

2022, Vol. 2

IN FOCUS

A PUBLICATION OF  NCSBN

Resiliency.

Nurses experienced the worst crisis in more than a century. NCSBN's 2022 Environmental Scan examines their achievement and innovation.

Inside this Issue:

[Development and Implementation of the REX-PN](#)

[ICRS Foundations Courses Help NCSBN Members Enhance Skills and Knowledge](#)

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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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REx-PN[®]

Regulatory Exam - Practical Nurse

An Incredible Exam Experience

British Columbia College of Nurses and Midwives and College of Nurses of Ontario Collaborate with NCSBN to Develop and Implement the REx-PN

Until recently, candidates for licensure as practical nurses in British Columbia or Ontario sat for the Canadian Practical Nurse Registration Exam (CPRNE). Beginning in 2022 however, these candidates began writing a new exam, developed by NCSBN for the British Columbia College of Nurses and Midwives (BCCNM) and the College of Nurses of Ontario (CNO) – the Regulatory Exam Practical Nurse, or REx-PN[®] for short.

The journey to the REx-PN began in 2017, when BCCNM and CNO reviewed evidence related to the development and administration of a new high-stakes entry exam for practical nurses.

“The catalyst was that we needed to modernize our exams in Canada,” explains BCCNM Chief Officer of Regulatory Policy & Programs Christine Penney, PhD, MPA, RN.

“We started with the NCLEX[®], and the practical nurse exam was next in the

queue for modernization. We really wanted the best in class. NCSBN is the gold standard for regulatory exams -- the whole approach of the research, the evidence, pushing the evidence, moving to understand the issues of today and develop a product that is fit for purpose.”

“When we look at the pace with which health care is changing and evolving, and the competencies nurses must bring to respond to the needs in the system, CNO and BCCNM wanted to ensure we had a rigorous, state-of-the-art exam,” says CNO Chief Quality Officer Carol Timmings, MEd, BNSc, RN. “The two provinces have a very high volume of exam applicants. If you were to look at all of the nurses registered in Canada every year, Ontario is the largest, followed very closely by British Columbia. Given our public safety mandate, we needed to feel confident the exam was assessing safety and competency in exam candidates. That, in essence, is what prompted us to begin to look at the possibility of developing a new regulatory exam.”



Penney



Timmings



The purpose of the REx-PN is to ensure patient safety and public protection. Items are developed to assess entry-level nursing knowledge. REx-PN content is referenced using textbooks, journals, and websites, commonly used in nursing curricula to ensure content reflects what is taught in educational programs. In addition, REx-PN items are reviewed by practicing nurses to determine whether the content aligns with current practice.

The exam's content originated from data gathered from nurses in British Columbia and Ontario regarding the activities of entry-level nurses. Moving forward, volunteer panels will perform ongoing item reviews to ensure the exam is fair for all candidates. NCSBN will monitor all REx-PN items and perform statistical analysis to ensure each item is free of potential bias. Every exam administered must also fall within the examination specifications. These processes ensure that the REx-PN exam is only testing nursing knowledge.

"We launched in January of 2022, but we had done



Williams

a lot of work in the years prior in preparing for the exam, getting items written and reviewed and tested and available," says NCSBN Senior Manager, Examinations, Nicole Williams, MSN, RN.

One of Williams' responsibilities is oversight of content development of the REx-PN, ensuring that data discovered in the exam's [Practice Analysis](#) informs the [Test Plan](#), the blueprint for the exam. The goal is to identify the minimum knowledge, skills and abilities to practice entry-level practical nursing. "We did a lot of event testing prior to moving the exam forward," she says. "When we launched, it was seamless — it went off without a hitch."

Timmings was impressed with the level of collaboration in the development process. "It was an incredible exam experience, and I don't

use the word 'incredible' lightly," she says. "We're the regulators; we don't have the psychometric expertise and the exam development knowledge that NCSBN has, but we felt that we were really active partners as regulators at the table."

Establishing roles on day one was crucial to the project. "A key success factor was that, at the very outset, we took time to establish the governance — the clarity of roles, communication, and decision making in this work that we were embarking upon together," explains Timmings. "Yes, we had the formality of a contract, but it felt more like a co-creation exercise. Whether it was planning the practice analysis, the field testing of questions, or the recruitment of Canadian nurses to populate panels, it was all thoughtfully done."

Penney agrees. "We had a good project management structure that was clear about who was doing what and the milestones we needed to meet. We had a clear roadmap and the partners came together to sort through issues that arose in a very efficient, competent way. It was a great experience."

A common misconception exam candidates and educators may have is that NCSBN produces all of the questions on a test. The item development process is a collaborative one. In developing the REx-PN, there were many touchpoints along the way with Canadian nurses, educators and other stakeholders. While NCSBN's Examinations staff provides training and assists with fact-checking, the REx-PN is a product of the Canadian nursing community.

"We reached out to the stakeholders in Canada -- the educators, Indigenous nurses, all of the different people essential to be represented on committees, stakeholder consultations and meetings," says Penney. "The process allowed the real involvement of Canadian stakeholders. When you do that, people feel that they have been part of the process, and that it is their content."

"It is truly Canadian," says Timmings. "It was really that authentic engagement of us -- not only as regulators in British Columbia and Ontario -- but the nurses that we would be regulating, or the graduating nursing students who would be writing this exam. The idea that from the very beginning we had the opportunity to build relationships and understand each other's roles. We have a large French community in Ontario. It sets us a bit apart from British Columbia, but instead of that being an 'us not you' situation, we built that step into the development process, because it was understood that the French language community is an important stakeholder."

In reflecting on this project, both Penney and Timmings agree that two words come to mind: evidence-informed and collaborative. The work to develop and implement the exam is grounded in evidence. The result is an exam that is in the best interest of the public: an accurate assessment of an individual's ability to practice safely at entry into the profession.

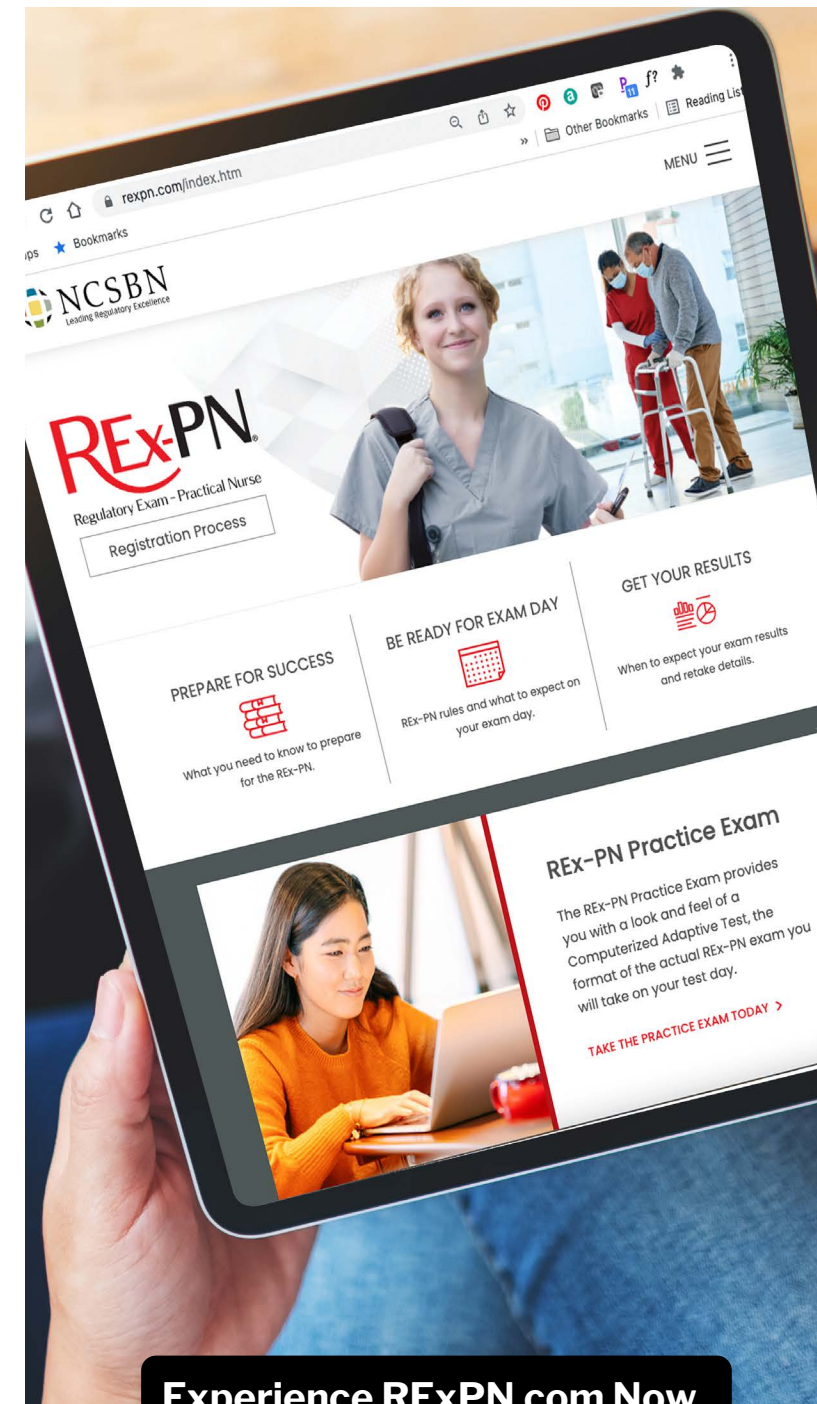
The four-year project is an exemplar of effective collaboration. BCCNM and CNO engaged key stakeholders over the course of the project and, together with NCSBN, worked hard to meet their needs.

There were bumps along the way. Penney explains that when the COVID-19 pandemic hit, in-person panels and item field testing were cancelled. "That was one of the pivots that needed to be addressed, and it all went quite seamlessly," she recalls. "I think there were a few challenges with getting all the representation at our end and getting faculty. But again, we worked through all of that, and in the end, it just went amazingly well."

"I would have to say that if we were to chart this process -- as they say, it takes a village." Says Timmings. "It's a community, it truly felt like that. To say that it was merely an exam development process that resulted in a deliverable doesn't do it justice. We had NCSBN in the U.S. and two

Canadian jurisdictions collaborating; this had the potential to be quite complex. But instead, there was the most amazing, productive relationship between the groups, whether it was the communications person, one of our education consultants, the project leads that we each had. So that's what I would say made it incredible, really."

The recently launched [RExPN.com](#) offers access to all the information and resources candidates need for their REx-PN journey. 🌐



Experience RExPN.com Now

“This Proved Invaluable”

ICRS Foundations of Regulation Courses Help NCSBN Members Enhance Skills and Knowledge

Formal academic programs offer little instruction about regulation. As a result, regulators have always acquired much of their knowledge on the job and through mentoring.

Launched in 2019, NCSBN’s [International Center for Regulatory Scholarship](#) was born out of an effort to explore ways to develop leaders in nursing and health professional regulation. This educational initiative offers online and blended courses designed to cultivate and elevate nursing leaders and policymakers around the world. It also provides unprecedented opportunities for global networking and collaboration. Courses are free of charge to all NCSBN members, associate members and exam user members. Registration is also open to nonmembers for a fee.

ICRS courses, taught by accomplished leaders and scholars, are an innovative way for professionals to learn, network and collaborate. Course categories include:

1. Foundations of Regulation
2. Continuing Education
3. ICRS Certificate Program

Foundations of Regulation Courses

The [Foundations of Regulation](#) courses are designed for new staff and board members who have recently joined a nursing regulatory body, professionals who are interested in serving on boards and committees, and others looking to enhance their regulatory skills and knowledge. Each self-paced course can be completed in one

day, and each offers continuing education (CE) credits.

Barbara Blozen, EdD, MA, RN-BC, CNL, president, [New Jersey Board of Nursing](#), has taken nine ICRS courses, including two Foundations of Regulation courses.



Blozen

“The availability of the ICRS program, and the fact that it was online was appealing,” she explains. “The time commitment varied for each course, and how much time you need to devote could be related to your familiarity with the topic or assignment. In general, I felt the time commitment was appropriate.”

Blozen says she learned the finer details of conducting a literature search in the [Conducting a Literature Review](#) course, and that course instructor — NCSBN Research Director Brendan Martin, PhD — prepared assignments that built on one another, leading up to a comprehensive literature review. “The course went step-by-step in teaching the mechanics of thoroughly reviewing the literature,” she recalls. “I would highly recommend this course.”

Blozen also took [Parliamentary Procedure for Nursing Regulators](#), taught by nationally known expert Leonard Young, EdD, MS, PRP, a professional registered parliamentarian. “As president of my board of nursing, I found this course helpful in organizing and conducting a productive meeting,” she says. “The rules of order provide one with standards for facilitating a

[continued on page 10](#)



The Foundations courses were extremely helpful in my regulatory role. In a number of situations, I have been able to directly apply what I learned.

— Barbara Blozen



ICRS

International Center for Regulatory Scholarship

discussion and group decision making. These rules give the meeting structure and provide everyone with an opportunity to speak. Taking what I have learned from this course has helped me to run meetings in a more efficient and professional manner.”

Asked how helpful the courses were overall, Blozen says, “The Foundations courses were extremely helpful in my regulatory role. In a number of situations, I have been able to directly apply what I learned. The courses validated the work that I do and informed my regulatory work. I would recommend the ICRS program to colleagues and highly recommend that board members take some of the courses.”



Jones

Brandon Jones, MSN, RN, CEN, NEA-BC, began his term as president of the [Virginia Board of Nursing](#) in January 2022. He says that while he was excited for this new role, he was also a bit intimidated.

“Despite routinely leading teams and meetings in my full-time job and gaining experience as a board member over the last two years, the responsibilities of board president created some unique learning opportunities,” he explains. “I began searching for resources well before my term began, and to my surprise and joy, an email came in early December 2021 from NCSBN with the title, ‘Enroll Now.’”

Jones echoes Blozen’s praise for the [Parliamentary Procedure for Nursing Regulators](#) course. “It is a crash course in *Robert’s Rules of Order*. It prepares those presiding over a meeting and those attending a board meeting to understand the rules, voting and various motions. It aided me in ensuring my instructions to fellow board members were clear and that everyone had a voice, ultimately helping the meeting run efficiently and fairly.”

[Principles of Nursing Board Governance](#), taught by former Idaho Board of Nursing Executive Director Sandy Evans, MAEd, RN, provided Jones with useful information on the concepts of governance and regulation as they apply to nursing regulatory bodies. “Information about the current trends and issues impacting nursing governance was particularly intriguing,” he says.

And [Role of the Regulatory Board Member](#), taught by NCSBN Director of Leadership Capacity Development and Member Engagement Jim Cleghorn, MA, “explored the board member’s role and discussed the authority and responsibilities of the board of nursing,” says Jones. “A noteworthy part of this course was hearing directly from board members and learning what helped them in their regulatory journeys.”

Throughout the Virginia Board of Nursing’s most recent proceedings, Jones says he used elements of each ICRS Foundations course. “This proved invaluable as I chaired my first formal hearings and business meeting. These self-paced courses met many of the needs I identified to help me grow as board president and board member. I am thankful for the many free educational offerings provided by ICRS and I hope to explore other topics in the future. To my fellow board members, I will encourage you with the exact words on the email that helped me discover ICRS: ‘Enroll Now!’ Enrolling in any ICRS course will strengthen your knowledge of nursing regulation, provide practical application and positively impact the public we are charged with safeguarding.” 🌍

Courses are currently [open for enrollment](#) to all regulatory, nursing and policy leaders around the world. Access to ICRS courses is free of charge to all NCSBN Members, Associate Members and Exam User Members. [Contact ICRS](#) for questions concerning the courses, refunds and/or tuition assistance.

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Resiliency.

Nurses experienced the worst crisis in more than a century. NCSBN's 2022 Environmental Scan examines their achievement and innovation.

No occurrence in the past 100 years, with the possible exception of the Second World War, has had a greater global impact than the COVID-19 pandemic. While every facet of society was touched in some way, no other sector was impacted the way health care was, and nursing took the brunt of the cataclysm.

Every year the NCSBN Journal of Nursing Regulation (JNR) produces a comprehensive overview of the health care landscape with a specific focus on nursing and regulation. The [2022 Environmental Scan](#), just published as a special free supplement to JNR's January edition, tells the story of "resiliency, achievement and public protection."

Scanning the health care environment is a daunting undertaking at the best of times, but that task becomes exponentially harder during an ongoing pandemic. The 2021 Environmental Scan details the profound effects of the pandemic, and while the 2022 edition looks at the continuing influence of COVID-19 on the nursing workforce, nursing education, health care delivery and legislation and policy, it also examines recent events and emerging trends.



Alexander

JNR Editor-in-Chief, Maryann Alexander, PhD, RN, FAAN, NCSBN Chief Officer, Nursing Regulation, notes, "Despite all that has happened to change the world since 2020, the underlying message of this year's environmental scan is resilience. The nursing workforce, educators, and regulators have experienced the worst health care crisis in more than a century, and yet, our report is marked by achievement and innovation."



International and U.S. Nurse Workforce

The International Council of Nurses estimates that due to existing nursing shortages, the aging of the nursing workforce and the growing COVID-19 effect (heavy workloads, insufficient resourcing, burnout and stress), 10.6 million nurses will need to be added to the global workforce by 2030 to fill the global nurse shortage gap.

The U.S. is also facing a looming nursing shortage. NCSBN's [National Nursing Database](#) tracks the number of U.S. licensed nurses from 57 boards of nursing (BONs) and is updated daily (excluding Michigan). As of Sept. 30, 2021, there were 4,317,277 registered nurses (RNs) and 918,919 licensed practical/vocational nurses (LPNs/VNs) in the U.S. The most recent Occupational Employment Statistics data from May 2020 indicate that 2,986,510 RNs and 676,460 LPN/LVNs were employed in the U.S. (U.S. Bureau of Labor Statistics [BLS], 2021a).

Since 2012, NCSBN and the National Forum of State Nursing Workforce Centers have conducted a biennial [National Nursing Workforce Survey](#). These surveys draw a nationally representative sample of more than 5 million RNs and LPNs/LVNs currently licensed in the U.S. An alarming trend from the 2020 Survey revealed that one-fifth of nurses who responded plan to retire or leave the profession over the next five years. The survey found that the median age of RNs was 52 years. The median age of the workforce has remained approximately the same since 2013, but the age distribution of the workforce has changed substantially. Nurses who are aged 65 years or older account for 19% of the RN workforce and comprise the largest age category.

This potential exodus of 20% of the nursing workforce has serious implications for the care of an aging population plagued by chronic diseases and comorbidities. Along with nurse retirement, nurses leaving practice and an aging population, there are not enough new nurses entering the health care system to meet the demand.

COVID-19 Impact on Nursing Education

Compared with the turmoil in 2020 that occurred during the shutdowns and subsequent inability of schools to provide clinical experiences for nursing students, 2021 represented a shift toward normalcy. However, the reverberations of the pandemic on nursing education may be felt for years.

Throughout the pandemic, U.S. nursing students have expressed concerns about lacking in-person clinical experiences and their difficult adjustment to online learning. These concerns have carried over into apprehensions about passing the NCLEX® Examination and preparedness for practice.

The Future of Nursing 2020–2030: Charting a Path to Health Equity noted that the pandemic called attention to “deficiencies in the nursing workforce’s preparedness to respond to public health emergencies and other disasters.” The publication identified nursing education as one means of addressing these deficits. (National Academies of Science, Engineering and Medicine, 2021).

However, the deficiency is multilayered occurring not only in the nursing curriculum, but “also in the infrastructure of programs themselves.” Michel et al. (2021), Nursing

programs are ill-equipped to be able to pivot quickly and efficiently, as demonstrated by the “haphazard movement to remote teaching and the abrupt removal of students from clinical facilities.” The publication suggests that “that future planning should address how disasters may affect students, their clinical experiences, collaborative agreements, and regulatory requirements.”

In 2020, nursing leaders led by NCSBN called for the creation of the practice-academic partnership model. The implementation of such partnerships and their ongoing success meant the model could be applied to meet the enduring challenges nursing education programs face in securing clinical sites, even in the absence of a global or national public health emergency.



Spector

Nancy Spector, PhD, RN, FAAN, director of Regulatory Innovations at NCSBN, remarked, “One silver lining is that the pandemic opened doors of cooperation between

academia and practice, creating model partnerships that offer clinical education opportunities for students in places where such opportunities are scarce, so that students gain invaluable experiences with patients in real world settings.”

In the wake of clinical site closures during the pandemic, many educational programs sought to substitute clinical experiences with simulation. This created another dilemma because in many cases nursing classes were being conducted virtually and simulation labs required in-person participation. Some schools turned to providing virtual simulation as a replacement whereby,



NCSBN’s landmark [simulation study](#), which provided evidence that “simulation can be substituted for up to 50% of traditional clinical experiences with no significant difference in outcome, used a 1:1 ratio of clinical experience hours to simulation hours,” more study is needed to determine whether virtual simulation can substitute for clinical simulation hours.

In 2020, NCSBN launched a research study to investigate the effect of rapid changes made in nursing education programs in response to the COVID-19 pandemic. The “[National Prelicensure RN Study: Assessing the Impact of COVID-19 on Nursing Education](#)” is currently underway at 55 nursing education sites across 26 U.S. states. The study seeks to determine the extent to which programs changed their instructional formats due to the COVID-19 pandemic. The study will then prospectively and longitudinally track over 700 prelicensure nursing students

and 450 faculty to measure engagement, academic performance and early career experience. The study will conclude in 2022.



Martin

Principal investigator Brendan Martin, PhD, director, NCSBN Research, comments, “The key strengths of this study are its ability to track student performance in real-time during

the COVID-19 pandemic and, from a regulatory standpoint, its focus on how well these experiences prepare new graduates for their transition to early career professionals.”

Another challenge facing nursing education is the growing shortage of faculty. Although the number of individuals interested in pursuing nursing as a career is increasing, faculty vacancies may limit the number of students that can be enrolled.

The shortage of LPNs/VNs is also a trend that bears watching. In 2020, “for the first time in 10 years, BSN programs had more NCLEX-RN test takers than ADN programs. In contrast, 2020 brought the lowest number of NCLEX-PN test takers in 10 years.” This may have severe implications for skilled nursing facilities.

Health Care Delivery

During the pandemic, entrenched weaknesses in the U.S. health system were exposed and magnified. These shortcomings include “vulnerability of long-term care facilities, the financial instability of rural and public hospitals, outdated technical infrastructure, preexisting baseline supply and medication shortages, and disparities in health quality and outcomes across racial and ethnic groups (Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, and Information Exchange [ASPR TRACIE], 2021).”

In response to the COVID-19 pandemic, state and federal legislation sought to put in place emergency waivers to meet the demand for nurses across the country. These waivers included the issuance of emergency licenses and the increased use of telehealth services. States also issued emergency waivers and provisions that waived collaborative agreement requirements for advanced practice registered nurses (APRNs). Many of these emergency measures have expired or are set to do so in the near future.

The *Future of Nursing* report offered lengthy discourse about the future of APRN practice and most notably called for removing barriers to APRN full practice authority. Acknowledging the correlation between poor health outcomes in underserved communities and restrictions

on APRN practice, the report “predicts the importance of APRNs practicing to the full scope of their education without restriction, especially in areas such as opioid treatment and the provision of primary care in light of the continuing primary care physician shortage.”

Many states instituted waivers in 2020 that impacted APRN licensure and regulation. But despite rising caseloads caused by the omicron variant, many states had either rescinded or let their emergency declarations expire by the fall of 2021.

Nurse Licensure Compact (NLC) and the Advanced Practice Registered Nurse (APRN) Compact

The *Future of Nursing Report* also called for the nationwide adoption of licensure compacts.

The NLC added three states and two territories to its list of members in 2021, bringing the total membership to 39. Ohio, Pennsylvania, and Vermont are the newest states to join the NLC. Guam and the U.S. Virgin Islands became the first and second U.S. territories.

Both North Dakota and Delaware enacted the APRN Compact in 2021. Increasing mobility, access and health care equity, the APRN Compact allows APRNs to practice freely among member states while still allowing each state to retain autonomy and the authority to enforce its nurse practice act. The compact eliminates redundant, duplicative regulatory processes and unnecessary fees while increasing access to care. The APRN Compact will be implemented when seven states have enacted the legislation.

COVID-19 and Opioid Morbidity and Mortality

As the U.S. experienced a dramatic increase in deaths due to COVID-19, there was also a significant increase in drug overdose deaths.

Experts theorize this increase may be due to several factors, including the disruption to access to in-person treatment, support groups, 12-step programs and medication-assisted treatment (suboxone or methadone).

The authority to prescribe buprenorphine has been restricted since the onset of its use as medication-assisted treatment for opioid use disorder. While legislation over the past decade has “increased providers’ patient limits and extended prescribing authority to other providers, including APRNs (Comprehensive Addiction and Recovery Act, 2016; Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act, 2018),” APRNs still experience regulatory barriers to offering buprenorphine treatment.

The dramatic surge in drug overdose deaths led the U.S. Department of Health and Human Services to release new buprenorphine practice guidelines that temporarily removed a longtime requirement tied to the extensive training for the waiver for prescribing of buprenorphine (HHS Press Office, 2021b).

Additionally, the U.S. Drug Enforcement Administration enacted regulatory flexibility for prescribing opioid use disorder treatments to help mitigate some disruption to effective treatment during the pandemic.

There have also been calls for the regulatory

flexibilities that were implemented during the pandemic to be made permanent. From a regulatory standpoint, supporting the unrestrictive scope-of-practice regulations for APRNs (Spetz et al., 2021, citing Institute of Medicine, 2011; National Academies of Sciences, Engineering, and Medicine, 2021) will provide APRNs with greater autonomy as these providers may be better positioned to close the gap between treatment need and treatment delivery.

NCSBN Regulatory Initiatives

International Center for Regulatory Scholarship (ICRS)

This educational initiative offers online and blended courses designed to cultivate and elevate nursing leaders and policymakers around the world. ICRS’s premier offering is the ICRS certificate program, a pioneering, competency-based course of study designed to enrich and inspire nursing regulators, health policy leaders and other professionals entrusted with patient safety. This international regulatory program currently has more than 250 participants from the U.S., Canada, Kenya and Singapore.

Nurse Licensure Guidance Tool

This innovative [online tool](#) provides direction and resources on becoming a licensed nurse in the U.S., breaking down the licensure process, providing state-specific information for both domestically and internationally educated nurses on applying for an RN or LPN/VN license in the U.S.

The tool has been used by U.S. nurses and international nurses from more than 100 countries, with approximately 9,000 U.S. and 2,000 international users each month.



NURSE ID: Unique Nurse Identifiers

NCSBN has developed NCSBN ID, a system of unique nurse identifiers automatically generated for all LPNs/LVNs, RNs and APRNs at the time they register for the NCLEX in the U.S. and its territories. Nurses who passed the NCLEX before this system was rolled out have also been assigned unique nurse identifiers through a matching process.

Using a nurse’s unique NCSBN ID in electronic health records and other technology systems will enable nurses and nursing leaders to track the

career progression of a nurse and provide data that specifically shows how nurses contribute to individual health outcomes. Essentially, the data can help communicate and measure how nurses contribute in all areas, underscoring the value nurses provide, improving essential processes in nursing practice and clinical effectiveness.



Pioneering Research

In addition to the National Prelicensure RN Study, NCSBN launched several other studies related to how COVID-19 impacted all facets of nursing. Additional studies include:

- The APRN COVID-19 Waiver Impact Study will provide data on the effect of emergency waivers on supervisory/ collaborative agreements between APRNs and physicians in Louisiana, Kentucky, Maine and West Virginia.
- The Global Regulatory Atlas COVID-19 Study will survey nursing regulatory bodies from around the world to discern whether regulatory changes were made in response to COVID-19, and if these changes have affected health-related outcomes.
- The results of the longitudinal prospective Guidelines for Monitoring Substance Use Disorder in Nurses Study are expected to support evidence-based guidelines for alternative-to-discipline and monitoring programs that facilitate afflicted nurses' safe return to practice; and
- The 2022 National Nursing Workforce Survey, a biennial project conducted with the National Forum of State Nursing Workforce Centers, will provide updated data on the supply of nurses in the U.S., critical information needed for ensuring a safe and effective health care system.

The Future – 2022 and Beyond

Throughout the last two years, the worldwide spread of COVID-19 dominated not only the headlines but impacted the very fabric of society. As the pandemic raged, NCSBN forged ahead bringing together national and international nursing regulatory bodies to facilitate dialogues, share information and face adversity head-on — all in service to public protection.



Benton

NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, comments, “As nursing regulators we must be keenly aware of our environment. That means we must keep abreast of macro-socioeconomic and political climates that will impact the pursuit of public protection. We need to recognize that there’s generational changes, that nursing career pathways are now different. There is a need to be able to better facilitate nurse mobility and enable the delivery of practice through new technologies.”

Across the world nursing regulators need to remain every vigilant as it is not a question of *if* a new crisis, disaster or illness will occur but *when*. Being mindful of emerging research and trends in education, legislation, workforce demographics and practice will better prepare regulators to face both the next cataclysmic event and the day-to day challenges of safeguarding the public. 🌍

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FREE ISSUE

2022 Environmental Scan: Resiliency, Achievement and Public Protection

The NCSBN 2022 Environmental Scan is not only a comprehensive examination of the current state of nursing, health care and regulation in the year 2022 — it is also a story of the resiliency of the nursing workforce, despite continued hardships and challenges.



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This one-day, educational conference provides nursing educators with Next Generation NCLEX updates along with helpful tips and techniques for applying the NCSBN Clinical Judgment Measurement Model in the classroom. Live question and answer sessions will be held throughout the event.



Speed Round

Get to know NCSBN staff:

Kelly Betzold
Customer Experience Specialist II

What do you do at NCSBN?

I am a Customer Experience Specialist and provide support to NCLEX and REx-PN candidates as well as the nursing regulatory bodies (NRBs). Whether it is assisting candidates with navigating the process of taking their exam or processing requests from member boards regarding the candidates in their jurisdictions, my days are busy with helping other people and providing the best information that I can.

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

I spend most of my day talking to candidates on the phone or corresponding with the NRBs. While many of the inquiries I field can be routine, there are always situations that arise where a candidate may be in need of extra assistance and a little extra research may be involved. While it can sometimes be challenging to sort out the facts of an issue and the appropriate way to resolve it, I find it very satisfying to be able to provide the candidate with a resolution to their concern or problem.

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

If I wasn't working at NCSBN, my dream job would probably be to work for the National Park system or U.S. Forest Service. I love spending time in nature; camping and hiking with my husband. We especially love to take trips out west to visit the national parks and forests. Whether I would be providing educational opportunities for visitors to learn about the ecology of our parks or leading volunteer projects to conserve and protect these special places, I would be very happy living life in those wide open spaces, soaking in the beauty of our country's natural landscape while sharing my love for them with others. 🌲

News & Notes



Blozen with fellow New Jersey City University faculty at the White Coat ceremony

Blozen Awarded “White Coat” Grant

New Jersey Board of Nursing President, and Professor at [New Jersey City University](#) Barbara Blozen, EdD, MA, RN-BC, CNL, has been awarded a grant from the Gold Foundation in partnership with the American Association of Colleges of Nursing (AACN) and was honored in a ceremony in fall 2021.

The Gold Foundation champions the human connection in health care. The foundation engages schools and their students, health systems, companies, and individual clinicians in the joy and meaning of humanistic health care, so that patients and their families can be partners in collaborative, compassionate and scientifically excellent care.

The White Coat Ceremony was initiated in 1993 at Columbia University Vagelos College of Physicians & Surgeons by The Arnold P. Gold Foundation. Arnold P. Gold, MD, a Columbia professor, believed that the oath to compassionate patient care taken by new physicians at the end of medical school came too late. Today, nearly every medical school in the United States, hundreds of nursing schools, and many other health profession schools participate in this tradition of humanistic care. The White Coat Ceremony emphasizes the importance of compassionate patient care at the very start of training. In addition to reciting the oath, students come forward during the ceremony to be “cloaked” before family and friends in a white coat that signifies their status as health care professionals.

College of Registered Nurses of Alberta Moves to Single-mandate

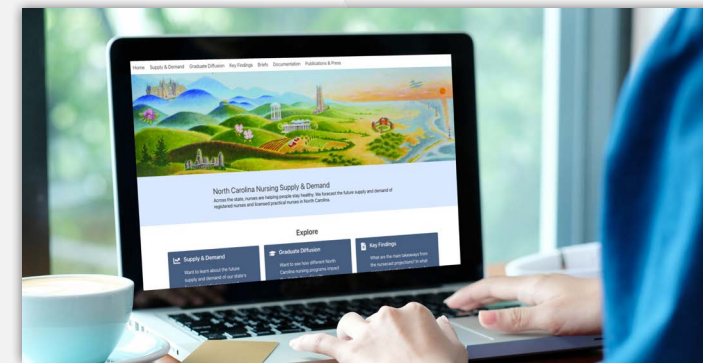
CRNA In early 2022, the [College of Registered Nurses of Alberta](#)

(CRNA) began operating as a single-mandate regulatory organization, focused on setting regulatory standards for registered nurses. This move follows a 2020 vote by the College of Registered Nurses of Alberta Council to separate its dual mandates.

Upon voting to move to a single mandate regulatory organization, the Council reached out to stakeholders to inform them about the change and has worked to transform the organization to meet its new mandate. This work includes: changes to governance in order to facilitate the move to a single mandate; the use of Right-touch regulation principles to inform regulatory decisions and actions; the development of a new brand that includes a new name, logo, website and registrant portal; the divestment of association activities; support of a new association called Alberta Association of Nurses; and the development of a five-year strategic direction approved by the Council and aligned with its single mandate.

The Council’s commitment to Albertans and to its registrants remains unchanged. This renewed single mandate will allow CRNA to focus on protecting the public through excellence in nursing regulation.

Tool Developed by North Carolina Researchers Forecasts the Supply and Demand of Nurses



In November 2021, the [North Carolina Board of Nursing \(NCBON\)](#), in partnership with the [Cecil G. Sheps Center for Health Services Research](#) at UNC-Chapel Hill, launched [NC Nursecast](#). This innovative project seeks to establish a state-specific nursing workforce projection model to more accurately predict the supply and demand of registered nurses (RNs) and licensed practical nurses (LPNs).

NC Nursecast was built utilizing NCBON licensure data from 2015-2018. The model uses entry rates of new graduates and out-of-state nurses and historical exit patterns of nurses by age. It also includes a web-based graduate diffusion tool that indicates where students from North Carolina nursing programs practice after graduating. The graduate diffusion tool includes information about the percent of nursing program graduates retained in the North Carolina workforce, the percent employed in different health care settings, and the percent located in rural areas. This rich source of state-specific information on nurse demographics, educational institutions, practice locations and employment settings provides a more

accurate basis for a North Carolina model than any other available data source. Therefore, the model has a higher likelihood of reflecting reality and informing conversations about the state’s nursing workforce needs.

Workforce models are often assumed to produce one “answer” about how well RN and LPN supply will meet demand in the future for a given employment setting or geographic area. NC Nursecast is unique in that it includes “what if” scenarios that allow users to explore what will happen if workforce participation patterns, models of care or other factors change.

For questions specific to the model contact the UNC Program on Health Workforce and Research: nhealthworkforce@unc.edu. To discuss the partnership between the NCBON and Cecil G. Sheps Center, contact Catherine Moore, PhD, RN, chair of the NCBON Research Committee: cmoore@ncbon.com.



Joe Baker, executive officer; Melissa Passett, administrator; Nicole Benson, Administrator; Zoe McCook, regulatory specialist; Sherri Sutton-Johnson, education director; Heather Malson, supervisor

Florida Board of Nursing Staff Recognized

[Florida Board of Nursing](#) staff were recently presented with Meritorious Recognition Awards by the Department of Health’s Division of Medical Quality Assurance in the categories of Leadership Achievement, Customer Focus and Team. 🏆



News & Notes

News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

Have news to share? Send your News & Notes submissions via [email](#).



Congratulations

TO THE
2022 ICRS Certificate Program Graduates!

NCSBN's International Center for Regulatory Scholarship (ICRS) grows and connects regulatory, nursing and policy leaders worldwide.

ICRS's pinnacle offering is the ICRS certificate program—a pioneering, competency-based online and blended course of study—designed to enrich and inspire those entrusted with patient safety.

The culmination of the ICRS certificate program is the ICRS Advanced Leadership Institute, a conference where ICRS participants hear world-renowned speakers, network with their peers and enjoy a celebratory graduation ceremony and dinner. The first ICRS Advanced Leadership Institute was held April 6-7 in Washington, D.C.



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