

Fall 2014

# IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

## NCSBN Releases Findings of Landmark **Simulation Study**

ANNUAL MEETING NOTES | GLOBAL PERSPECTIVE | NCLEX® IN CANADA

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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 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

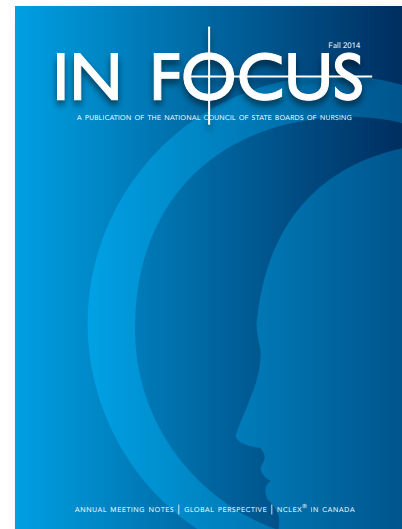
NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

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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# ANNUAL MEETING NOTES

## NCLEX<sup>®</sup> 2015 CONFERENCE

SAVE THE DATE | MONDAY, SEPT. 21, 2015 | PORTLAND, ORE.

## Visit NCSBN's New Website

NCSBN has launched a redesigned [www.ncsbn.org](http://www.ncsbn.org), complete with engaging graphics and enhanced navigation designed to improve your visitor experience.

### The relaunched site features:

- Improved accessibility for individuals with a visual or hearing impairment;
- Additional targeted services and resources on every page;
- Responsive design, so that the website is effectively viewable on any device.

Each diverse audience group (nurses, nursing students, nursing educators, researchers, consumers and NCSBN members) have their own unique section of the website that offers materials and resources tailored especially for them.



## REVOLUTIONIZING the Now - to Design THE FUTURE



### Outgoing Board President Summarizes Highlights

"Our delegate assembly members were delighted by two stellar keynote speakers who left us with much to ponder and apply to the world of nursing regulation. We learned more about the value of meta leadership from Leonard J. Marcus, PhD, Harvard School of Public Health and were taken on the photographic journey of Steve Uzzell, former National Geographic Magazine, and corporate and advertising photographer, who challenged the audience to experience the 'open road' to clear the mind and recognize the need to continually challenge one's own assumptions."

– NCSBN Board of Directors President Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing

NCSBN held its Annual Meeting and Delegate Assembly, "Revolutionizing the Now – to Design the Future," in Chicago Aug. 13-15, 2014. Nursing regulators from all over the country gathered to network and discuss important regulatory issues.

### Board of Directors and Leadership Succession Committee Members Elected

**President:**  
Shirley Brekken, MS, RN, executive director, Minnesota Board of Nursing

**President-elect:**  
Katherine Thomas, MN, RN, FAAN, executive officer, Texas Board of Nursing

**Treasurer:**  
Julia L. George, MSN, RN, FRE, executive director, North Carolina Board of Nursing

### Directors-at-Large:

- Joe Baker, Jr., executive director, Florida Board of Nursing
- Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing

### Leadership Succession Committee (LSC):

- Area I – Pamela Randolph, MS, RN, FRE, board staff, Arizona State Board of Nursing
- Area II – Deb Haagenson, RN, board member, Minnesota Board of Nursing
- Area III – Patricia Dufrene, MSN, RN, board staff, Louisiana State Board of Nursing

### NCSBN Inducts Fellows of the Institute of Regulatory Excellence (IRE)

The IRE began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current regulators who want to enhance their knowledge of and leadership in nursing regulation. An individual who completes the Fellowship Program requirements is called a Fellow of the NCSBN Regulatory Excellence Institute.

The 2014 class of Fellows includes:

- Gillian Lemermeier, MN, RN, FRE, policy associate, College of Registered Nurses of Alberta
- Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission
- Erin Tilley, MN, RN, FRE, policy analyst, College of Nurses of Ontario
- Susan Wong, MBA, MPA, RN, FRE, former chair, Washington State Nursing Care Quality Assurance Commission
- Suzanne Wowchuk, MN, RN, FRE, director, Registration & Professional Conduct, College of Registered Nurses of Manitoba

### NCSBN Affirms Commitment to Facilitating Interstate Practice

NCSBN passed a resolution affirming its commitment to facilitating interstate practice. With this resolution, NCSBN affirms its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of telehealth technology for access to health care as well as facilitate the mobility of nurses.

NCSBN recognized the importance of facilitating interstate practice by endorsing the mutual recognition model

of nurse licensure in 1997. In 2000, the Nurse Licensure Compact (NLC) for registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs) was implemented. The Nurse Licensure Compact Administrators (NLCA) representing the 24 states in the NLC, have continuously explored potential revisions to the NLC to enhance its operations.

### Congratulations to Our Annual Award Recipients

NCSBN recognized its dedicated and exceptional membership and guests at its annual awards ceremony. Specific award recipients included:

- Myra Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, honored with the prestigious R. Louise McManus Award (for sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN).
- Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing, received the Meritorious Service Award (for positive impact and significant contributions to the mission and vision of NCSBN).
- Ann L. O'Sullivan, PhD, FAAN, CRNP, board member, Pennsylvania State Board of Nursing, received the Exceptional Contribution Award (for significant contribution by a member who is not a president or executive officer).
- The Nevada State Board of Nursing was awarded the Regulatory Achievement Award (for making an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare).

Service awards were given to the following executive officers of BONs:

### Five Years

- Louise Bailey, MEd, RN, executive officer, California Board of Registered Nursing
- Anne Coghlan, MScN, RN, executive director, College of Nurses of Ontario (Associate Member)
- Jennifer L. Filippone, chief, Practitioner Licensing and Investigations Section, Connecticut Board of Examiners for Nursing
- Mary-Anne Robinson, MSA, RN, CEO, College and Association of Registered Nurses of Alberta (Associate Member)

### 15 Years

- Mary Blubaugh, MSN, RN, executive administrator, Kansas State Board of Nursing
- Shirley Brekken, MS, RN, executive director, Minnesota Board of Nursing
- Kimberly Glazier, MEd, RN, executive director, Oklahoma Board of Nursing
- N. Genell Lee, JD, MSN, RN, executive officer, Alabama Board of Nursing

### 20 Years

- Teresa Bello-Jones, JD, MSN, RN, executive officer, California Board of Vocational Nursing and Psychiatric Technicians

The following **BONs celebrated 100 years of nursing** regulation in 2014:

- Kentucky Board of Nursing
- Mississippi Board of Nursing

### Significant Actions Approved by Member Boards of Nursing:

- Commitment to Facilitating Interstate Practice Resolution
- Adoption of revisions to the NCSBN Model Practice Act and Rules
- Adoption of the revisions to the NCSBN Bylaws
- Approval of the Nurses Association of New Brunswick, College of Licensed Practical Nurses of Newfoundland and Labrador, Nursing & Midwifery Board of New South Wales, Yukon Registered Nurses Association and Nursing & Midwifery Board of Australia as associate members of NCSBN.

NCSBN will meet again in Chicago Aug. 19-21, 2015, for the 2015 Annual Meeting and Delegate Assembly.



To see more photos from this year's NCSBN Annual Meeting, [visit our Flickr account](#).

# 2014 NCSBN AWARD RECIPIENTS

## R. Louise McManus Award



**Myra Broadway, JD, MS, RN**  
Executive Director  
Maine State Board of Nursing

The **R. Louise McManus Award** is the most prestigious award. Individuals nominated for this award shall have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

## Meritorious Service Award



**Gloria Damgaard, MS, RN, FRE**  
Executive Secretary  
South Dakota Board of Nursing

The **Meritorious Service Award** is granted to a member for significant contributions to the purposes of NCSBN.

## Exceptional Contribution Award



**Ann L. O'Sullivan, PhD, FAAN, CRNP**  
Board Member  
Pennsylvania State Board of Nursing

The **Exceptional Contribution Award** is granted for significant contribution by a member who is not a president or executive officer.

## Regulatory Achievement Award



### Nevada State Board of Nursing

The Regulatory Achievement Award recognizes the member board that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

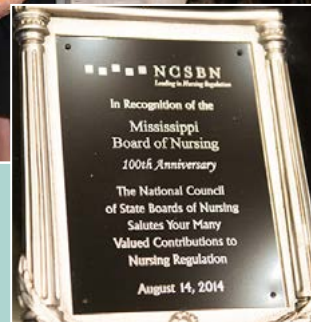
All photos by: Tricia Koning Photography



## Centennial Celebrations



Kentucky Board of Nursing (pictured)



Mississippi Board of Nursing (Award pictured)

## Institute of Regulatory Excellence (IRE) Fellows



### Pictured, from left to right:

**Susan Wong**, MBA, MPA, RN, FRE, former chair, Washington State Nursing Care Quality Assurance Commission; **Paula Meyer**, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission; **Gillian Lemermeyer**, MN, RN, FRE, policy associate, College of Registered Nurses of Alberta; **Suzanne Wowchuk**, MN, RN, FRE, director, Registration & Professional Conduct, College of Registered Nurses of Manitoba; **Erin Tilley**, MN, RN, FRE, policy analyst, College of Nurses of Ontario

## 2015 Awards Program

The annual NCSBN Awards program recognizes outstanding achievements of members and celebrates significant contribution to nursing regulation.

Members can submit nominations beginning Jan. 5 through **March 2, 2015**. Recipients selected in March will be honored at the Awards ceremony at the August Annual Meeting. The awards program not only recognizes the successes of your peers, but highlights the key factors that contributes to their success. We encourage all members to nominate themselves and their peers. You can learn more about the NCSBN Awards program and view reflections of past recipients on our [website](#).

All inquires can be directed to Alicia Byrd at [abyrd@ncsbn.org](mailto:abyrd@ncsbn.org).

## NCSBN GRANT PROGRAM

Upcoming proposal  
submission deadline: April 3, 2015

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
- Scope of Practice (licensed practical/vocational nurse [LPN/VN], registered nurse [RN] and advanced practice registered nurse [APRN])
- Nursing Education
- Continued Competence
- Nursing Mobility
- Substance Use Disorder

Apply Today



## In Memoriam

**Jennifer K. Hayden,**  
MSN, RN, associate,  
NCSBN Research  
department  
1972-2014



The principal investigator of the NCSBN National Simulation Study died Nov. 3, 2014, after a 13-year battle with breast cancer. An employee of NCSBN since 2009, Jennifer is remembered for her perseverance and dedication as an inspired nursing researcher as well as generous and respected colleague. She will be greatly missed.

Under her direction, the National Simulation Study was the recipient of two prestigious awards honoring its contributions to the body of nursing knowledge.

The International Nursing Association for Clinical Simulation & Learning (INACSL) presented Jennifer with the first INACSL President's Award in recognition of her role as the project director for the National Simulation Study and her leadership in bringing this seminal work to fruition. INACSL has also named a scholarship in her honor.

NCSBN was the recipient of the first Excellence in Educational Research Award, a program of the Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education, presented at STTI's International Nursing Research Congress in Hong Kong. It was unanimously selected by the judges because it was a broad-based study that has nationwide and potentially international impact on nursing education.

Jennifer graduated from Indiana University in 1992 with a BS in Psychology. She then went on to pursue a career in Nursing, receiving a Bachelor's Degree in Nursing from Rush University in 1996, and a Master of Science in Nursing in 1999. Her work has been published in numerous medical and nursing journals.

She is survived by her husband and two children.

# NCSBN Releases Findings of Landmark Simulation Study

NCSBN recently released the findings of its award-winning "National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education."

This landmark study is the largest and most comprehensive research to date that examines the use of simulation in the prelicensure nursing curriculum. Substantial evidence obtained from the study shows that substituting high-quality simulation experiences for up to half of traditional clinical hours produce end-of-program educational outcomes comparable to those of students whose experiences are mostly traditional clinical hours, and produce new graduates ready to practice.

The potential impact of the study's findings cannot be understated as the study makes a substantial contribution to scientific literature that has been void of a large-scale, multisite study of simulation across the prelicensure nursing curriculum. It provides invaluable data for boards of nursing (BONs) so that regulators, armed with a better understanding of simulation and its impact on education, can more effectively develop prelicensure education requirements, guide programs and develop policy.

## Background

Providing high-quality clinical experiences for students has always been a challenge for nursing programs. With high-fidelity simulation, educators have replicated many patient situations, and students can develop and practice their skills in an environment that does not endanger patients. As the sophistication of simulation has grown, the number of schools using it has increased, and BONs have received requests for permission to use simulation to replace some traditional clinical experience hours.

Previous studies indicated that simulation could be effective, but they lacked the rigor and generalizability to provide the evidence needed to make policy decisions. The NCSBN National Simulation Study was the first

of its kind; a large-scale, randomized, controlled study encompassing the entire nursing curriculum.

## Study Details

Did simulation really provide the same educational experience as a clinical site? This was the question NCSBN set out to answer.

The study included incoming nursing students from 10 prelicensure programs across the U.S. who were randomized to one of three study groups:

- Control group (traditional clinical where up to 10 percent of clinical time was allowed in simulation)
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013.

To ensure consistency, a standardized curriculum was developed, and faculty selected the simulations that would meet their learning objectives. Scenarios included in the curriculum included medium- and high-fidelity manikins, standardized patients, role playing, skills stations and computer-based critical thinking simulation, all subject to the same requirements as a traditional clinical setting.

"The nursing programs selected for this study had no small task," said Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN. "Teams of faculty and simulation lab staff dedicated two years to the study and in preparation underwent three rigorous, weekend-long training sessions in which they were tested to ensure they were prepared to lead the study at their school."

Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation.



# 2014 Regulatory Symposium Gives Attendees a Clear View of the BIG Picture



Sessions covered a wide range of topics of interest to nurse regulators, including "Regulating in the Risk (Averse) Society," "The Aging Health Care Practitioner," and "Impact of Social Media on Discipline Cases: Lessons Learned." The symposium also featured roundtable and group discussions, giving attendees the opportunity to share their experiences and learn from colleagues.

Cool air and clear skies greeted attendees of the first 2014 International Nurse Regulator Collaborative (INRC) Symposium in Chicago. The symposium, held Oct. 28-30, 2014, gave members and staff from nurse regulatory bodies around the world the occasion to network with colleagues and discuss the evolution of concepts that inform public protection models.

This opportunity to take a step away from the routine and gain a larger perspective could not have been more perfectly symbolized by the first evening's reception atop Chicago's John Hancock Center, where panoramic views at dusk stretched for miles past the Chicago skyline and across state lines.

The meeting was kicked off with a welcome from NCSBN chief executive officer Kathy Apple, MS, RN, FAAN. Apple welcomed guests and nurse regulators from around the world.

"For many years, these regulatory bodies have recognized the great benefits of sharing information, discussing regulatory challenges, successful solutions and best practices in fulfillment of the public mandate to protect the public by ensuring that nurses are safe and competent to practice," Apple said. "The INRC also recognizes the importance of evolving regulatory standards, especially in this global world that we now operate; a world with increasing mobility of professionals across countries, both physically and virtually."

"I came here because it broadens my thinking," said Lynne Power, RN, MN, executive director of the Association of Registered Nurses of Newfoundland and Labrador. "I get different ways of regulating, different ways of organizing, different ways of governing from the people present, the countries represented, the states' approaches. Everything with NCSBN broadens your knowledge base about different ways of doing things. Then you have to figure out, 'okay, what is my take home? What difference does this make when I go home, or how can I apply some of these principles?'"

Carolyn Reed, MA, is chief executive/registrar of the Nursing Council of New Zealand. She moderated a discussion, "The Role of the Nurse Regulator with the Aging Nurse."

"The thing about the meeting that I've really appreciated is the space to rise above the day-to-day, and to do some of that blue-sky thinking," said Reed, "checking back with your values, checking back about why we're doing this job and what it's about and how we can better ourselves."

Kathy Apple agrees with Reed. "I like Carolyn Reed's analogy about the blue sky. It's the same blue sky around the world, there are no boundaries," said Apple. "What our members value, all regulators value. One of the fundamental purposes of the NCSBN is to bring boards of nursing together to act and counsel together. And I've

## Three Important Facets of the Study

- 1 The simulation methods used were of high fidelity, replicating the experiences of a traditional clinical opportunity as closely as possible.
- 2 Faculty underwent extensive training in the delivery and debriefing of simulation content, and their proficiency was monitored throughout the study by team leaders to ensure consistent delivery of content.
- 3 The faculty and staff of each program were fully committed to the changes required by the study, adapting to new teaching methods and allocating the needed infrastructure, resources, equipment and staffing to make the change successful.

Alexander. "What does matter is an undergraduate nursing education program that has a dedicated faculty that is well-prepared, inspires students to do their best, understands the need for research, and is willing to take calculated risks to learn more and create new methods and modalities for the future of nursing."

Alexander points to the final statement in the study report: "The most significant finding of this study is the effectiveness of the two types of education methods: traditional clinical and simulation experiences. In both environments, when structure, an adequately prepared faculty with appropriate resources, dedication, foresight and vision are incorporated into the prelicensure nursing program, excellent outcomes are achieved."



The full report of the National Simulation Study is available in the July 2014 supplement to the *Journal of Nursing Regulation* and is available [online](#).

## Game Changing Results

"I believe the results reflect preparation, dedication of faculty and the ability to see the future, redesign nursing education and incorporate innovation into the nursing curriculum," said Alexander.

It was found that up to 50 percent simulation was effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX® Examination pass rates.

Study participants were also followed into their first six months of clinical practice. The study found no meaningful differences between the groups in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position.

"What these results really say is that it does not matter whether traditional clinical experience or simulation is the modality of the future," said



**Above:** Carolyn Reed, MA, executive/registrar, Nursing Council of New Zealand, moderates a discussion on "The Role of the Nurse Regulator with the Aging Nurse."

**Right, Inset:** Carolyn Reed

always thought that it is their favorite thing to do. I know that the membership highly values the opportunities they have to step away from the day-to-day and talk to other people about what they do. That really was the purpose of this meeting. To 'stretch' our thinking and have the opportunity to reflect, share best practices and ask those critical questions that get you thinking."

Yolanda Delgado, MSN, RNC, is a recently-appointed member of the New Jersey Board of Nursing and member of the Board's Regulatory Committee. She valued the content provided at the symposium.

"The information today with the last speaker ("Regulatory Performance and Structure Driven by Data" by Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission) touched a nerve and brought the message home," said Delgado. "In general I think there has been a lot of information. I look forward to applying it when I return home."

"I came to this event because it's all interesting," said Carla Castro, board secretary at the Guam Board of Nurse Examiners. "I work in nursing start-to-finish. This is good for me because I get to understand not necessarily just every state but every country as well ... It's nice to understand those different perspectives. There's always something in these meetings that applies to me. I do enjoy it. The hardest part is the time difference!"

As for what the future holds, Kathy Apple is optimistic.

"An outcome of all this work is harmonizing regulating standards around the world," she said. "That helps facilitate mobility of nurses around the world. We know there's a global nursing shortage, and we believe there will be the need to move nurses around the world, a need that



**Top, Left to Right:** Aurelia Long, RNC, FNP, board chairperson, Northern Mariana Islands Commonwealth Board of Nurse Examiners; Rula Harb, MS, RN, executive director, Massachusetts Board of Registration in Nursing; and Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission



**Left to right:** Lynne Power, RN, MN, executive director of the Association of Registered Nurses of Newfoundland and Labrador; Alicia Byrd, RN, director, Member Relations, NCSBN; and Carla Castro, board secretary, Guam Board of Nurse Examiners.

will only grow in its intensity in the future. The more that licensing standards are harmonized, then the easier it will be for nurses to move. Regulation is important in order to protect the public, but it shouldn't be a barrier. So it's finding that balance. This ultimate outcome will harmonize standards. That means patients have better access to care, which means improvement of the health of citizens around the world."



## The Continuous Practice Analysis

NCSBN is responsible for the preparation of psychometrically sound and legally defensible licensure examinations. The NCLEX-RN® and NCLEX-PN® examinations are developed to assess the minimum knowledge, skills and abilities required to practice safe, effective nursing using entry-level nursing content which is fair, comprehensive and current. An understanding of the existing practices of an entry-level nurse is imperative as a foundation to this process. It facilitates the development of an exam which accurately measures the activities engaged in by entry-level nurses.

NCSBN conducts the triennial nursing practice analysis to evaluate the validity of the NCLEX Test Plan. The periodic performance of practice analysis studies assists NCSBN in understanding practice characteristics of entry-level nurses and evaluating the validity of the test plans. Due to the ever-changing nature of the U.S. health care industry, entry-level nursing practice analyses are conducted on a triennial basis. In 2006, NCSBN began development of a series of continuous practice analysis studies to be conducted in the three-year gaps among the regular practice analysis cycles. The purpose of conducting these continuous practice analyses is to discover emerging trends in entry-level nursing and to provide consistent validity evidence for the NCLEX test plans.

A large number of entry-level nurses are randomly sampled every three months to receive an electronic survey on nursing practice. The sample consisted of candidates

who successfully passed the NCLEX within the past six months. In essence, no individual sampled would have been working as a licensed nurse for more than six months. The electronic survey contains an extensive list of nursing activities as determined by a subject matter expert (SME) panel, questions about the respondent's nursing experience and work environment and respondent's demographic information. Each continuous practice analysis survey is nearly identical to the prior triennial practice analysis survey in terms of survey process and survey contents. More information on the triennial practice analysis is available online.

Using a comparative approach, data collected over a number of years in both the NCLEX practice analysis and NCLEX continuous practice analysis were compared to analyze notable trends. The results of data analyses indicated some differences from one NCLEX practice analysis to the next; however, there were no significant differences when comparing the NCLEX practice analysis data with NCLEX continuous practice analysis data. The results of the data analyses remain important to the nursing profession to ensure the validity of the NCLEX test plans during the interim phase of NCLEX practice analysis cycles. NCSBN continues to develop nursing licensure exams which are reflective of the assessment of current knowledge, skills and abilities required to practice safe, effective nursing at the entry level as well as make necessary adjustments to the NCLEX test plan as required by the NCLEX practice analyses.





## NCSBN Opens Registration for NCLEX® in Canada

In November NCSBN opened NCLEX-RN® Examination registration for Canadian students and graduates, international applicants and others looking to take the NCLEX for licensure/registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan.

Once a student is deemed eligible by their regulatory body and receives an Authorization to Test, they may schedule an examination appointment on or after Jan. 5, 2015.

Canadian registered nurse (RN) regulators initially selected the NCLEX-RN Examination in 2012 after identifying the need for an exam that employs the latest advances in testing technology to enhance test security, increases accessibility to the exam by offering year-round testing, provides timely results and allows for precise assessment of an individual candidate's performance.

The NCLEX-RN Examination is currently offered in 10 countries around the world for the purpose of domestic licensure in the U.S. When the exam is offered early next year it will be the first time that the test will be used for the purpose of licensure in another country.

Candidates seeking licensure/registration in Canada will be able to take the NCLEX at any Pearson VUE test center within Canada, throughout the mainland U.S. and at select test centers internationally. Candidates can use the test center locator on the Pearson VUE NCLEX [website](#) to find test center locations. In addition to the Pearson Professional Test Centers located in Canada that will be available year-round, Pearson Temporary Test Centers are available for testing during event windows in February, June and October.

In the last three years, NCSBN has worked with 10 Canadian registered nurse (RN) regulatory bodies\* to prepare for the Canadian transition to the NCLEX.

Learn more by visiting the Canadian Educators & Students Frequently Asked Questions on our [website](#).

NCSBN has finalized agreements to provide its computerized adaptive test (CAT), the NCLEX-RN Examination, in Canada beginning in 2015. In partnership with 10 Canadian RN regulatory bodies\* NCSBN will develop and deliver the exam that will be used as a licensure requirement in Canada.

The NCLEX-RN Examination is currently offered in 10 countries around the world for the purpose of domestic licensure in the U.S., but this partnership marks the first time that the test will be used for the purpose of licensure in another country.

\*Association of Registered Nurses of Newfoundland and Labrador

Association of Registered Nurses of Prince Edward Island

College and Association of Registered Nurses of Alberta

College of Nurses of Ontario

College of Registered Nurses of British Columbia

College of Registered Nurses of Manitoba

College of Registered Nurses of Nova Scotia

Nurses Association of New Brunswick

Registered Nurses Association of the Northwest Territories and Nunavut

Saskatchewan Registered Nurses Association

## A Review of Entry-level Nurse Characteristics and the NCLEX®

The NCLEX® Examination is developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment's effect on the length of the entry-level period. NCSBN conducts the NCLEX practice analysis every three years to analyze entry-level practice. Using the data collected in the practice analysis, NCSBN then moves to develop the NCLEX Test Plan. Analysis of data from a nine-year span indicated that the environment had become more complex; thus, the question arose about the current length of the entry-level period.

The entry-level nurse exhibits characteristics such as limited confidence, critical thinking and clinical judgment with the need for additional skill acquisition (Cockerham, Figueroa-Altmann, Eyster, Ross & Salamy, 2011; Martin & Wilson, 2011; Welding, 2011). Additionally, the newly-licensed nurse delivers client care in today's fast-paced health care environment. The current practice setting of the entry-level nurse reflects delivery of complex care coupled with the need for rapid, appropriate clinical decision making (Dyess & Parker, 2012).

Each profession sets out to define parameters focused on how long a newly-licensed incumbent practices with entry-level characteristics. No one profession has identified a methodology to uncover the length of time entry-level characteristics exists (Williams, Kim, Dickson & Woo, 2014). Given the profile of entry-level characteristics, the literature has established that newly-licensed nurses are more likely to commit practice errors and therefore require structured transitional support during the entry-level period (Cockerham et al., 2011; Martin & Wilson, 2011; Saintsing, Gibson, & Pennington, 2011; Zhong & Thomas, 2012).

Given these circumstances, the length of time an entry-level nurse practices in the current health care environment with the identified characteristics remains an unknown. As a result, NCSBN conducted an analysis to evaluate the effects of the current practice environment and client population on the length of time entry-level nurse characteristics remain. Before the analysis, the entry-level period for the NCLEX examinee profile was considered to be six months (Williams et al., 2014).



# A GLOBAL PERSPECTIVE: Nursing & Midwifery Regulation *in* **AUSTRALIA**

NURSING AND MIDWIFERY BOARD OF AUSTRALIA



*Pictured Left to Right*

By: Dr. Lynette Cusack, PhD, RN, MHA, DN, MID CERT (UK)  
Chair, Nursing and Midwifery Board of Australia

Tanya Vogt, LLB  
Executive Officer, Nursing and Midwifery  
Board of Australia

Nursing and midwifery regulation in Australia has undergone a substantial change in the last five years. From eight pieces of legislation across Australia, nursing and midwifery is now regulated through nationally consistent laws that allow members of the professions to register once, renew yearly and practise anywhere in Australia (within their registration). Members of the public can now look up their registered health professional, including nurses and midwives, on the Register of practitioners. The register shows an individual's registration, including reprimands and conditions.

The population of Australia is 23.5 million people (with a land size only slightly smaller than the U.S. contiguous 48 states). Australia is a federation with a constitution that sets out how the eight state and territory governments work with the Commonwealth (federal) government. The regulation of health professions is a state and territory based responsibility and under the Australian constitution; the federal government has no power in this area.

Prior to July 1, 2010, there was a nursing and midwifery board in each of the eight jurisdictions and each had its own legislation. This meant that nurses and/or midwives who practised in more than one jurisdiction had to work to different legislation/requirements and be registered in each jurisdiction.

On April 1, 2008, the Council of Australian Governments (comprising the state, territory and federal governments) agreed to establish a National Registration and Accreditation Scheme (the National Scheme) for 10 health professions, including nursing and midwifery (four additional professions joined the scheme in 2012). There is no cross-subsidisation across professions in the National Scheme, which is funded by health practitioners' registration fees.

After a period of consultation and the passage of legislation through eight state and territory parliaments—the Health Practitioner Regulation National Law (the National Law) -- Australia introduced the world's first National Scheme regulating health practitioners in 10 professions on July 1, 2010, underpinned by a nationally consistent law.

The key objectives of the National Law are as follows:

- Protection of public safety;
- Facilitation of workforce mobility;
- Facilitation of high-quality education and training;
- Facilitation of assessment of overseas-trained health practitioners;
- Promotion of access to health services; and
- Development of a flexible, responsive and sustainable workforce.

## **The NMBA & AHPRA partnership – how the National Scheme works in practice**

The National Law established the 14 national boards responsible for regulating the registered health professions, including the Nursing and Midwifery Board of Australia (NMBA). It also established the Australian Health Practitioner Regulation Agency (AHPRA), which supports the National Boards in protecting the public.

The NMBA comprises 12 members (eight practitioner and four community members) and has established State and Territory Boards to support its work. The NMBA sets policy and professional standards, and the State and Territory Boards have the delegation to make individual decisions affecting individual nurses and midwives. AHPRA has offices located in each of the states and territories that support the work of the National and State and Territory Boards.

The last four years have resulted in significant changes to how nursing and midwifery is regulated in Australia.



The NMBA works in close partnership with AHPRA to implement the National Scheme and protect the public by:

- Registering health practitioners and students;
- Developing standards, codes and guidelines for the health professions;
- Investigating notifications and complaints (two jurisdictions have co-regulatory arrangements, meaning that New South Wales and Queensland have their own systems for dealing with notifications/complaints about registered nurses and midwives);
- Conducting panel hearings and referring serious matters to Tribunal;
- Assessing health practitioners who trained overseas and who wish to practise in Australia (in conjunction with accredited authorities also recognised under the National Scheme); and
- Approving accreditation standards and accredited courses of study (in conjunction with the NMBA accreditation authority).

On June 30, 2014, the NMBA had 362,450 nurses and midwives on the register. The number of registered nurses and midwives has gradually increased since the commencement of the National Scheme. There are 60,468 enrolled nurses; 262,839 registered nurses; 31,233 dual registered nurses and midwives; and 3,173 midwives. The remaining registrants are nonpractising registrants.

One of the objectives of the National Law is to facilitate the provision of high-quality education of health practitioners. The accreditation function is the primary way of achieving this objective, using a robust approach where the respective roles of the NMBA and its appointed accreditation authority, the Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) are defined in the National Law. The accreditation function is independent from the NMBA. Once an Australian graduate has successfully completed an NMBA-approved education program they are eligible to apply for registration.

The impact of the National Scheme on nursing and midwifery has been significant:

- Since July 1, 2010, nurses and midwives must meet nationally consistent registration standards and processes. We now have a seamless

system where a nurse or midwife registers with the NMBA and can move between jurisdictions (within their registration) without having to register again.

- We now have standardisation of approach to registration, including five mandatory registration requirements (across all 14 professions), which are:
  - Criminal history (common);
  - English language requirements (largely common);
  - Professional indemnity insurance arrangements;
  - Continuing professional development; and
  - Recency of practice.

- We now have standardised divisions of nurses – registered nurses and enrolled nurses. Previously nurses and midwives were recognised or named differently across the jurisdictions. There is also a standard approach to categories of registration through endorsements. We recognise the below endorsements and have consistent registration standards that set out the requirements to obtain an endorsement:

- Nurse Practitioner;
- Eligible Midwife; and
- Scheduled medicines prescribing.

- One of the key risks to the public in the state and territory based regulation was that a nurse or midwife who had a notification or complaint made about their practice could register in another state without that state being aware of the notification. Under the National Scheme practitioners cannot move between states and territories to avoid a notification.

- For the first time a member of the public can go to one website to check if their practitioner is registered and if they have any conditions on their registration.

- We have accurate workforce information about nurses and midwives. One of the interesting objectives included in the National Law is the requirement for the regulator to facilitate the development of a flexible, responsive and sustainable workforce.

The benefits of one national register and the capacity for the NMBA to collect nationally consistent data through workforce surveys (linked to the annual renewal of registration cycle) has provided national data on the professions for the first time.

- Online renewal has grown to become the main way nurses and midwives renew their registration. In 2010 the online renewal rate for nursing and midwifery was 54 percent. By 2014 this number had increased significantly, to 97 percent.
- We now have a nationally consistent framework for assessing internationally qualified nurses and midwives (IQNMs). The NMBA recognises that there is a requirement for a consistent evidence-based method for assessing the competence to practise of all IQNMs that apply for registration in Australia. The NMBA has commenced a project to explore all the factors associated with the establishment of an outcome-based assessment of IQNM and develop a model for the assessment of IQNMs.

The NMBA publishes communiques after each meeting, and publishes a quarterly newsletter on its [website](#) to keep registrants and stakeholders informed of its work.

The last four years have resulted in significant changes to how nursing and midwifery is regulated in Australia. The NMBA will continue its ambitious workplan to continue to meet objectives of the Scheme, keeping the safety of the public at heart.

*Dr. Lynette Cusack has had a long history with the Nursing and Midwifery Board of Australia. She has been chair since May 2014, the presiding member for the previous 12 months, and was the deputy chair for the three years prior. She has extensive experience in nursing and midwifery regulation, having been the chair of the South Australian Nursing and Midwifery Board for 10 years. Cusack works as a senior lecturer at the Adelaide University School of Nursing.*

*Tanya Vogt has been the Executive Officer for the NMBA for about six months. She has been heavily involved in the practitioner regulation and National Scheme in Australia, serving as Executive Officer of the Dental Board of Australia since the commencement of the National Scheme in 2010, and prior to that working for the Victorian government in practitioner regulation and involved in the development of the National Law. Vogt's foundation qualifications are in nursing and law.*



Photo credit: Saule Photo

## SPEED ROUND

Get to know NCSBN staffers in three quick questions.

Who: Chelsea Kelley, manager, Examinations

### 1. WHAT DO YOU DO?

I work in the Examinations department and my role involves governing the execution of select strategic projects, maintaining the consistency of department communications, creating executive correspondence and supervising exam reports for both the NCLEX Examination Committee and the NCSBN Board of Directors. Outside of the NCSBN, I am heavily involved in physical fitness and part of the CrossFit community.

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

Working on the execution of strategic projects is probably the most interesting and challenging part of my job. It involves a lot of project management, coordination with staff, regulatory bodies and external vendors. I enjoy a challenge, so this is very fulfilling. It is also exciting to be part of the strategic future of the examinations and NCSBN as a whole.

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

I'd want to be an author. I am an avid reader of sci fi and fantasy novels and currently write a blog about women and fitness, so it would be an amalgamation of my other fascinations.

# Leadership Succession is Everyone's Responsibility



## Advancing Potential: Discover the Leader Within

NCSBN needs experienced and emerging leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain the success and viability of NCSBN;
- Represent diversity in opinions and perspectives; and
- Cultivate good relations, stewardship and service.

Individuals who serve in NCSBN leadership positions and committees have much to gain:

- Impact nursing regulation;
- Network with state, national and international health care leaders;
- Advance leadership and professional development;
- Stay abreast of emerging global events affecting nursing regulation; and
- Recognition by peers.

### Eligibility and Competencies

Board members and staff of NCSBN Member Boards are eligible to apply. Each individual should consider the skills and competencies necessary to be successful in the position if elected.

### Board of Directors Competencies:

Knowledge and skills that add to the strength and value of the collective governing body, including governance, investment policy, regulation, negotiation, consensus building, critical thinking, forecasting, and state, national and international health care policy.

### Leadership Succession Committee Competencies:

Knowledge and skills that add strength and value to the committee in carrying out its charges, including effective communication, leadership, critical thinking, and public policy.

### Time Commitment

Board of Directors: Five 3-day meetings per year, in addition to Midyear and Annual Meetings.

Leadership Succession Committee: Four 2- to 3-day meetings per year, in addition to Midyear and Annual Meetings.

### 2015 Election Positions

Board of Directors

Treasurer (2015 – 2017)

- Serves as the chair of the Finance Committee
- Assures quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly

Director-at-Large (2 positions) (2015 – 2016)

One-year term only per Bylaws Proviso

- Serves as a representative of all member boards
- Transacts the business and affairs, and acts on behalf of NCSBN

Area Directors

- Serves as a representative of designated Area
- Transacts the business and affairs, and acts on behalf of NCSBN

Area I Director (2015 – 2017)

Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming

Area II Director (2015 – 2017)

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin

Area III Director (2015 – 2017)

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia

Area IV Director (2015 – 2017)

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and U.S. Virgin Islands

### Leadership Succession

Member-at-Large (3 positions) (2015 – 2017)

- Recommends strategies for the ongoing sustainability and advancement of NCSBN through succession planning
- Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee



For more information, visit the [Leadership Succession Committee page](#) and the [Leadership Development Program page](#) on NCSBN's website (members only login required).

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NCSBN analyzed practices used in other professions to identify the entry-level period, the current entry-level practice environment, today's client population and the results of a nurse focus group. A group of 35 registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) volunteers experienced with entry-level RN or LPN/VN practice were divided into four groups. Each group participated in a facilitated discussion surrounding entry-level nurse practice, the practice environment and the current client population. After 15 minutes, the participants were asked to respond to the question of how long a newly licensed nurse must practice before entry-level characteristics begin to dissipate. Each nurse wrote the response on paper; individual responses were not revealed to the group. The RN panel responses ranged from six weeks to 24 months with a mean of 12.19 months and a standard deviation of 6.43. The LPN panel responses ranged from six to 24 months with a mean of 13.40 months and a standard deviation of 6.88.

As a result of the findings, the NCSBN Board of Directors (BOD) approved a revised definition of the entry-level nurse in the NCLEX environment. With the start of the next NCLEX practice analysis cycle and subsequent NCLEX test plan development and item generation, the NCLEX entry-level nurse will be defined as a nurse having no more than 12 months of experience. The revised definition may result in an amended list of entry-level nursing activities. If new entry-level nursing activities are discovered and applicable, they will appear on the NCLEX represented by examination items across varying difficulty strata. Uncovering a vastly different list of activities is unlikely, but a few additional activities may be discovered (Williams et al., 2014).

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## News & Notes



photo courtesy of Bismarck Tribune

### Utah Associate Professor Receives Nurse Excellence Award

In June of 2014, Rocky Mountain University of Health Professions in Provo, Utah congratulated Stacey Pfenning, DNP, APRN FNP, associate professor, in receiving the Nurse Excellence Award in April through North Dakota Emergency Nurses Association. Pfenning is also the associate director for Education and APRN Practice for the North Dakota Board of Nursing. The award is in recognition of her commitment and outstanding service to practice and education.

### Ohio Board Member Receives Prestigious Honor

Ohio Board Member Patricia Sharpnack, DNP, RN, CNE, NEA-BC, was selected as one of the 20 distinguished nurse educators for the eighth class of fellows for induction into the Academy of Nursing Education of the National League for Nursing. Dr. Sharpnack is associate dean of Undergraduate Nursing Programs at Ursuline College.

Through a competitive process, applicants were evaluated for their contributions to innovative teaching and/or learning strategies; nursing education research; faculty development activities; academic leadership; promotion of public policy that advances nursing education; and/or collaborative educational, practice, or community partnerships.

The Ohio Board of Nursing is proud to congratulate Dr. Sharpnack!



### Arizona Team Wins Safety Award

The Arizona State University (ASU) President's Medal for Social Embeddedness recognizes teams that have demonstrated excellence in fostering community partnerships with the community to identify a need and implement a solution that leads to positive social change.

In April 2014, the medal was awarded to a team from ASU's College of Nursing and Health Innovation (CONHI), Scottsdale Community College's (SCC) Nursing Program and the Arizona State Board of Nursing (ASBN). The team developed a testing process to support health care patient safety through assessing the continued competence of registered nurses.

**ASU College of Nursing & Health Innovation Team Members:**  
Debra Hagler, Beatrice Kastenbaum, Ruth Brooks, Jill Lockhart, Eric Pennock, Janet O'Brien, Denise Goepfert, Teresa Hart, Mary Z. Mays, Dan Weberg

**Community Partners:**  
Arizona State Board of Nursing  
Pamela Randolph

**Scottsdale Community College**  
Carol Frazier, Janine E. Hinton, Nicholas DeFalco, Kathy Miller



**Nursys e-Notify® Provided Free of Charge to Employers, July 21**

NCSBN began providing automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through Nursys e-Notify.

**Definition of Entry-Level Nurse Revised, Aug. 4**

After careful analysis, the definition of the entry-level nurse in the NCLEX® environment was revised and defined as a nurse having no more than 12 months of experience. Previously it was defined as a nurse having no more than six months of experience.



**Simulation Study Results Released, Aug. 18**

The NCSBN's award-winning National Simulation Study concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produce comparable end of program educational outcomes to those students whose experiences are mostly just traditional clinical hours and produce new graduates that are ready for clinical practice.



**NCSBN Supports H.R. 5380, Aug. 29**

Acknowledging the increasing need for providers to have the ability to practice across state lines, NCSBN endorsed H.R. 530, the Medicare Telehealth Parity Act. The bill amends title XVIII of the Social Security Act to provide for a phased-in expansion of telehealth coverage under Medicare.

**Professional Boundaries Video Debuts, July 14**

NCSBN launched the "Professional Boundaries in Nursing" video to explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. NCSBN provides a variety of other resources to educate nurses about professional boundaries.



**NCLEX Registration Opens in Canada, Oct. 16**

In November, NCSBN opened the NCLEX-RN® Examination registration for Canadian students and graduates, international applicants and others looking to take the NCLEX for licensure/registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan.



**20 Years of CAT, April 1**

NCSBN marked the 20th anniversary of the first NCLEX Examination administered via computerized adaptive testing (CAT). Since NCSBN implemented this technology, more than 4.3 million candidates for nurse licensure have taken the exam.



**Regulator Collaborative Meet for the First Time, April 7**

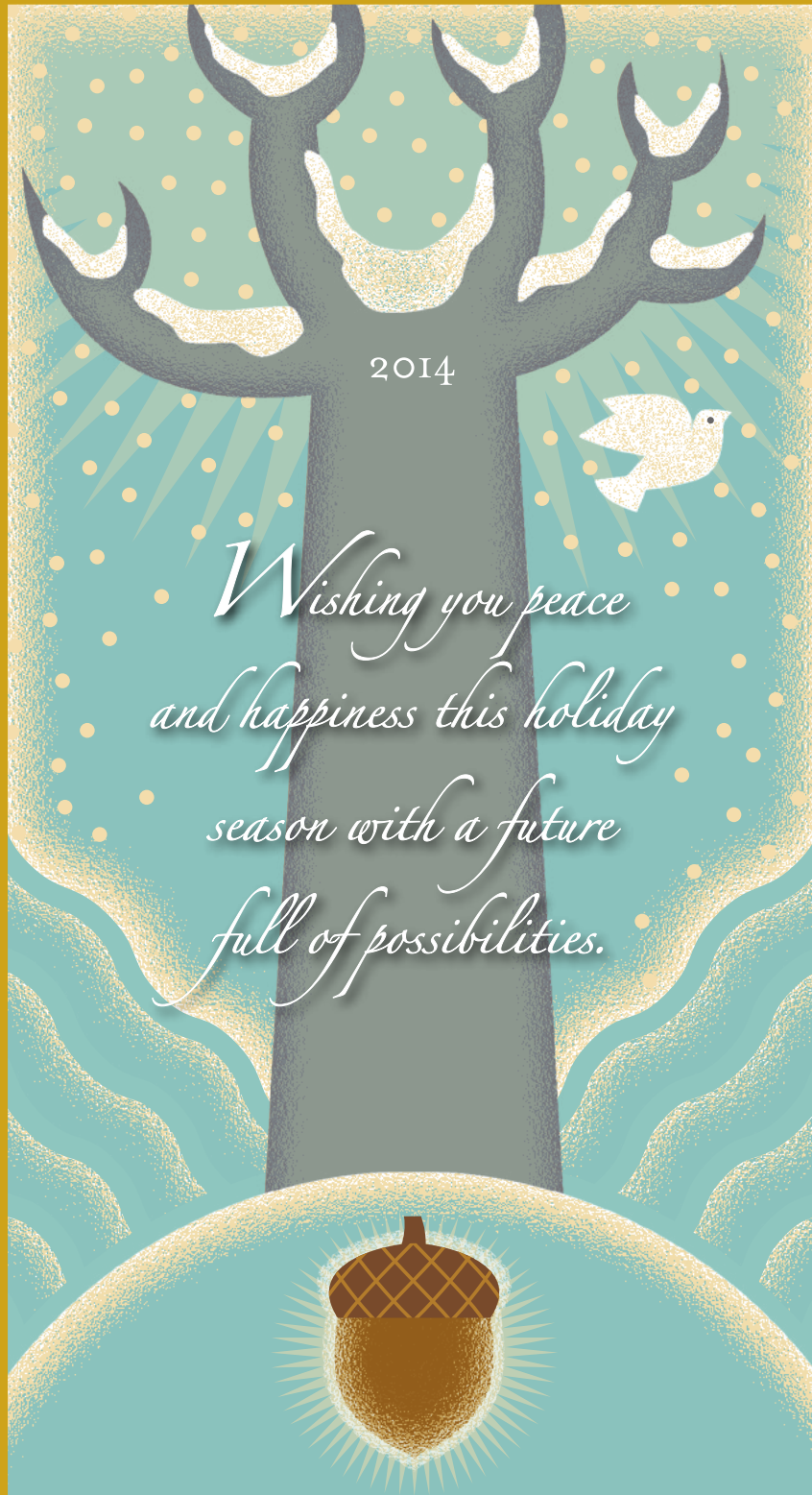
An historic meeting was held in Dallas between the three organizations that represent the state boards that represent physicians, nurses and pharmacists: the Federation of State Medical Boards, the National Association of Boards of Pharmacy and the NCSBN.

**New NCSBN Website Launches, Oct. 20**

NCSBN launched a redesigned [www.ncsbn.org](http://www.ncsbn.org), complete with engaging graphics and enhanced navigation designed to improve the visitor experience. Each diverse audience group (nurses, nursing students, nursing educators, researchers, consumers and NCSBN members) has their own unique section that offers materials and resources tailored especially for them.

[www.ncsbn.org](http://www.ncsbn.org)





2014

*Wishing you peace  
and happiness this holiday  
season with a future  
full of possibilities.*

The Board of Directors and staff of  
the National Council of State Boards of Nursing

■ ■ ■ ■ ■ NCSBN

National Council of State Boards of Nursing