learning in the authentic environment
- Becoming involved in the clinical setting by caring for actual patients
- Collaborate with interdisciplinary teams in the clinical setting

The simulation experiences and simulation consultants demonstrated the value of simulation as a complementary learning experience for nursing students. However, the simulation experts strongly cautioned the group that simulation *couldn't* take the place of actual clinical experiences. The experts said that if executed properly simulation can be costly to nursing programs, and thus recommended that regional health care programs share simulation resources.



Education organizations provided the PR&E Committee with their ideas on the future of nursing education and their thoughts about problems with finding suitable clinical experiences for students via survey responses. However, none of the nursing education organizations answered the question that asked whether they thought clinical experience with actual patients was essential for prelicensure nursing students.

The group also reviewed the 2004 position statement from the American Organization of Nurse Executives (AONE). This position statement asserted that while innovative approaches for teaching clinical students may be developed, all prelicensure nursing programs must contain structured and supervised clinical instruction and that clinical instruction must be provided by appropriately prepared registered nurses.

The survey responses of the boards of nursing strongly supported clinical experiences with actual patients and clinical experiences across the lifespan, though there was variance in the responses about requiring a set number of clinical hours. Based on the research and other evidence, the PR&E Committee recommended the following to boards of nursing:

- Pre-licensure nursing educational experiences should be across the lifespan.
- Pre-licensure nursing education programs shall include clinical experiences with actual patients, and they might also include innovative teaching strategies that complement clinical experiences for entry into practice competency.
- Pre-licensure clinical education should be supervised by qualified faculty who provide feedback and facilitate reflection.
- Faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program goals.
- Additional research needs to be conducted on pre-licensure nursing education and the development of clinical competency.

The *Clinical Instruction in Prelicensure Nursing Programs* position paper was approved by the NCSBN Board of Directors and the 2005 Delegate Assembly and is available on the Nursing Education page under Nursing Regulation on the NCSBN Web site (www.ncsbn.org), along with a systematic review of nursing education outcomes. Contact Dr. Nancy Spector at nspector@ncsbn.org if you have further questions.

PN Scope of Practice White Paper

Nancy Spector, DNSc, RN
Director of Education, NCSBN

The NCSBN Board of Directors convened a special national PN Focus Group after discussions from the 2003 LPN/VN Practice Analysis, which had prompted the Board to consider whether regulatory boards should re-evaluate the practical nurse (PN) scope of practice. The Focus Group comprised people with a broad range of experience and knowledge in nursing related disciplines across the United States. Their feedback, contributions and recommendations resulted in the *Practical Nurse Scope of Practice White Paper* that was presented at NCSBN's Delegate Assembly in August 2005.

This white paper incorporates findings from the PN Focus Group, results from a survey sent to boards of nursing about the PN scope of practice, and information gathered from internal and external research projects on LPN/VN scope of practice. The paper will be sent to stakeholders in practice, education and regulation in order to create a national dialogue about the practical nurse scope of practice. The strong recommendation made in this white paper was to begin dialogue with nursing practice, regulation and education in the following areas:

- Develop initiatives to enhance the mobility of practical nurses by developing statewide articulations programs.
- Establish a national practical nurse curriculum.
- Decrease the wide disparity that is present in the Nurse Practice Acts regarding the practical nurse scope of practice.
- Develop a national clearinghouse for practical nurse data.
- More research on the practical nurse scope of practice is desperately needed.

The *Practical Nurse Scope of Practice White Paper* is available on the on the Nursing Education page under Nursing Regulation on the NCSBN Web site (www.ncsbn.org). Please contact Dr. Nancy Spector at spector@ncsbn.org if you have any questions.

Working with Others: A Position Paper

The 2005 NCSBN Delegate Assembly recently approved the position paper *Working with Others* and the *Model Nursing Practice Act* and *Model Nursing Administrative Rules* related to delegation after two years of work by NCSBN's Practice, Regulation, and Education Subcommittee. NCSBN positions as stated in this position paper are as follows:

- To delegate is to transfer authority to competent individuals for completing selected nursing activities/tasks/functions.
- To assign is to direct an individual to perform activities already within an authorized scope of practice.
- An assignment (noun) describes the distribution of work that each individual is to accomplish in a given work period.
- State boards of nursing should regulate nursing assistants.
- Nurses need to determine the type of interface used to identify the nursing role and responsibility.
- Nursing assistive personnel should receive adequate basic training as well as training customized to the specific work setting.

Delegation is a complex skill that requires sophisticated clinical judgment and accountability for nursing care.

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