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IN FOCUS

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A Seat at the Table

NCSBN's Office of Government Affairs
and the Health Policy Conversation

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

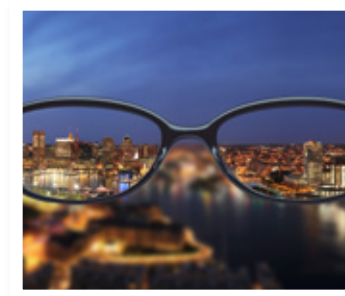
NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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2016 Environmental Scan Published

The 2016 NCSBN [Environmental Scan](#) is available in the current issue of the *Journal of Nursing Regulation*. Health care, education and nursing regulation are undergoing historic transformation driven by technology, economics, the Affordable Care Act (ACA) and the entry of the millennial generation into the nursing profession, among other factors. This report documents these extraordinary changes and discusses the resulting challenges and future implications for boards of nursing (BONs) and the entire nursing profession.

The report aids BONs in anticipating future needs and planning strategically by capturing the current environment in which regulators work. The environmental scan also serves as a resource for nurse leaders in practice and education. Using information from numerous resources, the 2016 Environmental Scan identifies critical information needed for the year and beyond.

LEADING TRANSFORMATION: ARCHITECTS OF NURSING REGULATION

2016 NCSBN Annual Meeting

Aug. 17–19, 2016 | Chicago

COMING SOON NEW NURSE BOOKLET

We have just developed a booklet for students and new graduates, a companion piece to our popular video, [New Nurses: Your License to Practice](#).

The new booklet provides new graduates with an overview of the regulation of nursing and boards of nursing (BONs), and has links and suggestions for other resources that will help new nurses as they begin their careers. Some highlights from the booklet include:

- Information about the responsibilities of being a licensed nurse;
- Discussion of BONs and the Nurse Practice Act;
- Identification of the common complaints that BONs receive, including substance use disorders, professional boundaries/social media violations, significant practice errors and criminal backgrounds; and
- Tips on transitioning from nursing education to practice.

We will soon make the booklet available free of charge to all last semester students and new graduates. Watch our website for details!



East Meets West

NCSBN Meets with Korean Delegation to reach out and work cross culturally to improve nursing care and patient safety

Over the last three decades the Korean health care system has made significant strides, evolving from a relatively fragmented and limited infrastructure to one that embraces universal coverage and supports extensive acute medical facilities. The rapid pace of this expansion is focused on growth of facilities and upgrades of technology, but in its wake the nursing workforce is left negatively impacted by increased patient loads and a medical culture willing to spend money on doctors and equipment but little on supporting nurses providing frontline care (OECD, 2012).

NCSBN had the honor of recently hosting a delegation from the Ministry of Health of the Republic of Korea and the Korea Health Personnel Licensing Examination Institute. The group was made up of legislators, educators and government officials, led by Kyung Rim Shin, EdD, RN, FAAN. They were visiting the U.S. with a desire to learn more about benchmarking educational programs, testing, accreditation and strategic management of a nursing workforce.

One of the stresses Korean nurses face is that they have much larger caseloads than their counterparts in other advanced countries. In fact, according to the Korean Nurses Association, a Korean nurse takes care of an average of 31 patients on a shift, which is much higher than the U.S. average of 10, and 8.8 in major European countries. The atmosphere in which



Kyung Rim Shin, EdD, RN, FAAN, led the delegation from the Ministry of Health of the Republic of Korea and the Korea Health Personnel Licensing Examination Institute.



these nurses try to function causes stress, early career burnout or migration to other countries with health care environments more favorable to the nursing workforce. This has led to high staff turnover and nursing shortages throughout the country (Korea Joongang Daily, 2015).

Dr. Shin commented, "Korea has faced challenges in nurturing nurses under its system and balancing the supply and demand for nurses since 2015, when the Medical Service Act was amended."

In an all-day meeting with NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, and some members of the NCSBN leadership team, the delegation had the chance to see presentations about the NCLEX® examinations, the Nursys® database and how the NCSBN Interactive Services division provides continuing education and resources for nurses.

The group eagerly and enthusiastically participated and sought opportunities to reach out and work cross culturally to improve nursing care and patient safety. They asked thoughtful questions that sparked quality discussions around the issues of nurse competency assessment and patient safety.

"How to foster competent nurses is a common concern in terms of nursing education globally," noted Dr. Shin. "Nurse educators are interested in how to connect knowledge and behavior. Additionally, how to develop consistent competencies as a profession is also an issue."

The delegation felt that the verification of validity, fairness and effective implementation strategies the NCLEX exams are very advanced as compared with the current examination system in Korea. At this time, Korea is aiming to change its test system to be more competence, performance and practice-based. After learning more about the practice analyses, the in-depth development process and psychometric design of the NCLEX exams, they were very impressed and recognized that it will be a long process to develop a similar exam in Korea.

They were likewise very captivated with the Nursys database, as nothing of its scope exists in Korea. They were especially interested in the fact that the database assists boards of nursing in their efforts to protect the public, is of benefit to nurse employers (whereby they can verify nurse licenses and receive

Are You Aware of CORE?

Commitment to Ongoing Regulatory Excellence (CORE) is a comparative performance measurement system intended to measure and benchmark the performance of boards of nursing (BONs) in four regulatory functions: discipline, licensure, education and practice. CORE collects performance measurement data from internal and external sources which is reported in four CORE state reports, each report focused on one of the regulatory functions. For each measure in the CORE reports, the value of the individual board is represented beside the national average. In addition, the average for independent boards and umbrella boards are presented separately so boards of different structures can compare their value to the appropriate average.

Participation in CORE can help your BON in a variety of ways:

- Assess your BON against the national average, and boards with similar or different structures (independent vs. umbrella);
- Examine trends in performance;
- Identify areas of strengths and weaknesses;
- Make evidence-based regulatory decisions to improve performance; and
- Obtain data to request additional resources to improve performance.

Knowing your board's performance measures and reviewing them on an annual, quarterly or monthly basis ensures that nursing regulation in your state protects the public from unsafe nursing practice. Let CORE help you.

Learn more about CORE online (members only, login required) or contact us at core@ncsbn.org.

NCLEX²⁰¹⁶ CONFERENCE

MONDAY, SEPT. 12, 2016 | PHILADELPHIA

FOR MORE INFORMATION
ON ANY OF OUR CONFERENCES,
[VISIT OUR WEBSITE](#)

Legislative Advocacy News

NCSBN Holds NLC Forum

On Friday, April 8, NCSBN presented "Unlocking Access to Nursing Care across the Nation" at the Newseum in Washington, D.C. At this half-day forum, expert panelists and speakers from across the U.S. were brought together to discuss the challenges of 21st century nursing and the solutions presented by the enhanced Nurse Licensure Compact (NLC). Panelists included Cathleen O'Keefe of Fresenius Medical Care North America, Sharon Prinsen of Mayo Clinic, Ann Putnam on behalf of the National Military Family Association, Tami Regan of Night Nurse, Inc., Maureen Swick of the American Organization of Nurse Executives, Katherine Thomas of the Texas Board of Nursing and Chriss Wheeler on behalf of the Case Management Society of America.

The program featured a keynote address by Rep. Cary Pigman, sponsor of Florida's successful 2016 enhanced NLC bill and an emergency room physician with firsthand knowledge of the importance of nurse mobility. He addressed Florida's dire need for nurses due to a critical nursing shortage and called the NLC "pro-competition, pro-free market, and pro-worker." NCSBN CEO David Benton delivered a call to action address declaring that, "the NLC moves an industrial-age regulatory model to one that embraces the mobile and digital society."

Videos are available [online](#).

Legislative Updates

The enhanced NLC currently stands at nine members: **Arizona, Florida, Idaho, New Hampshire, Oklahoma, South Dakota, Tennessee, Virginia and Wyoming.** Missouri's bill is awaiting the governor's signature. The APRN Compact already has two of the 10 members required for enactment: **Idaho and Wyoming.**

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Clockwise (from top): Panelists at the NLC Forum; Rep. Cary Pigman gives the keynote address; and Jim Puente, MS, CAE, Director, Nurse Licensure Compact, NCSBN.





A Seat at the Table

NCSBN's Office of Government Affairs and the Health Policy Conversation

Organizations seek a seat at the table in legislative policy discussions for a variety of reasons: to raise awareness, to influence legislation, to rally supporters or to raise money. One of the most important components in the advocacy equation is access. Many organizations have a presence in Washington, D.C., the seat of our three branches of government, because it is where the important decisions are made.

To examine NCSBN's path toward its enhanced presence in Washington, we must first go back to 2008. In July of that year the NCSBN Board of Directors (BOD) decided to hire a government relations firm, Prime Policy Group, to help monitor legislation related to licensure. Over the next five years, Prime Policy helped NCSBN identify and introduce legislation that impacted state-based licensure and monitored legislation related to internationally educated nurses. Prime Policy met with legislators regarding bill language and facilitated meetings between NCSBN and lawmakers in order to educate them on state-based licensure and the role boards of nursing (BONS) played.

In the spring of 2013, the BOD discussed the idea of building on the progress they had made. Shirley Brekken, MS, RN, is the current BOD president and was vice president at the time. "The Board was committed to increasing the presence of NCSBN in Washington in order to be a resource for policy makers," she recalls. "This came about with the acknowledgement that it was important for NCSBN to have a D.C. presence, along with all of the other nursing organizations that are located there."

Myra Broadway, JD, MS, RN, was NCSBN BOD president at the time. "There was a lot of interest on a national level regarding licensure,

discipline and the provision of health care," she recalls. "There was so much care being provided via the internet, telephone and other electronic means, that it seemed regulation was being overlooked. Regulation needed to be at the table."

This emergence of telehealth practice and its relationship to professional licensure was one of the primary reasons NCSBN decided to move forward,

"Washington is where the policymakers are and it's where they talk with one another with regard to what needs to be national policy. We wanted a focused, physical presence."

—Myra Broadway, former NCSBN BOD President

understanding it was an opportunity to educate lawmakers. "We recognized that many of the proposed bills in Congress at the time indicated there was a lack of understanding of what the roles of nursing boards were about, so we decided we needed to not only be there, but to actually provide some outreach," says Broadway. "Washington is where the policymakers are and it's where they

talk with one another with regard to what needs to be national policy. We wanted a focused, physical presence."

In a memo to the BOD in September 2013, then NCSBN CEO Kathy Apple, MS, RN, FAAN, wrote, "Government relations affords the opportunity to establish relationships with government officials where officials recognize an organization as a resource for information and analysis on issues. The overall process is to first make an organization known to policymakers followed by informing and educating policymakers."

In February 2014, the BOD moved

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The Issues

A Brief Summary of Some of NCSBN's Legislative Efforts

Telehealth and License Portability



Telehealth is currently, "one of the hottest health care topics in Congress,"

according to Vice. The industry is growing and numerous states have passed laws requiring insurers to cover telehealth visits. The issue is of great interest to members of Congress. NCSBN supports efforts to expand telehealth in order to reduce the cost of care and increase patient access to care. NCSBN's position is that practice occurs where the patient is located. Patients need to be able to seek recourse in the event that something goes wrong, and they do so by contacting their own state board of nursing. NCSBN supports expanding the mobility of nurses through the Nurse Licensure Compact (NLC) and the APRN Compact, interstate licenses that allow a nurse to have one multistate license. Over the past year NCSBN has seen broad support of its licensure efforts, including strong coalitions among the states. An update on the NLC appears in the [Winter 2015 issue of In Focus](#).

"The recurring message we make is that license portability through telehealth should be facilitated at the state level, and not at the federal level," says Vice. "We are working with Congress and telehealth advocates to resolve concerns about licensure being a barrier to the expansion of telehealth services."

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Veterans' Health Care



Veterans have made a valuable contribution through their military service. NCSBN supports legislative efforts that will help veterans transition into the civilian workplace, by assisting BONs in making licensing decisions that will help veterans safely and competently enter civilian careers in nursing.

"We're not opposed to the licensing systems that are already in place for the Department of Defense and the VA," says Vice. "It's different than the private sector because there is a defined patient population -- members of the armed forces or retired members of the armed forces. If you're an APRN, you get a license wherever you get it and that license is good for you to practice at any facility across the country. It's the same thing with the DOD. We recognize that for those populations that it works."

North Carolina State Board of Dental Examiners v Federal Trade Commission (FTC)



In this case, the FTC filed an administrative complaint alleging that that a North Carolina State Board of Dental Examiners action to exclude non-dentists from the market for teeth whitening services was an anticompetitive and in violation of the Sherman Act, a federal antitrust law. The Board tried to have the case dismissed on the basis of state-action immunity, but their motion was denied by an administrative law judge, the 4th Circuit Court and eventually the U.S. Supreme Court.

This decision has implications for state regulatory boards because its effect

to have an expanded presence in Washington, D.C. and established the NCSBN Office of Government Affairs. In May of that year, Elliot Vice joined NCSBN as director, government affairs. Vice directs, administers and manages all aspects of the program.

"There was a clear recognition by the NCSBN Board that health care was changing rapidly, in both how it was being delivered and who was delivering it," says Vice. "The BOD recognized they needed someone on the ground communicating NCSBN's positions and message, serving as a liaison and representative in health policy discussions."

Since creating the Government Affairs office, NCSBN has taken significant steps in leading in health care regulation by pursuing policies that protect patients and promote access to care. Over the past two years, the office has focused on educating and developing relationships with congressional staff, federal government officials, members of nursing organizations, telehealth stakeholders and other key players in the D.C. health policy community. The office works with members and counterparts in health care to ensure they work together to help legislators make informed decisions that are critical to the future of nursing regulation. Nursing regulators are now part of the conversation.

Asked about his role, Vice explains, "One part of the job is about educating members of Congress and speaking with the administration and all the pertinent agencies that have an impact on health policy; working as sort of an envoy. The other part is about working with our counterparts and educating them on what we're doing, learning what they're doing, and communicating that information back to NCSBN colleagues, the CEO and the Board, so that they can make informed decisions on issues that are critical to the future of nursing regulation. We're working on a number of different issues at any given time."

Government Affairs is tracking bills pending in Congress that relate to various matters, among them telehealth, licensing and issues related to veterans (see the sidebar to this story). "Our role is to pay attention to what is happening and make sure the appropriate people on Capitol Hill know what NCSBN's positions are," says Vice. "If we oppose or have concerns about a piece of legislation, I meet with people who are on the committees of jurisdiction, so that they have a full understanding of the role BONs play in public protection."

Vice is asked what it is like to work with legislators "I feel the most important thing that we do is educating congressional staff," he says. "And we don't just meet with congressional staff that are undecided or those who agree with us. When we see a piece of legislation that concerns us, we go straight to the people who drafted it and explain to them the important public protection role that nursing boards play in the licensing process, and explain how we are working to facilitate license portability while maintaining public protection. So our relationships with these offices are good because we are here first and foremost to educate them about the role of licensure, and secondly to serve as a policy reference as they're drafting a bill." And the result? "Two years in, people realize that we play a role in advising on legislation," says Vice. "If there is a bill addressing licensure, the offices now reach out to us for our thoughts or advice on language they might include because we've met with them in the past. That has happened twice since the beginning of the year. And NCSBN has endorsed both of those bills as a result."

As health care continues to evolve, I think BONs will continue to lead health care regulation in ensuring that while we are reducing the burden of government, we are also providing some of the most forward-thinking policies that protect patients and promote patient access to competent care.

—Elliot Vice, NCSBN Director of Government Affairs



Last year, NCSBN representatives (staff and board members) participated in more than 80 congressional office visits related to a wide range of different topics. Shirley Brekken participated. "One of the most effective ways to influence policymakers and the policy making process is to make a connection with legislators in person, especially when one is a constituent of that legislator," she says. "We held a Board meeting in D.C. and that then gave us the opportunity to spend time on the Hill visiting with members of Congress."

Participants set up meetings their senators and representatives, and Brekken met with the staff of Sen. Klobuchar and Sen. Franken, and Rep. McCollum from her congressional district. "I spoke with them about some of the issues of concern, the APRN Consensus Model, telehealth, and how license portability can improve patient access to care," she says. "I was also able to discuss these issues in terms of how they affected the state of Minnesota. For example, health care centers like the Mayo Clinic, which is not only located close to Wisconsin, but has satellite locations in other states and also draws patients from all over the country and the world."

According to Vice, "NCSBN plays an absolutely critical role in delivering products and services for state boards that allow them in essence to lessen the burden of government. We give BONs access to information they otherwise might not have. As health care continues to evolve, I think BONs will continue to lead health care regulation in ensuring that while we are reducing the burden of government, we are also providing some of the most forward-thinking policies that protect patients and promote patient access to competent care. I look forward to carrying that message to policymakers." ■■■■

could encourage states to change the composition of boards and discourage private individuals from serving on them. "We are planning to meet with FTC staff in the coming months to further detail how we are advising our members and helping our members following the Dental Board versus FTC decision," says Vice. "We will communicate to them that BONs, through not only their policies but also their actions, are not anti-competitive, and we will also stress the important role that nursing boards play in protecting the public from bad practitioners. Overall, we are seeking a more collaborative, open relationship and communication structure with the FTC and their staff."



Nurse Attribution in Medicare Reimbursement

"The care nurses at all levels deliver to Medicare beneficiaries has been traditionally underrepresented in reimbursement data due to policies allowing what is known as incident to billing and a lack of billing codes for direct nursing care," says Vice. "This skews the important data health care regulators use to understand which providers are delivering care directly to patients. NCSBN recently submitted a letter to the Centers for Medicare and Medicaid Services (CMS) emphasizing the importance of attributing care to the actual provider who delivered the care to the patient, which in many cases is a nurse. This will create a more accurate understanding of how different care delivery models operate and which practitioners are delivering care to patients. Better data is key to better nursing regulation."



MIDYEAR MEETING: A FIRST-TIME ATTENDEE'S PERSPECTIVE



**By: Bernadette S. Santos,
MPA, RN, BSN
Member of the Guam
Board of Nurse
Examiners**

In August of 2015, I received a letter from the governor of Guam informing me that I had been appointed as the RN member of the Guam Board of Nurse Examiners (GBNE). I've had leadership experiences with the Guam Nurses Association, but aside from renewing my license, I had no other contact with GBNE. I vividly remember my first board meeting experience walking into a room filled with nurses who were summoned to provide the board with explanations regarding disciplinary actions taken against them by their employers. What an intense first meeting! I couldn't help but ask myself, "What have I gotten myself into?" Reading the apparent dismayed look on my face, my colleague leaned over and reassured me that this was not how every meeting would go.

My colleagues encouraged me to attend the NCSBN Midyear Meeting and excitedly explained how it serves as a great introduction to current NCSBN issues. I happily accepted the invitation to attend with our president, Dr. Kevin Hitois. I steeled myself for the familiar 23-hour journey from Guam to Baltimore. As a former president of the Guam Nurses Association (GNA), I am no stranger to making long trips to Maryland for conferences, and know how to cope using this simple formula: distract yourself by watching in flight movies, do not attempt to calculate across the time zones to fool your body into adjusting to the time of your final destination, and sleep when you can. I flew 3.5 hours from Guam to Tokyo, 11 hours from Tokyo to Houston where I had a 5-hour layover, and 3 hours from Houston to Baltimore.

I left 92-degree weather on Guam and was greeted with a brisk 52 degrees in Baltimore. A wonderful friend from high school came down from Connecticut to

pick me up at BWI at 12:03 a.m. After a full day of travel, I finally found rest.

On day one of the meeting I was excited to meet my colleagues and eager to learn new information. A preliminary review of the NCSBN agenda immediately told me that this was going to be an informative meeting with topics ranging from APRN education to guidelines for use of simulation training's role in nursing education programs. I visited the friendly faces at the registration, member engagement and leadership tables.

Board President Shirley Brekken gave a motivational speech on how the NCSBN body serves as the "architects for nursing regulation," and emphasized the importance of this role amidst changes in nursing and health care delivery. She shared that the topic of discussion at her first NCSBN meeting centered on computer-assisted testing back in the 1990s. Now there we were in 2016 discussing how to continue to ensure the safety of the public amidst technological changes that impact nursing care delivery.

I enjoyed all of the speakers during the meeting. Tony Graham delivered such poignant presentation on leadership, I will be sure to use some of his ideas to motivate nurses to become involved in their professional organization in my current role as the Nominations Committee chairperson for the GNA.

Though I had only been introduced to the agenda items for our area meeting during the first morning session, I quickly recognized how valuable the lunch meeting was to be able to network with the members of the other state boards.

Recommended language on nurse licensure applications and the topic on review of transcripts from internationally educated nurses (IEN) were addressed. These were already on my "to learn more about" list. Guam is in close proximity to the Philippines

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Bernadette Santos attended the Midyear Meeting with her colleague Kevin Hitois, DNP, APRN, FNP-BC, president, Guam Board of Nurse Examiners.

**MIDYEAR MEETING:
A FIRST-TIME ATTENDEE'S PERSPECTIVE**

and thus receives many applications from IENs. As the Guam Board requires both police and court background checks, nurses who come from the Philippines report difficulty requesting these documents when they are already physically on Guam. It was interesting for me to learn that a majority of the state boards have been using the FBI fingerprinting process for background checks, and that there is even a system called Rap-Back that would update the board of any subsequent criminal activity of licensees. This is excellent for nurses who are from the U.S., but trying to get this same information for international nurses is proving to be a bit more challenging.

Networking with members of different boards allowed me to come to the conclusion that all the board members were in various stages in their evolutions. Some are large, with full-time board members and staff, whereas others are smaller, such as Guam, which has seven voluntary board members and one staff member.

The Midyear meeting provided me with an avenue to connect with others to pick their brains, seek advice, and establish connections with individuals and groups who are happy to extend their knowledge and support for the success of the board with a unified mission of ensuring public safety. ■■■■■

Bernadette Santos is the nurse manager for the Department of Veterans Affairs Outpatient Clinic on Guam. Upon graduation from nursing school at the University of Guam in 2002, she worked as the head nurse at a private outpatient clinic, providing primary care and urgent care services, while also working part time at the only civilian hospital at the time on the island of Guam.

Santos has been an active member in Guam's nursing community. She served in several executive board positions with the Guam Nurses Association (GNA), including serving as president from 2010-2011. She currently serves on the Guam Board of Nurse Examiners.

Santos earned her bachelor's degree in nursing at the University of Guam and returned to her alma mater to obtain her master's degree in public administration in 2011.

No further APRN Compact legislation was proposed this session and enhanced NLC bills are still active in several states. **Rhode Island** introduced their NLC bill in early April, and NLC bills are still active in **Massachusetts, Minnesota** and **New Jersey** as well.

Activities

Rebecca Fotsch and Nicole Livanos, NCSBN state advocacy associates, along with Maryann Alexander, chief officer, Nursing Regulation, traveled to Springfield, Ill. April 13 for the American Nurses Association (ANA) Illinois-hosted Nurse Lobby Day. ANA Illinois has been a strong advocate for the state's pending NLC legislation, and the NLC was one of the topics of the day.

In Washington, D.C. on April 19-20, NCSBN CEO David Benton and Director of Government Affairs Elliot Vice met with various stakeholders and discussed the enhanced NLC. Vice then attended the April 20 discussions of both the enhanced NLC and the APRN Compact at the annual Coalition for Patients' Rights meeting. On April 25, NLC Director Jim Puente presented the enhanced NLC to the Vermont Board of Nursing. ■■■■■



Resources

The **NLC Advocacy Website** (nursecompact.com) is now live, providing a one-stop resource on the enhanced NLC to nurses and other stakeholders across the U.S. The site provides an overview of the NLC and how it works, a quick reference for where each state stands regarding enhanced NLC legislation, and a means for site visitors to contact their local legislators and make their voice heard. Spread the word to nurses and nurse advocates in your state!

NCSBN resources are also available in the NLC Toolkit on **Hive** (NCSBN members only, login required), on the **NLC Advocacy** Web page and can be customized for a specific state. Also, the Council of State Governments (CSG) is ready to assist in your state by holding briefings on the enhanced NLC or APRN Compact. Follow NLC and APRN Compact legislation around the country on NCSBN's interactive **iTrack** page. And follow the NLC on **Facebook** and **Twitter**.

For additional information or questions, contact nursecompact@ncsbn.org.



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notifications about changes to licensure status of the nurses in their employ), and assists individual nurses in checking on and verifying their own licenses.

Lastly, the delegation learned more about how the NCSBN Learning Extension courses and video library are developed and utilized by students, nurses and educators. They found out about the innovative systems, specialized tools, webinars, products and services provided to NCSBN Member Boards that make their work of public protection easier and more efficient. They saw great value in these resources in helping to maintain a nursing workforce that is better prepared to face the challenges brought about by an ever changing health care environment.

The delegation voiced their gratitude for NCSBN's willingness to provide an overview of their



According to the Korean Nurses Association, a Korean nurse takes care of an average of **31** patients on a shift, which is much higher than the U.S. average of **10**.

The Korean delegation met with some members of the NCSBN leadership team.

services and systems. Dr. Shin said, "On behalf of our Korean delegation, I would like to express our appreciation that David Benton and his team gave us your valuable time and warm hospitality."

Dr. Benton noted that it was a great honor to have Dr. Shin and her colleagues visit, and that NCSBN was delighted to share thoughts and perspectives. Benton remarked, "We find it very exciting that Korea is now looking to enhance its testing procedures and look forward to a continued dialogue." ■■■■■

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Visit Baltimore



Kathy Shipp, MSN, RN, FNP, attended the NCSBN 2016 Midyear Meeting with her daughter, first-time attendee Kaci Bohn, PhD. Shipp is a faculty member at West Texas A&M University in the Family Nurse Practitioner Program and works as a nurse practitioner in a private family practice. Bohn is an assistant professor at Harding University College of Pharmacy in Arkansas. She is an NCSBN consumer member. NCSBN caught up with them during a break to get their thoughts on the Midyear Meeting, and the opportunity it provided for a mother-daughter trip.

FAMILY MATTERS: MOTHER AND DAUGHTER ATTEND THE NCSBN MIDYEAR MEETING TOGETHER

Kaci, how did you get involved with NCSBN?

My mother had served on the Texas Board of Nursing for several years and I enjoyed hearing about her experiences. She encouraged me to apply for the Arkansas State Board of Nursing (ASBN). In October 2015 a consumer position opened up and I applied with the support of my local senator. I was truly honored when the governor's office called to tell me I had been selected. I feel like I bring a unique background to the board due to my pharmacology knowledge, education experience, and different perspectives as a "non-nursing" member. The ASBN staff and board members have been amazing to work with and have been so helpful in helping me to become an effective member of the board.

What was it like to attend the Midyear Meeting together?

Kathy: Attending with my daughter was an amazing experience. When I encouraged her to apply to the ASBN I felt she would be a productive and engaged consumer member. I never thought we would have the opportunity to attend meetings together. Sharing nursing regulation and serving our states and our country together is a huge honor. We talk after all of our board meetings and shared our thoughts after every session at the Midyear Meeting. It has been a great experience to see nursing regulation through her eyes as a new board member.

Kaci: I have always been extremely proud of my mother, but I truly had no idea how amazing she is at her job until I saw her in action. She was a wealth of knowledge for me as a first-time attendee. I enjoyed sitting back and taking it all in! I felt well-informed because she made sure to get me up to speed on current issues before we attended the meeting and then took extra time to answer all my questions and explain anything with which I was unfamiliar. Because of this, I really felt like I walked away with a much better understanding of current issues that pertain to nurses and NCSBN.

Any takeaways from this year's meeting you'd like to share?

Kathy: I always come away from every NCSBN meeting impressed with the forward vision of NCSBN in our mission of regulation in this changing health care environment. We are participants on the global

level for regulatory excellence. I love to participate and network in the President's Forums. The enhanced NLC and APRN Compact are examples of the foresight of our organization. The media training was beneficial and greatly improved my interviewing skills; attendees will agree since I was on the stage and they saw my before and after, which was fun! I always appreciate the updates from the committees and enjoy networking in the Area meetings.

Kaci: As a first-time attendee, my overall experience was great! I truly enjoyed getting to meet the board members and executive officers from other states. It was interesting to hear the differences in laws and regulation from state to state. I enjoyed the session on fraud detection and was impressed with the Leadership Selection Committee and how hard they work to ensure our leaders are well-prepared to support NCSBN.

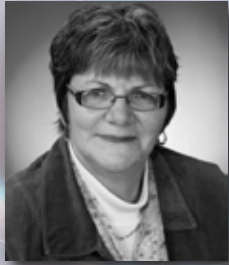
Did you have time to do anything fun together?

Kathy: My daughter and I never have the opportunity to be together alone. She lives 11 hours away from me and has three little ones we are always loving on and caring for them when we are together. So when we had the opportunity for this trip, we came in two days early and spent girl time seeing Washington on day trips. We also enjoyed walking around the harbor and eating in Baltimore. We laughed a lot!

Kaci: My mom had not seen much in D.C. and I am really familiar with the area, so I got to play tour guide and take her around. We visited the Holocaust museum, the Smithsonian and the National Archives to see the Declaration of Independence and the Constitution. And of course we shopped! ■■■■



College of Licensed Practical Nurses of NOVA SCOTIA



By: Ann Mann, MN, RN
Executive Director/Registrar
College of Licensed Practical Nurses of Nova Scotia



About Nova Scotia

Nova Scotia is located on Canada's east coast with over 7,400 kilometers of diverse coastline and pristine beaches. Nova Scotia is defined by its seacoast and delicious seafood, but offers much more. One such example is the connection to our Scottish roots. Every year, proud Nova Scotians host a unique celebration of music and culture known as the [Celtic Colours International Festival](#). Since its inception in 1997, Celtic Colours has grown to become one of Canada's premiere musical events, and a cultural highlight of Nova Scotia's tourism season. I would be remiss if I did not mention the world-renowned [Cabot Trail](#). The "Trail," as it is called by locals, is named after the explorer John Cabot who landed in Atlantic Canada in 1497. This 300-kilometer (186-mile) highway completes a loop around the northern tip of Cape Breton Island and offers spectacular coastal views and highland scenery. The natural beauty of the Cabot Trail is only outdone by its rich culture and the area's warm Celtic and Acadian hospitality. You will feel like a local while attending a ceilidh — a social event with folk music, singing, dancing and storytelling — or enjoying a rich seafood chowder.

About the College

The College of Licensed Practical Nurses of Nova Scotia (CLPNNS, or simply, the College) became a regulatory college with proclamation of the *Licensed Practical Nurses (LPN) Act* 2001. The mandate of the College is public protection. The College accomplishes this through the fulfillment of its objects, as they are outlined in the LPN Act. The objects are to serve and protect the public interest; maintain the integrity of the practical nursing profession; maintain the public's confidence in the practical nursing profession's ability to regulate itself; and regulate the practice of LPNs through the implementation of a code of ethics, standards of practice and other resources and processes.

In 1998, I was appointed as the Executive Director-Registrar

for Practical Nurse Registration Board of Nova Scotia. I played a pivotal role in the development and implementation of legislation evolving the former Registration Board into a regulatory college. The early days of the College were busy. The College staff of two (myself and an administrative staff person) oversaw the education, registration and practice of approximately 2,800 LPNs.

The College has evolved into a thriving, dynamic and highly successful organization. With 4,200 active practising members and eight full time staff, the College is responsible for setting, monitoring and enforcing standards for practical nurse education, practical nurse program approval, professional practice and continuing competence, and registration and professional conduct.

Practical Nursing Education in Nova Scotia

The practical nursing (PN) program in Nova Scotia is a two-year college diploma program. The Nova Scotia Community College (NSCC) system currently delivers the PN program at nine campuses across the province. In September 2016, the Université Sainte-Anne will enrol its first students in a French language program. Upon graduation, all graduates must successfully complete the Canadian Practical Nurse Registration Exam (CPNRE) to be eligible for licensure with CLPNNS. Nova Scotia graduates have a 94-96 percent pass rate on the CPNRE.

Highlights of College Work

Regulatory Excellence Framework

Since its creation, CLPNNS has been present on the Canadian nursing regulation landscape. The College represents the PN profession provincially and nationally through its board representation of the Canadian Council for Practical Nurse Regulators, the National Nursing Assessment Service and the Nova Scotia Regulated Health Network.

A leader in regulation, the College is sought out by other health care regulators, provincially and nationally, for its innovative and collaborative approach. Committed to regulatory excellence, the College has been developing a regulatory excellence framework, the first of its kind for PN regulators

in Canada. The framework, developed by the board of directors, serves to contextualize, organize and prioritize the College's work. The blueprint also ensures consistency and accountability. Best practices such as right touch regulation, principle-based and relational regulation are used to both inform and measure key performance indicators within the framework.

Pathway to Success

Since 2009, there has been a significant increase in the number of internationally educated nurse (IEN) applicants. The increase in the number IENs seeking licensure as LPNs in Nova Scotia prompted the College to examine its current supports and processes for new applicants. With funding from the Nova Scotia Office of Immigration (NSOI) and in partnership with NSCC, the College developed a program entitled *Pathway for Success for IENs*. The intent of the program is to build on the current knowledge and experience of the IEN; provide an introduction to, and education about the role of the LPN and the Canadian health care system; and prepare the IEN to write the CPNRE.

The program has been very successful and continues in part to ongoing funding from NSOI. Since its launch, five years ago, 85 percent of IENs completing the *Pathway* pass CPNRE on the first attempt. As a result, CLPNNS has successfully licensed 131 IENs as LPNs, and 92 percent of these nurses have remained here in Nova Scotia.

The *Pathway* program has garnered national attention. The Foreign Credentials Referral Office and Integration Branch, Citizenship and Immigration Canada awarded CLPNNS with the 2014 International Qualification Award for Innovation based on success of the program.

Practical Nurse Assessment Tools

As part of the work to develop the *Pathway to Success* program, the College helped develop the *Self-Assessment Readiness Tool™* (SART) for LPNs. The SART is designed to help IENs understand the Canadian LPN profession. It provides information about what LPNs in Canada are expected to know and do. The tool outlines the competencies, skills, and abilities LPNs must have to apply for licensure or registration in Nova Scotia or other Canadian province or territory.

Where the SART is a tool specifically designed to assist IENs to understand the LPN role, the College also uses a *Substantive Equivalent Competence Assessment®* (SECA) to help identify gaps in a current IENs practice. PN education program faculties at various NSCC campuses around the province have been trained to administer and score the SECA. College staff members interpret the results of the SECA and create a customized remediation plan to address deficiencies, working closely with the nurse.

As the largest PN regulator in

Eastern Canada, the College also conducts, provides oversight and interpretation of practice or education assessments of IENs or LPNs for the smaller PN regulators.

Collaborative Practice

CLPNNS and the College of Registered Nurses of Nova Scotia (CRNNS) have fostered, maintained and enjoyed a highly collaborative working relationship. As regulatory bodies for RNs (including nurse practitioners) and LPNs they share the common mandate to serve and protect the public interest. Over the years, they have collaborated to create numerous joint practice and policy documents, implemented a very effective process for collaboratively managing on-site practice consultations and hosted joint education sessions.

In 2015, CLPNNS and CRNNS entered into a formal process to explore the feasibility of a potential merger to one nursing regulator. A working group was established, made up of board members and public representatives from each organization contracted for the feasibility report. A report will be presented to the joint board/ councils in April 2016.

Jurisprudence Exam

In May of 2016, the College will implement a Jurisprudence exam as a mandatory licensing requirement for all new applicants wishing to be licensed in Nova Scotia. A committee of practicing

continued on next page



LPNs, public representatives, PN education faculty and College staff developed the learning module, reference materials and examination questions over an 18-month period. The module and exam are completely online.

Continuing Competence Program

The support for the implementation of a continuing competence program (CCP) was embedded in the most recent *LPN Act*. The CCP is tied directly to the objects of the legislation, linking back the need for LPNs to remain prepared to practice in their context to ensure the delivery of safe and competent care. The program — which includes a self-assessment of competence and development, implementation and reflective evaluation of an individualized learning plan — was launched in 2009. The first annual audit was conducted in 2011. The program was formally evaluated in 2015, resulting in revisions and refinement of process. The updated framework will be released in 2016 for implementation in 2017. The new framework is heavily influenced by the notion of professional engagement.

Nova Scotia Regulated Health Professions Network (The Network)

The purpose of the Network is to foster and enable collaboration among regulated health

professions in Nova Scotia in a manner which upholds and protects the public interest. The *Regulated Health Professions Network Act* authorizes regulated health professions in Nova Scotia to collaborate, on a voluntary basis, in regulatory processes related to the investigation of complaints, interpretation and/or modification of scopes of practice, and review of registration appeals. This collaborative legislation is the first of its kind in Canada. CLPNNS has been involved with the Network since its inception and Ann serves as the current chair.

Ann Mann, MN, RN graduated with a Diploma in Nursing from St. Rita's Hospital School of Nursing in Sydney Nova Scotia. She holds a Bachelors of Arts Degree from Cape Breton University and Bachelors and Masters of Nursing degrees from Dalhousie University in Halifax Nova Scotia.

Ann is a member and past chairperson of the Canadian Council for Practical Nursing Regulators (CCPNR), the national voice for Canadian practical nursing regulators. She is also the vice chairperson of the National Nursing Assessment Service (NNAS) in Canada and the current chairperson of the Nova Scotia Regulated Health Professions Network.



NCLEX® Terminology

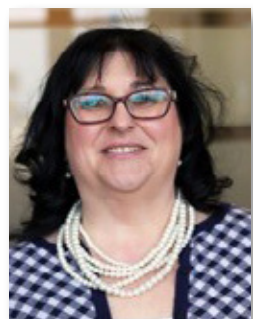
Since the beginning of its development, the NCLEX has served as a fair, reliable tool to measure the minimum competency required to deliver safe, effective entry-level nursing. The exam is developed to ensure that no candidate is afforded an unfair advantage when testing. The language and terminology selected for exam items must be universal and support the assessment of one construct, entry-level nursing knowledge, while eliminating the inadvertent assessment of other factors.

The exam uses consistent language for every examinee. In order to achieve accurate, stable measurement, terminology used in exam items can have only one meaning. For this to occur, occasionally there is a need to define terminology specifically as it is used in the NCLEX environment.

NCLEX items are developed using terminology in the health care profession including verbiage that is familiar to the NCLEX candidate. While becoming familiar with the NCLEX, a candidate may encounter a few terms where additional explanation is warranted. Three terms come to mind: client, prescription and primary health care provider. With a detailed explanation listed below, the terms and definitions have been made available to the public in the NCLEX Candidate Bulletin, NCLEX Test Plans and on the NCLEX website.

- **Client:** Individual, family or group which includes significant others and population.
- **Prescription:** Orders, interventions, remedies or treatments ordered or directed by an authorized primary health care provider.
- **Primary Health Care Provider:** Member of the health care team (medical physician, surgeon, nephrologist, nurse practitioner, etc.) licensed and authorized to formulate orders/prescriptions on behalf of the client.

All NCLEX items undergo a rigorous review process to ensure items represent the client population and remain free from unintentional bias. Only items that meet statistical and differential item functioning (DIF) criteria become operational. NCSBN remains committed to the fair and unbiased assessment used during NCLEX administration.



Praise and Thanks for a Colleague

Sherry Brown, RN, MHS, will be taking a one-year leave of absence from her position as practice and standards consultant at the College of Registered Nurses of Manitoba (CRNM) to embark on a new chapter in her career.

A registered nurse for 25 years, Brown will graduate from the University of Manitoba in June with a juris doctorate degree and will use her leave of absence to complete

Brown

the articling requirement in preparation for admission to the bar in Manitoba.

Brown's interest in law began in her childhood years. She wanted to help people during their difficult times, which is also what drew her to nursing. She began working at CRNM in 2011, and says that it rekindled her desire to practice law.

"Words cannot adequately express my gratitude for the support I received from my colleagues at the College over the past five years," says Brown. "With their encouragement and guidance, I had the opportunity to venture into new and exciting territory with our continuing competence program."

Pamela Gunn Matson, RN, MN, worked with Brown. Although she is no longer with CRNM before leaving, Gunn Matson reached out to *In Focus* to offer her praise and support for her former colleague:

Sherry's legal background and regulatory knowledge are evident in the programs she created at CRNM. She has been instrumental in strengthening our continuing competence program and integrating multisource feedback and competency-based interviews into the process. She added in multi-source feedback to the College's continuing competency program and also initiated an online jurisprudence learning module that our members are required to complete annually.

Sherry was a wonderful colleague with a well-developed sense of humour. Her strong sense of dedication in supporting professional practice for the purpose of public protection through quality nursing regulation is evident in her work.

Congratulations Sherry, and best wishes!



Ohio Board Member Selected for Commission

Ohio Board Member Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, has been selected to be an on-site evaluator for the Commission on Collegiate Nursing Education (CCNE). She was selected after a rigorous review by CCNE of more than 400 applicants.

Sharpnack

Dr. Sharpnack, dean and Strawbridge Associate Professor of The Breen School of Nursing at Ursuline College, is a fellow in the Academy of Nursing Education, National League for Nursing. She is a member of the NCSBN Institute of Regulatory Excellence Committee. A board member since 2014, she currently serves as the board nursing education liaison and chair of the Advisory Group on Nursing Education.

The Ohio Board of Nursing is pleased to congratulate Patricia!

Alabama Board of Nursing Launches New Website

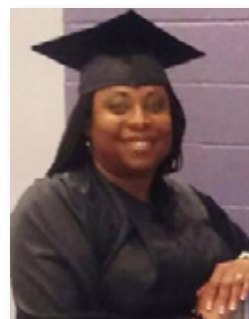
The Alabama Board of Nursing launched a revamped website, www.abn.alabama.gov, in mid-March. The new site features greatly improved functionality and user-friendly navigation. One new feature included in the launch was the opening of the Alabama Nursing Resource Center (ANRC), a one-stop shop which gives nurses, students, and the public access to hundreds of resources relating to nursing at the state, national, and international levels. Through the ANRC, the ABN ultimately plans to offer licensees up to 24 hours worth of CEUs, entirely free of charge.



Arizona State Board of Nursing President Recognized as Registered Nurse Anesthetist of the Year

Quinn

Randy Quinn, president of the Arizona State Board of Nursing, has been awarded Arizona's Certified Registered Nurse Anesthetist of the Year distinction. The award was given on behalf of the Arizona Association of Nurse Anesthetists (AZANA) for his leadership roles in the AZANA, The Arizona State Board of Nursing and the Arizona Advanced Practice Registered Nurse Coalition.



Florida Board of Nursing Education Director Inducted into Alpha Kappa Mu Honor Society

Sutton-Johnson

Sherri Sutton-Johnson, MSN, RN, nursing education director for the Florida Board of Nursing (BON), was inducted into the Alpha Kappa Mu Honor Society (Kappa Iota Chapter) at Florida A&M University on April 1, 2016. Sutton-Johnson is working towards her Doctor of Public Health degree.

Alpha Kappa Mu Honor Society's purpose is to promote high scholarship, to encourage sincere and zealous endeavor in all fields of knowledge and service, to cultivate a high order of personal living, and to develop an appreciation for scholarship and scholarly endeavor in others. According to Florida BON Executive Director Joe Baker, "Sherri exhibits this same level of excellence (a Division of Medical Quality Assurance value) in her daily work with the Board." Congratulations Sherri!

Have news to share?
Send your News & Notes to
Michael Grossenbacher at
mgrossenbacher@ncsbn.org.



Congratulations Ann Watkins on 35 years of Service to NCSBN

Visitors and callers to NCSBN's office in Chicago have most likely met or chatted with Ann Watkins. Recently NCSBN staff honored Ann for an impressive 35 years at NCSBN. During her tenure here, she has seen the organization grow significantly.

Watkins

From her start date of May 11, 1981 to present, Ann's commitment, knowledge, integrity, professionalism and compassion have proven to be invaluable assets to the organization, making her a key contributor and treasured staff member of NCSBN.

To provide some context and perspective, on May 11, 1981, NCSBN had approximately five employees. As of May 11, 2016, NCSBN has 109 full-time positions. During her tenure, Ann has supported the work of the organization and worked with all five NCSBN Executive Directors/CEOs. She has also worked in all four of the Chicago-based NCSBN corporate offices.

Thank you Ann for your camaraderie to staff and continued service to NCSBN!



News & Notes

NCSBN Grant Program

Upcoming proposal submission deadlines:

Oct. 7, 2016

About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

Award Information

Investigators may apply for grants up to \$300,000. All projects must be completed in 12-24 months following the project start date.

Research Priorities

Research priorities include, but are not limited to:

- National and International Regulatory Issues
- Patient Safety
- Practice (LPN/VN, RN and APRN)
- Nursing Education
- Continued Competence
- Nursing Mobility
- Substance Use

Apply Today



**2016 NCSBN
Scientific
Symposium**

**Oct. 6, 2016
Chicago**

SAVE THE DATE



SPEED ROUND

GET TO KNOW NCSBN STAFF:

Desiree Diaz
Coordinator, Customer Experience

1. WHAT DO YOU DO?

I work in Information Resources for the Customer Experience (CX) department, where I provide support for NCSBN Nursys® product users and address concerns regarding Learning Extension services. As a CX coordinator, I work with nurses, employers and organizations that use Nursys, and help them:

- Look up the status of licenses: RN, LPN/VN and APRN;
- Request a license verification for endorsement to another state/jurisdiction; and
- Receive license status and publicly available disciplinary action notices for the RN, LPN/VN and APRN licenses.

2. WHAT ARE THE BEST AND MOST CHALLENGING ASPECTS OF YOUR JOB?

I enjoy working with various departments and with the boundless knowledge on the services provided to nurses and the public by NCSBN. Fulfilling the needs of the customer can be a challenge because it requires the collaboration of various departments and/or member boards to resolve issues and solve problems.

3. IF YOU WEREN'T WORKING AT NCSBN, WHAT WOULD YOUR DREAM JOB BE?

I'd be a criminal investigator. I enjoy reading about cases that may lead to a person's incarceration when the evidence may point to another criminal. I am even more interested in unsolved crimes and missing person cases because I'm fascinated with puzzles and I enjoy doing research and analyzing a situation, the evidence and testimonies.



Update Your Web Browser Today!

NCSBN has implemented security enhancements to its websites and applications effective June 30, 2016. This may affect visitors using older web browsers. To ensure continued access to NCSBN online site, we recommend that you update your browser to one of the following:

- Internet Explorer (IE) 11
- Firefox 27 or higher
- Google Chrome 38 or higher
- Microsoft Edge
- Safari on Mac OSX 10.9 or higher

You can check the browser version you are using by looking in the settings or by clicking on the “About (browser)” in the menu of your browser. Most browsers will provide instructions for updating to the latest versions.

Visit: policies.ncsbn.org/browsers.html to learn more.

NCSBN WANTS TO Tell Your Story

We are always seeking information and story ideas for *In Focus*, NCSBN’s quarterly publication. This is your chance to tell your story, highlight a board of nursing achievement or recognize a colleague. For more information contact Mike Grossenbacher at mgrossenbacher@ncsbn.org.

SUBMIT YOUR IDEAS





Delegate Assembly, 1987



Delegate Assembly, 2015



The Annual Meeting has come a long way since 1987!

The NCSBN 2016 Annual Meeting will be held in Chicago Aug. 17–19.

On Tuesday evening, Aug. 16, NCSBN will kick off the Annual Meeting with a Welcome Reception at the School of the Art Institute of Chicago Ballroom, where attendees will be transported back in time to a different era in this space's fully restored splendid 1927 glory.

The Annual Meeting's keynote address, "What is a Risk-based Regulator, and Would You Like to be One" will be presented by Malcolm K. Sparrow, PhD, MA, MPA, Professor of the Practice of Public Management at the John F. Kennedy School of Government at Harvard University. On Aug. 19, the day will kick off with an inspiring speech by Mt. Everest summiteer and cancer survivor Alan Hobson entitled "Turning Crisis into Opportunity."

Outside the ballroom, attendees who happen to be early birds can align their bodies and minds on Wednesday morning with a group tai chi session. And on Thursday morning, start the day off right by dancing in a "Bust a Move Zumba" class.

[Registration information and a detailed schedule are available online.](#)

We look forward to seeing you in Chicago!

Opening the Archives



NCSBN

National Council of State Boards of Nursing

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