Quality and Safety Education for Nurses Update

Editor's Note: In the Spring 2007 issue of *Leader to Leader* Linda Cronenwett and Gwen Sherwood from the Quality and Safety Education for Nurses (QSEN) initiative informed our readers of this national collaborative project. This article provides an update on how QSEN has been disseminated throughout nursing education.

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The Institute of Medicine's 2003 report, *Health Professions Education,* sounded a vital call for all health professions programs to update curricula and teaching/learning strategies. Complex demands in health care require that all health professions students are educated to deliver patient-centered care as members of an interdisciplinary team. These teams need to deliver evidence-based care, while continuously addressing quality improvement and effectively employing informatics. In nursing, the QSEN project, funded by the Robert Wood Johnson Foundation (RWJF), is working to address the impact of this important challenge in nursing education. Particularly important questions for consideration include what teaching/learning strategies will best prepare nursing graduates with the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the health care systems in which they work? How do we update our existing curricular models to effectively address current needs in health care? QSEN's national leadership is addressing these complex questions.

Within three short years, QSEN has become part of the well-used nomenclature of nursing educators. The leaders and faculty of QSEN have been busy and productive; this update will touch on a few examples of the most salient, recent work accomplished by this vital national initiative.

QSEN's goal is to influence the education of all nurses, as all nursing clinicians need the skills and competencies around patient safety and quality improvement identified in QSEN. QSEN and the American Association of Colleges of Nursing (AACN) are currently in Phase III of RWJF's funding, which will sustain QSEN's work until 2012. Phase III goals focus on nursing students, nursing faculty and needs of the larger nursing education community. QSEN's Phase III work includes innovation in the development and evaluation of methods to
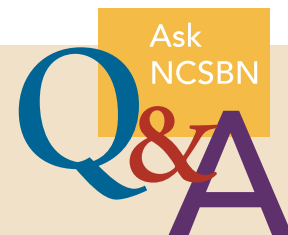
IN THIS ISSUE …

Ask NCSBN

Q&A

Q: Last year, an NCSBN committee developed a regulatory model to foster innovations in nursing education. What are the results of this work?

See the answer on page 4.

promote and assess student learning of the six competencies of the KSAs: patient-centered care, quality improvement, evidence-based practice, teamwork & collaboration, safety and informatics. Additionally, Phase III will include ongoing development of the faculty expertise necessary to teach updated content in quality and safety competencies in all types of nursing programs. Lastly, Phase III work will contribute to the creation of mechanisms to sustain the will to change among all programs (e.g., through the development of QSEN content in textbooks, accreditation and certification standards, licensure exams and continued competence requirements). AACN's contributions to Phase III focuses on faculty development work through curricular resources development and dissemination of curricular materials through regional QSEN consortia for nurse educators. Details of these regional workshops are available at www.qsen.org and www.aacn.nche.edu.

Since its inception in 2007, QSEN's website, www.qsen.org, has served as a bountiful resource for several of the Phase III goals. It is replete with resources for nurses, nursing students and nursing faculty, including easy access to KSAs for the prelicensure and graduate competencies. For each competency, users will find continuously updated and richly annotated bibliographies that scan the current literature in each competency area. For nurse educators, there are more than 50 discrete, peer-reviewed teaching strategies ready for implementation that can be searched by competency domain, learner level, learner setting and strategy type. Videos that highlight exemplar cases like the Lewis Blackman story and the Josie King case are also available. Both exemplars are potent tools that make the vital importance of quality and safety clear to all levels of nursing students. There are faculty learning modules that are freely available, including Appreciating and Managing the Complexity of Nursing Work; Cognitive Stacking; Informatics; and Embedding QSEN in Beginning Level Clinical Courses. QSEN's website provides quick links to the 15 pilot schools that worked to implement QSEN in their prelicensure curricula during Phase II, along with a list of more than 40 QSEN consultants who are faculty innovators, website contributors and leading speakers available for faculty development activities. The related links section is a virtual gold mine as users can quickly access QSEN articles, books and reports on quality and safety, additional teaching modules and scenarios, and professional organizations making great strides in improving quality and safety in health care (e.g., Institute for Healthcare Improvement, Agency for Health Research and Quality Patient

www.qsen.org is replete with resources for nurses, nursing students and nursing faculty, including easy access to KSAs for the prelicensure and graduate competencies.

Safety Network, and the Picker Institute). QSEN's website is an invaluable, ongoing resource for nurses and nurse educators. It facilitates the use of readily available materials developed by experts to update a user's own knowledge base about current trends in quality and safety to best inform one's practice or teaching.

Two prominent nursing journals, *Nursing Outlook* and *Journal of Nursing Education*, published issues dedicated to QSEN. *Nursing Outlook*'s 2009 November/December issue (volume 57, number 6) includes articles that address the learning collaborative of the 15 pilot schools in Phase II, a Delphi study that offers a model to developmentally level the prelicensure KSAs, QSEN competencies for advanced practice nursing and graduate programs, and strategies to foster patient safety competencies in patient simulation experiences. The December 2009 issue of *Journal of Nursing Education* (volume 48, number 12) offers articles that address specific QSEN teaching strategies (e.g., a Web-based near miss reporting system, a clinical assessment tool and approaches to target patient-centered care in simulations) and articles that address broader aspects of curricula (e.g., compatibility of QSEN with a competency-based curriculum, methods to assess student learning outcomes and ideas to incorporate QSEN into the Fundamentals of Nursing). Both nursing journals offer substantive contributions to the emerging body of literature about the importance and logistics of implementing QSEN competencies in nursing curricula.

Participants representing more than 20 states gathered for the first QSEN National Forum in Denver, Colo. in June 2010. Presentations were thematically grouped and included Building QSEN Competencies Across Curricula; Perceptions of QSEN Competency Development; Integrating QSEN in Clinical Teaching; Simulation; Integrating QSEN in Curricula Academic-Practice Partnerships; and Nurturing Expertise in Translation Science. Many of the presentations from the QSEN National Forum are available on www.qsen.org.
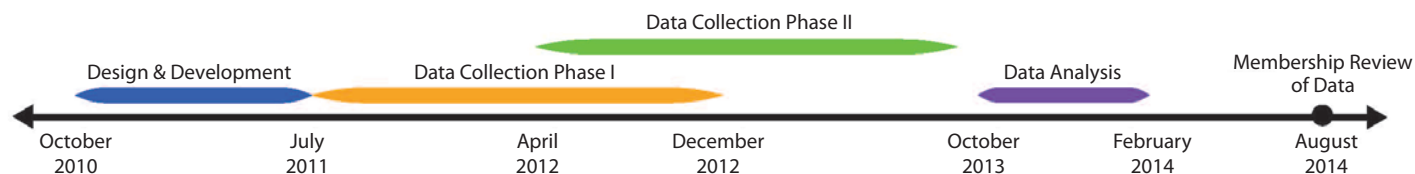
Growth, particularly in nursing education, is rarely a linear affair. Since the QSEN initiative was introduced in June 2007 in *Nursing Outlook*, there has been remarkable, measurable development in this national initiative becoming the comprehensive resource for quality and safety education for nurses and nurse educators. What is the uncharted territory in the future growth of QSEN? What are the future areas of growth for the QSEN initiative? Nurses and nurse educators will be decisive contributors to the next phases of QSEN's development. ●

NCSBN's Transition to Practice Study

In May 2010, NCSBN's Board of Directors approved a three-year randomized, multi-site study of the Transition to Practice model, evaluating safety and quality outcomes. The evidence supporting this model has been reported in NCSBN's *Journal of Nursing Regulation* (Spector & Echternacht, 2010). Below is the timeline for this study:

Transition to Practice

ENGAGING · EXPERIENCING · EMPOWERING

| Design & Development | Data Collection Phase I | Data Collection Phase II | Data Analysis | Membership Review of Data |

| October 2010 | July 2011 | April 2012 | December 2012 | October 2013 | February 2014 | August 2014 |

The study will be conducted with newly licensed nurses in two phases. Phase I will establish internal validity of the model and will be conducted in hospitals with registered nurses (RNs). Phase II will establish external validity (or generalizability) and will be conducted with licensed practical/vocational nurses (LPN/VNs) in a variety of settings, as well as with RNs who take their first jobs in settings other than hospitals (e.g., long-term care, community facilities, correctional facilities, schools).
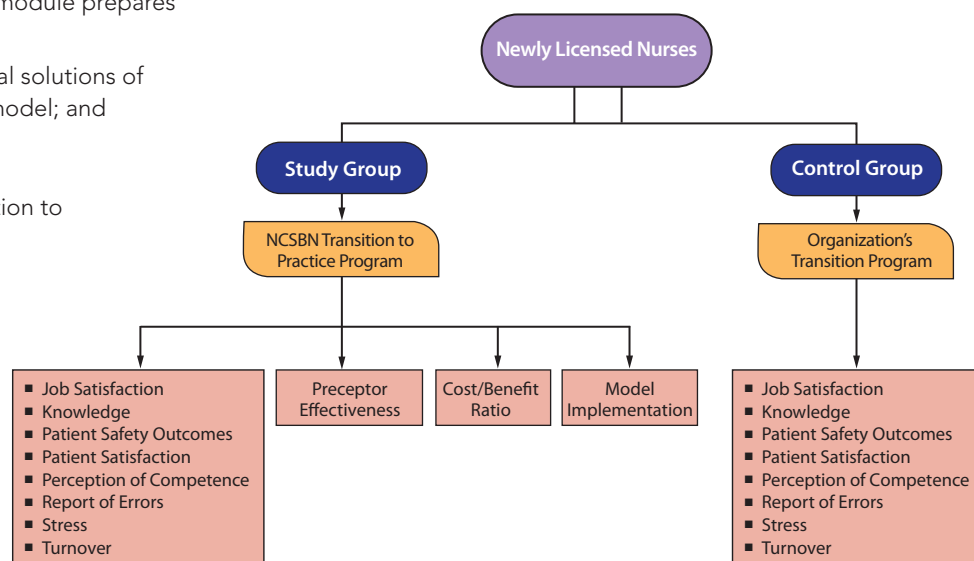
There will be three states selected to take part in the study. Since this is a regulatory model, the application forms have been sent to the executive directors of boards of nursing (BONs). However, the BONs have been encouraged to collaborate with nurse leaders within their states to identify 25 hospitals that are willing to be study sites for Phase I of the study. The primary study objective is to determine whether newly licensed nurses' participation in NCSBN's Transition to Practice model improves safety and quality outcomes. In addition, NCSBN has outlined three secondary objectives:

- To determine how well the preceptor module prepares preceptors for their role;

- To identify the challenges and potential solutions of implementing the NCSBN transition model; and

- To determine cost/benefit analysis.

See the Conceptual Model of the Transition to Practice study, *right.*

This study is unique in two ways. First, it is the only transition study where sites will be randomly assigned to a standardized transition to practice model or to a control group. The control group will use their usual practice of transitioning new nurses to practice. The use of a control group will allow NCSBN to statistically analyze differences between study and control sites. Secondly, this study is the first to analyze differences in patient outcomes between the study and control groups. Other studies of transition programs have looked at retention rates, new nurse satisfaction, preceptor satisfaction and nurse's perceptions of competence and confidence, but they haven't looked at actual patient outcomes. For example, Scotland's Flying Start online program for transitioning new graduates recently released a report (Roxburgh et al., 2010) evaluating the program. However, their outcome variables included self-report competence, self-efficacy (confidence), job demands and career intentions, but no data related to patient outcomes. Since NCSBN's

Newly Licensed Nurses

Study Group — NCSBN Transition to Practice Program

- Job Satisfaction
- Knowledge
- Patient Safety Outcomes
- Patient Satisfaction
- Perception of Competence
- Report of Errors
- Stress
- Turnover

Preceptor Effectiveness

Cost/Benefit Ratio

Model Implementation

Control Group — Organization's Transition Program

- Job Satisfaction
- Knowledge
- Patient Safety Outcomes
- Patient Satisfaction
- Perception of Competence
- Report of Errors
- Stress
- Turnover

Transition to Practice program is a regulatory model, it was essential to also evaluate patient outcomes.

Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN; Kevin Kenward, PhD, MA, director, Research, NCSBN; and Josephine Silvestre, MSN, RN, associate, Regulatory Innovations, NCSBN are conducting this study. Jane Barnsteiner, PhD, RN, FAAN; Beth Ulrich, EdD, RN, FACHE, FAAN; Mary Blegen, PhD, RN, FAAN; and Mary Lynn, PhD, RN are national leaders in quality and safety research and in studies of new graduates. They have served as invaluable consultants to NCSBN and will continue to advise the organization throughout the study.

On Oct. 6, 2010, the Institute of Medicine and Robert Wood Johnson Foundation released the much awaited *Future of Nursing: Leading Change, Advancing Health* report. One of its recommendations calls for implementing residency programs, evaluating "… the effectiveness of residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes." NCSBN's study will address all of these areas, making it very timely. Progress reports will be available in future issues of *Leader to Leader* and on NCSBN's website.

For further information, contact Nancy Spector at nspector@ncsbn.org or Josephine Silvestre at jsilvestre@ncsbn.org. ●

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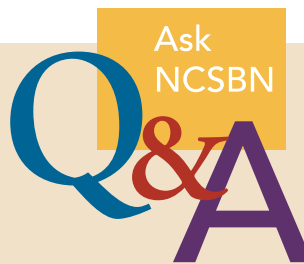
Ask NCSBN Q&A

Q: Last year, an NCSBN committee developed a regulatory model to foster innovations in nursing education. What are the results of this work?

A: In 2009, NCSBN developed model rules to foster innovations in nursing education. During this past year, we developed an online toolkit for regulators and faculty members, which includes the final report, handouts for educators and regulators, and other resources. There is a wiki embedded into the toolkit for boards of nursing (BONs) to use to post the innovations in nursing education that are taking place in their states.

To evaluate the success of this work, NCSBN surveyed the BONs with the following results:

- **Five** BONs have adopted the model rule language;
- **Eleven** BONs reported innovations that could transform nursing education;
- **Sixteen** BONs reported innovative strategies related to the faculty shortage; and
- **Twelve** BONs reported innovative practice partnerships.

NCSBN will continue to assess the success of this initiative in promoting innovations in nursing education. BONs are in the ideal position to create a favorable climate for innovative educational approaches and to champion new strategies that educate nurses, while remaining diligent in regulating core education standards. ●

NCSBN Committees Receive New Charges for 2011

In May 2010, NCSBN's Board of Directors (BOD) established the Nursing Education Committee, which was charged with the following:

1. Analyze and present data from member boards regarding implementation of education program regulations that result in initial and continued approval of compliance actions;

2. Examine differences between boards of nursing (BONs) requirements and accreditation standards for nursing education programs approved by member boards; and

3. Assess the current and future purpose and focus for BON approval of nursing education programs.

The committee will have its first meeting Dec. 14–15, 2010.

An update on this work will be reported in the Spring 2011 issue of *Leader to Leader*.

Many problems are being reported to BONs related to nurses using social networking sites to post information about their patients, thus invading patient privacy. Therefore, the BOD has charged the Disciplinary Resources Committee with developing guidelines related to social networking. The committee has reviewed related literature and guidelines in other fields and will develop draft guidelines at their next meeting.

For more information on these committees' work, contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org. ●

Strategies to Promote Innovation in Nursing Education in Texas: An Update

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Editor's Note: In the Spring 2008 issue of *Leader to Leader,* Robbin Wilson and Mary Beth Thomas from the Texas Board of Nursing (TX BON) discussed how the TX BON was encouraging innovation in nursing education. This is an update of that article, presenting some of the outcomes data.

Innovation is an imperative for nursing education programs as valiant efforts are made to prepare a sufficient number of competent nurses for the 21st century. Education programs are challenged to implement new innovative strategies to expand educational capacity to meet the workforce needs for the future. The word "innovation" has commonly been associated with revolutionary ideas, current trends, technology, creativity and excellence, and is usually goal-directed. Innovation in nursing education involves either developing something new to nursing or to a particular nursing program. Innovation may involve a simple change or a radical redesign of the system, but it is using something different that seems to be the answer (Warner & Burton, 2009).

State Authorization for Pilot Programs for Innovative Applications

The Texas Legislature through Senate Bill 718 (2003) gave the TX BON the authority to approve and adopt rules for pilot programs to advance innovation in regulation. Based upon this legislation, the TX BON has taken steps to foster innovation in nursing education. Subsequent to this legislation, the TX BON approved the adoption of a regulatory rule that established the proposal process for Texas schools to submit requests for innovations. Prior to the adoption of this rule, the TX BON had consistently received requests for flexibility and creativity from nursing education programs seeking to explore new approaches to nursing education. The application and proposal process was designed to encourage creative and innovative approaches in education that would improve the quality of the academic experience, produce competent, safe nurses and be replicable.

The guidelines to submit a proposal for an innovative pilot program were provided on the TX BON website for those nursing education programs seeking to utilize innovative applications that required a waiver of education rules (TX BON, 2005). For consideration by the TX BON, the proposals have to include the following components:

- A clearly defined need;
- Sufficient valid research data to support the need;
- Development of the proposed pilot program;
- Identification of measurable outcomes;
- Appropriate timeline;
- Adequate financial support;
- Resources to continue the pilot program if successful;
- Adequate methodology;
- Data collection process; and
- An evaluation plan.

For quality control, the application must also include a description of:

- The anticipated effects on students currently enrolled and those who may participate in the program;
- Actions that will be utilized to address any negative effects on participating students;
- Evidence that the pilot program is linked to the enhancement of quality professional nursing education; and
- Methods by which nursing educational programs and health care institutions in the state will be made aware of the results of the pilot program.

Following review, approval, implementation and evaluation of the application by the TX BON, the program may request permanent use of the model and consideration by the TX BON to change rule language to allow this model in other programs.

Statewide Plan to Create Innovative Models for Nursing Education

In collaboration with nursing education stakeholders and the Texas Higher Education Coordinating Board (THECB), the TX BON developed *A Statewide Plan to Create Innovative Models for Nursing Education to Increase RN Graduates in Texas Professional Nursing Education Programs* (2006). The TX BON met with representatives from stakeholder groups, including a professional nursing organization, baccalaureate degree and associate degree nursing program educator groups,

employers, the Texas Center for Nursing Workforce Studies and THECB. Drawing upon the THECB report, *Strategies to Increase the Number of Graduates from Initial RN Licensure Programs* (2006), the TX BON developed an outcome-based plan to create innovative models to increase the amount of RN graduates from nursing programs.

The Statewide Plan was submitted to the 2007 Legislature and was based on the assumption that state funding would be provided to programs to facilitate the innovative models. The plan also assumed that support would be forthcoming from institutions, as well as public and private partnerships. The premise behind the Statewide Plan recognized that the approximately 100 professional nursing programs across the state had varied needs and served widely diverse communities and populations. Rather than be prescriptive, the Statewide Plan allowed programs to choose from a list of suggested strategies and/or create additional strategies to suit the individual program and its locale. Even though no specific state funding was provided for the Statewide Model, programs proceeded to design and implement a variety of their own innovative models. Many nursing programs began or continued to use innovative models they had adopted to provide quality nursing education to more students, even though additional funding and resources were uncertain. Nursing programs and clinical agencies/health care institutions implemented numerous partnerships and collaborations to facilitate innovative measures to further nursing education. The collaborative efforts and partnerships that have mirrored academic-service partnerships in other states were found to work differently, better and without additional resources (Burke, Moscato & Warner, 2009; Reinhard & Hassmiller, 2009; Warner & Burton, 2009).

> Rather than be prescriptive, the Statewide Plan allowed programs to choose from a list of suggested strategies and/or create additional strategies to suit the individual program and its locale.

The TX BON followed up on these activities by surveying programs and compiling a list of innovative models. In order to facilitate data collection, the term "partnership" was defined as "a formal agreement between a nursing program and one or more clinical settings, community organizations/agencies, or other nursing programs that attempts to consolidate or share resources in an effort to directly increase enrollments and graduation rates." Partnerships were seen as a vital part of innovative models initiated at this time. Murray (2007) validated the importance of strategic partnerships, calling them synergistic models of collaboration that are being used to address both nursing and faculty shortages.

Approximately 86 percent of professional nursing educational programs responded to the original survey. The data were organized and provided on the TX BON website. In 2009 the

TX BON completed a follow-up survey to determine the innovative measures that have persisted for two years with an indication of these that were associated with an increase in graduation rates and acceptable NCLEX-RN® Examination pass rates for the programs. There were 37 programs that responded to the repeat survey, which not only validated that the programs were still using the same measures to increase enrollments, but that they were increasing the use of the same models. The largest increases in innovative categories based upon the survey results were seen in:

- Research and grants funded by the THECB;
- Partnerships regarding shared skills and simulation laboratories, as well as clinical placement activities;
- Utilization of simulation in clinical teaching; and
- Innovative curriculum strategies.

A new category was added to the partnerships among Texas nursing education programs labeled "Research Funded by THECB," emphasizing more collaboration between education programs in funding opportunities. The most common barriers to the use of innovation identified by Texas nursing programs are a lack of new funding or expiration of a research grant, and the needs for adequate faculty and faculty training. Programs named the benefits of innovations as improved relationships in partnerships, increased enrollments and training.

The most remarkable changes probably relate to funding sources since seven programs sought THECB grants in 2009 and none had reported such activity in 2007. The increase in collaboration between programs in the use of simulation and skills labs indicates financial benefits of using common nursing laboratories. Other changes in the data are interesting, but not significant.

Ongoing Promotion for Innovation in Nursing Education

The application of innovation in nursing education cannot be a one-time solution to the issues in nursing education today. "Rather, innovation should be persistently sought after and consistently evident in our programs" (Ironside & Valiga, 2007).

The goals of the TX BON in continuing to foster innovation in nursing education include:

- Maintaining quality in nursing education;
- Promoting flexibility in nursing education regulation;
- Collaborating with other agencies;
- Participating in state and national initiatives to increase the number of nursing graduates;
- Disseminating information to nursing programs; and
- Supporting nursing programs through consultation.

Nursing programs in Texas are enriched by three assets important to successful innovation: flexible regulation from the BON, growing support from partnerships with affiliating agencies and community groups, and nursing program leadership willing to

affect change. "When educators, practice partners, and regulators work together toward common goals, opportunities are found, risks are taken, and innovation is encouraged" (Burke, Moscato & Warner, 2009). ●

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New Board of Nursing (BON) Information Available for Nurses

Nursing is one of the most trusted professions in the U.S. Most nurses work hard to practice safely and competently, but in the rare instances that this is not the case, BONs have to intervene. A BON's mission is to protect the public; it also works with nurses to support their efforts of providing safe and competent care. With this in mind, NCSBN introduces a new brochure written for nurses to help them understand the role of a BON, especially when a complaint is filed.

State and Territorial Boards of Nursing: What Every Nurse Needs to Know offers nurses an explanation of what BONs do for the profession and those who work in it. It specifically addresses a BON's investigation into violations of a state's nurse practice act (NPA). This brochure explains the importance of the NPA; the process for filing a complaint against a nurse who has exhibited unsafe, negligent or incompetent behavior; and what a nurse can expect while a complaint is being investigated. It also offers helpful information for nurses who are the subject of a complaint.

Hard copies of this brochure are available, free of charge. Contact communications@ncsbn.org with the quantity desired and an address where the brochures should be sent to place an order. ●

State and Territorial
Boards of Nursing
**What Every Nurse
Needs to Know**

NCSBN
National Council of State Boards of Nursing

N C S B N Resources and Events

Regional Workshops

NCLEX® Examinations department content staff conduct one-day, board of nursing (BON)-sponsored regional workshops for the purpose of providing information to nursing program educators who prepare students to take the NCLEX® examination. Workshop objectives include:

- Identifying the NCSBN practice analysis process and explaining how the results are used to update NCLEX test plans;
- Illustrating basic principles of computer adaptive testing and describing standard setting;
- Explaining the steps of the NCLEX item development process;
- Identifying NCLEX alternate item formats;
- Demonstrating and applying principles of item writing in the NCLEX style; and
- Ascertaining the use and application of NCLEX® Program Reports and Candidate Performance Reports by nursing education programs.

To request a regional workshop in your jurisdiction, contact your state BON.

Submit Your Articles to the *Journal of Nursing Regulation*

The *Journal of Nursing Regulation (JNR)* is the official publication of NCSBN and the first scholarly journal of its kind examining regulation from a nursing perspective. Published quarterly, JNR offers peer-reviewed articles written by leaders in nursing regulation about original nursing regulatory research; features on regulatory issues, policies and laws; critical reviews; evidence-based best practices; innovative strategies; public safety; case reports; book reviews; and continuing education. It also focuses on topics related to nursing education and practice, investigation and discipline, and NCLEX examinations.

The JNR editorial staff welcomes articles in the following areas:

- *Practice*, including nursing licensure and certification, patient safety, delegation, nursing assistive personnel and continued competence.
- *Education*, including issues that nursing regulators face and discussions of solutions that address them. The area of education also addresses such issues as evidence-based elements of nursing education resulting in safe entry-level practitioners, best practices in nursing education, statewide programs that transition nurses from education to practice, approval and accreditation of BONs and distance learning.
- *Discipline and Investigation*, including nurse chemical dependency, regulatory and alternative management programs for impaired nurses, drug screening, disciplinary actions taken against nurses, investigative tools and models for investigation.

Other topics include legal and ethical issues, policy and government relations, regulation related to patient safety, the NCLEX-RN® and NCLEX-PN® Examinations, and federal legislation and regulations that affect nursing and other health care professions.

To submit an article to JNR, visit http://jnr.metapress.com/home/authors.mpx for the official Article Submission Guidelines.

Research Briefs

NCSBN now offers 48 volumes of research that include practice analyses and national surveys of the profession, covering topics such as nursing education and professional issues. Visit www.ncsbn.org/179.htm to download the following recently published research briefs, free of charge.

Report of Findings from the 2009 TUNING Analysis: A Comparison of U.S. and International Nursing Educational Competencies is an account of a new initiative that seeks to understand the role of nurses and nursing education from an international perspective. The goal of this study was to evaluate the consistency of nursing educational competencies globally.
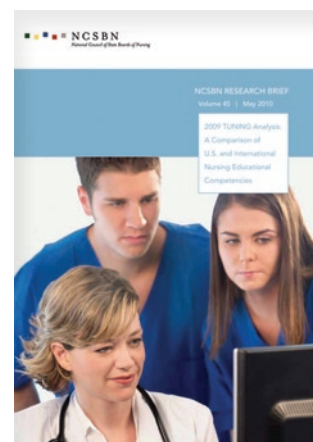
Report of Findings from the 2009 Job Analysis of Nurse Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings reports the importance ratings for activities performed by certified entry-level nurse aides/nursing assistants employed in various health care settings. The findings from this study are used to evaluate the validity of the test plan, content outline and examination questions for the nurse aide certification examination.

Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and Ontario, Canada compares entry-level nursing activities of U.S. registered nurses with a cohort from Ontario, Canada. The College of Nurses of Ontario collaborated with NCSBN on this initiative.

Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and British Columbia, Canada compares entry-level nursing activities of U.S. registered nurses with a cohort from British Columbia, Canada. The College of Registered Nurses of British Columbia collaborated with NCSBN on this initiative. ●

NCSBN Outreach Services

The NCSBN Outreach Services department assists member boards in adopting and implementing programs and projects that facilitate effective regulatory decision making and helps to make research results, products and services related to nursing regulation and practice available and accessible to the public. Outreach Services also collaborates with NCSBN's Research and Regulatory Innovations departments to promote, disseminate and assist stakeholders with adopting products and services that support regulatory excellence. The products and services developed by NCSBN are geared toward member boards, professional nurses and the public; and support NCSBN's mission of providing education, service and research to promote evidence-based regulatory excellence for patient safety and public protection.

In 2009–2010, the Research department contacted hospital, home health and nursing home employers in the U.S. who hire nurses through a survey entitled, *A Survey of Nurse Employers on the Professional and Practice Issues Affecting Nursing: Workforce, Educational Preparation, Transition, and Patient Safety.* This survey was designed to explore and capture insights into professional and practice issues affecting the nursing profession, including workforce, educational preparation, transition to practice and patient safety. Outreach Services will help to facilitate the dissemination of key findings from this and other NCSBN research in a variety of ways, including recommending that the information be published in board of nursing newsletters to inform the member boards and in nursing periodicals to inform the nursing community.

To learn more about Outreach Services, contact the department at **outreachservices@ncsbn.org.** ●

Research Funding Available Through the Center for Regulatory Excellence (CRE)

If you are looking for funding to research new and innovative ways to make a difference in the field of nursing, submit your grant proposal to NCSBN's CRE grant program. The CRE awards grants up to $300,000 (with a two-year time limit) for scientific research projects that advance the science of nursing regulation and build regulatory expertise worldwide.

Grants are awarded to qualified researchers who are interested in the following research priorities:

- **Patient Safety;**
- **Scope of Practice (LPN/VN, RN and APRN issues);**
- **Nursing Education;**
- **Continued Competence;**
- **Discipline and Alternatives to Discipline;**
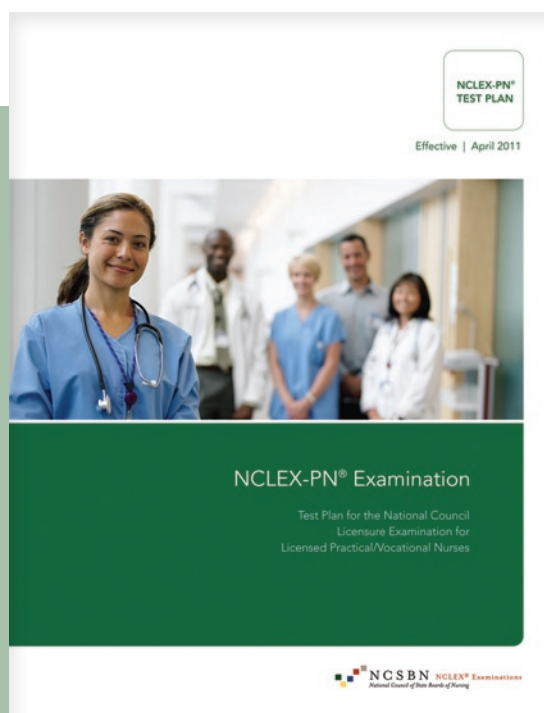- **National and International Regulatory Issues; and**
- **Nurse Mobility.**

Visit **www.ncsbn.org/389.htm** for more information. ●

2011 NCLEX-PN® Test Plan

Every three years, NCSBN reviews the NCLEX-PN® Test Plan. Changes to the NCLEX-PN Test Plan are based upon empirical data collected from newly licensed nurses, as well as the expert opinions of boards of nursing, the NCLEX® Examination Committee and NCSBN content staff.

The *2011 NCLEX-PN® Test Plan* will go into effect April 1, 2011. The 2011 NCLEX-PN® Detailed Test Plan will be posted on the NCSBN website by the end of 2010. This document offers a more thorough and comprehensive listing of content for each client needs category and subcategory as outlined in the test plan. The 2011 NCLEX-PN® Detailed Test Plan will exist in two forms; a candidate version and an item writer/item reviewer/nurse educator version.

The *2011 NCLEX-PN® Test Plan* and answers to frequently asked questions are available by visiting **www.ncsbn.org/ 1287.htm**. ●

NCLEX-PN® TEST PLAN
Effective | April 2011

NCLEX-PN® Examination
Test Plan for the National Council
Licensure Examination for
Licensed Practical/Vocational Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

NCSBN Endorses the Tri-Council's Consensus Policy Statement on the Advancement of Nursing Education

The Tri-Council (consisting of representatives from the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives and the National League for Nursing) released a consensus policy statement on May 14, 2010, calling for the educational advancement of all nurses, regardless of their entry points into the profession. In September, NCSBN released a policy position statement that "… endorses continued learning at all levels of nursing and supports the May 2010 Tri-Council consensus policy statement on the Advancement of Nursing Education."

NCSBN's position is congruent with its own mission to promote regulatory excellence for public protection. It also is in accordance with major NCSBN initiatives, including continued competence and promoting patient safety. The policy statement acknowledges that with "… the complexity in health care today, the need for systems thinking and the advancement of technology… more nurses are needed in advanced roles." The statement continues to assert that it's "… crucial to support the development of new nurse leaders and faculty through the advancement of nursing education, particularly in light of the severe faculty shortage. Similarly, there is the need for more advanced practice registered nurses (APRNs) to meet the primary care needs of the population."

The statement continues to assert that it's "… crucial to support the development of new nurse leaders and faculty through the advancement of nursing education, particularly in light of the severe faculty shortage."

NCSBN's policy statement makes three recommendations:

1. Ensuring that educational standards remain high when addressing the nursing and faculty shortage. NCSBN will continue to work with boards of nursing (BONs) to ensure high educational standards. Examples of past NCSBN work includes:

   - The release of a 2005 position paper entitled *Clinical Instruction in Prelicensure Programs* (adopted by NCSBN's membership) that calls for clinical experiences in prelicensure programs at the level of licensure;

   - Adoption of model regulatory language by NCSBN's membership in 2008 that established high standards for nurse educators; and

   - Release of the 2009 policy position statement, *Nurse Shortage*, which stated: "Standards based on the highest level of evidence for nursing practice, education and regulation must be upheld regardless of workforce shortages, economic downturns or other environmental influences."

2. Supporting quality, innovative nursing program designs. In 2009, NCSBN's membership unanimously adopted model rules that foster nursing education innovations. NCSBN is continuing to monitor the use of these model rules and will be a resource for BONs and educators on regulation's role in fostering education innovations.

3. Facilitating a seamless pathway for nurses to obtain bachelor of science and graduate degrees. In some states/jurisdictions, core curricula are being developed to encourage further education; others have developed specific articulation agreements. NCSBN will continue to work with BONs to promote a seamless advancement of nursing education.

The NCSBN policy position statement can be found at www.ncsbn.org/Nursing_Education_Policy_Statement_.pdf. For further information, please contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org. •

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