

Summer 2016

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

LEADING TRANSFORMATION: ARCHITECTS OF NURSING REGULATION

EXECUTIVE OFFICER MENTORSHIP | HOLISTIC LEADERSHIP | NURSE LICENSURE COMPACT RULEMAKING

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

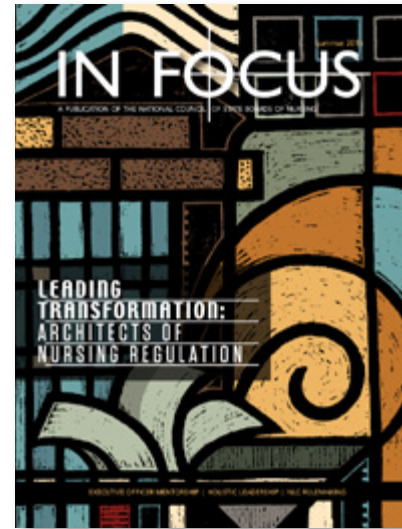
NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

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

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NCSBN

National Council of State Boards of Nursing



Save the Date!
March 13-15, 2017

2017 NCSBN Midyear Meeting
Little America Hotel
Salt Lake City, Utah



PATHWAYS TO LEADERSHIP

holistic leadership



by: Pamela K. Randolph, MS, RN, FRE

Associate Director of Education and Evidence Based Regulation

Arizona State Board of Nursing

Recently I interviewed several candidates for a position at our board of nursing. I asked each candidate to describe **teamwork**.

One candidate responded that it was really hard to get anyone to show up for meetings. Another candidate stated, "Well, you have to listen to everyone, but you just hope they just agree to do what you want."

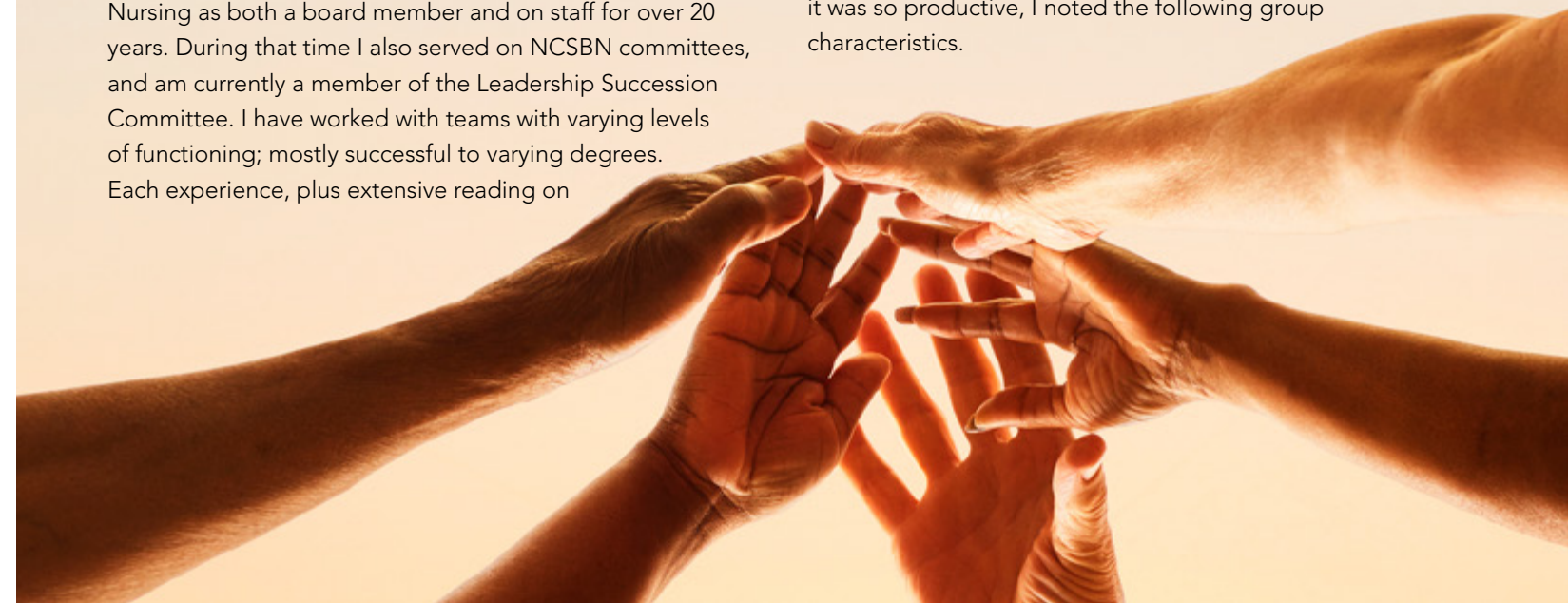
I was surprised at how few candidates were able to describe a well-functioning team. Additionally, every candidate spoke of experiences where they were the designated "leader" of the team. No candidate described an experience as a team member and no candidate, except the one actually offered the job, could articulate essential leadership competencies.

This experience led me to think about the importance of teamwork. I have worked with the Arizona State Board of Nursing as both a board member and on staff for over 20 years. During that time I also served on NCSBN committees, and am currently a member of the Leadership Succession Committee. I have worked with teams with varying levels of functioning; mostly successful to varying degrees. Each experience, plus extensive reading on

leadership, has led to my current philosophy and style of leadership. I have named this style "holistic leadership."

Holistic, used as an adjective, means that the "comprehension of the parts of something is intimately interconnected and explicable only by reference to the whole" (Oxford Dictionaries). In other words, leadership is best viewed from within the context of the group and cannot be divorced from group functioning. In my experience, high-functioning groups may have a "designated leader" but leadership responsibilities are shared.

As an example, I would like to focus on a group I have been a part of since 2007. The group consists of representative of a state university nursing program, a community college nursing program and myself, representing nursing regulation. The goal of the group was to develop a legally defensible exam of nursing competency, the Nursing Performance Profile (Hinton et.al, 2012; Randolph et.al.2012; Randolph & Ridenour, 2015). In reflecting on my experiences with this team and why it was so productive, I noted the following group characteristics.



- **Diversity:** Each team member had a unique perspective from their workplace and their role within the workplace. Additionally, it became clear that we thought differently and processed information differently, with some members being left brain dominant (analytical, logical) and some right brain dominant (artistic, creative).
- **Awareness of Strengths:** Each team member knew their own strengths and where they could make the most effective contributions. For example, some of the members were very creative in developing simulation scenarios. They led this effort. Others were better at dealing with institutional systems and used this ability to obtain multiple layers of approval.
- **Enthusiasm:** All team members had a strong belief in the purpose of the project. When a roadblock was encountered, team members encouraged each other to persevere. One team member was especially talented in this area.
- **Fun:** We genuinely had fun meeting with each other as we shared stories of our experiences. We used humor to inform one another of our perspective. One member stated, "I never laughed so much in a meeting."
- **Mission Driven:** We all had to remind ourselves of the primary task at hand. It was easy to get sidetracked and divert the main goal of the project. For example, we debated using a Likert-type scale to evaluate performance on a continuum. This idea was rejected when we reminded ourselves that the goal of the project was not to distinguish excellent from good performance, but to evaluate basic nursing competency.
- **Work Ethic/Accountability:** We always seemed to find the right team member to complete the right task. There was never that awkward moment when a task is defined but nobody volunteers to accept it. Every team member contributed their time and talent to the project. Each member was accountable for their part in the project.
- **Authorship/Accolades:** We established a culture of inclusiveness. Very early in the process, we identified primary authorship of the various publications that ensued from our work. We also reviewed expectations and meeting attendance requirements. The accolades we received for our work were shared with the team.
- **Open Mind/Mutual Respect:** The group learned to keep an open mind in discussing ideas and possibilities. We appreciated each team member's unique contribution and recognized that the knowledge and skills of the group as a whole exceeded the sum of the individual member expertise. We used each person's ideas as a springboard to develop new approaches.
- **Agenda and Minutes:** Each meeting had an agenda and accompanying minutes. This kept the group focused and goal-oriented; it also prevented rehashing the same issues and decision points. One member took on the task of establishing the agenda and writing the minutes. This also provided a clear record when we wrote for publication.
- **Mentorship:** Members mentored each other. Our statistician eagerly shared her knowledge of statistics and testing standards; experienced researchers mentored inexperienced researchers. This mentorship carried over to other projects of individual team members beyond the goal of the group. We have lasting relationships with each other.

While these are all admirable traits, it is just as important to note what this team avoided. We tended to avoid the following activities.

- **Intellectual Games:** We did not play intellectual games such as, "devil's advocate" or "so what?" We avoided placing a person who proposed an idea in a defensive position. We explored possibilities and engaged in reasoned discussion. We allowed each member the freedom to propose ideas without apprehension.
- **Wasted Meeting Time:** We did not hold meetings to wordsmith documents or generally discuss progress—each meeting had the purpose of eliciting the team's perspective to create a process and product. We also did not bring our individual assignments to the group unless they were ready for review and evaluation.
- **Delegation:** Delegation implies a hierarchal relationship with one person having the power to delegate unwanted and tedious tasks to another. We avoided "delegating" to other team members. We identified the required tasks and reached consensus as to who would best accomplish those tasks. While we may have offered a specific task to a team member, we respected the team member's decision to turn the offer down.

In conclusion, a functional team accomplishes its goals through the wisdom of the collected group. There are no "stars" or prima donnas in a functional team. All members appreciate the diversity of the others and contribute to the work. Our approach is supported in the literature. Tom Rath's *StrengthFinder 2.0* suggests that people and groups are more successful if they know and do work that capitalizes on their strengths. Richard Farson, in *Management of the Absurd*, emphasizes relationships in groups and listening. He states that one way to stifle creativity is to judge and play intellectual games. Cy Wakeman, in *The Reality Based Rules of the Workplace*, says that functional groups "ditch the drama" and help one another. Stephen Covey, in *The 7 Habits of Highly Successful People*, emphasizes interdependence of people.

While the groups I have worked with over the years did not consciously read these books or follow every tenet, the best ones were composed of individuals who intrinsically knew the power of the group was the ability of the members to bring out the best in others. So, after 20 years, if you find yourself in a group, ask yourself how you can bring out the best in the members—and then, do it! ■■■■■

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There are many leadership paths and opportunities for members of NCSBN to support professional development. Learn more through the [NCSBN Leadership Development Program](#) (ncsbn.org username and password required).



SPEED ROUND

GET TO KNOW NCSBN STAFF:

Maureen Cahill, MSN
Associate, Outreach Services

1. WHAT DO YOU DO?

I lead the Advanced Practice Registered Nurse (APRN) Campaign for Consensus, helping states to make changes that align with the APRN Consensus Model.

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

I meet many smart and accomplished nurses and others at NCSBN, at the boards of nursing, and across state and national groups, who work with removing barriers to APRN practice and prescribing. They are energetic, very knowledgeable and always willing to share their skills.

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

I would be a research librarian for health care teams ... helping folks to find information they are interested in, pertinent to care, and that is evidence based.



NCSBN's One-on-One Executive Officer Mentor Program



If we are fortunate, we will have mentors in our careers, people who advise us and help us grow. The word "mentor" may conjure thoughts of someone older and wiser counseling someone younger. While this can sometimes be the case, it is also important to foster mentoring relationships at all levels of one's

career. This is the spirit behind the NCSBN Executive Officer Development Mentor Program, which has been in place at NCSBN for 10 years, and is overseen by the Executive Officer Leadership Council (EOLC) with the support of NCSBN's Member Relations department.

NCSBN caught up with two executive officers (EOs) who recently participated in the Mentor Program. Vermont State Board of Nursing Executive Director Phyllis Mitchell, MSN, RN, was the mentee and Florida Board of Nursing Executive Director Joe Baker, Jr. was her mentor.

Mitchell has a diverse range of experience in her 40-year nursing career. She started out as a licensed practical nurse and has 18 years of pediatric experience, 15 of them as a pediatric psychiatric nurse. She has worked in informatics, risk management and medical malpractice. A move to Vermont to teach at an associate degree nursing program paved the way to a position as a nursing program manager at the Vermont State Board of Nursing. In November 2015, within a mere six weeks of starting there, she filled a vacancy to become the executive director.

"I think my background in law, risk management and quality was a good fit to be an executive director. I can read and understand legal issues, and discern what they mean. I can

understand what we do in Vermont and why we do it. But it has been invaluable having Joe as a mentor. He has been very helpful and available," comments Mitchell.

The Mentor Program is a one-on-one program in which an experienced EO helps to facilitate the learning process for a new EO. Objectives of the program include welcoming the new EO to the EOLC, increasing their awareness of resources available to them, fostering relationships with other EOs and familiarizing them with the NCSBN governance structure.

"We hit it off from the get go," says Baker. "Phyllis and I would schedule time to regularly talk on the phone. It's important when someone is new to their position, and to NCSBN as well, to help them understand all of the resources available to them, and to walk them through what's expected of an executive officer, helping them acclimate to their new role. I think she'll do really well in the role in Vermont, and I look forward to continuing to work with her as a colleague."

"It was very helpful to be connected with someone who understands the day-to-day business and can assist in giving you a background on how rules and statutes work, says Mitchell. "A lot of us face similar situations so it was very helpful to get Joe's perspective on certain issues, like internationally educated nurses, licensees with criminal histories, or how we handle the licensing issue when there is a potential emergency and we may need the assistance of nurses from out of state. Joe was also very helpful when it came to showing me how to fill out reports for NCSBN, and he walked me through the resources on the NCSBN website. And we also talked about what one should look for in a licensure compact."

[continued on page 17](#)

Enhanced Nurse Licensure Compact (e-NLC): Rulemaking Explained

In the e-NLC, rulemaking powers are exercised by the compact's governing body, the Commission, rather than by each member state. Each member state has a seat on the Commission and therefore has a voice and a vote in the rulemaking process. This process is very similar to the rulemaking process that exists in most states already. The Commission's rulemaking ability cannot alter the state's licensure requirements or scope of practice. One example of a compact rule is the identification of standards for English proficiency exams. This is relevant to one of the uniform licensure requirements.

The Process

1. Rules or amendments to the rules are voted on and adopted at Commission meetings.
2. The Commission files notice of proposed rulemaking at least 60 days prior to meeting:
 - On the Commission website; and
 - On the BON website (or state publication for publishing of proposed rules).
3. The notice of proposed rulemaking includes:
 - The time, date and location of the meeting;
 - The text of the proposed rule or amendment (with reason for the rule); and
 - A request for public comments; and a process for the public to attend meeting or submit comments.
4. The Commission schedules a public hearing before it adopts a rule or amendment:
 - The place, time and date of the hearing is published.
 - Persons have the opportunity to comment orally or in writing.
 - The Commission gives consideration to all written and oral comments received.

Why is rulemaking done this way?

In making comprehensive enhancements to the NLC (adopted May 2015), one goal was to bring the NLC up to common modern interstate compact standards. Rulemaking by the Commission is standard practice among modern interstate compacts and is necessary for efficiency.

Past experience in the NLC over the past 15 years has shown that traditional rulemaking processes are inefficient and the results directly contravene the very state-by-state uniformity that the NLC relies upon.

For example, in 2012, the Nurse Licensure Compact Administrators (NLCA) voted to amend a rule. That amendment needed to be implemented via each state's rulemaking processes. As of 2016, three states still have not implemented the amended rule. Rulemaking by the Commission processes in the e-NLC eliminates this problem and allows for the adoption of rules and amendments to rules to occur simultaneously among member states.

Final Thoughts

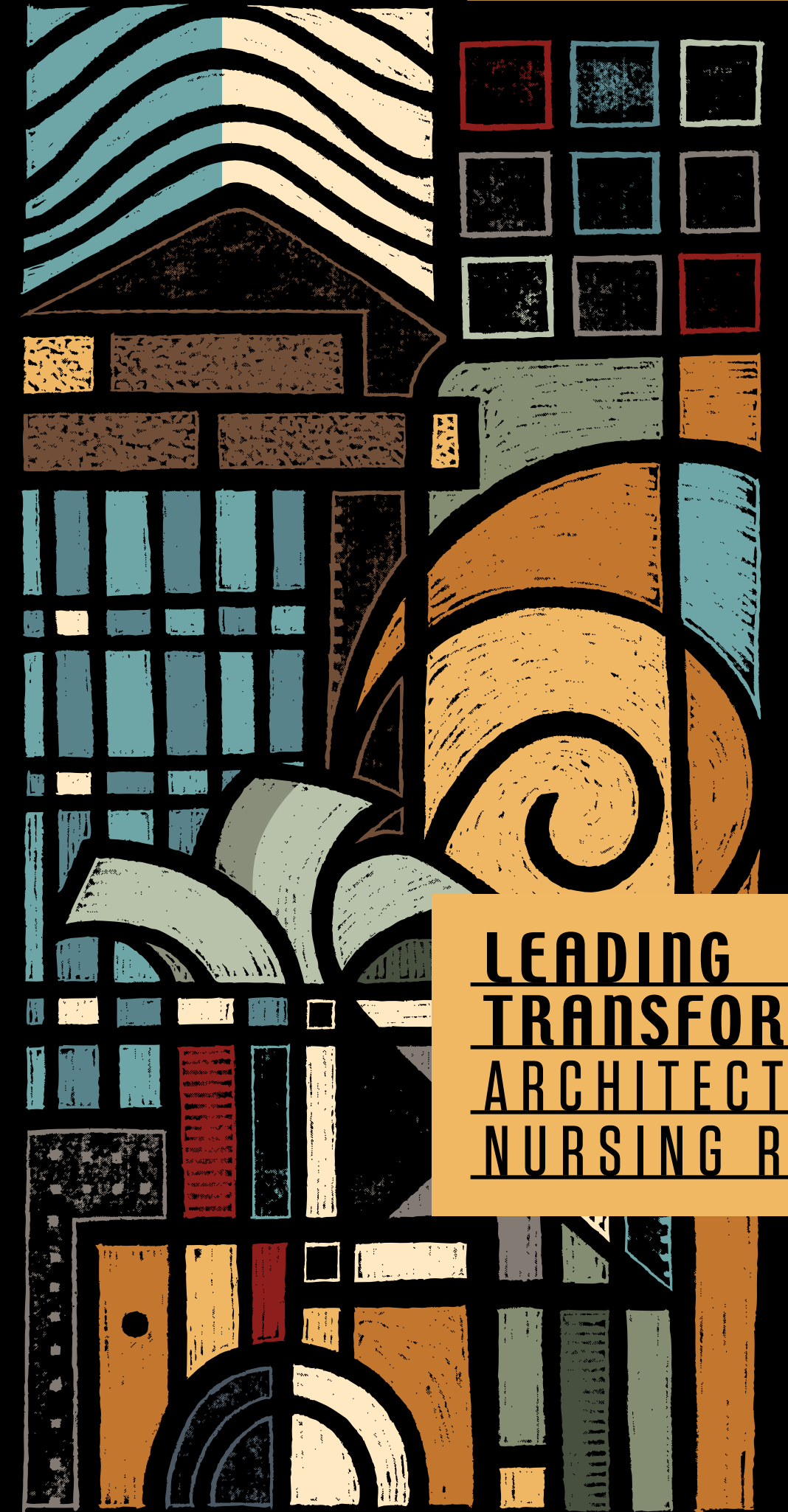
The rules that the Commission promulgates only pertain to the operation and implementation of the NLC. The rules help to operationalize the enhanced NLC and to bring clarity where needed. Rules do not pertain to other areas of a state's nurse practice act, like scope of practice or the state's licensure requirements.

Citizens of your state will still be noticed about a proposed rule as well as have the ability to comment on a proposed rule or amendment.

Rulemaking by the Commission is not new to any state. Your state legislature has already enacted three interstate compacts in your state which include rulemaking by the Commission.

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LEADING TRANSFORMATION: ARCHITECTS OF NURSING REGULATION



Sparrow



Hobson



Jesse White Tumblers



Benton

The 2016 NCSBN Annual Meeting was held in Chicago Aug. 17-19, giving attendees the opportunity to meet and network with nursing regulators from all over the country. There were 59 member boards represented by delegates at the meeting during which important regulatory issues were discussed and pertinent association business was conducted.

On Wednesday, Aug. 17, NCSBN Board President Shirley Brekken, MS, RN, kicked things off with her final address to an Annual Meeting audience as president. She was followed by NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, giving his first address at an Annual Meeting as CEO.

Quite a few early risers gathered for Tai Chi and "Bust a Move Zumba" on Wednesday and Thursday mornings, just as the sun rose in the east over Lake Michigan from the Sheraton's fantastic location along the Chicago River.

Everyone who attended the Awards Dinner on Thursday evening was blown away by the Jesse White Tumblers, a team of performing acrobats created in 1959 by former athlete and Illinois Secretary of State Jesse White. The team gives more than 1,500 performances a year at sporting events and community, business and charity functions, attracting national and international attention.

Incoming NCSBN President Katherine Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing, noted, "The delegate assembly was inspired by two outstanding keynote speakers who challenged us to think in new and evolutionary ways. Dr. Malcolm Sparrow from the Harvard Kennedy School of Government, spoke about risk-based regulation which moves resources away from technical compliance with laws towards a focus on conduct that represents real risks to public safety. Alan Hobson, Mount Everest summiteer and cancer survivor, described how his journey to the top of the world gave him the tools to fight an aggressive cancer with courage and faith."

Highlights of significant actions approved by member boards of nursing at the Annual Meeting:

- Approved the Strategic Initiatives for the years 2017-2019.
- Approved amendments to the NCSBN Bylaws.
- Approved the Association of New Brunswick Licensed Practical Nurses, the Licensed Practical Nurses - Registration Board of Prince Edward Island and the College of Registered Psychiatric Nurses of British Columbia as associate members of NCSBN.
- Adopted the 2017 NCLEX-PN® Test Plan.



Thomas and Brekken

Member boards also elected new members of the NCSBN Board of Directors and Leadership Succession Committee. Those elected include:

President-elect

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

Treasurer

Gloria Damgaard, MS, RN, FRE, executive director, South Dakota Board of Nursing

Directors-at-Large

Mary Kay Goetter, PhD, RN, NEA-BC, executive director, Maryland Board of Nursing

Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing

Karen Scipio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing (re-elected)

Valerie Smith, MS, RN, FRE, associate director, Arizona State Board of Nursing

Leadership Succession Committee (LSC)

Area II Member - Melissa Hanson, MSN, RN, board staff, North Dakota Board of Nursing

Area III Member - Stacey Cropley, DNP, RN, board staff, Texas Board of Nursing

Save the date for next year's annual meeting which will be held in Chicago on Aug. 16-18, 2017. ■■■■



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

Can You Identify the **ARCHITECTS** of the Iconic Chicago **BUILDINGS** that appear in this year's theme?

Aqua

Carbide & Carbon Building

Chicago Stock Exchange

John Hancock Center

Monadnock Building

Pritzker Pavilion

Willis Tower

111 East Wacker

<p>Aqua Jeanne Gang 2009</p>	<p>Willis Tower Skidmore, Owings & Merrill 1973</p>
<p>Monadnock Building Burnham & Root 1891</p>	<p>Carbide & Carbon Building Burnham Brothers 1929</p>
<p>111 E. Wacker Mies van der Rohe 1970</p>	<p>John Hancock Center Skidmore, Owings & Merrill 1969</p>
<p>Pritzker Pavilion Frank Gehry 2004</p>	<p>Chicago Stock Exchange Adler & Sullivan 1894</p>

Illustration created by Malcolm Wolf

2016 NCSBN AWARD RECIPIENTS



Congratulations to Our Annual Award Recipients
NCSBN recognized its dedicated and exceptional membership and guests at its annual awards ceremony. Specific award recipients included:

1. **Julia L. George**, MSN, RN, FRE, executive director, North Carolina Board of Nursing, was honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

2. **Lori Scheidt**, MBA-HCM, executive director, Missouri State Board of Nursing, received the Meritorious Service Award, which is granted to a member for significant contributions to the mission and vision of NCSBN.

3. **Susan Odom**, PhD, RN, CCRN, FRE, past board president, Idaho Board of Nursing, received the Elaine Ellibee Award that is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.

4. **Rene Cronquist**, JD, RN, board staff, Minnesota Board of Nursing and 5. **Rhonda Taylor**, MSN, RN, board member, Washington State Nursing Care Quality Assurance Commission, each received the Exceptional Contribution Award, which is given for significant contribution and demonstrated support of NCSBN's mission.

6. **West Virginia State Board of Examiners for Licensed Practical Nurses** was awarded the Regulatory Achievement Award that recognizes the member board or associate member 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.

Annual Meeting photos by Tricia Koning Photography



Cathy Giblin, MS, RN, accepted the service award for the **College and Association of Registered Nurses of Alberta**, NCSBN Associate Member, which is celebrating **100 years of nursing regulation** in 2016.



Service awards were given to the following executive officers of BONs, presented by BOD President Shirley Brekken:

Five Years

- Marlene Carbullido, MSN, RN, executive officer, Guam Board of Nurse Examiners (photo a)
- Kwek Puay Ee, BSN, RN, executive secretary, Singapore Nursing Board
- Gaynell Hayward-Caesar, MPH, RN, chief nursing officer, Bermuda Nursing Council
- Nancy Murphy, MS, RN, BC, CPM, administrator, South Carolina Board of Nursing (photo b)
- Dan Williams, executive director, Division of Board Services, Wisconsin Department of Safety and Professional Services

10 Years

- Michele L. Bromberg, MSN, RN, nursing coordinator, Illinois Board of Nursing (photo c)

15 Years

- Lanette Anderson, JD, MSN, RN, formerly executive director, West Virginia State Board of Examiners for Licensed Practical Nurses (photo d)
- Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing (photo e)

20 Years

- Sandra Evans, MAEd, RN, executive director, Idaho Board of Nursing (photo f)



Institute of Regulatory Excellence (IRE) Fellows

Pictured, from left to right:

Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE, nursing instructional director & chairperson, Delaware Technical Community College, formerly executive director, Delaware Board of Nursing; **Carla Taylor**, MN, RN, registration advisor, Nurse Practitioners and Certified Practice, Registration, Inquiry and Discipline, College of Registered Nurses of British Columbia; **Lisa Emrich**, MSN, RN, program manager, Ohio Board of Nursing; **Anne Logie**, MA, RN, standards dissemination & quality assurance advisor, College of Registered Nurses of British Columbia; and **Debra Elias**, MN, RN, director of practice and standards, College of Registered Nurses of Manitoba.

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



Pearson VUE Testing Center Updates

Pearson VUE, the NCLEX® testing vendor, is dedicated to serving the needs of their clients and providing NCSBN with the highest level of efficient, quality service. One of the ways Pearson VUE achieves this goal is through enhancements to their Pearson Professional Testing Centers (PPCs). Annually, Pearson VUE participates in an evaluation process to ensure that necessary capacity at the PPCs is available to accommodate anticipated testing volume.

The enhancements expected in 2016 include the addition of seats at current testing centers and the development of new PPCs. As individual sites near completion, NCSBN will send updates to the boards of nursing/regulatory bodies, identifying the test center locations and seating capacity of each new or enhanced site, and dates when appointments and test activities will begin. See the list below for the projected 2016 additions to the Pearson Professional Center testing network:

Test Center Additions	Expansions
Houston, Texas	Tucson, Ariz.
Boston (Somerville), Mass.	Louisville, Ky.
Boston (Brookline), Mass.	Chattanooga, Tenn.

SAVE THE DATE

2017 UPCOMING EVENTS

Jan. 24–26, 2017
Annual Institute of Regulatory Excellence (IRE) Conference
Clearwater, Fla.

April 4, 2017
2017 APRN Roundtable
Rosemont, Ill.

June 12–14, 2017
Discipline Case Management Conference
Pittsburgh, Pa.

June 19–21, 2017
Executive Officer Summit
Boulder, Colo.

FOR MORE INFORMATION, VISIT
www.ncsbn.org/events

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Enhanced Nurse Licensure Compact (e-NLC): Rulemaking Explained

In fact, these three interstate compacts have been enacted in all 50 states. The three interstate compacts are:

- Interstate Compact for Adult Offender Supervision
- Interstate Compact for Juveniles
- Interstate Compact for the Education of Military Children

Learn more about the enhanced NLC online at www.nursecompact.com, or contact nursecompact@ncsbn.org.

NLC
www.nursecompact.com

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NCSBN's One-on-One Executive Officer Mentor Program

Baker has mentored a colleague in the past and he himself was mentored, so he knew what it was like to be a mentee, which informed his perspective as a mentor. "Phyllis was phenomenal," he says. "The program works well when mentor and mentee equally commit their time and resources, and we did that. She was always well-prepared with questions, ideas and suggestions. She was also eager to see another board in operation, so I said, 'come on down to Florida,' and she was able to visit for a couple of days during our board meeting."

Mitchell attended the Florida Board of Nursing's board meeting in April and was able to observe the committees and the board as they conducted their business agenda. She also had the opportunity to meet board members and staff and talk with them about nursing regulation best practices.

"All executive officers should consider participating in the mentoring program," says Baker. "It's not an onerous time commitment, and it's a great way to help orient someone—not only to their job, but also to NCSBN. To help someone understand it, you need someone who's been a part of it for a while."



Missouri Board Education Director Appointed to Higher Education Steering Committee

Congratulations to Bibi Schultz, MSN, RN, CNE, director of education, Missouri State Board of Nursing, on being appointed to the Midwestern Higher Education Compact's (MHEC) Midwestern State Authorization Reciprocity Agreement (M-SARA) Regional Steering Committee. The MHEC strives to improve access to a variety of high-quality postsecondary education programs and promotes collaboration across its 12 Midwestern states and institutions involved in distance-education programs in order to further education opportunities and services in the region. MHEC's M-SARA RSC is a model for collaboration among a diverse group of higher education professionals. The committee includes state regulators and accreditors and representatives from institutions from all sectors of higher education and state government.

Schultz



Louisiana State Board of Nursing Executive Director Recognized as Outstanding Alumnus

Karen Lyon, PhD, RN, ACNS, NEA, executive director, Louisiana State Board of Nursing, has been selected as the 40th Anniversary Gold Nugget Outstanding Alumnus for the School of Nursing at the University of Texas at El Paso. Dr. Lyon is being recognized for the impact of her professional nursing endeavors on advanced practice, education, administration and regulatory affairs. She was the driving force behind the passage of HB 1161 in the 2016 Louisiana legislature, eliminating the two ex-officio physician members of the board and requiring two public members. She currently serves on the NCSBN Finance Committee and the American Nurses Association (ANA) Audit Committee.

Lyon



Ohio Congratulates Board Member on Remarkable Achievement

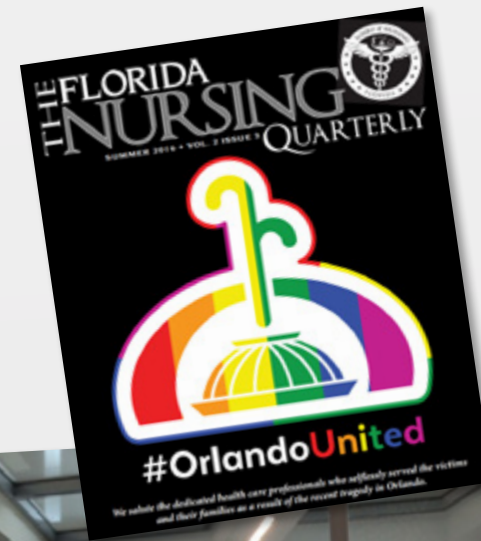
Ohio Board member, Lisa Klenke, MBA, RN, is the chief executive officer of Mercer Health's Mercer County Joint Township Community Hospital, which was recently recognized among the top 100 rural and community hospitals in the United States by two organizations: iVantage Health Analytics "Top 100 Rural & Community Hospitals in the United States for 2016" and Becker's Hospital Review "100 Great Community Hospitals for 2016."

Klenke

Lisa, serving her fourth term on the board, has been board president and chair of numerous advisory groups and practice committees. In 2011 she received the NCSBN Exceptional Leadership Award based on her demonstrated leadership as a board president, significant contributions to NCSBN, and overall contributions to the regulation of nursing. Ohio congratulates Lisa and her team on this remarkable achievement!

Florida Board of Nursing Thanks Orlando Regional Medical Center

Joe Baker, Jr., executive director, and Jessica Hollingsworth, program administrator, Florida Board of Nursing, visited with nursing staff and other health care professionals at Orlando Regional Medical Center on June 28th to thank them for the care that was provided to victims of the Pulse nightclub tragedy. It was a very moving two-hour visit as they toured the emergency department and trauma unit and thanked the staff on behalf of *The Florida Board of Nursing*. The cover of the Summer 2016 issue of the Florida Nursing Quarterly acknowledged the efforts of health care professionals following the tragic shootings.



Board President Inducted into the Fellows of the American Association of Nurse Practitioners

Congratulations to Dr. Valerie Fuller, AGACNP-BC, FNP-BC, board president, Maine State Board of Nursing, on being inducted in June into the Fellows of the American Association of Nurse Practitioners (FAANP). The FAANP impacts national and global health by engaging recognized nurse practitioner (NP) leaders who make outstanding contributions to clinical practice, research, education or policy to enhance the American Association of Nurse Practitioners (AANP) mission. Selection to the FAANP is based on recognition of an NP's accomplishments and contributions to advancing the NP role.



Dr. Valerie J. Fuller (center) with her sponsors Dr. Rene Love and Dr. Theodore Rigney. Photo by Bob Smithing

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

News & Notes

NCSBN Grant Program

Upcoming proposal submission deadlines:

Oct. 7, 2016 | April 7, 2017

About the Program

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

Award Information

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

Research Priorities

Research priorities include, but are not limited to:

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

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NCSBN WANTS TO Tell Your Story

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



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