

Winter 2019

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING



***Groundbreaking,
Comprehensive, Vital:***

The National Nursing Guidelines for Medical Marijuana

**Inside this Issue: Nursing Regulation in Manitoba / NCLEX® Practice Exam /
Alabama Board of Nursing Voluntary Discipline Alternative Program**

Managing Editor and Writer

Michael Grossenbacher | mgrossenbacher@ncsbn.org

Contributing Editor and Writer

Dawn Kappel | dkappel@ncsbn.org

Designer

Kalona Owens | kowens@ncsbn.org

Cover Photo by:

Stock photography purchased from Istockphoto.com.

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.

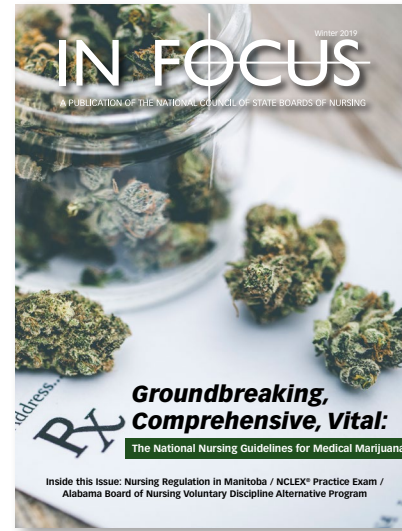
NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 26 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

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

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

Copyright ©2019 National Council of State Boards of Nursing, Inc. (NCSBN) All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

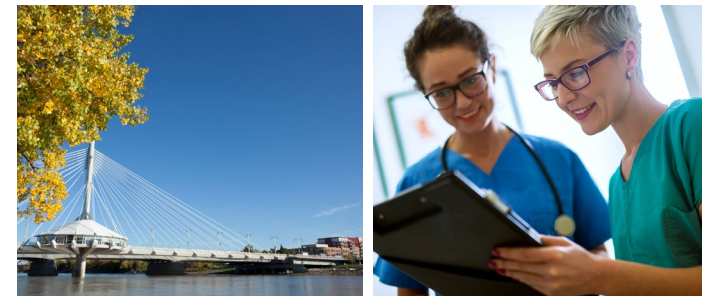
Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. 312.525.3600 | www.ncsbn.org | infocus@ncsbn.org



IN FOCUS

Winter 2019

In This Issue



- 4. **Global Perspective: College of Registered Nurses of Manitoba**
 - 8. **2019 NCLEX-RN® Test Plan**
 - 10. **Groundbreaking, Comprehensive, Vital: The National Nursing Guidelines for Medical Marijuana**
 - 14. **Helping to Drive the Change: Alabama Board of Nursing Highlights Voluntary Disciplinary Alternative Program with Awareness Campaign**
 - 16. **NCSBN Launches a New Awards Nomination Portal for the 2019 Awards Program**
 - 17. **NCLEX® Practice Exam Simulates the Experience of Taking the NCLEX**
-
- 8. **Speed Round**
 - 20. **News & Notes**



By: Katherine Stansfield, RN, MN, Chief Executive Officer/Registrar

College of Registered Nurses of MANITOBA

The College of Registered Nurses of Manitoba is the regulatory body for 14,000 registered nurses (RNs), 200 nurse practitioners and graduate nurses in Manitoba. Our purpose is to protect the public interest by ensuring that RNs practice in a safe, competent and ethical manner. We do this by establishing and maintaining a registration process that ensures RNs are qualified and competent, set and maintain nursing practices standards, approve nursing education programs and investigate complaints about the nursing practice and conduct of RNs. While our core mission to protect the public interest will never change, we are constantly improving the way we accomplish this.

A considerable amount of our work revolves around creating mechanisms to provide more effective ways of communicating our accountability to the public and RNs.

Meeting Our Mandate

Our accountability to the public can be seen in continuing competence program requirements, jurisprudence learning modules and a redesigned registration renewal process.

The College's Continuing Competence Program (CCP) helps RNs and registered nurse (nurse practitioners) (RN(NP)s) maintain a high level of competence throughout their careers. An annual review process indicates whether an RN or RN(NP) sets appropriate learning goals and relevant learning activities to maintain and improve their practice. From 2015 to 2017, we have seen an increase in RNs and RN(NP)s meeting their requirements.

In March 2016 we launched a jurisprudence learning module as part of the annual CCP requirements. We have kept RNs and RN(NP)s up to date on the law and standards surrounding their practice by creating modules focused on professionalism in nursing practice, accountability, duty to care, privacy and confidentiality, professional boundaries and professional image.

While our Practice and Standards team provides consultation and education regarding CCP and its components (jurisprudence, CCP review and multi-source feedback), the College is involved in scope of practice, professional practice issues, prescribing, documentation and standards of practice.

Publications and web resources are frequently referenced to RNs as a guide to help them in their practice and assist them in developing options to consider. Since 2016, we have provided over 25 presentations to RNs and other groups in Manitoba. Some of these presentations are delivered to multiple sites

simultaneously through the use of technology.

The College's practice consultation database allows us to comprehensively capture information regarding calls, analyze trending needs and ensure the information we provide is consistently reflective of best practices for all members. We use this information to determine future topics for webinars, presentations and other educational products. The database assists our Practice and Standards team in mitigating the risk of managing consultation information, timeliness for responses and developing support resources for our members and the community at large.

Our Registration Services team provides regular presentations on registration requirements and the application process to Manitoba students and other groups upon request. The team has offered webinars pertaining to the license fee adjustment, background checks and the new renewal process. RNs are able

to access these webinars from a computer, tablet or smartphone and are available on our website during the renewal and reinstatement periods.

The College's Professional Conduct team provides regular consultation to RNs and their employers to discuss practice, duty to report and general complaints, investigation as well as discipline processes. The team has published a three-part series on the College's complaints resolution process, offered webinars discussing substance misuse, abuse and the investigation process of an RN suspected of having a substance use disorder. The team has travelled around the province providing presentations to students, employers and RNs regarding the complaints resolution process.

Finally, Manitoba continues to be a leader in scope of practice for RN(NP)s who work autonomously within their scope of practice and in the context of an interprofessional collaborative team. For example, RN(NP)s can apply

to prescribe methadone for analgesia and/or opioid use disorder. In December 2016, we established a process with Health Canada's Office of Controlled Substances for RN(NP)s to receive this exemption. Together with the College of Physicians and Surgeons of Manitoba and the College of Pharmacists of Manitoba, we developed the training framework that's required for RN(NP)s to meet the competencies for methadone and buprenorphine prescribing. Our board-approved policy, R-25 RN(NP) Prescribing Controlled Drugs and Substances, outlines the expectations for RN(NP)s who want to apply for this prescribing authority and is available on our website.

Implementing New Legislation

The Regulated Health Professions Act (RHPA) was proclaimed in Manitoba on Jan. 1, 2014. From that time, we worked with Manitoba government Department of Health, Healthy Living and Seniors to draft regulations for RNs. This legislation legitimized the evolving scope of practice for RNs, which help improved access to care for Manitobans. The College of Registered Nurses of Manitoba became governed under the RHPA on May 31, 2018.

These regulations optimize the scope of practice and allow RNs to continue to work in collaborative practice to support sustainable health care delivery for Manitobans. For example, after completing a Board-approved course of instruction to meet the necessary competencies for practice, an RN is able to practice as an authorized prescriber using the title RN(AP). Their scope may include travel health, sexually transmitted infections and blood borne diseases, and diabetes health, where they have the authority to prescribe medications and determine the appropriate course of treatment.

We developed an implementation plan for the ongoing requirement of a criminal record check and adult and child abuse registry check submission every five years and established criteria regarding additional education requirements to ensure compliance with new legislation. In all of this work, we facilitated

collaboration across the province, leading a working group to address evolving needs and provide support to employers and RNs.

We are also leading collaboration with many other regulatory bodies that are coming under this new umbrella legislation, including nursing, pharmacy, physicians and more, to ensure that our regulations are harmonious and reflect interprofessional collaborative care.

The work of the College is supported by RNs and members of the public at every level: the College Council, committees and staff members work together to strive for this level of accountability. It would be impossible to accomplish our work without the support and collaboration of all our stakeholders. An innovation in linking with the public is an advisory body to the Council, the Community Reference Group, comprised of a diverse group of public members who represent different segments of Manitoba's society, and provide feedback to the Council on policy, communications and future directions. The College is excited about launching the Public Benefit Policy, which articulates its strategic vision for the next four years. The focus is directed toward establishing accountable, transparent measures of the College's impact on ensuring quality RN practice, and its partnership with stakeholders in influencing the health care system. It is another step in the journey of protecting the public interest together with RNs, and we are always exploring new ways to display this commitment.

Katherine Stansfield, RN, MN, has been the Chief Executive Officer/Registrar of The College of Registered Nurses of Manitoba since 2015. Prior to that, Stansfield was the Vice President and Chief Nursing Executive of Quinte Health Centre in Ontario and has held clinical, education, professional practice and administration roles in Manitoba and several other provinces. Stansfield is committed to protecting the public, through transparency and maintaining nursing practice standards for Manitoba RNs.





2019 NCLEX-RN® Test Plan

The 2019 NCLEX-RN® Test Plan was approved by the NCSBN Delegate Assembly in August 2018 and is available online in preparation of its effective date of April 1, 2019. Every three years, NCSBN conducts the NCLEX-RN Practice Analysis. The purpose of this study is to analyze entry-level practice activities to develop the subsequent NCLEX-RN Test Plan.

The NCLEX Test Plan is developed for three primary reasons: candidate preparation, NCLEX item development and NCLEX item classification. The 2019 NCLEX-RN® Test Plan includes specific information related to content examples, exam administration principles such as computerized adaptive testing, exam scoring and stopping rules, NCLEX sample items, and much more!

The test plan also contains the approved NCLEX Client Needs Category percentages and content distribution, along with updated NCLEX terminology and content examples. Nursing educators, regulators, candidates and interested individuals are encouraged to download a complimentary copy, available in both English and French. 🌐



Speed Round

Get to know NCSBN staff:

Sachin Sharma, Business Analyst II, ORBS, Information Technology

What do you do?

I'm a business analyst for ORBS (Optimal Regulatory Board System) in the IT Department. ORBS provides boards of nursing modules for licensing, discipline and education program management to help effectively streamline the boards' processes.

My role as a business analyst is working with members to analyze their current business processes in order to translate them into system requirements for the development and implementation of ORBS.

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

The best aspect of my job is the collaboration with the members in order to develop key features that will meet their needs and make their processes run more efficiently.

The most challenging aspect of my job is understanding and analyzing all of the variances of each board's processes, and ensuring that all features developed in ORBS will meet all members' needs.

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

I would be the general manager of the Chicago Bulls and bring us back to the glory days of the 90s.

NCSBN's Global Regulatory Atlas Charts the Nursing Regulatory Landscape

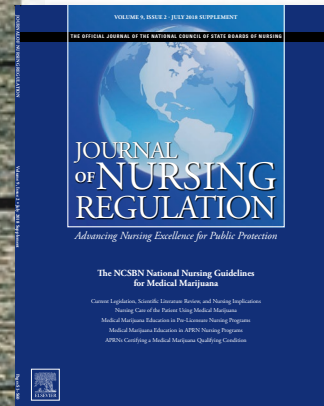
This comprehensive online compendium of nursing regulation worldwide was created with the assistance of health care regulators across the globe. The atlas currently holds information from more than 300 jurisdictions representing more than 20 million nurses, and new jurisdictions are continually being added.




**Global
Regulatory Atlas**
regulatoryatlas.com

Groundbreaking, Comprehensive, Vital:

The National Nursing Guidelines for Medical Marijuana



In July 2018, NCSBN published its “National Nursing Guidelines for Medical Marijuana” as a supplement to the *Journal of Nursing Regulation (JNR)*. The supplement is currently available free-of-charge on the NCSBN website. It is the first comprehensive compendium of evidence and guidelines of its kind.

into marijuana’s potential medical use, effectively tying the hands of researchers. Its use in medical conditions has occurred largely through experimentation, and evidence of its efficacy is largely anecdotal. Very little has been published that serves as a guide to caring for patients that use marijuana.

More recently, public opinion has moved in favor of consideration of marijuana for specific indications, and states have taken their own actions to legalize marijuana for medical and recreational use. Oregon was the first state to decriminalize marijuana in 1973. More recently, in 2012, Colorado and Washington legalized recreational use. Seven states currently allow the recreational use of marijuana, and as of November 2018, 33 states -- plus Guam, Puerto Rico, and the District of Columbia -- have legalized the medical use of marijuana.

U.S. public opinion on the legalization of marijuana has changed significantly since the Controlled Substances Act of 1970 was passed. More than 60 percent of Americans recently polled by Pew Research said that marijuana should be legal, up from 12 percent in 1969. The same study found that Americans differ in their opinion on marijuana legalization based on their generation. Legalization is favored by 39 percent of the Silent Generation (people born between the mid to late 1920s and the early to mid-1940s), 54 percent of Baby Boomers (early to mid-1940s to the early 1960s), 63 percent of Generation X (early to mid-1960s to the early 1980s), and 74 percent of Millennials (early 1980s to the early 2000s).

Because of the rapid and sweeping change in societal attitudes toward marijuana, and the increasing use and legalization of medical and recreational marijuana, the NCSBN Board of Directors (BOD) recognized that nurses were unsure of their responsibilities in the care of patients who may use marijuana. Without scientifically rigorous, statistically reportable evidence-based on patient populations, nurses will face increasing challenges concerning medical marijuana.

Marijuana, also known as cannabis, is a psychoactive drug from the Cannabis plant and is used for medical or recreational purposes. The history of its use goes back to 2900 BC. By the mid-1800s, marijuana was sold legally in pharmacies in the U.S. “Cannabis,” as it was called then, was an ingredient in products found in American homes. Its path to illegalization between the early 1900s and the late 1930s is a complex one. The term “marihuana” was introduced to the U.S. by Mexican immigrants following the Mexican-American War and the Mexican Revolution. The smoking of marijuana by minorities was seen as a threat, fueled by xenophobia, propaganda and dubious claims about addiction, violence and overdose. Criminalization of its use spread across the country. By 1931, 29 states had outlawed it. The prohibition of alcohol was repealed in 1933, and the U.S. was in the middle of the Great Depression. Activists and bureaucrats turned their focus to marijuana. By 1937, its use was regulated and largely prohibited by the Marihuana Tax Act of 1937, which the American Medical Association opposed.

Because of the prevailing negative public mindset toward marijuana, it was classified a Schedule I drug in the U.S. in 1970 under the Controlled Substances Act, prohibiting its use for any purpose. Schedule 1 drugs are defined as having no current accepted medical use and a high potential for abuse. Other Schedule I drugs include heroin and LSD. This federal restriction has limited exploration



The NCSBN Marijuana Regulatory Guidelines Committee:

Chair: Rene Cronquist, RN, JD,
Minnesota, Area II

Board Liaison: Valerie Smith,
MS, RN, FRE, Arizona, Area I

Cathy Borris-Hale, MHA, BSN,
RN, District of Columbia,
Area IV

Holly Fischer, JD, Ohio, Area II

Diana Heywood, RN, BN, MN,
Manitoba RN, Assoc.

James (Dusty) Johnston, JD,
Texas, Area III

Sherri Sutton-Johnson, MSN,
RN, Florida, Area III

NCSBN Staff: Kathleen
Russell, JD, MN, RN, and
Maureen Cahill, MSN, RN,
APN-CNS

The NCSBN BOD formed and appointed a committee in September of 2015 called the Regulatory Implications of Legal Cannabis Committee, charged with exploring the trends and issues related to marijuana use and nursing regulation. Building on the work of the Legal Cannabis Committee, and to address the lack of guidelines available to nurses caring for individuals using marijuana, in 2017 NCSBN formed and appointed members to the NCSBN Marijuana Regulatory Guidelines Committee.

The committee was charged with developing model guidelines for the advanced practice registered nurse (APRN) certification of a qualifying condition under state

titled 'Marijuana: A Prescription for Trouble?' inspired debate among the members. It was clear that they wanted more information on how to resolve discrepancies between the various states and their laws, as well as the federal laws. Members were seeking information and guidance on how to address and respond to the changes in state laws allowing for the use of medical as well as recreational marijuana. That was the beginning. The initial committee came back with a good product for the Board to get a better sense of the trends and relationships to nursing regulation. That led to the Board appointing the second committee in 2016, to write the regulatory guidelines."



"We produced something that we felt was needed and will truly be beneficial, both as guidance to nurses and nursing education programs. My hope is that it continues to trigger conversation, that it minimizes stigma of individuals using cannabis, and ultimately continues to highlight the need for continuing research."

— Marijuana Regulatory Guidelines Committee Chair Rene Cronquist, RN, JD, Director for Practice and Policy, Minnesota Board of Nursing

requirements, model guidelines for APRN, registered nurse (RN), and licensed practical nurse (LPN) care of patients using marijuana, recommendations for marijuana-specific curriculum content in APRN education programs, recommendations for marijuana-specific curriculum content in RN and LPN education programs, and model guidelines for assessing safeness to practice of licensees who use marijuana.

This was an ambitious endeavor. In order to create the requested guidelines and recommendations for education and care, a review of the relevant statistics, current legislation, scientific literature, and clinical research on cannabis as a therapeutic agent was required.

Valerie Smith, MS, RN, FRE, associate director, Hearing Department, Arizona State Board of Nursing, served as BOD liaison on both the Regulatory Implications of Legal Cannabis and Marijuana Regulatory Guidelines Committees. "In August 2015 at the Delegate Assembly there was a presentation by Dr. Doris Gunderson, medical director of the Colorado Physician Health Program," recalls Smith. "Her presentation,

Rene Cronquist, RN, JD, Director for Practice and Policy, Minnesota Board of Nursing, served as chair of the Marijuana Regulatory Guidelines Committee, and recalls what the climate was like when Minnesota legalized marijuana for medical use. "It took a little while for the questions to start coming in," says Cronquist. "Initially, many health care providers and organizations were cautious about caring for individuals using medical cannabis. It took a while before the program participants started showing up in various health care settings. We continue to see the challenge, particularly for the state and federal health care organizations, trying to support their patients or clients who use cannabis while at the same time needing to be compliant with the federal law."

"Practitioners cannot provide the patient with a specific dose, route or frequency of use and dispensaries vary widely in the quality, strength and labeling of products" says Smith. "It's really left up to the patient to titrate their dose and administer it in whatever fashion they think is best for them, often with input of dispensary staff."

Marijuana's classification as a Schedule I drug has stymied research into the efficacy of marijuana for medical use. Committee member Maureen Cahill, MSN, RN, APN-CNS, associate director, NCSBN, says, "It's amazing to think about, that for an agent that's been around for 5,000 years, and has been in use widely for so long, there is so little access to research or access to the approved agent for research."

Cronquist adds, "Because the research is so limited, it's challenging to find empirical evidence that will support the effectiveness of cannabis, whether it's for different conditions, whether it's for different populations. More research is needed on effective dosing. On the flipside, what are the downsides? What are the contraindications, and side effects that we need to know about? We don't want to promote the use of a substance that's not demonstrated to be effective, but by the current classifications, we're really limiting ourselves on our ability to determine whether it is effective, and to what extent."

Kathleen Russell, JD, MN, RN, associate director, NCSBN, adds, "Because there's so little research, you can find a lot in the grey literature on cannabis, but you wouldn't know from reading it what is or is not scientifically proven."

Grey literature refers to materials and research produced by organizations outside traditional academic publishing and distribution channels. On the issue of medical marijuana, there is a lot to sort through. Kent Gowen, MAT, policy coordinator, NCSBN, tackled the scientific literature, read it, graded it, and provided the committee with a summary of findings that were then discussed. "We would not have been able to accomplish what we did without all three of the staff, but Kent did a fabulous job on that literature research," says Smith.

Because the mindset in the medical community was divided on the issue, the committee was committed to producing evidence-based guidelines. Cronquist explains that the committee began with an open mind and a commitment to the group's purpose. "We had opportunities to share personal opinions, but the group was very focused on producing something that would be of benefit to our various audiences," she says. "No one had a predetermined idea of what this was going to look like."

As board liaison, Smith brought her background in substance use disorders and mental health to the committee. "I saw the duties of my role as, one, to help focus the group on the charges, and two, to relay back to the Board how the committee was doing, to serve as a conduit of information. I remember in our first meeting, everyone was a bit overwhelmed. The staff did a fantastic job and the committee worked through the charges one at a time, putting aside personal opinions on the use of marijuana. The general thought was, 'we can do this; we can get through it.' And we did."

The committee identified online courses and documents from other organizations related to aspects of medical marijuana. "We did this in part to inform ourselves, but also to have firsthand knowledge of what is available," explains Cronquist. "While it was certainly beneficial, we concluded that important pieces were missing. What we were charged with producing was not out there."

The committee also consulted known experts in the area of medical marijuana, its use, safety, and legislation. "We wanted this to be the best product we could produce," explains Cronquist. "We looked at the statements of other organizations and we spoke with toxicologists, nurse educators and legal counsel."

"Having the ability to meet and interview experts with specific areas of expertise really helped the committee focus on the charge and put aside their own personal ideas or beliefs," says Smith. "It really began to inform the work of the committee."

Unlike most other therapeutics, medical providers cannot prescribe marijuana, and pharmacies cannot dispense it. Certain jurisdictions allow the manufacture, distribution, and use of marijuana for medical purposes. The committee was charged with making recommendations for curriculum content for prelicensure and APRN nursing education programs, in order to provide nurses with principles of safe and knowledgeable practice when caring for patients using medical marijuana.

"In our surveys of prelicensure graduate-level education programs, we learned that there is very little content on issues related to cannabis," says Cronquist. "To the extent that there is content, it's sometimes focusing on substance use disorder with marijuana. There is very little on the endocannabinoid system, or dosing. Programs with content were in jurisdictions that had medical cannabis. Legal or not, people are using it, and nurses need to have the knowledge to effectively care for patients who are using it."

"When we tried to identify what type of education is available to nurses, we discovered there is a fair amount out there being presented by people who are staunch advocates for medical and recreational marijuana," says Smith. "The education they are providing really doesn't help serve to inform how we care for patients using medical or recreational marijuana. Education about marijuana for medical purposes is significantly lacking in prelicensure and advanced practice programs."

At the culmination of its two years of work -- the result of a deep dive into the relevant topics and an exhaustive literature and evidence review -- the committee has produced a set of guidelines that create a strong foundation for safe and knowledgeable nursing care of patients using medical or recreational marijuana.

[continued on page 19](#)

Helping to Drive the Change: Alabama Board of Nursing Highlights Voluntary Disciplinary Alternative Program with Awareness Campaign



Benson

According to the latest research from NCSBN, 8 percent of nurses with substance use problems are not identified for early intervention and monitoring.

"I remember reading that statistic and thinking that we really need to capture that 8 percent," says Alabama

Board of Nursing (ALBON) Executive Officer Peggy Benson, MSN, MSHA, NE-BC.

In 2017, in response to the growing trend of substance use disorders, the ALBON launched an aggressive campaign to raise awareness of its Voluntary Disciplinary Alternative Program (VDAP). The program works with nurses whose competence is found to be impaired or compromised because of the use or abuse of drugs, alcohol, controlled substances, chemicals, other substances, or a mental or physical condition that prevents the person from meeting the standards of the nursing profession.

"I see the complaints that come into the organization because they come across my desk first for review," says

Benson. "We've seen a significant growth in substance use complaints. It takes a lot more resources to get people with substance use disorder through the disciplinary process. So our whole goal with VDAP is to get them out of practice immediately and into therapy and treatment."

The ALBON's VDAP awareness campaign is designed to improve communication related to the program, improve education for licensees and the public, and pursue early intervention for nurses to ensure a safe return to practice. The awareness campaign grew out of a "New Direction" established by the ALBON in 2015, its centennial year.

"When we were looking at our strategic initiatives and where we wanted our new direction to be, we had a paradigm shift in thinking about how to protect the public, and how to do it differently, beyond just looking at licensing and discipline," says Benson. "That included education and awareness, as well as increasing opportunities. As the new direction evolved, we examined how we reach out to our licensees and the public."


The ALBON aligned VDAP with probation to provide consistency in both programs. "It really is a gift to be able

to participate in this program," says Benson. "You need to meet the same requirements as probation, but the nurse's participation is only disclosed to their employer, so it is more private. Once we realigned the programs, we realized we needed to increase participation, to reach nurses more quickly so that they can begin their recovery journey before harm to the public can occur."

ALBON staff has dedicated substantial resources to the preparation of promotional materials, direct communication to licensees through social media, and to public appearances. The board has worked with its advisory councils, and Benson and her staff have participated in numerous presentations to Alabama nurse educators and employers.

"They're excited about it, which is good because we want these audiences to know about it and to share it," says Benson. The board has also messaged employer lists it maintains and an HR listserv of employers across the state. Benson says the Alabama Hospital Association has also shared it with hospitals across the state, which has helped contribute to the momentum.

The effort has yielded significant results. Since September 2017, VDAP has seen a sharp increase in applications and enrollments. This is good news for nurses in need of help, for their patients, and for the nursing profession.

"We usually sign 60 to 70 a year, but so far in the past 12 months, we've had about 150 applications," says Benson. "We have worked tirelessly with the hospital association, our employees, our educators and our chief nursing officers, because they're going to be able to help us identify people earlier. I think that is what has led to the increase in applications, and helping to drive the change." 

Exciting Opportunities for Nursing Graduate Students and Faculty



"The experiential learning that just happens with the day-to-day activities of an organization, for me, was profoundly valuable." — Eileen Fry-Bowers, PhD, JD, RN, CPNP-PC, Scholar in Residence participant

The NCSBN Regulatory Scholars Program develops the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision-making, and encouraging scholarly dialogue and publications. It is a great opportunity for graduate nursing students and faculty to gain cutting edge experiences in nursing regulation and policymaking.

It consists of three positions: a grant program for doctoral students, a paid scholar in residence position, and an unpaid graduate internship in nursing regulation or policy.

For applications and more information, please visit www.ncsbn.org/rsp or contact us at regulatoryscholars@ncsbn.org.

NCSBN
REGULATORY SCHOLARS



A Voluntary Disciplinary Alternative Program (VDAP) poster developed by the Alabama Board of Nursing

NCSBN Launches a New Awards Nomination Portal for the 2019 Awards Program

The beginning of a new year is a great time to reflect on accomplishments and identify significant contributions to regulatory excellence. Each year, NCSBN provides its members with an occasion to celebrate outstanding achievements in nursing regulation by accepting nominations for the annual NCSBN Awards Program. This year, the Awards Committee is streamlining the awards application process by launching a new Awards Nomination Portal. The portal and its accompanying resources will provide efficient and informative tools for preparing a comprehensive award nomination. You can seize this opportunity to receive recognition for all that you do.

Who Can Apply

The awards program recognizes outstanding achievements primarily, but not exclusively, for NCSBN members. For example, the Distinguished Achievement Award honors non-NCSBN member individuals or organizations for achievements that support NCSBN's mission and vision. Further award categories highlight individual members, member presidents and U.S. members and associate members for demonstrating effective leadership and/or impacting regulatory policies. You may nominate yourself or others through the Awards Nomination Portal, which is the only method for submitting an application this year.

What to Expect

Members will access the online Awards Nomination Portal via a web link; no login required. In a survey format, enter contact information, select the award for which you will apply, and type (or copy and paste) a 1,000 to 1,500-word narrative into form fields. After collecting two letters of support offline, you can easily upload them to the portal. The portal automatically saves data as it is entered. This means a nominator can work on an entry over time before submitting a final award application. One of the challenges faced by applicants is making their narratives and letters of support anonymous. It is recommended that before hitting "send" that you review your nomination and make sure to anonymize what you have written to guarantee an unbiased process.

Accompanying Resources

The portal officially opened Jan. 8, 2019, so there is plenty of time to begin the process. In preparation, interested parties will want to peruse the [Awards Program Resource Page](#), which serves as a useful guide to the submission process. There, you will learn answers to frequently asked questions, view both a sample narrative and letter of support, and download the 2019 Awards Brochure.

If you're wondering if you or a peer is eligible for a particular award, view the brochure for criteria and eligibility. When choosing an award category, keep in mind that the use of examples, stories, illustrations and statistics will strengthen your nomination narrative and connect the nominee's contributions and achievements to the award criteria. Then, head over to the [NCSBN's Video Library](#) to watch brief videos highlighting the accomplishments of each 2018 award recipient.

Next Steps

Members have until March 8, 2019 to complete their applications. After this deadline, the Awards Committee springs into action. Each committee member conducts a blind review using uniform guidelines for each award category. With their blind review scores in hand, the committee convenes in the spring to collectively decide on the final award recipients. They report on this decision at the May Board of Directors Meeting. Soon after, award recipients receive the news that they will be honored at the Awards Ceremony at the NCSBN 2019 Annual Meeting, Aug. 21-23, 2019, in Chicago.

One of the goals of the NCSBN's Awards Program is to feature accomplishments that inspire others to make a difference in the field of nursing regulation. We hope you'll consider sharing your stories to shine a spotlight on this year's hard work and dedication. All inquiries can be directed to awards@ncsbn.org.

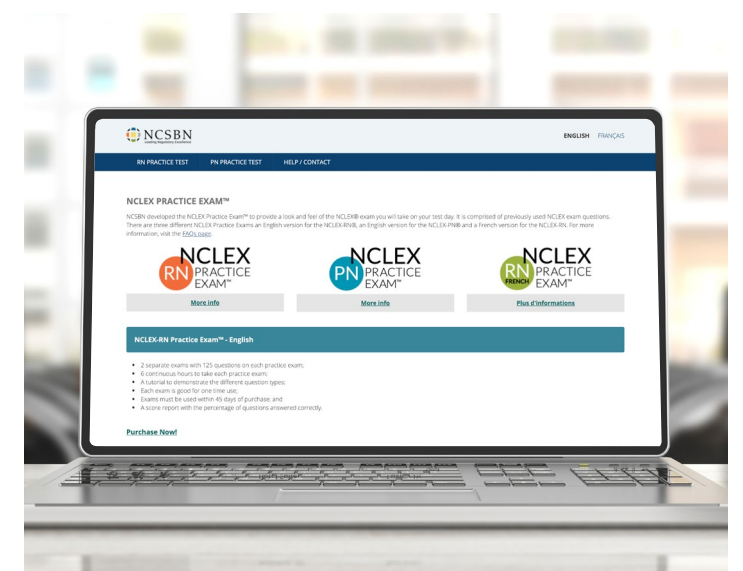
NCLEX® Practice Exam Simulates the Experience of Taking the NCLEX

Always on the cutting edge, NCSBN was the first organization to implement computerized adaptive testing (CAT) for nationwide licensure examinations in 1994. In 2019, NCSBN enjoys a well-deserved reputation of being on the leading edge of products, services and initiatives that provide invaluable resources to nurses and nursing students. Launched in July 2018, its newest product is the [NCLEX® Practice Exam \(NPE\)](#), which provides candidates in the U.S. and Canada preparing to take NCLEX Examinations with an experience that is similar to the look and the feel of the actual test.

NCLEX is the nursing licensure exam for all nurses in the U.S. and most provinces of Canada making it, in the majority of cases, the final requirement in the process before a candidate can launch their nursing career. Most NCLEX candidates have never taken an exam of this type let alone one with such high stakes. The exam itself is a source of high anxiety for many nursing students precisely because they have no idea what to expect from the experience. Hearing these concerns from both candidates and educators for years, NCSBN posed the question, "What can be done to reduce NCLEX Exam anxiety?" This was the driving force behind NPE's creation.

Recognizing that there are very few options for addressing student anxiety and that NCSBN is in a unique position to offer a product that offers a look and feel of the actual exam, work began on developing the NPE four years ago.

NCSBN knows that many factors can negatively affect a candidate's NCLEX experience including a lack of knowledge, being unprepared and feeling overwhelmed with the stress of taking the exam. Unsurprisingly, numerous studies have shown that exam preparedness is a key to successful passage of standardized tests. NCSBN understands that the most important factors in NCLEX test prep include understanding of basic exam terminology, content outline and distribution, exam delivery, administration nuances and familiarity with specific rules applied to the NCLEX candidate population. Other organizations that also administer similar high-stakes exams offer content outlines, practice exams and general test-taking strategies. Regardless of the approach, clear comprehension of what the exam entails is essential.



NCSBN embarked upon research that included a look at what resources exist in the marketplace in order to better understand what product offerings aid candidates in test preparation. Its own 2011 study of candidates reported that some sort of structured activity, such as in-person or online review courses, group or individual study, was an important component of their preparation.

"NPE was designed at its inception to reduce candidate anxiety about taking the NCLEX Exam. It offers an experience that is as close to taking the actual NCLEX exam, in a CAT environment, that any candidate can have," comments Philip D. Dickison, PhD, RN, NCSBN chief officer, Operations and Examinations.


Developed not as a review course or predictor of success, the NPE does what no review course can, it simulates taking the NCLEX using actual, retired NCLEX items. Both an RN and PN version is offered.

The NPE offers candidates two separate exams with 125 questions on each, adhering to the current NCLEX Test Plan. It is a timed exam, just like the actual NCLEX, providing six continuous hours to take each RN practice exam and five continuous hours to take each PN practice exam. Consistent with NCLEX administration, the examinee will not have the ability to close and reattempt later. Likewise, each exam form must be completed in one session. The CAT-like experience

requires that every question be answered in the order it is presented, and does not allow examinees to go back to previous questions; this also follows the administration of the actual exam.

Additionally, a tutorial to demonstrate the different question types and a score report with the percentage of questions answered correctly are also provided. The NPE examinee will have 24-hour access to purchase the exam on the online platform; the cost of the NPE is \$150 USD. The NPE can be accessed at nclex.com.

There is also a French language version of the NPE for Canadian candidates taking the NCLEX in French for the purpose of licensure/registration in Canada.

Dickson concludes, "We know that taking the NCLEX is a stress inducing event for many candidates and we believe reducing anxiety over the 'unknowns' will benefit them and help boost their confidence. The NPE is not a review course nor can it predict success. However, we think it is an effective and invaluable component for candidates preparing to take the NCLEX, precisely because it provides them with a simulation of the exam so they have a much better idea of what to expect on exam day." 

The final piece of the puzzle...



You've studied, you've gotten good grades and you've reviewed, but you're still filled with anxiety over taking the NCLEX®?

Can the NCLEX Practice Exam™ (NPE) fit into your plan?

Brought to you by NCSBN, the NPE is a computerized adaptive testing (CAT) experience that simulates taking the NCLEX and uses actual retired NCLEX items. The NPE includes:

- Two separate exams with 125 questions on each;
- Six continuous hours to take each RN practice exam;
- Five continuous hours to take each PN practice exam;
- A tutorial to demonstrate the different question types; and
- A score report with the percentage of questions answered correctly.

Complete the picture —

While not a review or predictor of success, the NPE can help reduce your apprehension about taking the most important test of your career.

NCLEX Practice Exam: \$150

Learn more at nclex.com



continued from page 13


The NCSBN [National Nursing Guidelines for Medical Marijuana](#) documents the results of the committee's work, and presents this important information in two parts. Part I presents the results of these reviews and consultations. Part II presents the specific Guidelines created by the Committee, which include:

- Current Legislation, Scientific Literature Review, and Nursing Implications
- Nursing Care of the Patient Using Medical Marijuana
- Medical Marijuana Education in Pre-Licensure Nursing Programs
- Medical Marijuana Education in APRN Nursing Programs
- APRNs Certifying a Medical Marijuana Qualifying Condition

This groundbreaking body of work the committee has produced fills the gap in the literature on the nursing care of patients using medical marijuana, and provides evidence-based nursing guidelines.

"The guidelines are original," says Russell. "How often do you get to work on something that is original and the first of its kind, in terms of its comprehensiveness? I think the guidelines really point out what a nurse needs to know, and what faculty need to teach."

"We produced something that we felt was needed and will truly be beneficial, both as guidance to nurses and nursing education programs," says Cronquist. "My hope is that it continues to trigger conversation, that it minimizes stigma of individuals using cannabis, and ultimately continues to highlight the need for continuing research."

"It was rewarding to respond to the requests of the NCSBN membership and provide them with these resources, based on the best available data and evidence that we have today, to more effectively respond to the rapid expansion of these laws," says Smith. "I believe these guidelines are just the beginning. There's a lot more to be known, and I'm hoping that at some point the federal government will allow for scientifically rigorous studies to help further inform the use of marijuana in caring for patients. The guidelines will continue to evolve as we have the evidence and the data to evolve with them." 

Participate in the Safe Student Reports (SSR) Research Study

A National Web-based Network for Anonymous Reporting of Student Errors and Near Misses

"With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data."

— Jane Barnsteiner, PhD, RN, FAAN

"... it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors."

— Joanne Disch, PhD, RN, FAAN

In 2013, NCSBN awarded a Center for Regulatory Excellence (CRE) grant to two researchers, Joanne Disch, PhD, RN, FAAN, and Jane Barnsteiner, PhD, RN, FAAN. They developed an innovative reporting and tracking tool for nursing student errors and near misses. Nothing like this exists in the health professions, nor outside the U.S. NCSBN is now making it available to schools of nursing free of charge through participation in a research study.

Nursing is the first health care discipline to provide educators with a database that collects and analyzes their students' errors and near misses and compares them to other participating nursing schools.

Prelicensure nursing schools interested in participating must first complete an application. [Visit the Safe Student Reports webpage](#) for more information, resources and an application to participate in the study.

SSR
Safe Student Reports

News & Notes



Glynn

Glynn Inducted as Washburn University Alumni Fellow

Kansas State Board of Nursing (KSBN) Practice Specialist Diane Glynn, JD, RN, was inducted as a 2018 Washburn University (WU) Alumni Fellow. The WU Alumni Fellows program is a prestigious recognition of those who have distinguished themselves in their careers. Glynn has been the KSBN practice specialist since 1991 and advises nurses and health care businesses on what is allowed in nursing practice. She also collaborates with the board to oversee the investigation and discipline of nurses and others in violation of the Nurse Practice Act of Kansas. Glynn has been a dedicated nursing regulator and will be retiring in December 2018. KSBN extends their congratulations and deep appreciation for her more than 27 years of loyal service to the KSBN and the citizens of Kansas.

Johnson Recognized as one of 50 Leading Mississippi Business Women

The Mississippi Business Journal has selected Phyllis Polk Johnson as one of its 2018 Fifty Leading Business Women in Mississippi. Johnson serves as the executive director of the Mississippi Board of Nursing where she is responsible for the oversight of approximately 68,000 nurses. Prior to this role, Johnson was the director of Advanced Practice and Licensure, where she was responsible for the regulation of licensure, compliance and discipline for the more than 5,000 advanced practice nurses in the state. Johnson has held numerous clinical and managerial responsibilities in her more than 30 years of nursing.



Johnson

Florida Board of Nursing Collaborates with Department of Health

Florida Board of Nursing staff recently met with Department of Health (DOH) investigators at their Ft. Myers office to discuss ways the board can assist with their workload and disciplinary cases in general. The discussion also focused on issues related to the Nurse



Florida Board of Nursing

Licensure Compact and an October 2018 change in title in Florida for advanced practice licensees to APRN. This collaborative effort is part of an ongoing plan by board staff to meet with local DOH investigators as they travel around the state to bi-monthly board meetings.



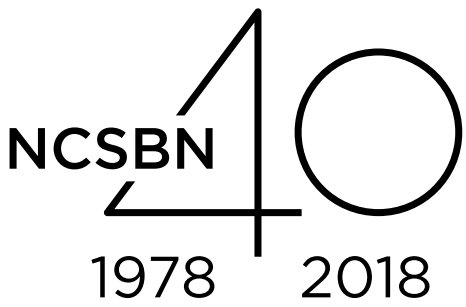
Poortenga

Montana Board of Nursing Updates Renewal Process

The Montana Board of Nursing and the Montana Department of Labor & Industry implemented a process improvement initiative in October 2018. Nurse licensees (all licensed practical nurses, registered nurses and advanced practice registered nurses) will be split into two renewal groups, instead of having all 22,000 licensees renew in even years only. Now, half will continue to renew in even years and half will renew in odd years. "The updated licensing renewal process is based on direct feedback from nurses and stakeholders over the last few years," Missy Poortenga, MHA, BSN, RN, executive officer, Montana Board of Nursing, said. "We're excited to introduce a faster process and ensure a positive customer experience."

**Have news to share?
Send your News &
Notes submissions
via email.**





Throughout 2018, we shared NCSBN milestones as part of a year-long celebration of our ruby anniversary. Thank you for joining us on this trip down memory lane, and here's to another 40 years of regulatory excellence!