

Spring 2020

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Going Global

NCSBN's Global Profile of Nursing Regulation, Education and Practice

Special COVID-19 Coverage

- NCSBN and its Members Provide Services During COVID-19 Pandemic
 - A Message of Support and Encouragement From Spain
- NCSBN Member Makes Masks and Face Shields for Health Care Workers

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

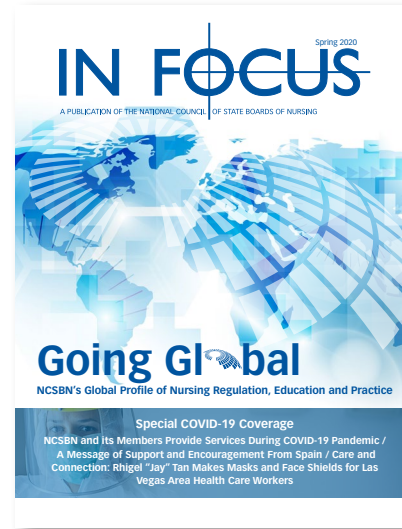
NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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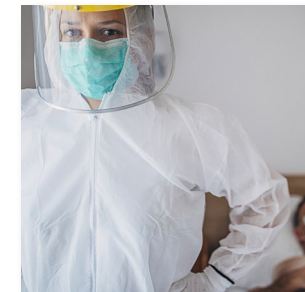
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Spring 2020

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Rising to the Challenge

NCSBN and its Members Provide Services During COVID-19 Pandemic

What we as a global community are experiencing during the COVID-19 pandemic seems more like the plot of implausible Hollywood movie than a reality we could have imagined even six months ago. Since the formal declaration of a global pandemic by the World Health Organization on March 11, we have seen the number of cases, and even more sobering, the number of deaths across the world rise to a level not seen in recent history.

In the U.S., we have seen measures taken at the federal, state and local level aimed at “flattening the curve” to reduce the potential influx of patients flooding into an overwhelmed health care system. Those at the front lines of the pandemic have been rightfully hailed as heroes. A new classification of individuals termed “essential workers” remain at their jobs in order to supply goods and services deemed necessary. First responders, those who serve and protect the general public, including police, fire, paramedics and emergency medical technicians as well as other public servants, continue their jobs even in the midst of vast societal uncertainty. Seemingly overnight, the way we work, live, shop and largely function as a society, changed.

NCSBN and many of its member boards began working remotely under the orders of governors across the country. Likewise, many peer

organizations have done the same. The work of these institutions has not stopped. Their staffs have cleverly developed way to meet the needs of their clients with the minimal amount of disruption possible. However, recognizing the extraordinary times we are living in, it has not been “business as usual” and some systems and services are not at their optimal level. In other instances, changes needed to be made to guarantee systems and procedures were still operational.

To ensure that candidates for nursing licensure were able to test in an environment that followed Centers for Disease Control and Prevention guidelines during the COVID-19 pandemic, certain modifications were made to the actual NCLEX® Examinations. The minimum and maximum number of questions was reduced and the time limit of the exam has been shortened to four hours to allow the largest number of candidates to test per day. However, the psychometric integrity of the NCLEX exams has not been compromised in any way and the difficulty levels and passing standards of the exams have not changed. The modified exams will remain in effect through Sept. 30, 2020. Information on the changes to the exams and test centers was shared live via webinar with nearly 3,000 educators on April 8. A recording of the webinar can be accessed [here](#).

Many innovative solutions and collaborations arose out of challenges that COVID-19 presented:

- The leaders of 10 nursing organizations issued a [policy brief](#) that calls for academic-practice partnerships between health care facilities and prelicensure registered nursing (RN) and practical/vocational nursing (PN/VN) programs across the country during the COVID-19 crisis.
- NCSBN joined with six other leading nursing organizations to endorse a [statement to thank the nation’s governors](#) who have removed regulatory barriers that restrict access to high-quality evidence-based care by advanced practice registered nurses (APRNs). The statement also encourages governors who have not taken these actions to do so, thus enabling APRNs to practice at the top of their skills, education and training.
- NCSBN and the National League for Nursing (NLN) called on [nursing schools and programs](#) to offer the greatest possible flexibility to students nearing graduation during this time of the COVID-19 crisis.
- NCSBN joined with the Federation of State Medical Boards and the National Association of Boards of Pharmacy in issuing a [joint statement](#) on inappropriate prescribing and dispensing of medications during the COVID-19 pandemic

NCSBN has provided daily and weekly updates on:

- [Changes in Education Requirements for Nursing Programs During COVID-19](#);
- [State Response to COVID-19: Applicable Statutory/Administrative Provisions](#) (e.g., Nurse Practice Act, Emergency Management Statutes, etc.);
- [State Exceptions for Inactive and Retired Licenses in Relation to COVID-19](#); and
- [State APRN Certification Extension/Waiver Policies — COVID-19 Update](#).

NCSBN has also:

- NCSBN provided [free fast-track nurse license verification](#) through its [Nursys e-Notify®](#) database for state and federal emergency response organizations that need to verify that their volunteers have current nursing licenses.

- NCSBN assisted U.S. nursing regulatory bodies (NRBs) in [verifying licenses](#) for nurses who choose to practice across state lines to care for patients in those jurisdictions facing additional workloads associated with COVID-19.
- NCSBN’s International Center for Regulatory Scholarship (ICRS) offers an invaluable series of free online COVID-19 courses for health care professionals (three of the four courses offer continuing education credit upon completion). Offered in a self-paced and concise format, the courses are designed to provide new, established and returning nurses with training and resources during the COVID-19 pandemic. The courses include: “COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE,” “COVID-19: Nursing Care,” “COVID-19: Basic Law and Ethics for Nurses during COVID-19” and “COVID-19: Credible Information, Hoaxes and the Media.” Nurses and other health care workers are invited to self-enroll through the [ICRS Connections Catalog](#).

All NCSBN meetings through September have either been cancelled or reconfigured to be virtual including the [2020 NCSBN Annual Meeting and Delegate Assembly](#) on Aug. 12, 2020 and the two, one-day [NCLEX® Conferences](#) held on Sept. 14 and 15, 2020.

At the time of this writing (in late May), cases of COVID-19 appear to be decreasing across the U.S. Whether that trend continues downward as well as whether new treatments and a vaccine will be available in the foreseeable future are unknown. Currently, the city of Chicago where NCSBN is headquartered remains under a “stay at home” order and staff are working remotely. As the city and the state of Illinois move into the “Recovery” stage of the *Restore Illinois* plan, NCSBN staff will gradually return to the office, remaining mindful of social distancing best practices and CDC guidelines.

It is hard to name any segment of society that this pandemic has not touched but NCSBN and its members have risen to the challenge of providing services at this time of adversity and uncertainty and will continue to do so. 🌈



Madrid's normally busy Puerta del Sol is located in the heart of the city. The location serves as "kilometer zero" from which all roads in Spain are measured. The Royal House of the Post Office currently serves as the office of the president of the Community of Madrid, the head of the regional government of the Autonomous Community of Madrid.



By Florentino Pérez Raya, President, Spanish General Council of Nursing

A Message of Support and Encouragement from SPAIN

Spanish General Council of Nursing and the Pandemic

Spain has been hit extremely hard by the coronavirus pandemic. At the time of writing these lines, the official data reflect 140,510 infected (a figure which, in all likelihood, is far below the actual one), with 7,069 patients hospitalized in intensive care units and 13,978 dead.

The very high rate of infected health care professionals is particularly significant – 15% of the total, equivalent, in absolute terms, to 21,076 individuals. The government has not provided disaggregated data, but we estimate that about 65% of these professionals are nurses.

The Spanish public and private health care systems have joined forces to counter the terrible effects of the coronavirus. As many nurses as possible have been hired, retired nurses under 70 have been asked to go back to work, and even final-year university students have been recruited as "health care assistants" to mitigate the scarcity of professionals needed to care for so many patients in a pandemic that has spread in record time.

We are experiencing a situation of the utmost gravity, in which we see every day the lack of protective equipment to prevent professionals from endangering their lives beyond the risk inherent to the nature of the infection. Becoming aware of the need to care for carers is crucial.

History has certainly taught us how nursing is a key factor in such critical situations. Florence Nightingale showed us the way, and since then we have suffered significant epidemics, such as the 1918 Spanish flu, the Ebola virus, and others, which have highlighted how professional responsibility helps us to better face such serious health crises.

Spanish nursing is trying to make the most rational use of material and human resources. We are particularly concerned with the need to promote humane care at such a critical time. Perhaps this is one of the hardest nursing challenges in this pandemic.

Despite this, nurses are tirelessly fighting to improve critical situations from a humane point of view, providing support to hospitalized patients. They seek solutions to establish human relationships by means of such strategies as the

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Located in Madrid's Puerta del Sol, the statue of the bear and the strawberry tree represents the coat of arms of Madrid.



ORGANIZACIÓN COLEGIAL DE ENFERMERÍA
CONSEJO GENERAL

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use of technological media to facilitate the connection between isolated hospitalized patients and their families. We try to provide care focusing on the individual, to respect and ensure the individuality, privacy, dignity and autonomy of all patients during the process.

As president of Spain's nursing regulatory body, the General Council of Official Associations of Nursing of Spain, I want to send a message of support and encouragement to all the nurses in the world. Together we face the greatest public health emergency in recent history. The commitment and sense of duty of each and every nurse is beyond doubt.

We will continue to tirelessly provide patients with the best care, asking for nothing in return, suffering in helplessness when we lose a patient, faced with work overload and a lack of means. From Spain, we want to congratulate all the nurses in the world, because, as we are seeing once again in our country, their commitment and professionalism are exemplary.

Nurses have never failed, and we will not fail now.

In October 2017, Florentino Pérez Raya became president of the Spanish General Council of Nursing, the regulatory body of Spain's 307,000 nurses. During his term of office, important regulations have been passed, such as the law that allows all nurses to prescribe medicines and medical devices, and the creation of the position of general manager for care in many regional Healthcare Ministries, a position that takes an active part in making significant decisions for people's health. He has also launched a people-centered strategy through multiple initiatives and campaigns aimed at improving patients' quality of life and promoting health through nurses.

In the academic field, Pérez Raya is a specialist nurse in Medical and Surgical Care, holds a master's degree in Healthcare Research from the Universidad Complutense, and is currently taking a PhD degree at that university.

He has extensive professional experience in the defense of professionals' interests and patients' rights. He started his career as a nurse in the Córdoba Provincial Hospital, and worked in various departments and services in the Andalusian Health Service, such as A&E, surgery, trauma, radiology and primary care.

He has held various positions in Spain's Organization of Professional Colleges since 1984, such as president of Córdoba's Nursing College, president of the Andalusian Nursing Council, as well as second vice president of the Spanish General Council of Nursing before becoming president.

NCLEX[®] CONFERENCE

Virtual Conference | Sept. 14 or 15, 2020

The 2020 NCLEX conference will host two consecutive single-day educational conferences taking place on Sept. 14 and 15, providing educators with NCLEX[®] program updates offered by the experts that develop and administer the exam. The conference will also feature live question and answer sessions about the Next Generation NCLEX[®] project and NCLEX program.

For more information, visit ncsbn.org/events



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- COVID-19: Nursing Care
- COVID-19: Basic Law and Ethics for Nurses during COVID-19
- COVID-19: Credible Health Information, Hoaxes and the Media

Register at catalog.icrsncsbn.org

Pursuing the Mission of the Nurse Licensure Compact through Rulemaking



As it is highlighted within the Nurse Licensure Compact's (NLC) mission statement, the primary goal of the NLC is to enhance nurse mobility and public protection through the maintaining of uniform licensure standards among party state boards of nursing, promoting cooperation and collaboration between party states, facilitating the exchange of information between party states and educating stakeholders.

The NLC strives to uphold and implement its mission, in part, through rulemaking. This process enables a simultaneous uniformity of rules among the NLC's member states.

NLC Rules are dependent upon the statutes they purport to implement; i.e., each rule must be premised on corresponding compact statutes. NLC rules are related to the day-to-day operations and implementation of the NLC. Administrative in nature, rules are promulgated to further clarify and define statutes.

The authority for rulemaking (Article VIII) is exercised by the NLC Commission, the governing body of the NLC. Each member state has a seat on the commission and therefore a vote in the rulemaking process. Rulemaking by the commission is a standard practice among interstate compacts and is necessary to maintain efficiency, consistency and clarity.

The NLC Rules Committee, led by co-chairs Joey Ridenour, MN, RN, FAAN, executive director, Arizona State Board of Nursing, and Brett Thompson May, JD, general counsel, Mississippi Board of Nursing, meets regularly as a standing committee to develop uniform Compact Rules for consideration by the commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the commission for consideration. New

rules are often proposed to help clarify statutory provisions. Existing rules are amended or modified to provide further clarification, if such a need arises.

Consistent with the federal Administrative Procedure Act (APA), which sets forth the basic requirements for publishing notices of proposed rules and providing opportunities for the public to comment, the commission, in accordance with Rules Committee recommendations, published a [notice of proposed rulemaking on March 12, 2020](#). This notice was posted to the commission website and subsequently shared on each member board site.

Pursuant to the notice of proposed rules, the commission proposes new rules related to federal criminal records, licensing procedures for active duty military personnel or their spouses and further clarification regarding dispute resolution.

Proposed rules -- [Rule 408. Federal Criminal Records, and 409. Active Duty Military Personnel or their Spouses](#), as well as proposed amendments to existing [Rule 502. Dispute Resolution](#), were made viewable to the public. Any interested party was provided the opportunity to electronically submit written comments at www.ncsbn.org/nlcrules. All written commentary was submitted prior to the May 12 public hearing, which interested parties could attend if electronic submission was not possible.

All written and oral commentary were reviewed by the NLC Rules Committee and NLC Executive Committee. All final recommendations will be provided to the commission at its Aug. 11, 2020 meeting at which the proposed rules and/or amendments will be voted on and, if approved, adopted. The effective date for the rules is Jan. 1, 2021. 🌐

IMPACT IN ACTION: Nurses Share their NLC Stories

This is a continuation of a series that started with the Winter 2020 issue of In Focus.

In the last year, the [Nurse Licensure Compact \(NLC\)](#) has experienced extraordinary growth and change. With the NLC's current state of evolution, the compact is becoming ever more vital to nurses and those who employ them. The NLC helps remove barriers or unnecessary burdens to borderless practice and increases access to care. It also helps address and reduce workforce shortages and enhances disaster preparedness.

NCSBN is sharing compelling [NLC Stories](#) to show how the compact can positively impact nurses and their patients. The common thread running throughout these stories is that these individuals have experienced firsthand the value of the NLC, and its impact on patient care.



Being Present, Listening and Observing Knows No Boundaries

The spread of COVID-19 has shown that a virus is not impacted by boundaries. Neither should barriers to licensure. During the COVID-19 pandemic, medical professionals across the

country have gone where they are needed, and a crisis like the one we are experiencing is a sobering reminder that having all U.S. states and territories in the NLC would streamline this process for the next health crisis or natural disaster.

"We need to help a lot of people at this time, and the challenge is trying to figure out how to get that out there to people," says Holly Kapusinski, MSN, RN, NC-BC. Kapusinski is a board-certified integrative nurse coach. In 2018 she founded Life Cycle Balance, which offers integrative health and wellness assessments, nutritional plans, stress management and therapeutic awareness practices, among other services.

Kapusinski finds great fulfillment in group coaching and offers programs in local libraries in her area on the Gulf Coast of Mississippi and in Louisiana. "I would like to go into Alabama as well, to provide these services at a group level so that more people can have the experience, and with people that might not be able to pay for services," she says. "I have also reached out to first responders,

"We have all seen on social media the effects, the fear that is encroaching on people, and not just fear, but mental health issues that will result from this crisis. So many health issues are a result of stress. That's where somebody in my position, with a nursing background, comes in."

— Holly Kapusinski, MSN, RN, NC-BC, Mississippi

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firemen and police, to provide the same kind of care for them. There is also a women's center in Louisiana where I provide services. I would not be able to do that if we were not in the compact."

Read Holly Kapusinski's full story.



Critical Care Nurse Becomes a Strong Advocate of the NLC

The first time Shellie Neuman, RN, needed to get a nursing license in a state that wasn't part of the NLC, the process took more than six months.

Neuman is a research nurse coordinator at the University of Nebraska Medical Center in Omaha. Her husband is a brigadier general in the U.S. Air Force. Her experience waiting for a license is a familiar one to military spouses who move frequently. She has practiced nursing in Louisiana, Nebraska, South Dakota, Texas and Virginia.

"Without the NLC, I would have had to apply and pay for every new license, plus the fingerprinting, plus the time out of work. We've only been in each state a couple years at a time. Let's say it took six months every time. By the time I would have gotten my license, I would have only worked for 18 months before moving again."

— Shellie Neuman, RN, Nebraska

Military spouses can suffer disruptions to their careers when they move. Neuman only experienced one such disruption, but that's because every other state in which she has practiced nursing was part of the NLC (Louisiana joined the NLC in 2018).

Neuman's experience in trying to obtain a license in Louisiana prior to state's entry into the NLC prompted her to take action, and she found herself advocating for the NLC. "I ended up testifying in the Louisiana House and

Senate, and it turned out to hit a chord with quite few people. I really just fell into it, and I was fortunate to have a little bit of a platform, some important people who had a little bit of pull. And then they ran with it. That's how it happened."

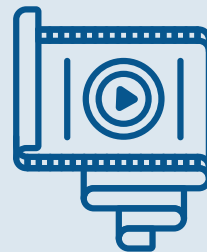
Read Shellie Neuman's full story.



Do You Have an NLC Story to Share?

By sharing your NLC story, you will help contribute to continued success of the NLC by showing legislators in states considering the adoption of the NLC how much it positively impacts nurses and patients. We've set up two ways to share your story:

Share a Video Testimonial



Take a few moments to share your experience with the NLC, or tell us why you hope multistate licensure comes to your state, and why. Through our partnership with Gather Voices, you can easily create two short video testimonials. The tool will walk you through the recording process, which you can complete on your computer, tablet or wireless phone.

Submit Your Written Story

Tell us in your words what the NLC means to you, either as a nurse who has benefited from interstate licensure, or a nurse who hopes the compact soon comes to your state.



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Leader To Leader informs nurse educators of critical issues affecting nursing education and regulation.

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AN INTERVIEW WITH Eileen...

Spring 2020

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- ... and more

Q & A

Q: Does NCSBN have any resources for educators during this COVID-19 crisis?

A: Yes! NCSBN has a dedicated COVID-19 website that is filled with information of interest to nurse educators. We encourage you to explore the website, in depth, as there is a lot of information available. However, here are a few...



2020 NCSBN ANNUAL MEETING
AUG. 12, 2020 | VIRTUAL MEETING
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Going Global

NCSBN's Global Profile of Nursing Regulation, Education and Practice



Above: Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation

Published earlier this year as a special edition of the *Journal of Nursing Regulation (JNR)*, NCSBN's "A Global Profile of Nursing Regulation, Education, and Practice" is an in-depth analysis of the nursing regulation data collected in the NCSBN Global Regulatory Atlas.

The goal of the Regulatory Atlas, envisioned by NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, was to provide a single resource for nurses, regulators, educators and researchers to compare the regulation of nurses in countries around the world. The "Global Profile of Nursing Regulation, Education, and Practice" presents an analysis of these data at both a global and regional level.

"This was a very ambitious project," recalls Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN. "We hired staff specifically for this. We sent out surveys, but they only accounted for a small amount of the data that were collected. Staff had to seek out documents from every country and make sure they were up-to-date and relevant. And then some clever things were done."

One story speaks to the creativity NCSBN staff employed in reaching out to nursing regulatory bodies (NRBs) to gather data for the Atlas. In 2017, Kyrani Reneau, MA, currently an associate in NCSBN's Research department, was on the team tasked with tracking down data.

"It was an all-hands-on-deck project, retrieving contacts and gathering the data," recalls Reneau.

"I was tasked with Central and South America.

Initially we mailed out letters to nursing leaders all over the world to gain buy-in for the project. We also searched for contact information online, but many NRBS didn't have an online presence. We did whatever we could – emails, phone calls, messages to Facebook groups – to find contacts and gather the data. I called any number I could find, explaining to the person who answered the importance of the project and why their participation would be invaluable."

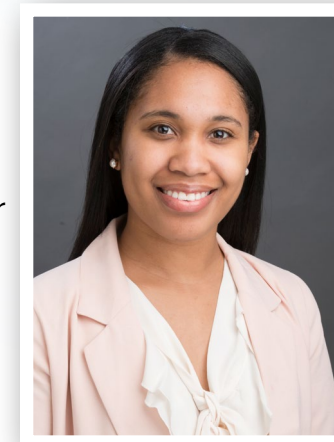
Belize is a Caribbean country on the northeastern coast of Central America. It also happens to be where Reneau spent the first nine years of her life and still has family. "One benefit of a close-knit community is that everyone knows everyone and is willing to lend a helping hand. One of my cousins in Belize City is a very outgoing person, and through her network I was able to get the email

address for the chief nursing officer at the ministry of health. I reached out and they were very willing to participate. I was proud to contribute. It's the first

of its kind, and regulators and researchers around the globe now have access to it."

"There was so much ingenuity that went into gathering the data," says Alexander. "It was an extraordinary process." The result is extraordinary as well. The Regulatory Atlas is the first comprehensive resource on the regulation of nurses in countries around the world, providing a global and regional comparison of NRBS. Information on nursing governance, licensure and registration, education, discipline and practice was compiled from 320 jurisdictions representing more than 21 million nurses worldwide.

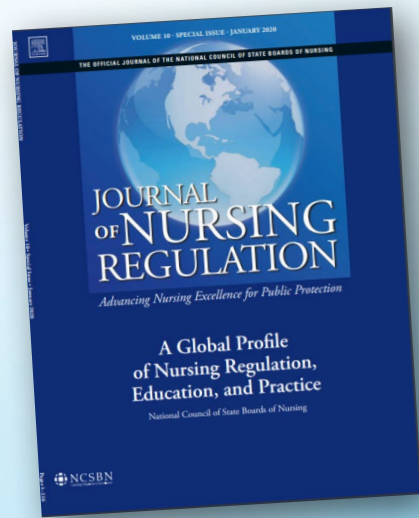
Regulators and educators can use this free resource to compare regulations in their own jurisdictions with those of their neighbors. Researchers can access data from around the world. Nurses considering moving to another country can view the policies of the countries to which they might immigrate.



Kyrani Reneau, MA

“I was proud to contribute. It's the first of its kind, and regulators and researchers around the globe now have access to it.”

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The Global Profile is based on data from the following 320 jurisdictions:

- 12 Canadian provinces and territories
- 56 U.S. states, territories and the District of Columbia
- Mexico
- Five Central American nations
- 24 Caribbean jurisdictions
- 36 South American jurisdictions
- Seven Nordic countries
- 22 Western and Central European nations
- 18 Eastern European countries
- 17 Middle Eastern nations
- 43 African countries
- 37 representing India's 28 states and nine territories
- 10 Central Asian nations
- Six representing China and five other East Asian nations
- 11 Southeast Asian countries
- 15 representing Australia and 14 other nations in Oceania

A Global Profile of Nursing Regulation, Education, and Practice

The *JNR*'s "A Global Profile of Nursing Regulation, Education, and Practice" was published in January 2020 to consolidate the data gathered for the Regulatory Atlas. "We knew that it would be an equally valuable resource," says Alexander. "We had the data from all of these individual countries, so naturally the question became, what did the whole world look like? We recognized the need for it to be condensed. Instead of comparing individual countries, people could see the bigger picture."

The first part of the publication presents a global view of the data that examines Regulation and Governance, Licensure and Registration Requirements to Practice, Nurse Types and Titles, Education, Practice, and Discipline. The second part provides a detailed view of the data, sorted by region. It also includes four appendices: a Glossary of Terms, a list of Jurisdictions Not Included in Data Analysis, the Educational Requirements for Entry into Nursing Programs by Regions, and the full Global Regulatory Atlas Questionnaire that was sent to NRBs worldwide.

In addition to the staggering amount of data collected, the data itself are enlightening and, in some cases, may be surprising:

- Throughout the world, there are at least 220 unique nurse titles, and most nurse types throughout the world fit into one of four categories: nurse, specialized nurse, midwife or nurse assistant.
- There are 45% of jurisdictions engaged in mutual agreements or compacts.
- While half of the 320 jurisdictions authorize practice via licensure, and 31% via registration, 10 jurisdictions grant nurses the ability to practice upon completion of their education.
- Several jurisdictions around the world incorporate educational levels into nurse titles.
- Some nurse titles are evocative of community culture and history. Some African jurisdictions designate a "qualified wise woman" or a "qualified sage-femme" as a midwife nurse type. Thousands of African wise women were enslaved and transported to the Western Hemisphere from the 16th century onward, where many continued to practice or passed down their knowledge, and eventually became known in the American South as "granny" or "grand" midwives.

In addition, Alexander notes, "there are a number of jurisdictions that permit registered nurses (RNs) to prescribe or partially prescribe, and there are also jurisdictions that permit RNS to participate in the diagnostic process."

Another point of interest is that the number of members in a regulatory body varies greatly. Portugal, for example, has 153 individuals in its regulatory body, while Italy has seven. "I was surprised by the high number of members on some regulatory bodies," says Alexander. "There are also some fun facts — Mongolia has a high number of PhD nurses as a proportion of its nurses and population. There are interesting facts like that, but I'd also say that when you look at the processes in place among different jurisdictions, and the ways discipline is managed for example, you find that we aren't so different — we are all doing some of the same things."

State of the World's Nursing 2020: Investing in Education, Jobs and Leadership

NCSBN was a member of the Strategic Advisory Group for the creation of the World Health Organization (WHO) report, the *State of the World's Nursing 2020: Investing in Education, Jobs and Leadership*, launched in April 2020. Data from the NCSBN Global Regulatory Atlas contributed significantly to the production of the regulatory analysis sections. Many articles from the *JNR* were cited through the entire report and *JNR* supplements like the "Global Profile of Nursing Regulation, Education, and Practice" helped shape the WHO recommendations. As a result, NCSBN has

established itself with the WHO as a reliable and regular contributor to the evidence-based reform of professional regulation.

COVID-19 and the Future of Nursing

While the focus of the WHO report is not the global pandemic, its recommendations and insights speak to the irrefutable fact that the importance of nurses in such crises is immeasurable.

During the COVID-19 pandemic, nurse regulators have played a central role in offering accurate data, evidence and suggestions for legislative change that are helping to care for those affected by the pandemic. Many of these changes provide solutions that should be sustained in the longer term.

For years evidence has demonstrated that nurses need to be enabled to work to their full scope of practice. Regulators and the professional associations have brought this evidence to the attention of government as a solution to increasing capacity and access

to needed quality services during the COVID-19 outbreak.

NCSBN has called for the modernization of the regulatory model for more than 20 years and has already taken bold steps in highlighting a path forward through publications like the Global Profile.

As NCSBN CEO David Benton, notes, "These actions taken at a time of global strife should not stop there. The various emergency measures should be consolidated into permanent legislative change once the current crisis is over. Such measures have the potential to significantly positively impact access to safe, effective and efficient services." 🌍

"... when you look at the processes in place among different jurisdictions, and the ways discipline is managed for example, you find that we aren't so different — we are all doing some of the same things."

— Maryann Alexander

NCSBN's Global Regulatory Atlas Charts the Nursing Regulatory Landscape

This comprehensive online compendium of nursing regulation worldwide was created with the assistance of health care regulators across the globe. The atlas currently holds information from more than 320 jurisdictions representing more than 21 million nurses.



THE JOURNAL OF NURSING REGULATION

Celebrates 10 Years



Above: The first JNR cover published in April 2010.

Upon publication of its April 2020 issue, the *Journal of Nursing Regulation (JNR)* celebrated its 10-year anniversary. Published by Elsevier and supported by NCSBN, the *JNR* is a peer-reviewed, academic/professional journal published quarterly in January, April, July and October. It provides a worldwide forum for sharing research, evidence-based practice, and innovative strategies and solutions related to nursing regulation and practice.

Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN, has served as the *JNR*'s editor-in-chief since its inception. *In Focus* spoke with Alexander about how the *JNR* has grown and what the future holds for the publication.

How have you seen the *JNR* evolve over the past 10 years?

We have expanded the number of research articles that we publish and there has been a tremendous growth in the number of submissions to us that are from out of the country. I have also seen an increase in the quality of the articles that we publish. We get so many more manuscripts submitted that we are able to be more selective about what we accept.

How is the *JNR* perceived among its audience?

I think it is very well received. I certainly get a lot of positive feedback. I will say this. *JNR* is intended for regulators, educators, practitioners, policymakers and researchers. It integrates the current knowledge that applies to nursing across the board. I think it is a credit to the journal when I am at a meeting that

is outside of nursing regulation and the journal is quoted. That has happened a number of times. That tells me that it is being read; that the articles are very relevant, beyond even nurse regulators.

Do you think there was a period of time during which the *JNR* had to build credibility?

Absolutely. Ten years is actually very young for a journal. We're still building our visibility and our reputation within the nursing profession and even outside of it. When we started the partnership with Elsevier, I believe that added to our credibility. They're the largest publisher in the world and certainly have an outstanding reputation. So that has really helped, especially in terms of it being more widely distributed.

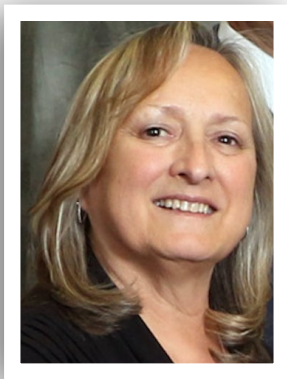
Describe the process that goes into article selection.

There are two paths. If we think that there is a particular topic our readers would like to know about, we will find an expert to write that article. The other path is related to the submissions we receive. We are looking for articles that are highly relevant to regulators, because they are our primary audience, so we look for articles that fill our gaps in knowledge. The quality of an article, the way it is written, is very important. We work with the authors to edit their articles to ensure that they are well crafted. But we sometimes decline an article, despite being very well-

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News&Notes

01



Fellows Honored with Dr. William J. Rucker Community Medical Award

Nancy E. Fellows, RN, a board member of the Ohio Board of Nursing, received the Dr. William J. Rucker Community Medical Award from the Lake County Branch of the NAACP and was commended by the Ohio House of Representatives of the 133rd General Assembly for her contributions as a registered nurse and clinical education consultant. In 2018, Fellows was awarded a Woman of Achievement Award from Lakeland Community College. The Ohio Board of Nursing congratulates Nancy for her many achievements and honors.

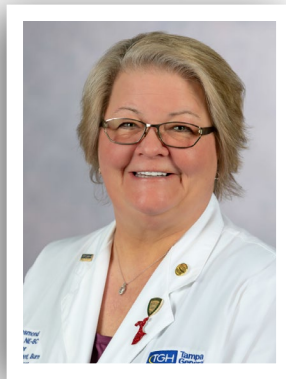
02



Sutton-Johnson Receives Doctor of Public Health

Sherri Sutton-Johnson, DrPH, MSN, RN, director of nursing education with the Florida Board of Nursing, recently graduated with her Doctor of Public Health degree from the Florida A&M University. The Florida Board of Nursing congratulates Sutton-Johnson on her accomplishment.

03



Desmond Promoted to Director of Trauma, Transplant, Burn, and Clinical Resources at Tampa General Hospital

Lori Desmond, MSN, RN, NE-BC, nurse executive seat, Florida Board of Nursing, was recently promoted to director of Trauma, Transplant, Burn, and Clinical Resources at Tampa General Hospital. The Florida Board congratulates Desmond on this well-deserved recognition.

Have news to share?

Send your News & Notes submissions via [email](#).



Speed Round

Get to know NCSBN staff:

Amanda Wagner, Meetings Specialist, Business Operations

What do you do?

As the meetings specialist in the Business Operations Department, my role focuses on management of onsite meetings and facilitating and providing support to: NCSBN committee meetings, item development panels, panels with nonmember attendees, all staff meetings and division meetings. I also provide support for logistics and management of external meetings and conferences hosted by NCSBN.

What are the best and most challenging aspects of your job?

One of the best aspects of my role is working with people. I enjoy interacting with NCSBN staff, members and other meeting attendees. Providing the best customer service to a wide variety of people can also be challenge.

If you weren't working at NCSBN, what would your dream job be?

I enjoy spending time with my wife of 12 years, our 5-year-old son, newborn baby boy and our cats. In our spare time, we love to garden, turning our small Chicago yard into an organic vegetable garden. My dream job would be to own and operate a sustainable farm where my family and I grow local, heirloom fruits and vegetables, and raise chickens, goats and pigs. 🌱

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THE JOURNAL OF NURSING REGULATION Celebrates 10 Years

written, because it does not add to that body of knowledge. We also strive for diversity because regulation crosses many different topic areas, so in every issue you'll see that there are articles on discipline, education and practice. We might have three very good articles that are related to nursing education, but we're going to only pick maybe one or two for an issue because we want that diversity. Earlier I mentioned the submissions from other countries. The journal has a broader and more international focus today than when it began and we always publish one international article in every issue. Ten years ago, we did not have enough international articles to do that. Now we often have more than one.

What do you see as the greatest challenge?

I think the greatest challenge is getting the *JNR* into library databases. We are working with Elsevier to do that now, but it is a big challenge. A lot of times a reader can look up a topic and they can see an article they want to read, but they don't have access to it in their library. We are working to get the *JNR* into the hands of as many readers as possible. I am very grateful to our readers. I hope our articles inform and inspire them and help them navigate their pathway through regulation. 🌍



Subscribe Today

Care and Connection

Rhigel “Jay” Tan Makes Masks and Face Shields for Las Vegas Area Health Care Workers

Rhigel “Jay” Tan, DNP, APRN, RN, PMHNP, GNP, ANP, FAAN, was standing in line at a Las Vegas Target store with a shopping cart full of pool noodles, the colorful flotation devices often seen at beaches and pools. A family in front of him in line were intrigued. The husband asked Tan, “What are you going to do with all those pool noodles?”

Tan is an assistant professor of nursing at the University of Nevada, Las Vegas, a practicing psychiatric nurse and former member of the Nevada State Board of Nursing. When he told the family he was using the pool noodles to make face shields —improvised personal protective equipment (PPE)— for local hospitals, the wife started to cry.

“She told me that their son was a CNA in Reno, and that he was on a ventilator in the ICU there. They couldn’t visit him and they said that what I was doing really touched them. They offered me money to pay for materials as a way of honoring their son, who was fighting for his life. It was such a random moment. It really struck me.”

Tan began making face shields and masks from locally purchased materials in March when he learned there was a PPE shortage. For the face screens, he uses transparent overhead projector sheets, an idea inspired by his years as an educator. The idea to use pool noodles – which he cuts and uses as the cushion that curves across the wearer’s forehead – was born of equal parts creativity and empathy.



“I never planned it. I was looking locally for materials that would be sustainable with the demand,” he recalls. “I knew there was a need for something cushioning the forehead.”

Tan found pipe insulation at a Home Depot and used it initially, but he says something was missing. “It was sad because it’s gray. If this is the face of a nurse who is taking care of a patient who has been isolated because of COVID-19, not even family members can be at the bedside. I just felt it should be something lively, something with more color.”

Tan has supplied hundreds of what he calls his iCareFaceShields and masks to seven acute care hospitals in the Las Vegas Valley. He has also supplied six long-term care and rehabilitation facilities.

Tan observed that due to the nature of the coronavirus, health care workers were wearing masks and face shields together for added protection. “The shields are usually only used in special procedures, mostly in the OR where there’s splashing. Because of the shortage of PPE, there are limited shields that would make it to the floor where the COVID-19 patients are. I knew I could help by creating an inexpensive version — something that is sustainable, with materials I could find within the community.”

When he started, Tan was making the masks and face shields with family and friends, but as demand increased he knew he had to find a way to enlist more support. He was able to get the word out through the connections he has formed over the



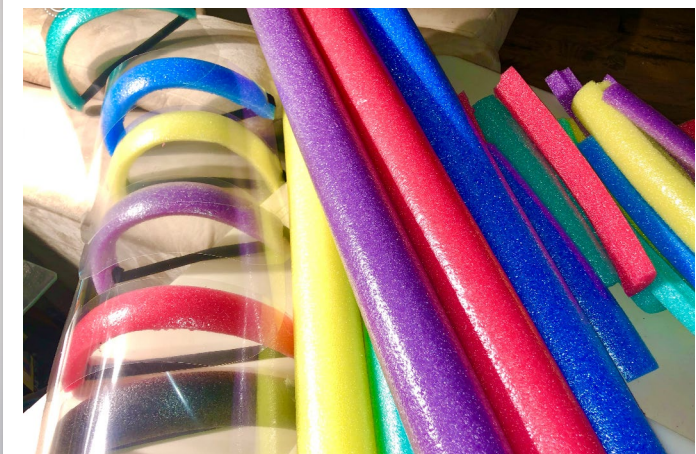
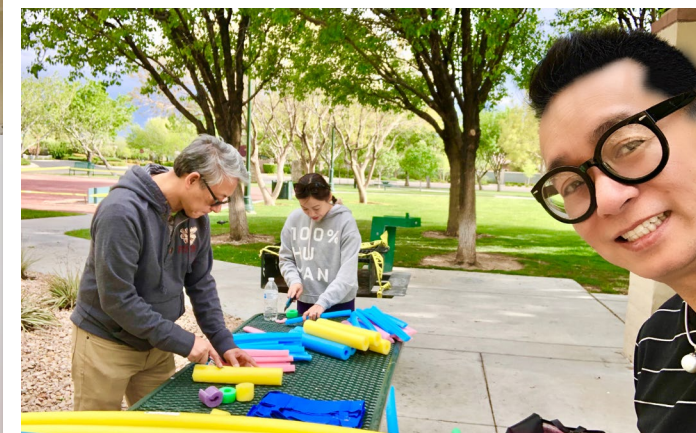
All images provided by Jay Tan. Top: Health care workers in an intermediate care unit-turned COVID unit in Desert Springs Hospital in Las Vegas model Tan’s face shields.

Right: Volunteers helped Tan assemble face shields in a local park; Tan’s materials.

years. As former president of the Nevada Board of Nursing for three terms, people in the medical community knew him. He was also able to reach out to leaders in the Filipino community. “In my locality, Filipinos are the number-one Asian minority,” says Tan. “There are about 130,000 Filipinos here, and a lot of them are nurses, so I know their plight, I know their worries and I also know their needs.”

A group of nurses reached out to Tan and said they wanted to help. “Many of them are nurses on the front lines,” he says. “They saw the need and they wanted to give back on their off days. I knew I needed their help, but I couldn’t invite them to my home because my mother is 82 years old and my aunt who lives with us is 85 years old. I realized that the weather was going to be nice and thought, why not go to a park?”

Tan and his supporters set up tables and each person was assigned a specific area and task. “We maintained our social distancing,” he says. “When we got tired, we walked around took a break for our mental and physical health. And it really worked. Even in this situation and under these circumstances, it made them feel that they had contributed.”





Thank you *nurses.*



During these unprecedented times, we want to thank all of our health care heroes fighting COVID-19.

