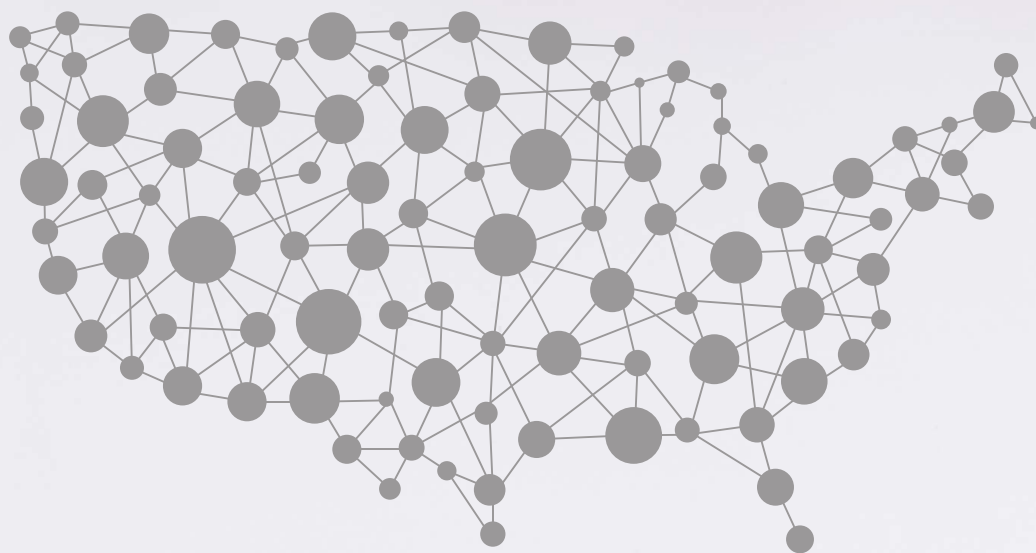


Winter 2016

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING



MOVING FORWARD WITH AN

ENHANCED NLC 

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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.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

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U.S. boards of nursing (BONs) comprised of the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. Not all BONs are graphically represented on the cover of this issue.



IN FOCUS

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NCSBN Grant Program

Upcoming proposal submission deadlines:

April 8, 2016 | 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



NCSBN Offers Helpful Social Media Resources

With the growth of online media, nurses are increasingly using blogs, forums and social networking sites to share their experiences. While these outlets provide a venue for a nurse to express his or her feelings and reflect or seek support from friends, colleagues and peers, it's also important that they know the risks and use social media in a way that protects patients. Inappropriate disclosures on social media are unintentional in most cases, so educating nurses so that they do not inadvertently violate patient privacy and confidentiality is important.

We invite you to use and share these resources:

Take Our New Quiz

Our [Nursing and Social Media Quiz](#) is a fun and easy-to-share way to learn the basics.

Watch Our Video

Inappropriate posts on social media by nurses have resulted in licensure and legal repercussions. NCSBN's

[Social Media Guidelines for Nurses](#) video covers guidelines on using social media responsibly, with examples of inappropriate social media use.

Order Free Printed NCSBN Resources

Our brochure, [A Nurse's Guide to the Use of Social Media](#), is designed to help both new and experienced nurses understand how social media can be properly used in the profession. It covers potential consequences for violating patient confidentiality, explains common myths and misunderstandings about social media, and provides tips for how nurses can use social media appropriately. Our posters, [Social Media in Nursing: Understand the Benefits and the Risks](#) and [Common Myths and Misunderstandings of Social Media](#), are designed as companion pieces to the brochure.

Social and electronic media possess tremendous potential for strengthening personal relationships

and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information. We hope you find our resources helpful and informative, and that you share them with your colleagues and students.



[Take Our Nursing and Social Media Quiz](#)



[Order our Free Brochure & Posters](#)

NCSBN is Now Accepting Abstracts for the 2016 Scientific Symposium

The NCSBN Scientific Symposium will be held in Chicago on Thursday, Oct. 6, 2016. It brings together researchers, policymakers and stakeholders in the area of professional nursing regulation to present and discuss national and international research that increase the body of evidence for regulatory decision making and help inform nursing policy.

This year's theme is *Emerging Areas for Evidence: Implications for Policy and the Profession*.

Investigators engaged in research with implications for nursing regulation and health policy are invited to submit abstracts for a 30-minute presentation or a poster, ideally in one of the priority areas listed below. Research that highlights new or emerging sources of information that can be harnessed by nurse researchers is encouraged.

Priority Areas:

- Nursing Regulation: scope of practice, licensure, discipline, continued competence, remediation, alternative to discipline
- Nursing Workforce: supply, demand, mobility
- Health Technology: telehealth, big data
- International Regulatory Issues
- Nursing Education
- Patient Safety

Abstracts must contain author name, title, affiliation, applicable priority area, and should specify if the submission is for a presentation or poster. Format includes background, study aims, methods, results and discussion/conclusion. Abstracts should not exceed 300 words.

Question and abstracts may be submitted to research@ncsbn.org by May 1, 2016. Further details about the upcoming conference will be posted later this year on the [NCSBN website](http://ncsbn.org).



SPEED ROUND

GET TO KNOW NCSBN STAFF:

Richard Smiley, MS, MA
Statistician, Research

1. WHAT DO YOU DO?

I am a statistician in the Research Department of the Nursing Regulation Division. Our department undertakes research projects (such as the National Simulation Study) which support evidence-based regulatory decisions for patient safety and public protection. In my role, I analyze data, manage the collection of data and provide advice on which methods are appropriate to use in conducting studies.

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

The most challenging aspects of the job are the variety of questions that come into the Research Department leading to thoughtful discussions of how a topic can be analyzed and what constitutes definitive evidence. The best aspects of the job are that the solutions to such questions sometimes require the creative use of tools, data or techniques that we haven't previously tried.

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

I have served for many years as a volunteer anti-hunger citizen lobbyist, promoting cost-effective programs such as the Global Fund to Fight AIDS, TB, and Malaria, which target the problems of the world's poorest people. The intersection of the fields of statistics and international development is the field of demography (population studies). So my dream job would be working for an agency such as the United Nations Population Division on statistics in developing countries.

2016 NCSBN
Scientific
Symposium

Oct. 6, 2016
Chicago

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MEMBER BOARD PROFILES



*Our comprehensive database
provides detailed information
about NCSBN's Member Boards*

NCSBN's helpful and informative Member Board Profiles database contains data collected through surveys of NCSBN's 59 member boards. The compiled data are available to the public as a [complete report in PDF form](#) and to NCSBN members (login required) as a customized report via NCSBN's new [Member Board Profiles Reporting Tool](#). The information contained in the reports is subject to change in the intervening time between surveys of member boards. Specific verification of state data should be completed through a comparison with the [state nurse practice act and regulations](#) or by [contacting the state board of nursing](#).

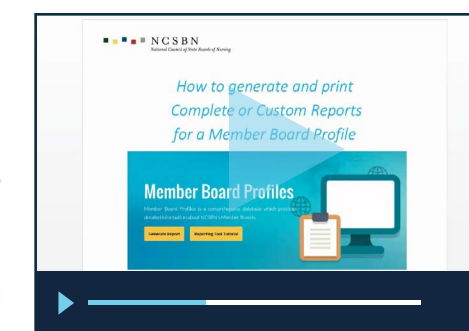
The Member Board Profiles Reporting Tool

Launched in 2015, this new reporting tool is a convenient and customizable way to access a snapshot of the member boards':

- Structure and Governance
 - Licensure Requirements and Operations
 - Education Requirements
 - Discipline, Delegation, Telenursing
 - Advanced Practice Registered Nurse Regulation
 - Assistive Personnel Regulation
- Users can customize their searches the following ways:
- Select from six surveys: Advanced Practice; Assistive Personnel; Board Structure; Discipline, Delegation, Telenursing; Education; Licensure.
 - Select jurisdiction(s) individually or selected jurisdictions, or via five presets: all, RN boards, PN boards, umbrella boards or independent boards.
 - Narrow results by selecting particular questions from the selected survey.
 - Include maps and/or charts.

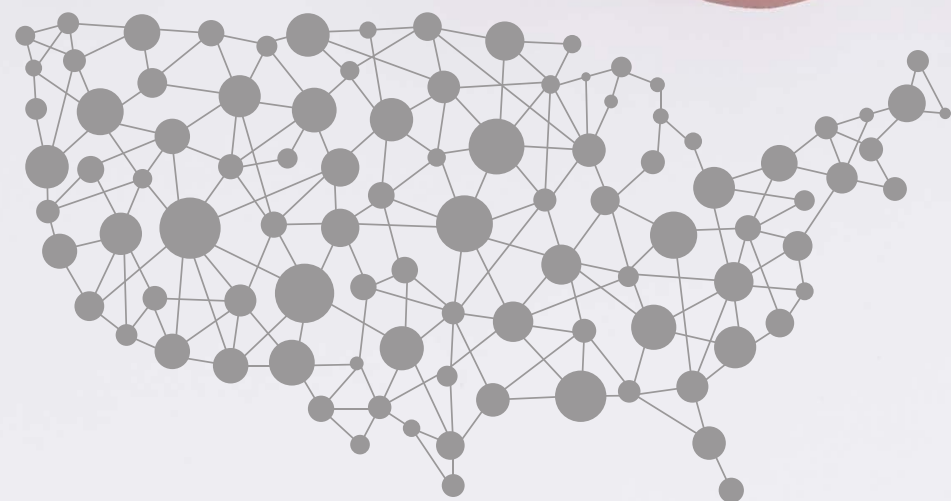
Users can then view results or export and save or print them in PDF format.

For questions, contact memberboardprofiles@ncsbn.org.



Watch Our Video Tutorial

Our helpful [video tutorial](#) (members only, login required) provides directions on how to generate, print and save reports using the Member Board Profiles application.



MOVING FORWARD WITH AN
ENHANCED
NLC  **NURSE
LICENSURE
COMPACT**

An enhanced NLC will increase access to health care, protect patient safety, reduce costs and support state-of-the-art health care delivery

Looking back now, it must have been considered a challenging task – the creation of the Nurse Licensure Compact (NLC), an interstate agreement allowing a nurse to have one license with the ability to practice in other compact states. Implemented in 2000, the NLC fosters public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally.

Fifteen years after its implementation, 25 states are now members of the current NLC. In a nationwide survey in 2014, the vast majority of nurses in the U.S. support the NLC because it allows them more mobility. The NLC also allows states to maintain their autonomy.

Jim Puente, MS, CAE, serves as director of the NLC at NCSBN. He manages the day-to-day operations of the NLC and the development of implementation strategies for regulatory compliance and the implementation of systematic processes for the monitoring of compliance with compact statutes, rules and policies. "The NLC removes barriers to cross-border practice," he says. "Hospital associations and health care facilities in every state overwhelmingly support the NLC, along with a majority of state nurses associations. The NLC includes important patient safety features such as facilitation of the sharing of licensure, investigative and disciplinary action information among member states."

Adapting to Change

A lot has happened since the initial launch in 2000. Advances in technology and an increasingly mobile nursing workforce and patient population have created the need to break down barriers to interstate practice. The Affordable Care Act has expanded access to care. Telehealth has transformed care delivery and erased

geographic boundaries and its momentum is remarkable. In recent years, hundreds of bills with the goal of enabling telehealth in more than 44 states have been introduced. The NLC has the ability to remove the licensure barrier to telehealth practice for more than 4 million nurses.

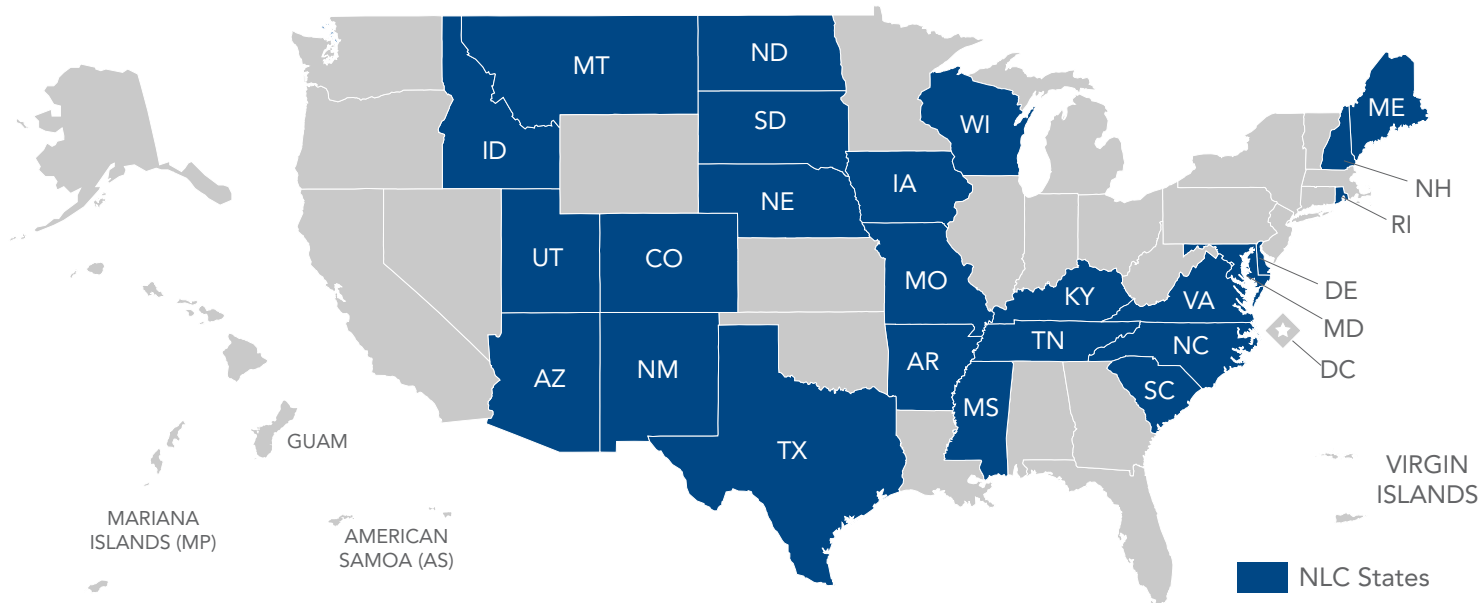
While this change transpired, other health professions have developed interstate licensure agreements and Congress began discussing the possibility of national licensure.

"We live in a changing world," says Maryann Alexander, PhD, RN, FAAN, chief officer of Nursing Regulation at NCSBN. "Health care delivery is changing. Education and the way it is delivered is rapidly changing, and we have a 100-year-old licensure model. It needs to change with the times to accommodate the delivery of health care and the new methods of education delivery."

With this in mind, in 2013 NCSBN members began to discuss what the optimal licensure model would look like and eventually agreed that revising the NLC and the APRN Compact would be in the best interests of all. In March of 2015 revisions to the two compacts were completed and in May 2015 a special Delegate Assembly approved the new compacts. An ambitious initiative was then kicked off to commit staff and financial resources to advocate for state adoption of the enhanced compacts.

The Enhanced NLC

Building on the existing NLC, the enhanced NLC will increase access to health care, protect patient safety, reduce costs and support state-of-the-art health care delivery. New provisions include uniform license requirements, state authority to obtain and submit criminal background checks, and the establishment of



an interstate commission, similar to the current Nurse Licensure Compact Administrators (NLCA). The commission is a governing body that is also a public agency that can make rules. Rules adopted by this commission are legally binding in all party states and there is no requirement that rules be adopted or ratified by individual states.

“Before, if the administrators came together and decided they wanted to change a rule with the NLC, every state would have to take that to their rulemaking bodies,” says Rebecca Fotsch, JD, state advocacy associate at NCSBN. Fotsch monitors the state government legislative environment related to nursing practice and regulation and plays a key role in assisting and promoting the passage of bills related to nursing regulation. “Every state has a different process, so it could be burdensome,” she says. “It wasn’t that anyone was necessarily opposing a rule or taking issue with it, it was just the challenge of going through the bureaucratic process. This new rulemaking ability, where the rules take full effect of law, is a way to address that challenge.”

In order to receive a multistate license, a nurse must meet the home state’s qualifications, graduate from a board-approved nursing education program, pass the NCLEX-RN® or NCLEX-PN®

Exam, have no active discipline on their license, submit to a criminal background check, have no prior state or federal felony convictions and have a valid Social Security number. The enhanced

“It’s beyond exciting. We are in the thick of the legislative sessions and there is a great deal of activity and energy and enthusiasm. Our experience in this campaign has been very positive.”

Jim Puente, MS, CAE, director, Nurse Licensure Compact, NCSBN

NLC also contains a grandfathering provision: a nurse already holding a home multistate license on their compact’s effective date can retain and renew that license, and a nurse who

changes their primary state of residence after the NLC’s effective date must meet the requirements to obtain a multistate license from their new home state.

Taking it to the States

To join the NLC, individual states must enact enhanced NLC model legislation. NCSBN staff are busy working with state legislatures to help accomplish this by testifying at committee hearings, participating in telephone and in-person meetings with legislators in target states and drafting language to help bills move forward. NCSBN has contracted with the Council of State Governments (CSG) to assist with advocacy efforts. “CSG has relationships with a variety of interstate compacts operating throughout the country, says Fotsch. “We work with them as a resource to help educate leaders on what a compact is and what the NLC does, so it’s very educational for the state legislators.”

So far, 2016 is off to an exciting start, with numerous states filing NLC legislation. To date, a total of 16 states have introduced bills or will be filing bills soon.

“It’s beyond exciting,” says Puente. “We are in the thick of the legislative sessions and there is a great deal of activity and energy and enthusiasm. Our experience in this campaign has been very positive. Along with our membership’s

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TWO COMPACTS COMPARED

A Driver’s License Compact vs. a Nurse License Compact



- Issued in your primary state of residence.
- When driving in other states, you must know and obey that state’s laws (rules of the road).
- While driving in other states, if you violate the state’s law, the state can remove your driving privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state’s driver’s license. You can drive on your former license for a certain number of days (depending on the state). The former license then becomes invalid.
- While driving in other states, if you violate the state’s laws and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state.



- Issued in your primary state of residence
- When practicing in other states, you must know and obey that state’s laws (Nurse Practice Act).
- While practicing in other states, if you violate the state’s laws, the state can remove your practice privileges in that state.
- When you change your primary state of residence (move) to another compact state, you need to apply for that state’s nursing license. You can practice on your former license for 90 days. The former license then becomes invalid.
- While practicing in other states, if you violate the state’s laws, and the state takes action (discipline), it is reported to the state that issued your license (where you reside). Most home states can take the same action as if you committed the violation in your home state

RESOURCES

Website: nursecompact.com

[NLC and APRN Compact Advocacy Web page](#)

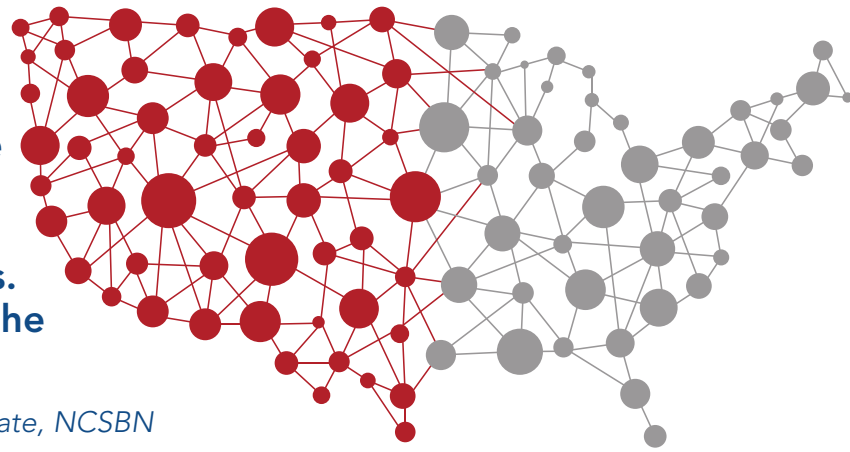
[HIVE toolkit](#) (NCSBN member login and password required)

Some of the Organizations Supporting the NLC include:

- Air & Surface Transport Nurses Association
- American Academy of Ambulatory Care Nursing
- American Association of Colleges of Nursing
- American Association of Neuroscience Nurses
- American Association of Occupational Health Nurses (AAOHN)
- American Association of Poison Control Centers
- American Nephrology Nurses Association
- American Organization of Nurse Executives (AONE)
- American Telemedicine Association (ATA)
- Association of Camp Nurses
- Association for Vascular Access
- Case Management Society of America (CMSA)
- Center for Telehealth and E-Health Law
- Citizen Advocacy Center (CAC)
- Commission for Case Manager Certification
- Emergency Nurses Association (ENA)
- Health IT Now
- National Military Family Association
- National Governors Association Center for Best Practices
- National Patient Safety Foundation
- Population Health Alliance
- Telehealth Leadership Council
- U.S. Department of Commerce

“We’re about 50-50 with states that will be new to the compact and states already in the compact that are moving to implement the enhanced compact. This is due to the revisions; the enhancements have brought on these new states. That’s exciting because that was the point of changing it.”

Rebecca Fotsch, JD, state advocacy associate, NCSBN



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overwhelming vote to adopt the enhanced NLC and APRN Compact, state legislatures have openly received them with little to no push back. Stakeholders similarly have embraced the compact and this is evidenced by their endorsements and their vocal testimony at legislative committee hearings.”

Fotsch agrees, and adds that this momentum is due in part to the NLC enhancements. She notes that among the states that have filed bills, half are existing NLC states seeking the enhanced legislation and half will be new to the NLC. “We’re about 50-50 with states that will be new to the compact and states already in the compact that are moving to implement the enhanced compact,” she says. “This is due to the revisions; the enhancements have brought on these new states. That’s exciting because that was the point of changing it. We’re waiting on a few states to officially file, but so far it has been very well-received.”

Elliot Vice is the director of Government Affairs at NCSBN. In his role, he reaches out to and meets with nursing organizations, telehealth groups, insurance companies, hospitals and other entities to explain how the NLC works, ultimately trying to get their support. “We’ve had a tremendous response and I’m pleased with the progress we’ve made,” he says. “When I tell the organizations I’m meeting with that we have new states on board, it gives them a sense of optimism; that a more complete puzzle for NLC will be put together. It’s the key to unlocking interstate nursing practice in the 21st century.”

Challenges, Opportunities

With change comes challenge, but so far the team leading the change is very optimistic. “We are poised to gain some

significant states,” says Puente. “Most legislative committee hearings have been unanimous in support of the enhanced NLC. We’ve had far fewer challenges than anticipated. Fortunately, the compact team was prepared for dealing with potential objections to the NLC. Education of legislators, their staffers and stakeholders is an ongoing responsibility.”

“One concern you have in the legislative world is that a bill could be filed but not move,” says Fotsch. “But so far all of our bills are either moving or there are discussions behind the scenes that they will be moving, so that’s pretty exciting. A lot of states want this, which makes our jobs a lot easier. It’s just a matter of navigating the political landscape and making sure that when you do bring a bill, it’s the best time to do it.”

Vice agrees. “As the NLC get stronger, it weakens the argument at the federal level that Congress should preempt state licensing legislation. This in turn brings everything full circle and encourages the states to pursue the compact, knowing it will lessen the impact of federal intervention.”

NCSBN couldn’t have done this alone. The National Patient Safety Foundation, American Telemedicine Association and Health IT Now have endorsed the enhanced NLC. In total, more than 20 organizations and the U.S. Department of Commerce support the NLC.

“This is one of the most exciting initiatives we’ve had in my time here,” says Alexander. “We have an interdepartmental team working very closely with the states in a way that we never have before. We’re connecting not only with the regulators of the states, but with other stakeholders at the state level. Working together, we will make this happen.” ■■■■

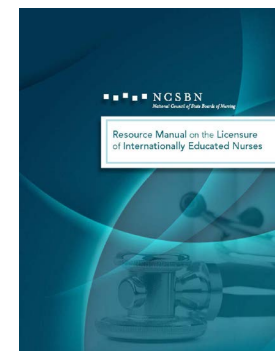
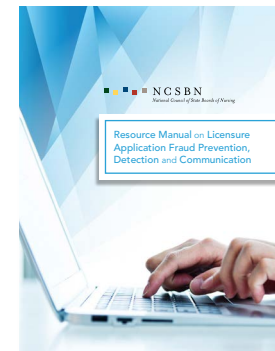
Our Resources Can Help You Prevent Application Fraud

- Create policies for fraud detection and prevention
- Create safe practices for fraud detection and communication
- Develop licensure staff training, and
- Organize the license application and credential evaluation process

Between 2012 and 2014, 78 percent of boards of nursing (BONs) denied licensure for a new or renewal license as a result of fraud or misinterpretation. In some cases, individuals may attempt to pass themselves off as nurses by using false credentials during the application stage or in the workplace.

Most fraud investigations involve nondisclosure of a previous discipline, denial of a license in another jurisdiction, a criminal background or pending disciplinary investigations in other jurisdictions.

Our [Application Fraud Toolkit](#) (members only, login required) is a free resource BONs can use to help protect patient safety. At the heart of the toolkit are our two resource manuals:



Resource Manual on Application Fraud Prevention, Detection and Communication

This resource manual recommends 11 BON policies and 10 safe practices which are essential in the prevention and detection of application fraud. It also highlights red flags in paper or electronic document appearance, document content discrepancy, and applicant behavior. BONs can also find helpful sample language for questions and qualifying statements. Practical checklists are present in the form of Applicant Application/Credential Evaluation Worksheets.

Resource Manual on the Licensure of Internationally Educated Nurses

This resource manual provides guidelines for selecting a credential evaluation agency, information on international locations of NCLEX examinations, comparison on English proficiency examinations, CBC and visa processes, and verifications of licensure status in country of origin. In addition to these two manuals, the toolkit contains a wealth of other resources:

Toolkit Articles

- Collaborating to Eliminate Fraudulent Nursing Education Programs
- Document forensics: Evaluating and verifying nurse credentials
- Falsification of nurse licensure applications: Cases and consequences
- Identifying and Investigating Unlicensed Practitioners
- Identifying fraudulent credentials from internationally educated nurses
- Perspectives on credential evaluation: Future trends and regulatory implications

Toolkit Videos

- Understanding Our Cheating Culture
- Detection of Fraudulent Documents
- I Know You Are Lying - How to Tell
- Investigations of Fraudulent Nursing Educational Programs

A Fraud Detection training course is in development via [NCSBN Learning Extension](#).

Find out more



A CONVERSATION WITH NCSBN CEO David Benton, PART II

This is the second of a two-part story speaking with NCSBN CEO David Benton about the future direction of NCSBN and how it is formulating its new strategic plan.

Reflecting on NCSBN's strategic planning process for 2017-19, David Benton says, "We need to be cognizant of both the short and long-term future and recognize that the pace of change is extremely rapid. Even best laid plans will need to be altered and changed as circumstances evolve. The work we are currently undertaking will give us major directional goals but the fine detail will need to be filled-in as we move closer to that timeframe. We need to fine tune our strategy to ensure that it is relevant in supporting the needs of our members, while taking full advantage of opportunities to shape and influence the regulatory landscape."

The NCSBN Board of Directors (BOD) recognizes that the most effective way to respond to future challenges and opportunities is to map out a strategy to position NCSBN nationally and globally to make an impact and influence decision makers. Some of the essential questions that need to be asked include: So what does the future hold for nursing regulators? In which direction do the current trends point us? What should NCSBN's and its member boards' direction be?

At the BOD December 2015 meeting the decision was made to hold a Regulation 2030 Colloquium that will bring regulators and experts from around the world together to collectively analyze, discuss and predict what regulation might look like in the year 2030. The program participants would include: boards of nursing; key nursing leaders/stakeholders such as the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN), Canadian regulators, members of our international collaborative and NCSBN staff. Representatives from the World Bank, the World Health Organization (WHO), the Health Resources and Services Administration (HRSA) and the Pan American Health Organization (PAHO) would also be invited.

David comments, "This is vital work. While there may be a lack of precision in the conclusions we come to now as things will change as time goes on, it will still provide guidance, help inform priorities and shape the way we as an organization work."

One formidable challenge NCSBN and other regulators face in influencing policy is that many stakeholders have little understanding of what regulators do and their value in protecting the public, David asserts, "We need to raise our visibility so that people know we are there to protect the public. Our audiences for this message are diverse. We need to communicate with each audience to educate them how regulation supports and benefits them. This dialogue will also inform our thinking as we need to understand how our actions may impact on the goals of our colleagues. We also obviously need a different relationship with policymakers because we need to be much better at influencing the policy agenda. We need to help shape the agenda rather than merely responding to what has already been decided."

As an example, David brings up the decision in the [North Carolina State Board of Dental Examiners v. Federal Trade Commission](#) case, and notes, "That decision can be traced back to a number of documents published three to 10 years ago. We need to be cited in documents of that type. We need to prepare to address shortfalls in the system. Preparation is always better than responding after the fact."

David feels that collaboration is essential as NCSBN and its member boards face the challenges and opportunities the next few years and beyond bring. He remarks, "What we need to do cannot be achieved in isolation. We need the concerted effort and support from a range of stakeholders. Such is the case with the [Nurse Licensure Compact \(NLC\)](#) and the [APRN Compact](#). We know why passage of these compacts is important but we need to communicate the benefits and opportunities to other stakeholders as well."

Competition for legislative consideration is intense and policymakers often shy away from an issue that is fiercely contested, no matter how beneficial it may appear. David stresses that we need to understand that while the individual motivations for disparate groups — such as nursing educators, employers and trade unions — may be different, by joining together and agreeing how to move forward, all groups will benefit, and will more likely succeed in changing legislation.

David also feels NCSBN needs to be more creative in problem solving and looking at problems from multiple perspectives, not just through the regulatory lens. "Understanding how others view an issue and taking those perspectives into account will help us formulate much stronger solutions," he states. "We need to see what has worked elsewhere and consider with an open mind those solutions that might help us with our own issues."

David notes the development of the robust Nursys database, which not only enables vital regulatory information to come from member boards to be shared among them, but also provides an effective and efficient mechanism to access publicly available nurse data to employers and the general public.

"With international boundaries disappearing we need to contribute to a Nursys type system on a global platform in the not too distant future," David remarks. "Many patients are traveling for care. Nurses practice internationally. These are the realities of what a contemporary regulatory system needs to deal with and that is why the 2030 framework piece is so vital in envisioning how we see regulation functioning into the future, where it is locally accessible and determined but within a global framework for action."

As NCSBN prepares its strategic plan and envisions the future, it still needs to provide its members with the support they need in dealing with day-to-day operations. While members must remain aware of what is happening in the global arena, they must also be informed of issues that may impact them or be of benefit. In short, we need to be hyper aware of what can be detrimental or advantageous to regulation.

NCSBN can also aid member boards with their interface with practice. We can take their lead as they relate more to individual nurses, especially those who are newly licensed. Those new to practice can provide a newcomer's perspective. David recalls insight gained while serving as a mentor to newly qualified nurses years ago. "I gained awareness of what was being taught in the nursing programs and how that related to care. Having to answer why we were doing something a certain way made me not only rethink whether it was the best protocol, but also got me to ask, if it was the best methodology or clinical decision, why wasn't it obvious to a trained professional? Insight like this gained from practice can aid us in formulating regulatory processes and solutions that will endure into the next decade, perpetuating solutions and approaches that do not reflect contemporary practice is simply not sustainable." As a function of scale and resources, NCSBN is well positioned to assist in this interface between regulation and practice as the synergistic glue that brings it all together.

Coming full circle to the strategic planning process with its challenges, obstacles and opportunities, David states, "We can simply say that we are going to deal with the problems of today and the future can be someone else's challenge, but if we do that then the magnitude of those problems will be so great that our successors will have insoluble problems. We do need to look at the longer-term horizon as part of this process but I know that NCSBN and its members are more than equal to the task." ■■■■

Saskatchewan Registered Nurses Association Welcomes New Executive Director

Carolyn Hoffman, RN joined the Saskatchewan Registered Nurses Association (SRNA) from a senior level position with Alberta Health Services. Her career spans more than 30 years as she has contributed as a registered nurse in both Saskatchewan and Alberta. Her wealth of experience ranges from frontline nursing to leadership roles in nursing. Carolyn's educational background includes, most notably, a Master of Nursing degree from the University of Athabasca. She has presented and published on a variety of nursing, quality and patient safety topics. She joined the SRNA as executive director on Dec. 1, 2015.



Lectureship Named Posthumously in Honor of Jennifer Hayden

In honor of her work on NCSBN's National Simulation Study, the International Nursing Association for Clinical Simulation and Learning (INACSL) has posthumously named a lectureship in honor of Jennifer Hayden, a former research associate at NCSBN who passed away in November 2014. The following is an excerpt of the INACSL's announcement:

As a master's prepared nurse researcher, Jennifer Hayden completed one of the largest and most meaningful nursing education studies ever devised – the National Council of State Boards of Nursing: National Simulation Study. Her scholarship contributed to both evidence based practice and policy for nursing education and simulation.

In honor of Jennifer's work and to commemorate her legacy, INACSL has created the Hayden Vanguard Lectureship, funded by CAE Healthcare. The lectureship will be awarded annually to an INACSL member who has contributed to the discipline and moved simulation forward in a meaningful way through their research, program, evaluation, or similar scholarly product.

Florida Board of Nursing Congratulates 2015 Employee Recognition Award Winners

The Florida Board of Nursing celebrated the following Division of Medical Quality Assurance Meritorious Achievement Awards winners at a ceremony held in December. Natasha Rubie was the first place winner in the category of Quality Improvement. Natasha was nominated by her supervisor, Tihara Rozier, for her very creative bulletin board called, "CNA Unit Working Smarter Not Harder." The bulletin board was in response to the unit's move from the Customer Oriented Medical Practitioner Administration System (COMPAS) to the Licensing and Enforcement Information Database System (LEIDS).

Tihara Rozier was the second place winner in the category of Quality Improvement. Tihara was nominated by her staff members, Natasha Rubie and Melissa Greenfield, for her organization and improvements to the board's agenda process.

The Nurse Consultant Unit, Sherri Sutton-Johnson, Janet Doke, Scarlet Curtis, Angela Falls and Serina McGlockton, were the third place winners in the Team Category. The team was nominated by their supervisor, Sherri Sutton-Johnson, for their responsive, consistent and accurate approach to an influx of phone calls and emails.



Pictured from left to right: Serina McGlockton, Janet Doke, Sherri Sutton-Johnson, Scarlet Curtis



Natasha Rubie



Tihara Rozier



Nevada State Board of Nursing Education Consultant Receives Caring Science Award

Roseann Colosimo, PhD, MSN, RN, received the inaugural Nevada State College Caring Science Award for her work as former education consultant at the Nevada State Board of Nursing. This award is given to individuals who exemplify the caring that is unique to

the nursing profession, "demonstrated in the practice of loving-kindness and equanimity, embracing altruistic values and being authentically present." Congratulations Dr. Colosimo!

News & Notes &



Attention NCSBN Potential Leaders!

The NCSBN Leadership Succession Committee would like you to consider becoming a candidate for office and to encourage a colleague to do so. The call for nominations for leadership positions to be voted on at the 2016 NCSBN Annual Meeting is now open!

Apply by April 15, 2016 for the following positions:

Board of Directors

- Treasurer (1-year term, 2016-2017)
- President-elect (2016-2018)
- Director-at-Large (4 positions)(2016-2018)

Leadership Succession Committee

- Area I Member (2016-2018)
- Area II Member (2016-2018)
- Area III Member (2016-2018)
- Area IV Member (2016-2018)

For more information on positions, please visit the [Call for Nominations](#) page on the NCSBN website.



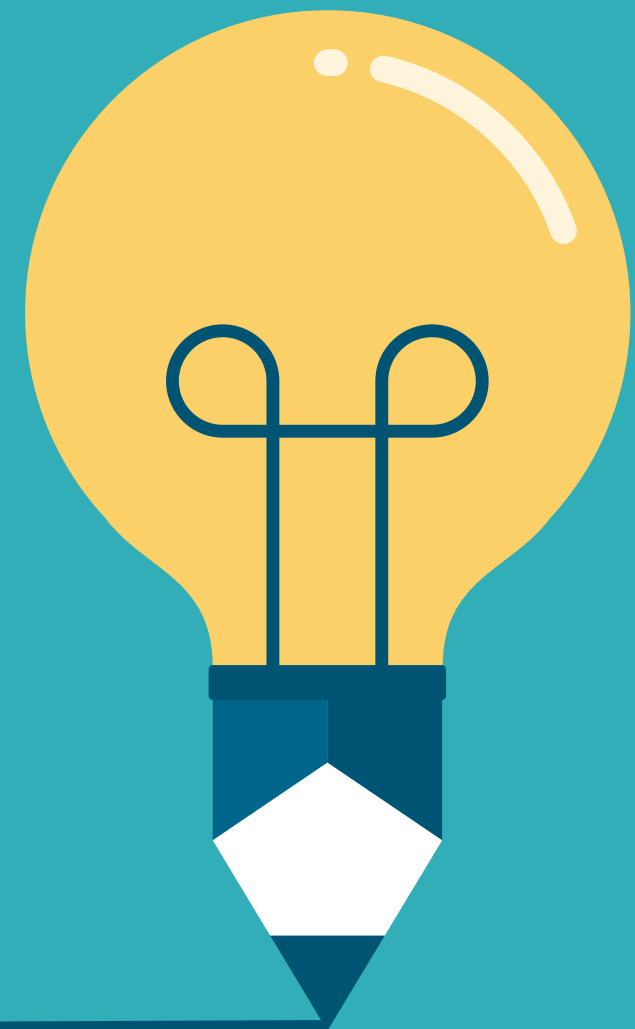
NCSBN member login and password required to view video.


APPLY TODAY

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





**LEADING
TRANSFORMATION:
ARCHITECTS OF
NURSING REGULATION**

NCSBN Midyear Meeting • Baltimore, MD • March 14–16, 2016

Can't make it this year? Watch the webcast from your office.
(NCSBN member login and password required)



2016 NCSBN APRN
ROUNDTABLE

Tuesday, April 5, 2016 | Rosemont, IL

The 2016 NCSBN APRN Roundtable is intended for professionals, educators, professional societies, credentialing agencies and others interested in the grassroots work of moving toward the unified elements of the 2008 Consensus Model for APRN Regulation.

Register before the March 22 deadline at ncsbn.org/events.



What do you think of IN FOCUS?

Do you enjoy reading *In Focus*? Do you wish it came out more often? Are there topics we haven't covered you think we should? Here's your chance to let us know!

Two years ago, NCSBN launched *In Focus* magazine, formerly known as *Council Connector*. While the primary audience for *In Focus* is our member boards, NCSBN's newsletters are public documents, so nurses, nursing students, educators and the public are welcome and encouraged to read them as well. There are more than 8,000 subscribers who have chosen to receive *In Focus*.

The evolution of *Council Connector* into *In Focus* was a transformational change. Rather than just bringing you what happened, we wanted to tell you why it happened and what might happen in the future. This was a pivotal transition, from reporting the what into providing an explanation into the why and the how. We wanted to shift the content away from simply covering NCSBN facts and past events, and move toward a more "storytelling" style of reporting that includes longer, more in-depth feature stories.

Now, two years in, we'd appreciate it if you could take a few minutes to let us know how we are doing.

Take our brief, seven-question survey. Your opinion will help NCSBN continue to provide an informative and educational nursing regulation magazine.

Let your thoughts be heard. [Take Our Survey](#)



Opening the Archives

Don't let anyone tell you nurse regulators don't know how to let loose. This was the scene at the 1989 "Annual Conference." We can't promise that dancing like this will take place at this year's NCSBN Annual Meeting and Delegate Assembly, but you should mark your calendar and find out in August!