Leader *to* Leader

Nursing Regulation & Education Together

A Day in the Life of a
Nursing Regulator

Boards of nursing (BONs) employ regulatory staff to assist in their daily operations. Some regulators are nurses; others are experts in other fields such as information technology (IT) or investigations. Further, each BON has a board that meets regularly and makes regulatory decisions. The board is composed of nurses and public members. They all work toward one goal: helping the BON achieve its mission of public protection. To learn more about these regulators, their roles and responsibilities on BONs, and the issues they are facing, we are excited to introduce a new series in *Leader to Leader*; "A Day in the Life" will give our readers valuable insight into the world of nursing regulation from those who live it every day.

For the first of the "Day in the Life" series, we interviewed **Mindy Schaffner**, PhD, MSN-CNS, RN, nurse education advisor, Washington State Nursing Care Quality Assurance Commission (NCQAC), to learn more about her role at the BON, clear up common misconceptions about the education program approval process and explore the program approval-related issues she's facing in Washington.

Throughout your career, you've worked in public policy and education. What has the transition to regulation been like? What made you decide to join the NCQAC?

The best way to describe the transition from practice and education to regulation is to say that the groundwork for assuming a regulatory position

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Ask NCSBN
Q&A
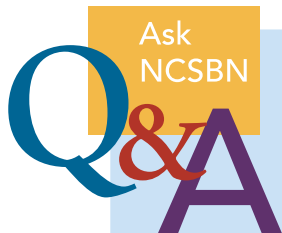
Q: Since I am not a member of our board of nursing (BON), is there any way I can still participate in NCSBN activities and initiatives?

A: First, I'd like to encourage educators to put their names forward as candidates for your BON. The process of becoming a BON member varies from state to state, so you might want to check with your local professional organization or your BON to learn how to be considered. A dean of a nursing program once said that being on her BON was the "pinnacle" of her career.

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began in my educational nursing preparation and continued in various career experiences. It has been an ongoing process of learning and developing the skills needed to be an effective regulator. The learning continues, as there are always new issues that evolve in nursing practice and education.

My decision to join the NCQAC was based on a passion to influence and develop public policy related to nursing and nursing education. It is a way to serve my profession and community. It offers opportunities to solve difficult policy issues and to have an impact on the development of policies that promote quality education at a local, state and national level. I enjoy working with diverse groups of people and appreciate that varying viewpoints are the strength of healthy regulatory systems.

What are your primary responsibilities as a nurse education consultant?

Some of my responsibilities as a nurse education consultant include providing:

- Consultation on legislation and rule proposals related to nursing education (from nursing assistants to graduate nurse preparation) and licensure;

- Survey development, analysis of data and statistical reports related to licensing examinations (e.g., NCLEX® and NNAAP® examinations) and policy issues;

- Technical assistance to deans, directors and coordinators;

- Review of nursing program self-study reports;

- Site visits for approval and ongoing review of all nursing programs;

- Joint visits with national accrediting bodies;

- Recommendations to the NCQAC regarding approval of nursing programs and policy development;

- Representation for the NCQAC at key meetings, such as the Council of Nursing Educators of Washington State (CNEWS);

- Review of international licensed practical nurse (LPN) or registered nurse (RN) student licensure applications to ensure academic preparation equivalent to Washington requirements; and

- Investigation of complaints against schools of nursing and nurse aide training programs.

Is there such a thing as a typical work day for you?

One aspect I enjoy most about the nurse education advisor position is that every day is different and is varied in responsibilities. It offers many opportunities to meet and converse with people from across the state and nation about educational issues. The day may include mainly office work, from reviewing programs and academic records of students to writing correspondence which addresses questions or regulatory issues. The

analysis and collection of data is another aspect of office work that requires much detail. Of course, what would office work be without addressing email and telephone communications? Another day may include work outside the office, completing

> I enjoy working with diverse groups of people and appreciate that varying viewpoints are the strength of healthy regulatory systems.
>
> — Mindy Schaffner

on-site program visits, representing the NCQAC at various state and national meetings, or conducting meetings for public input. Staffing our Nursing Program Approval Panels on a monthly basis requires preparation for the meetings, presentation of school information and follow-up correspondence.

While every state has different rules and regulations, are there any common misconceptions about the approval process of education programs?

A common misconception among prospective students and public members is the difference between state approval and accreditation by a nationally recognized accrediting organization. All states have an approval process for nursing schools to operate in their respective state. This approval process varies across the states and usually includes authorization from the state's board of nursing. Recognition by a national nursing accrediting body such as the Commission on Collegiate Nursing Education (CCNE) or National League for Nursing Accreditation Commission (NLNAC) may or may not be required by states for approval. Some states require national nursing accreditation as part of their ongoing approval process; other states do not have this requirement. Accreditation ensures that consistent standards are being met across the states. State approval ensures that state regulations are being met in that state.

Are there any program approval-related issues in Washington that you are currently facing?

Questions from out-of-state, online distance learning nursing programs have significantly increased since the publication of rules by the U.S. Department of Education (DOE), which were published in the Federal Register in October 2010. A section of the rules requires that distance learning institutions obtain approval from the state that the student is residing in while receiving instruction. This rule has been challenged in the courts and that challenge is under appeal by the DOE. Educational institutions are asking questions, even though this particular rule is being challenged and is not yet in effect. This issue is currently being evaluated by the NCQAC. I appreciate the timeliness of a recent survey by NCSBN on the issue and plan to utilize the results. ●

NCSBN Releases Social Media Guidelines

In the past several years, the use of social media and other forms of electronic communication in health care has exponentially increased, especially with the constant influx of new online outlets and technological devices. There are several benefits to this increase, including cultivated professional connections, timely communication with patients and family members, and easily accessible information for health care consumers and professionals. However, in a patient care profession such as nursing, the ubiquity of social media may contribute to the challenge of distinguishing between personal and professional settings. While many health care organizations have established policies for the use of social media in the workplace, these policies do not extend to the use of it outside of the workplace. Already, several instances of inappropriate use by nurses have been reported to boards of nursing (BONs), nursing literature and media. NCSBN recognizes the importance of this topic and has responded with clear social media usage guidelines to be shared with the nursing community. Social media is a booming industry with implications that require consistent understanding and total awareness.

> NCSBN recognizes the importance of this topic and has responded with clear social media usage guidelines to be shared with the nursing community.

To further understanding and familiarity of these guidelines, NCSBN has developed a white paper, *A Nurse's Guide to the Use of Social Media*, which was approved by the NCSBN Board of Directors in May 2011. This document is intended to provide guidance to nurses using electronic media in a way that maintains patient privacy and confidentiality. ANA has developed principles for using social media that complement NCSBN's white paper. NCSBN has endorsed ANA's social media principles and ANA has endorsed NCSBN's social media guidelines. NCSBN is also seeking endorsement of it's social media white paper from other nursing organizations.

To demonstrate inappropriate uses of social media, seven scenarios reflecting actual cases reported to BONs are incorporated in the white paper. Each scenario includes a summary identifying the privacy and confidentiality issues, as well as the repercussions for the nurse's practice. These scenarios depict nurses with various levels of experience in several different health care environments, ranging from a student nurse in a pediatric

unit to a veteran licensed practical/vocational nurse (LPN/VN) in hospice care. In addition, the white paper outlines the potential BON, state and federal consequences, including the negative effects on team-based patient care. The information presented in this white paper will be captured in a brochure, which will be available in winter 2012.

NCSBN is excited to announce that it will be working with Richter Studios to produce a short video addressing social media in the nursing context. It will be available by the end of the year via NCSBN's website, and YouTube and Vimeo channels. Using professional actors to depict nurses and patients, this video will simulate two of the seven scenarios from the white paper, while incorporating key guidelines and common myths about social media and electronic communication.

For more information, please contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org or Renee Nicholas, coordinator, Research NCSBN, at rnicholas@ncsbn.org. ●

The actual guidelines are stated as follows:

1. Recognize obligation to maintain privacy and confidentiality.
2. Don't disseminate information that will degrade or embarrass the patient.
3. Don't transmit patient-related information.
4. Don't post information that could reasonably identify the patient.
5. Don't refer to patients in a disparaging manner.
6. Don't take photos or videos of patients, unless authorized.
7. Maintain professional boundaries.
8. Consult employer policies.
9. Report breaches of confidentiality or privacy.
10. Be aware of employer policies on the use of computers, cameras, etc.
11. Don't post disparaging remarks about co-workers.

Nursing Education Committee Update

In 2010–11, the NCSBN Board of Directors (BOD) convened a Nursing Education Committee and charged it with assessing the current and future focus of program approval in boards of nursing (BONs). The committee was also charged with analyzing the approval processes in BONs and examining the differences between approval and national nursing accreditation (by the National League for Nursing Accrediting Commission [NLNAC] or the Commission on Collegiate Nursing Education [CCNE]). The sources of data the committee reviewed were presented in the spring issue of *Leader to Leader*, along with the results of a survey to the member boards. The final recommendations from the committee were adopted by the BOD in May 2011 and presented to the member boards at 2011 NCSBN Annual Meeting in August. Those recommendations include the following:

1. **Working toward requiring national nursing accreditation of all prelicensure nursing programs** (e.g., licensed practical/vocational nurse [LPN/VN], associate degree in nursing [ADN], diploma, baccalaureate and master's entry) by the year 2020, in concert with the Institute of Medicine's (IOM's) Future of Nursing report.

2. **BONs would retain the following responsibilities:**
   - Have statutory authority over nursing programs;
   - Make initial approval visits and decisions;
   - Make individual or joint visits with the national nursing accreditors for complaints or issues that arise; and
   - Accept the national nursing accreditors' annual and site visit reports.

3. **NCSBN will support the BONs as they move toward requiring national nursing accreditation by:**
   - Establishing best practices for assisting nonaccredited programs to become accredited;
   - Developing guidelines for BONs to make joint visits with accreditors;
   - Meeting with national nursing accreditors to develop a shared understanding so that requiring accreditation will be successful; and
   - Hosting a conference with national nursing accreditors, BONs and educators to dialogue about how to make the accreditation requirement a success.

For more information, see the 2010–11 Nursing Education Committee final report.

A Preferred Future of Program Approval for BONs

For 2011–12 the NCSBN BOD has directed the Nursing Education Committee to continue its work to establish a preferred future of program approval for BONs. This year the committee is working to facilitate a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation. To begin this conversation, the committee met on Sept. 27, 2011, with Jennifer Butlin, EdD, executive director, CCNE; and Carol Ledbetter, PhD, RN, FAAN, CCNE Board of Commissioners. On Sept. 28, 2011, the committee met with Sharon Tanner, EdD, RN, executive director, NLNAC. Each day was filled with rich dialogue about approval and accreditation processes. The conversation between the Nursing Education Committee and the national nursing accreditors will continue.

NCSBN World Café Education Meeting

The Nursing Education Committee is also responsible for holding a meeting with educators, national nursing accreditors, and BONs to develop a shared understanding of the BON approval process. This exciting event, called the NCSBN World Café Education Meeting, will be held in Chicago, Dec. 8–9, 2011, using the World Café format. Participants will learn from thought leaders, both on the stage and among the attendees; will be

WORLD CAFÉ
EDUCATION MEETING

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able to engage in meaningful conversations about important nursing education issues; and will hopefully shape the future of nursing education.

Invited thought leaders for the World Café conversation include Joanne Disch, PhD, RN, FAAN, clinical professor, University of Minnesota School of Nursing, who is experienced with facilitating World Café meetings. Disch has been instrumental in planning the two-day meeting and will serve as the facilitator. On Dec. 8, 2011, Michael Bleich, PhD, RN, FAAN, dean, Oregon Health & Science University School of Nursing, who was a member of the IOM Future of Nursing Committee, will listen to the group as they dialogue and will discuss what nursing could be. The next day Chris Tanner, PhD, RN, FAAN, professor, Oregon Health & Science University School of Nursing, a leader in nursing education, will challenge the group with a new way of thinking about nursing education. The participants will have a generative discussion of the implications of Tanner's presentation and talk about next steps.

A final report on ideas discussed at the World Café Education Meeting will be integrated in the Nursing Education Committee's report.

Evaluate the Current Education Model Rules

The last charge to the Nursing Education Committee is to evaluate the current education model rules and to recommend changes. NCSBN develops model rule language for BONs to refer to as they make changes in their laws or administrative rules. This charge will be accomplished after considering the World Café dialogue about the future of approval and after developing a shared understanding with the national nursing accreditors.

For more information, please contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org. ●

Volunteer for the NCLEX® Examination Item Development Program

NCSBN depends on practicing nurses to assist in the NCLEX® Item Development process. Panel members travel to Chicago (all expenses paid) to write or review exam items for the NCLEX® examination; on-site training is provided. As an NCLEX panel member, you not only have the opportunity to earn contact hours, but also to network with your nursing colleagues on a national level.

To qualify, you must be a registered nurse (RN) or a licensed practical/vocation nurse (LPN/VN) in the jurisdiction where you practice. Additional requirements also include:

NCLEX-PN® Examination

To be an item writer, you must be an RN or LPN/VN who is responsible for teaching basic/undergraduate students in the clinical area.

To be an item reviewer, you must be an RN or LPN/VN who is currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.

NCLEX-RN® Examination

To be an item writer, you must be an RN with a master's degree or higher who is responsible for teaching entry-level nursing students in the clinical area.

To be an item reviewer, you must be an RN who is currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.

Panels are held at various times throughout the year. This is your opportunity to contribute to the continued excellence of the nursing profession. Apply online today. ●

NCSBN Simulation Study Update

The NCSBN Simulation Study officially began at the beginning of the school year this fall. Of the new students starting their nursing programs at the 10 study sites across the country, 852 students have volunteered to participate in the study.

The students are currently enrolled in a fundamentals/foundations of nursing course and will experience their first simulation experience this semester (if they haven't done so already). Students are being assessed weekly by their clinical instructors in both clinical and simulation settings. These data are being submitted to NCSBN to evaluate the learning occurring with various amounts of simulation substituting for clinical hours. At the end of the semester, students will take a standardized

test to evaluate the knowledge gained about the concepts taught during the semester. Students will be required to complete these standardized tests at the end of each semester.

NCSBN Simulation Study staff is currently working on preparing the simulation curriculum for the second semester. In the upcoming semester, students will be enrolled in psychiatric/mental health nursing, medical/surgical nursing, obstetrical or pediatric nursing courses.

The study design and methodology as well as data gathered during the first year of the NCSBN Simulation Study will be presented at the NCSBN Scientific Symposium in the fall of 2012. Additional updates of this study will be available in future issues of *Leader to Leader*. ●

Transition to Practice Study Update

This summer marked the launch of NCSBN's longitudinal, randomized Transition to Practice Study, which is investigating the effects of a standardized, evidence-based model on safety and quality outcomes. Divided into two phases, the study will establish both internal (registered nurses [RNs] in hospital settings) and external (RNs and licensed practical/vocational nurses [LPN/VNs] in non-hospital settings) validity. There are 113 hospitals in Illinois, Ohio and North Carolina participating in Phase I as either a control or intervention site. Newly licensed nurses at intervention sites will complete five online modules, work one-on-one with a trained preceptor and receive institutional support from their facility. Newly licensed nurses at control sites will take part in the facility's existing on-boarding strategy. Since the start of Phase I on July 1, 2011, the three states have enrolled 1,516 newly licensed nurses and 1,878 preceptors. Phase I will continue through Dec. 31, 2012.

Central to the Transition to Practice model is the six-month preceptorship between the new nurse and preceptor. Preceptors at all intervention sites will complete a comprehensive online training module to both guide and enrich their role as a preceptor. While focusing on teaching and mentorship strategies, this training module also integrates key concepts from the five new nurse modules (communication and teamwork, patient-centered care, quality improvement, evidence-based practice, and informatics). Preceptor and new nurse module progress is underway, and many preceptors have already commented that they wished they had access to the module sooner.

NCSBN's Regulatory Innovations and Interactive Services departments worked closely with education and clinical nursing experts to develop these online modules. Already, new nurse feedback has been positive, noting that while many of the lessons were taught in nursing school, the timing of the modules alongside practice as a licensed nurse instills a deeper understanding of them. Additionally, new nurses have observed how the reflective nature of the modules helps them socialize into the professional nursing role.

Layered with several approaches to learning, the modules provide a highly interactive learning environment. In addition to videos, links to external websites, articles, knowledge-check exercises and simulated practice scenarios, the Transition to Practice model includes an online forum to promote new nurse and preceptor discussion. New nurses are asked to reflect on the preceptorship experience and respond to several fictional patient scenarios that demand critical thinking, and reinforce concepts and strategies. To date, more than 1,000 topics have been posted in these areas. Already, the forum contains supportive and productive dialogue among new nurses and preceptors across different hospitals and states. Many participants have commented that they have learned from the responses of their peers, and commend each other for their thoughtful responses.

Also planned to take place in Illinois, North Carolina and Ohio is Phase II of the study. Phase II will enroll RNs and LPN/VNs from April 1, 2012, until Sept. 30, 2012. This phase will end on Sept. 30, 2013. Non-hospital facilities from these three states, such as ambulatory care clinics, surgery centers, nursing homes, assisted living, visiting nursing and other long-term care facilities, are invited to apply. For more information, please visit the NCSBN **Transition to Practice Study website** or contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at **nspector@ncsbn.org**. ●

SLIMs: Technology & Innovation for Learning

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Using technology in education can help prepare nurses to meet the demands of the nursing shortage in the 21st century. Simulation, one type of technology that is growing rapidly in popularity, is designed to give students a learner-centered education in which they direct their experience. Simulation is becoming increasingly popular in schools and universities across the country. A survey of 1,060 nursing programs in the U.S. revealed that 87 percent were using simulation and 55 percent were using it in five or more courses (Hayden, 2010). Research is being conducted by NCSBN in the National Simulation Study, which is looking at the effects of substituting simulated clinical for traditional clinical hours; support by such national organizations as the National League for Nursing (NLN); and discussions of using simulation in high stakes testing to evaluate competency.

So what happens when students have performance issues during a simulation activity? Literature and guidelines of best practice, such as the Nursing Education Simulation Framework, strongly encourage that simulation continue to be immersive experiences with active learning and have educators available for guidance (Jeffries & Rodgers, 2007). To achieve this, instructors have students work independently of the instructors to care for the student's simulated patients, with the instructor's guidance and feedback given following the experience in a debriefing session. Despite careful planning, implementation and evaluation of the scenarios, students are frequently unable to perform entry-level nursing skills, thus limiting the educational experience and leading to interruption of the activity by faculty who have to instruct on these skills. This often led to learning objectives not being met since time was wasted on skill review.

A solution was created by blending modes of technology. Regulating bodies recognize the need to integrate technology into the curriculum and they are calling for innovative teaching strategies. With the main goal of better preparing students for a simulation session, the authors developed simulation learning interactive modules (SLIMs). SLIMs are short, e-learning modules created using an instructional design framework for reviewing specific skills needed during simulation sessions. The Web-based modules were designed to be brief, taking about 15 minutes to complete. They are interactive, appeal to a variety of learning styles, and their Web-based design allows students to be able to access them anytime and anywhere. The first SLIMs were created to review the skills of priming primary IV tubing and preparing blood transfusion tubing sets that corresponded to two separate simulation scenarios. The students are then required to complete the SLIM that corresponded to their simulation prior to participating in the scenario.

Implementation and the educational tool's effectiveness were tracked in a research study where 270 nursing students in 42 clinical groups participated. The SLIM educational tool had positive effects on students' learning in the simulation setting. The implementation reduced the need for faculty intervention with the blood transfusion sets by 50 percent and eliminated the need for intervention in priming primary IV tubing in their corresponding scenarios. In both instances, the average amount of time needed to complete the skills and the total number students used to complete the skills were also roughly cut in half. The learner's time was then better spent on managing his or her client and meeting the learning objectives. Student feedback was all positive, with many students saying they found being able to access and use the SLIMs on clinical sites a great resource.

> SLIMs are interactive, appeal to a variety of learning styles, and their Web-based design allows for students to be able to access them anytime and anywhere.

Integrating technology can be a challenge for faculty, but the reality is that more and more students are coming to colleges and universities with the expectation that technology will be used in their education. Thought leaders in nursing recognize the need to integrate technology into the curriculum, and are calling for innovative teaching strategies to be used. Students studying for a career in a health care field also need to be prepared to work in a technology rich environment after graduation in order to be successful and to provide safe patient care. As educators, we can help them meet these demands by working at every level of their education to use our resources and available technology to create an innovative learner-centered curriculum that will foster critical thinking and learning that will prepare competent and confident nurses to meet the demands of the 21st century health care system.

For more information, contact Jessica L. Kamerer, facilitator, Simulation Learning, Lancaster General College of Nursing & Health Sciences, at jk008@lancastergeneralcollege.edu. ●

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Setting the NCLEX-PN® Passing Standard

As part of the mission to promote patient safety and public protection, NCSBN develops the NCLEX-RN® and NCLEX-PN® examinations to assess entry-level competence among candidates who wish to enter the nursing profession. To ensure that the NCLEX® reflects current nursing practice, NCSBN performs an entry-level practice analysis for each examination every three years. In 2009, an entry-level PN practice analysis study was conducted to lay the foundation for the *2011 NCLEX-PN® Test Plan.* NCSBN made appropriate changes to the NCLEX-PN Test Plan and established a new passing standard based on the new test plan. These steps help ensure that the NCLEX-PN Examination continues to reflect current nursing practice and that nurses who pass the NCLEX-PN will continue to meet minimal levels of nursing competence.

Standard setting is a process that identifies the level of minimal competence required to pass an examination. In the case of the NCLEX, this minimal competence represents the minimal level of nursing knowledge necessary to practice nursing safely and effectively at the entry level. The process by which a passing standard is set is a combination of psychometric analyses, expert judgments and policy decisions.

The standard-setting process for the NCLEX-PN began with a subject matter expert (SME) standard-setting workshop. A panel of SMEs convened in Chicago, Sept. 20–22, 2010, to conduct a criterion-referenced, standard-setting workshop. Nurses who served on the panel represented all four NCSBN geographic areas, major PN practice settings and different levels of experience in the nursing field. Panel members incorporated their review of a large number of actual NCLEX-PN exam items and performance data from previous examinees in their recommendation of creating a higher passing standard for the NCLEX-PN.

After the conclusion of the standard-setting workshop, the NCSBN Board of Directors (BOD) met to discuss passing standard for the NCLEX-PN. In addition to results of the standard-setting workshop and the SME panel's recommendation, the BOD also considered a variety of data sources, such as the history of NCLEX-PN passing standard and candidate performance; preparedness of high school graduates who expressed an interest in practical nursing; and the results of annual surveys of nursing professionals that solicited the opinions of employers and educators regarding the competence of the current cohort of entry-level licensed practical/vocational nurses (LPN/VNs). After evaluating all available evidence and careful deliberations, the BON increased the NCLEX-PN passing standard by 0.10 logits to reflect the increase in patient acuity in entry-level PN practice. The revised passing standard of –0.27 logits was implemented on April 1, 2011.

Preliminary impact data of the 2011 NCLEX-PN passing standard suggest that PN candidates are rising to the challenge of the higher passing standard. Among first-time U.S. candidates, the NCLEX-PN pass rate within three months of implementation of the new passing standard is 82 percent. This represents a slight drop of 3 percent compared to the same time last year. Between April and June 2010, the NCLEX-PN pass rate among first-time U.S. candidates was 85 percent. Similar patterns of slight pass rate decrease immediately after the implementation of a higher passing standard have been observed during previous NCLEX passing standard revisions. Based on previous data, candidates generally recover from the pass rate drop within 18 months of the implementation of the higher passing standard and the pass rate returns to the level prior to the passing standard change. ●

Ask NCSBN

Q&A
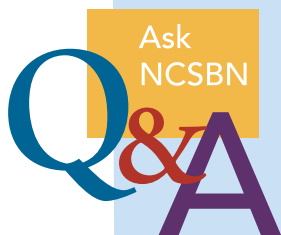
Even if you are not a member of your BON, there are other ways you can become involved at NCSBN. NCSBN is always looking for NCLEX® panelists to assist with developing or reviewing NCLEX items. There is an article in this issue (see **page 5**) about applying to volunteer for the NCLEX® Item Development Program.

You also might want to submit an article to the very popular *Journal of Nursing Regulation* (JNR). There are a number of articles in JNR that are relevant to educators, including articles on simulation, the clinical nurse leader, use of social networking, practicing without a license in nurse internship programs and supporting innovations in nursing education. You also might want to apply to NCSBN's **Center of Regulatory Excellence** (see **page 9** for more information), which awards grants for scientific research projects. NCSBN just funded several grants, and there is another call for applications in January 2012.

NCSBN is always seeking experts to assist us with developing our online courses too. As part of our Transition to Practice study, 15 education and practice consultants assisted us in developing our online, interactive modules for the study. NCSBN also consulted with faculty experts to develop its ethics course that was recently released. When NCSBN needs experts, it looks for educators or practitioners who have published in their areas of expertise. ●

NCSBN to Publish Medication Aide Survey Results

A survey of medication aides was developed with the goal of providing insights into medication aide work setting, education, supervision and work role. Survey items were derived by reviewing the medication aide literature and regulations. State agencies responsible for medication aide program oversight were contacted and asked if they could provide a mailing list of medication aides in their state; 18 of 34 states provided a mailing list. A total of 124,032 medication aide addresses were received and from this population, a stratified random sample was mailed a survey, resulting in a 20.06 percent response rate. Survey responses were analyzed over all respondents, by work setting and by the type of regulatory agency that regulated the respondents. Many results varied considerably by work setting and regulatory agency.

Overall, the research suggests that medication aides can safely administer medications (Scott-Cawiezell et al., 2007); however, strict compliance with state regulations, adequate education, adequate supervision and proper authorized duties need to be in place for the medication aide role to function safely. Results have implications for regulators, educators, long-term care administrators, nurses that supervise and delegate to medication aides, and medication aides themselves.

See the October issue of the *Journal of Nursing Regulation* for key results. A full research brief will be available from NCSBN by the end of 2011. ●

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NCLEX® Regional Workshops: On the Road Again

As part of its strategic initiative, the NCSBN Examinations department seeks to provide information to nursing educators to facilitate preparation of students for successfully passing the NCLEX®. One effort to achieve this initiative is the NCLEX® Regional Workshop. The most recent workshop was held in Orlando, Fla. on May 12, 2011, through the Florida Board of Nursing in conjunction with NCSBN.

The NCLEX® Regional Workshop is a one-day seminar specifically for nurse educators that is held in conjunction with a board of nursing (BON). The workshop includes information about preparing nursing students to take the NCLEX with such topics as identifying the practice analysis process and the application of the results to keep the examination current; interpreting the steps of the item development process; and a review of alternate item formats. Also presented is an overview of the basic principles of computerized adaptive testing (CAT) and standard setting. The highlight of the workshop is the demonstration and application of principles of item writing through hands-on item writing exercises. Finally, there is a discussion on the use and application of program reports to determine a school's strengths and weaknesses, along with a description of the Candidate Performance Reports to help faculty work with students who have failed the NCLEX.

Nursing programs interested in holding a regional workshop should contact their BON to engage in a partnership. NCSBN, as requested by a BON, will provide speakers for the workshop at no cost. BONs can request a regional workshop in their jurisdiction by visiting the members-only side of the NCSBN website (NCSBN member login and password are required). ●

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:

- Issues related to licensure;
- Patient safety;
- Scope of practice (LPN/VN, RN and APRN issues);
- Nursing education;
- Continued competence;
- Discipline and alternatives to discipline; and
- National and international regulatory issues.

Applications are due Jan. 13, 2012.

New NCSBN Learning Extension Course Now Available

NCSBN Interactive Services is pleased to announce the newest addition to its catalog of self-paced, online courses for continuing education: Righting a Wrong: Ethics and Professionalism in Nursing. The co-authors of the course, Nancy Crigger, PhD, MA, APRN, BC, and Nelda Godfrey, PhD, RN, ACNS-BC, are nurse educators have who have written extensively on nursing ethics and professionalism. The course was originally conceived by the NCSBN Discipline Resource Committee as a way to challenge nurses to reflect on their past experiences, and to gain new and different perspectives about how to act in a more professional and ethical manner.

To meet this challenge, nurses will have three weeks to complete the readings, interactive exercises and workbook assignments. The course is divided into four primary lessons. The first lesson lays the groundwork for the rest of the course by explaining that although mistakes and misjudgments can be part of a (painful) growth experience, everyone has the capacity to learn from this experience and to change. Using a visual model of a "staircase," nurses are asked to begin to reflect on the professional ideal of reaching the top of the staircase; a more thorough reflection on a professional ideal is required later in the course. Various scenarios presenting common ethical dilemmas are used to assist nurses when answering questions in the interactive exercises. The nurses can answer the questions in the course (and get immediate feedback), as well as in the course workbook. The nurses are prompted to open and save the workbook (which is in a PDF format) on their computers as they continue working in the course.

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After acknowledging the wrongdoing, the content of lesson 2 is to help these nurses move past the blame and shame of what happened by providing a broader understanding of ethics and professional conduct. Nurses learn about the types of thinking that often lead to mistakes and misconduct and how to professionally deal with the wrongdoing. Once again, the nurses will apply the information they learned when answering the questions to the scenarios in the interactive exercises.

The last two lessons are focused on the future. To help nurses faced with ethical decisions, lesson 3 presents a simple decision-making model that can be used to help them think through a variety of clinical situations. When making a decision, nurses are challenged to thoroughly consider all options and potential outcomes while using standards for nursing practice (e.g., their nurse practice act, the American Nursing Association's [ANA's] Code of Ethics and institutional policies). Finally, lesson 4 asks nurses to articulate their personal-professional ideal, which will guide them as they consistently strive for the highest possible level of ethical and professional conduct.

After successful completion of the posttest, a certificate of completion is generated. As with most of the other NCSBN continuing education (CE) courses, a completed workbook and certificate of completion can be submitted to a board of nursing as proof of fulfilling any remediation requirement following disciplinary action.

This course will make a great companion piece to any of NCSBN's other online CE courses, especially Ethics of Nursing Practice, Professional Accountability & Legal Liability for Nurses, and Respecting Professional Boundaries. If you have any questions about this or any of our online CE courses, please contact elearning@ncsbn.org. ●

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