

Leader *to* Leader

Nursing Regulation & Education Together

Fall 2012

A Day in the Life of a Nursing Regulator

As you know, the mission of a board of nursing (BON) is to protect the public. BONs employ a variety of people with specialized skills who all work towards accomplishing this mission. On the front line of public protection are the staff members of a BON's discipline department. In this issue's "A Day in the Life of a Nursing Regulator," **Brett Thompson, JD**, director, Discipline, Mississippi Board of Nursing (MSBON), provides a glimpse into her day as the lead prosecutor for the MSBON.

Thompson began her professional career as an English literature teacher for students in 8th and 10th grades. She then decided it was time for a career change and enrolled in law school. After graduation, Thompson worked in a private law firm, spending one summer interning for the MSBON and later joining the organization as senior attorney and director of discipline in 2007.

In this interview, Thompson discusses the challenges of being a BON attorney, the process for taking a case to trial and what the biggest misconception about her job is.

In addition to being the MSBON's lead prosecutor, you also serve as an educator, legislative/policy maker, administrator and advisor. Which role is your favorite and which is the most challenging?

What comes natural to me is being a litigator. I love the challenge of understanding the issues of a case, presenting those issues, thinking

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Brett Thompson

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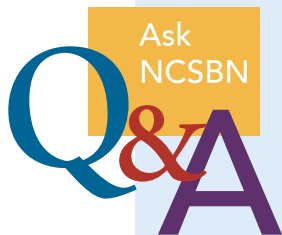
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... and much more



Q: In regards to the NCLEX®, what is a logit? What other terms are important to know when discussing the NCLEX?

For answers, we turn to Phil Dickison, PhD, RN, chief officer, Examinations, NCSBN.

A: A logit is a unit of measurement that compares candidate (examinee) ability estimates to item (question) difficulty. Candidate ability is determined by the percentage of correct answers and average difficulty of items on the exam. Candidate ability has a positive linear relationship with average difficulty. This means that as the percent correct holds constant, the candidate

[Answer continued on page 6](#)

Understanding the Discipline Process

The discipline process is something that the majority of nurses will never have to face. According to data from Nursys®, only 1.4 percent of more than 3 million nurses have been disciplined. Each board of nursing (BON) has a discipline decision-making process in place that requires BONs to balance their responsibility of public protection with an individual's right to practice. To achieve this balance, BONs rely heavily on staff investigators and attorneys to inform the process. NCSBN also provides disciplinary resources for BONs to support their discipline activities. Many of these resources are available to the public and are useful tools for nursing educators who discuss the discipline process in their classrooms.

From Complaint to Resolution Flowchart

NCSBN visually demonstrates and thoroughly explains the **disciplinary process** from receipt of complaint to resolution and reporting. Users can access each section of the flow chart on ncsbn.org to learn more about the discipline process (except for investigation, which is only available to BONs).



“Board of Nursing Complaint Process: Investigation to Resolution” Video

Another visual aid for the classroom, this **10-minute video** summarizes the complaint process that BONs follow from review to resolution.

Free Discipline Publications

Substance use is the largest reason for disciplinary action, with 0.3 percent of nurses being disciplined for a substance use disorder a year. This statistic was cited in ***Substance Use Disorder in Nursing***, a NCSBN published resource manual that includes guidelines for alternative and disciplinary monitoring programs. The manual defines substance use, abuse and addiction; outlines regulatory management of nurses with substance use disorder; and explains the types of alternative to discipline programs available. The guidelines present an explicit and transparent set of operational rules concerning entry to the program, monitoring of program participants, criteria for graduation and other key matters. The operational rules afford sufficient internal safety valves to protect the public, while facilitating the recovery objectives of the program.

Practical Guidelines for Boards of Nursing on Sexual Misconduct Cases provides BONs with realistic guidelines to assist in the decision-making process in sexual misconduct cases. This booklet is also an informative tool for nurses, consumers and educators as it provides definitions, statistics, guidelines and case studies about sexual misconduct in nursing.

Each board of nursing (BON) has a discipline decision-making process in place that requires BONs to balance their responsibility of public protection with an individual's right to practice.

NCSBN published two brochures to help nurses understand the importance of patient privacy to prevent nurse practice act violations and the resulting disciplinary process. Violating a patient's confidentiality via social media or their privacy through inappropriate professional boundaries can also lead to disciplinary action. ***A Nurse's Guide to Professional Boundaries*** and ***A Nurse's Guide to the Use of Social Media*** are popular resources used by BONs, nurse educators and nursing facilities to educate nurses on the importance of patient privacy and confidentiality laws.

State and Territorial Boards of Nursing: What Every Nurse Needs to Know outlines a BON's investigation of a nurse who has violated the jurisdiction's nurse practice act; the process for filing a complaint against a nurse who has exhibited unsafe, negligent or incompetent behavior; and what a nurse can expect while their complaint is being investigated. It also offers helpful information for nurses who are the subject of a complaint.

Discipline Articles and Continuing Education

Since 2011, NCSBN has published seven articles related to discipline. The most recent article, “Nurse Practice Acts Guide and Govern Nursing Practice,” which was published in the October 2012 issue of the ***Journal of Nursing Regulation (JNR)***, reviews the reasons for and the importance of a jurisdiction's nurse practice act and accompanying regulations.

Each of the seven discipline-related articles published in ***JNR*** are also considered continuing education articles. Nurses can read the article and take the accompanying post-test to receive continuing education credit via ***NCSBN Learning Extension***.

While a majority of nurses will never be investigated, it is still important to understand how a nurse practice act guides and governs nursing practice, as well as protects the public through the discipline process. ●

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on my feet when new issues (if any) present themselves during hearings, and the overall adrenaline rush I feel in a board room and courtroom knowing that my duty to protect the public is always on the line. I also love being an administrator. Team building is important, and I recognize the value of not only knowing the roles each and every employee assumes, but also capitalizing on each employee's personal strengths. We're all in this together, and the stronger the team, the stronger the work product.

Each responsibility I undertake has its own set of challenges. Probably the most challenging would be my contribution to the legislative process. "Politics makes strange bedfellows" is a saying I remember a history teacher of mine presenting in high school. Understanding the climate of the legislature and meeting respective legislators are challenges when our BON seeks to implement new and/or amended nursing laws.

Your primary responsibility is to prosecute nurses that violate the Mississippi Nurse Practice Act. What's the process for taking a case to trial? Is it like what you see on TV courtroom dramas?

I think with every case there is a certain element of "drama." Our standard in Mississippi for prosecuting cases is clear and convincing; therefore, I cannot bring any case to the BON unless the facts and nurse practice violations fit hand in glove. From the investigative side of gathering the evidence, to that evidence being presented for Administrative Review, to that case and evidence being referred to the legal division—all steps must follow a secure and finite process.

Once a case has been referred for hearing, our legal division prepares the complaint, issues due process to the nurse and prepares the hearing book for presentation. Preparing a case for hearing can be tedious. Witnesses must be prepped and ready. All documented evidence must be properly marked. Should the nurse retain an attorney, conferences will more than likely ensue, as well as issuing other subpoenas for the defendant nurse. Once a hearing begins, the structure mirrors other civil and criminal legal procedures. There are opening statements, presentation of evidence, examining and cross examination of witnesses, and finally, closing statements. The MSBON, by statute, conducts hearings with three members (of the 13 board members). A decision is rendered the same day and all activity is transcribed by a court reporter.

Describe a typical day for you.

I start each day answering emails and returning calls from voicemail. I have a notebook specified for phone messages; I'm still old-fashioned in the sense that I like to physically write down information. Those notebooks come in handy when I need to cross-reference information received from various sources. I also meet with my administrative assistant daily. I'm the director of four departments, so I need to keep abreast of the priorities of

Understanding the climate of the legislature and meeting respective legislators are challenges when our BON seeks to implement new and/or amended nursing laws.

— Brett Thompson

each department and who is responsible for completing those tasks. Usually without fail, there are daily meetings. I may not be included in all meetings, but generally I attend approximately two to three meetings a week. I check in with our executive director and division directors on a daily basis. We work as a team and we rely on one another for our respective expertise.

After lunch, I again address emails and/or phone calls. I set aside as much time as the afternoon permits to practice traditional "lawyering." Everything the legal department does revolves around the process of administrative hearings. Because we process approximately 40–50 complaints per hearing, time must be devoted for issuing formal complaints and providing due process to individual nurses.

This past year, the MSBON has investigated several cases; most have been drug-related, others have resulted from nurses either negligently or willfully failing to follow standards of care. It is imperative that my legal team work with all agencies involved when conducting our investigations and when necessary, proceeding with formal charges. Our hearings are open meetings. We typically begin our day at 8:30 am and conclude anywhere from 5:30 pm to sometimes as late as 11:00 pm.

This summary truly is only a thumbnail sketch of what I do each and every day. On any given day, I might be called to address a more urgent matter, thus consuming my entire day. Other days allow for more time in the office when I am able to devote time to special projects, such as drafting a discovery procedure for the Mississippi Administrative Code. From filing emergency motions, arguing in court, to running to the capitol to check on a legislative bill and/or reporting back to a meeting held at board offices on an entirely different matter—it's all in a day's work here at the MSBON.

Finish this sentence: The biggest misconception people have about my job is ...

That I represent the public at large in our state versus the individual nurse's rights. Protecting the public has been legislatively mandated as the core responsibility for the MSBON. Should I have to request that a nurse surrender his/her license to defend the protection of the public, I will do precisely that, but it's a balancing act. Incorporating legal rights and elements of fairness both to the nurse and to the citizens of my state is ultimately my job. ●

NCLEX® Program Reports

NCLEX® Program Reports are electronic reports that provide information to nursing education program administrators and educators on graduates' performance on the NCLEX-PN® and NCLEX-RN® examinations. The reports offer nurse educators and administrators valuable help with curriculum planning and program evaluation.

The reports provide candidate pass rates, test plan and content dimension performance information in more than 25 different tables and charts that document how the performance of graduates from a particular nursing program compare to graduates from other programs in the same jurisdiction and nationwide. In addition, each table or chart includes an instructional guide to aide in interpreting the results. The information in the reports is categorized into four main sections: Summary Overview, Test Plan Report, Content Dimension Reports and Test Duration/Test Plan Performance Report.

Summary Overview

The Summary Overview provides information on the number of graduates testing and passing the NCLEX®, the program rank based on the percentage of graduates passing the NCLEX as compared to other programs in the jurisdiction or nation, and a listing of jurisdictions to which program graduates have applied for licensure.

Test Plan Report

The Test Plan Report is based on NCLEX Test Plans and reports the typical graduate's performance by test plan area. For each of the eight test plan areas, graduate performance in the education program is compared to other programs in the jurisdiction and across the nation.

Content Dimension Reports

Content Dimension Reports provide information on graduate performance based on six nursing frameworks: nursing process; categories of human functioning; categories of health alterations; wellness/illness continuum; stages of maturity; and stress, adaptation, and coping. Similar to the Test Plan Report, program performance is compared to other programs in the jurisdiction and across the nation.



Test Duration/Test Plan Performance Report

The Test Duration/Test Plan Performance Report provides information on the testing experience of students. This information includes the average number of questions taken, average testing time, and percentage of students taking the minimum and maximum number of questions.

An NCLEX® Program Reports subscription covers students testing over a one-year period from April 1 to March 31. Reports are available in semi-annual or annual subscriptions. Semi-Annual NCLEX® Program Report subscriptions provide two reports: Fall Report and Spring Report. The Fall Report contains data from students testing between April 1 and September 30, and the Spring Report contains data from students testing between October 1 and March 31. Annual NCLEX® Program Report subscriptions provide a single report covering data from students testing during the entire 12-month period. The Semi-Annual and Annual NCLEX® Program Reports can be purchased separately or jointly.

The cost of a subscription is \$200 per report type (semi-annual or annual) for PN programs and \$300 per report type for RN programs. A joint subscription for annual and semi-annual reports is available at a discounted rate of \$300 for PN programs and \$450 for RN programs.

To learn more or to subscribe to NCLEX Program Reports, contact Mountain Measurement, Inc. at 1.800.261.6227 or visit <https://reports.mountainmeasurement.com/nclex/>.



Relentless Communication Leads to APRN Consensus

The goal of the APRN Consensus Model is to have full compliance in all U.S. states and territories. What is required to achieve this goal by 2015? That question can be answered mathematically. Since October 2011, NCSBN has introduced a variety of interactive maps that highlight which jurisdictions enacted or introduced APRN consensus legislation and which jurisdictions are in full compliance with the APRN Consensus Model. In February 2012, NCSBN introduced the scoring grid in an effort to mathematically track which jurisdictions are working towards full compliance.

Scoring Grid

According to the scoring grid, jurisdictions receive one point for each element adopted in licensure (both registered nurse [RN] and advanced practice registered nurse [APRN]); title (APRN); roles (certified registered nurse anesthetist [CRNA], certified nurse-midwife [CNM], clinical nurse specialist [CNS] and certified nurse practitioner [CNP]); accreditation; education (graduate or postgraduate level); independent practice; and independent prescribing.

Each legislative year, progress is made.

With certification exams that will soon require graduate or postgraduate level education for eligibility, we are nearly at our goal of requiring graduate or postgraduate level education for practice.

Think of the scoring grid, which is located on the [NCSBN APRN Maps page](#), like a score card. The most points a jurisdiction can receive is 28. If a jurisdiction has 28 points, it has adopted all the major elements of the APRN Consensus Model. The ultimate goal is for every jurisdiction to reach consensus. The combined point total would then equal 1,540 points. Using the scoring grid, the combined number of points that jurisdictions have to date is 975. That's 565 more points to go in order to reach APRN Consensus. Taken at face value, that sounds relatively easy, but the point spread is highly varied among jurisdictions and the effort to realize gains can be difficult to predict.

APRN Consensus Progress

Each legislative year, progress is made. With certification exams that will soon require graduate or postgraduate level education



for eligibility, we are nearly at our goal of requiring graduate or postgraduate level education for practice. There are still two states, however, that do not require the advanced level certification, so NCSBN will focus its efforts there.

Progress has been made in several jurisdictions. In 2012, three jurisdictions expanded role recognition, two changed the title to "APRN" and two corrected role titles. One jurisdiction added the requirement of "national, advanced certification" and also required both RN and APRN licensure. One jurisdiction added independent prescribing and practice to one of the roles and another changed from supervised to collaborative practice and prescribing.

Communication Tools

NCSBN provides a variety of resources to assist jurisdictions with APRN Consensus, including maps, videos and marketing materials. Adding to its arsenal of information is the newly published

A Health Care Consumer's Guide to Advanced Practice Registered Nursing brochure, which explains the importance of APRNs in health care; how access to care could be increased if APRNs are allowed to practice to the full extent of their education and training; and how the APRN Consensus Model, if adopted, would reduce barriers to care in all jurisdictions. As with all NCSBN materials, this brochure is available free of charge.

Patience and Persistence

Several jurisdictions are anticipating the introduction of legislative attempts in 2013 to move closer to consensus and some jurisdictions have made huge efforts in past legislative sessions only to see them stalled or rejected. These jurisdictions and their action coalitions and grassroot efforts deserve a special mention. Movement on consensus rarely occurs in leaps and bounds; instead, it occurs after multiple attempts, much negotiation and, most of all, relentless communication with stakeholders, legislators, advocates, advisors, payers, planners and practitioners.

There is a great amount of admiration for those who learn from each attempt and regroup to try again. The maps don't display their efforts. The points, once earned, will tell their story of success, but they will be the ones to remind others of the depth of their efforts and the time devoted to it. They are the champions of APRN Consensus. Their relentless communication is not just within jurisdictions, but across borders as they share with others what strategies have worked for them and how they plan to adjust and return to a new legislative session. ●

World Café™ Monograph Now Available

In December 2011, NCSBN and 200 nursing leaders gathered for the 2011 World Café™ Education Meeting to learn from national thought leaders, to engage in meaningful conversations about important issues and to help shape the future of nursing education. Based on these conversations, NCSBN created a **monograph** of the event to collect ideas and themes generated from discussions that occurred during the meeting.

Participants discussed in several small groups what nursing could be when education, approval and accreditation were aligned. Six major themes emerged from these discussions (the themes were identified by qualitative researchers through content analysis and are elaborated upon further in the monograph):

- Mutual goals for nursing education, regulation and accreditation;
- Power and influence for the profession;
- Unity, trust and collaboration;
- Economy of time and money;
- Transparent communication; and
- Safety and protection of patients and students.

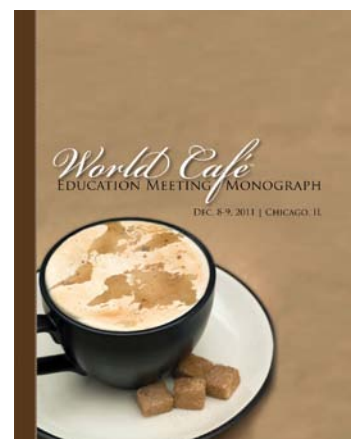
The focused discussions, using iPads for note-taking, reported on the indicators of successful nursing programs if there was alignment between education, regulation and accreditation.

These findings were very interesting and may be used for some future work in nursing education, specifically the constitution of future clinical experiences. These focused discussions addressed the following:

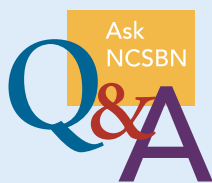
- What are the desired outcomes?
- What is the faculty's role?
- Who should faculty be?
- What is the program structure?
- Who would be our new partners?
- What constitutes clinical experiences?

Based on a survey sent to meeting participants, NCSBN also learned that a number of initiatives were started because of the World Café meeting. A summary of those initiatives are also discussed in the monograph.

Many of the outcomes of the World Café meeting coincide with the Institute of Medicine's Future of Nursing report recommendations and reinforce the activities currently being taken. Educators will find the discussion of these themes valuable as we move forward with transforming nursing education. ●



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ability estimate increases as the average difficulty of items get harder and decreases as the average difficulty gets easier.

Another important term to know is enemy items, which are items that test the same content. Enemy items can cause a candidate to see test items as redundant and assume that the answer given to the previous item was incorrect, effecting their decision on the current item. Each item pool is evaluated for enemy items and NCLEX computerized adaptive testing has been designed to eliminate the presentation of enemy items. It is important to note that while an item presented to a candidate may seem similar to a previous item, the items could be testing different nursing knowledge, skills or abilities.

Differential item functioning (DIF) is another word you may see when reading about the NCLEX. Each NCLEX item is evaluated for DIF after it is pretested and statistical data is obtained. The difficulty of an NCLEX item should only reflect the nursing content that is being measured; difficulty should not be contingent on factors irrelevant to nursing practice. If an item is found to score differently for various groups, it is flagged for DIF. A panel of experts reviews all flagged items to determine why it is testing differently amongst groups. Any item determined to give an unfair advantage or disadvantage to a specific candidate who would otherwise have an equal probability of answering the item correctly is not included in the operational item bank.

Finally, two common NCLEX terms to know are sensitivity and validity. Sensitivity reviews are conducted on NCLEX items to identify those items that might be potentially offensive, inappropriate or negative towards any group. Items are reviewed to ensure that they measure what they're intended to measure (nursing ability) without distractions to candidates. Items are reviewed for inflammatory material, ethnocentrism and elitism, stereotypes, underlying assumptions and tone of language. Validity is the extent to which conclusions made using exam scores are appropriate and justified by evidence; an indication that the exam is measuring what it is supposed to measure. In the case of the NCLEX, the content domain of interest is entry-level nursing competence. ●

NCSBN's Members Vote for the Future of Program Approval

At NCSBN's 2010 Annual Meeting, several boards of nursing (BONs) expressed concern regarding the increasingly challenging nursing program approval process at BONs. Program approval takes a lot of staff time, and yet jurisdictional resources have been shrinking, sometimes resulting in fewer available work hours for staff or the elimination of positions. In some jurisdictions the number of new nursing programs is rapidly growing, thus creating more work for an already overburdened staff. Furthermore, for programs with national nursing accreditation (by the Commission on Collegiate Nursing Education [CCNE] or the National League for Nursing Accrediting Commission [NLNAC]), redundancy and overlap often occur by requiring continued program approval by BONs and nursing accreditation by CCNE or NLNAC. Therefore, the NCSBN Board of Directors (BOD) charged the Nursing Education Committee with studying the problem and presenting to the BOD and the NCSBN membership a vision for the future of program approval at BONs.

Committee Background Work

The Nursing Education Committee worked for two years to study the approval process in BONs, comparing approval to national nursing accreditation, facilitating a conversation between BONs and accreditors, and making recommendations for moving program approval toward the future.

The committee then asked the fundamental question: Why are BONs involved in program approval at all?

After studying the current context and processes of approval in BONs, the committee found that there are seven models used to approve nursing programs. They vary from no board function, to requiring national nursing accreditation, to a separate accreditation and BON process. Details for these models can be found in the [2010–11 committee report](#).

The committee then asked the fundamental question: Why are BONs involved in program approval at all? The committee found the most important reason for BONs to be involved in program approval is that, unlike other health care professions, licensure in nursing is a two-pronged system: (1) the graduate must show evidence of graduating from a BON-approved nursing program; and (2) the graduate must pass the NCLEX®. By graduating students and making them eligible to take the NCLEX, nursing faculty verify that nursing students are safe and competent for entry level practice; therefore, nurse educators have enormous power in this model. Additionally, BONs rely on each other to make sound program approval decisions so that mobility across jurisdictions can be as seamless as possible.

The committee also studied the differences between national nursing accreditation and approval of nursing programs. While they found some redundancies, they also found that there are fundamental differences that make it important for BONs to continue with program approval, including:

- The BON's mission is public protection, while the mission of accreditors is to assess quality and continuous quality improvement.
- BONs are strategically positioned to assure that all programs are meeting standards. BONs are particularly in close contact with new and developing programs.
- By virtue of being state/jurisdiction-based, BONs have the unique opportunity of being able to understand the unique nursing education issues in that specific jurisdiction, as compared to national accreditors.
- National nursing accreditors do not have statutory authority to close nursing programs that don't meet standards, while BONs have this legal authority over programs.
- BONs routinely investigate fraudulent nursing programs, working closely with state agencies to issue cease and desist orders.
- A BON's oversight of nursing education programs serves the public's best interest by curtailing programs that are shown to have high attrition and/or licensure exam failure rates.
- BONs are able to collectively share information about fraudulent nursing programs through conference calls, webinars and NCSBN's members only Falsified Identity Tracking System (FITS) program.
- If there are sufficient grounds, BONs can act immediately when there are problems with nursing programs. National nursing accrediting agencies are reliant on their boards meeting twice a year to take action and therefore cannot act as quickly.

Therefore, the committee decided that BONs should be involved with program approval as part of their mission to protect the public and made recommendations for the future of nursing.

Recommendations

The Nursing Education Committee made futuristic recommendations to the NCSBN membership through the [NCSBN Nursing Model Act & Rules](#), which are adopted by the membership to promote a common understanding of what constitutes as the practice and education of nursing. BONs may refer to the model act and rules when developing new legislative language. The model act and rules often inspire new ideas, new approaches and suggestions for future regulatory goals. Major changes in the model act and rules were adopted at NCSBN's Annual Meeting in August 2012 and include the following:

- BONs shall have statutory authority over nursing programs (the rationale to support this is described above).

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- To foster more consistency and to be in harmony with the Institute of Medicine's *The Future of Nursing: Leading Change, Advancing Health* report, which calls for 80 percent of registered nurses to have a bachelor of science in nursing (BSN) degree by 2020. The membership voted that all RN and licensed practical/vocational nurse (LPN/VN) programs should be accredited by a national nursing organization by Jan. 1, 2020.
- BONs shall make initial approval decisions, making site visits as needed, since they are in a unique position to understand the local environment.
- BONs may accept national nursing accreditation for continued approval decisions and would use accreditation self-studies to decrease redundancy, though BONs may require additional data. BONs may make site visits for continued approval, when deemed necessary.
- To reduce the burden on programs, BONs will use national nursing accreditation annual reports when monitoring programs, though they may ask additional questions.
- For continued approval, BONs will require programs to share specified national nursing accreditation documents/reports with them since BONs have legal authority over the programs and therefore need evidence for their decisions.
- Qualifications for LPN/VN administrators and faculty were broadened to enhance the diversity of faculty and to facilitate the recruitment of faculty for these programs.

It is important to note that NCSBN does not have authority over its member boards. The NCSBN membership adopted the Nursing Education Model Act & Rules, but each BON will review the revised document and decide whether to adopt them in their state or jurisdiction. ●

Nursing Education Committee Accomplishments

Hosted a national education meeting

Held several conference calls and a face-to-face meeting with BONs and national nursing accrediting agencies

Conducted surveys of member boards

Reviewed and analyzed data and literature from a number of sources

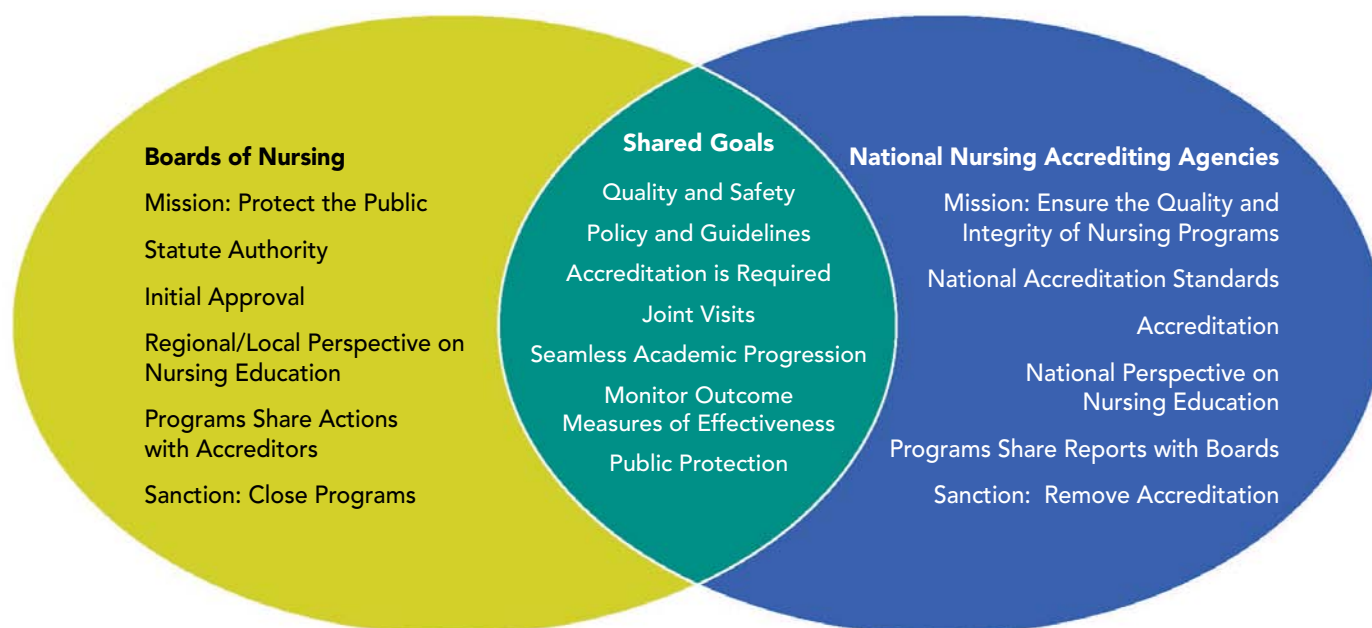
Developed a collaborative model of program approval (see below)

Developed several resources for BONs to use as they move forward with recommendations

Wrote model education rules

Detailed committee reports from 2010–11 and 2011–12 are available [online](#).

Collaborative Model of Continuing Program Approval



Expanding the Online Community


NCSBN Interactive Services offers online courses for nurses, nursing students and nursing faculty through [NCSBN Learning Extension](#), but you may not be aware of some of the other features offered to its community of learners.

The newest addition to the Learning Extension's list of offerings is the [Medication Flashcards App](#). Available from the iTunes store since April 2012, it has been downloaded by more than 18,800 users. With touch and tap functionality, you can quickly access useful information and interesting facts about pharmaceutical drugs. This app offers a way for nursing students and nurses to test their knowledge of drugs on the go.

To help nursing students preparing to take the NCLEX® examinations, Learning Extension hosts the [Question Dissection](#) podcast. Delivered every other week, the course instructor (Content Associate Susan Richmond, MSN, RN, NCSBN) explains how to select the best response to one of the NCLEX-style questions taken directly from the Learning Extension NCLEX-RN® Review course.

Since September 2009, Richmond has written [Sue's Blog](#). Although she primarily writes about issues confronting (and confusing) nursing students, she also reaches out to all members of the learning community. Richmond often finds ways to interject information related to current NCSBN projects into many of her writings, including a recent series of blog posts about social media. Regardless of the topic, the pervasive themes are a mix of support, encouragement and humor, while educating about and increasing awareness of professional issues important to career development.

We hope you take a moment to look at the Medication Flashcards App, to listen to a Question Dissection or to read Sue's Blog. All questions and comments regarding NCSBN Learning Extension can be sent directly to elearning@ncsbn.org. ●



NCSBN Wants to Help You be Prepared in the Classroom

Even though the school year is well underway, the **NCSBN Back to School Checklist** is a great resource for educators any time of year. Download the checklist to learn about NCSBN resources that can help you prepare for the classroom:

- **What You Need to Know About NCLEX® Examinations** provides educators with resources to help students learn more about the NCLEX.
- **Tools for the Classroom** introduces brochures and videos that discuss important topics impacting nursing today, such as social media, professional boundaries and the Nurse Licensure Compact.
- **Improve Your Skills** outlines how nurse educators can expand their professional knowledge with NCSBN newsletters, courses and blogs.
- **Understand Nursing Regulation** explains specific regulatory functions of boards of nursing, the APRN Consensus Model and NCSBN educational initiatives using a variety of online and print media. ●

NCSBN Convenes Distance Learning Education Committee

The Institute of Medicine has a goal of increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020 and distance learning programs will be one way to meet this goal. However, many distance learning programs are reporting difficulties with boards of nursing (BONs) and some are even pulling their programs out of certain states. On the other hand, distance learning programs are also problematic for BONs because sometimes students are in clinical experiences, unbeknownst to the BON. Since many BONs have specific rules for distance learning programs that send students into their states/jurisdictions for clinical experiences, they need to know about the students so that they can evaluate whether the program is in compliance with state/jurisdiction rules.

Based on recommendations and research conducted by the NCSBN Nursing Education Committee, the NCSBN Board of Directors convened the Distance Learning Education Committee to address some of the issues that BONs and educators face with distance learning programs and to propose solutions. The specific charges given to the new Distance Learning Education committee are:

- Identify regulatory issues related to distance learning education programs; and
- Develop model rules for distance learning programs.

The committee will have conference calls and meetings with interested parties from nursing education and BONs. We will update the work of this committee in the spring issue of *Leader to Leader*. ●

Integrating a Peer Review Quality Framework into a Pediatric Virtual Hospital Simulation Experience

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Competition for clinical sites among nursing schools in the same regional area, faculty shortages, patient acuity and increasing technology in health care facilities has required educators to design innovative strategies to recreate clinical environments within the educational laboratory setting (Nehring, 2008; Glasgow, Niederhauser, Dumphy, & Mainous, 2010). Simulation experiences mimic the reality of clinical environments in a nonthreatening environment, providing students active involvement in learning, leading to increased self-confidence in their critical-thinking and problem solving abilities (Jeffries & Rizzolo, 2006). Regulatory standards and guidelines from national boards of nursing for the use of clinical simulation as an adjunct for clinical learning experiences provide a framework for the development and definition of simulation experiences within schools of nursing (Nehring, 2008). The current U.S. health care environment of change and complexity, along with the call for quality and safety, presents the opportunity to expose the next generation of nursing leaders to the professional commitment of providing patient-centered high quality care.

As faculty we chose not only to embrace high-fidelity simulation as a learning technology, but to be inclusive of the Quality and Safety Education for Nurses (QSEN) initiatives and additionally, to add the peer review component in order to enrich the learning experience.

The George Washington University (GWU) School of Nursing embraced clinical simulation with quality competencies as a core teaching methodology in our second degree BSN program. As faculty we chose not only to embrace high-fidelity simulation as a learning technology, but to be inclusive of the Quality and Safety Education for Nurses (QSEN) initiatives and additionally, to add the peer review component in order to enrich the learning experience. Our simulation student experiences were influenced by the Virginia Board of Nursing's (VABON) regulatory guidance document addressing simulation in nursing education.



Regulatory Perspective

The VABON, in response to various stakeholders to include health care facilities, faculty and nursing students, acknowledged the increasing complexity of nursing care required to care for patients in Virginia health care facilities by promulgating regulations setting educational direct client care hours. The regulations, effective in April 2008, required all Virginia registered nurse (RN) prelicensure nursing education programs to have a minimum of 500 direct client care hours and licensed practical nurse (LPN) education programs to have 400 direct client care hours. This change in regulation requiring specified nursing care hours led to further discussion and collaboration with stakeholders on the use of simulation in nursing education.

The Virginia Board of Nursing began the task of developing a guidance document to address the use of simulation in nursing education. The simulation guidance document (Guidance Document #90-24) for prelicensure RN programs developed by the VABON went into effect in July 2009. It states that no more than 20 percent of the 500 direct patient contact hours in prelicensure RN programs or the 400 direct patient contact hours in prelicensure LPN programs may be simulation if used in lieu of direct client care. Additionally, no more than 50 percent of the total clinical hours for any one course may be used as simulation in lieu of direct care hours. Clinical simulation is to be facilitated by qualified faculty experienced in simulation education. This document is consistent with the Model Rules for Innovative Approaches in Nursing Education Programs adopted by NCSBN Delegate Assembly in August 2009.

The VABON will monitor nursing graduate outcomes and consider developing regulations that will further define the innovative simulation approach to direct patient contact hours (Saxby, 2009). The simulation experiences developed at GWU follow the key components of this guidance document, including: the simulation experience, debriefing, and evaluation; clearly stated objectives; student preparation for the clinical experience; required orientation to both the simulation technology and the environment; and the educator assumes the role of facilitator.

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QSEN

The QSEN initiative identifies six competencies: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics, and safety. For each competency the knowledge, skills and attitudes (KSAs) necessary for successful nursing performance have been identified (Sullivan, 2010). Our project incorporates the QSEN competencies and KSAs, and includes a student peer reviewer component. Peer review enhances a student's responsibility for learning while developing critical appraisal skills and the growth of reflective practitioners, both vital skills for the professional nurse in practice (Boehm & Bonnel, 2010).

Method

Clinical pediatric faculty met to determine three high-fidelity simulation scenarios: fever of unknown origin, asthma and a noncompliant adolescent with Type I diabetes. These pediatric situations were chosen to provide the students with the opportunity to utilize the nursing process, apply critical reasoning and provide safe, quality nursing care to the assigned patients. Simulations were written by the pediatric faculty incorporating

the KSAs in the learning objectives. The QSEN competencies observation sheets for the student peer reviewer were developed by the simulation lab director.

Students are well acquainted with the QSEN initiative as it is integrated throughout the curriculum, particularly highlighted during the second semester Quality and Safety course. The use of the peer reviewer tool (Table 1, below) in clinical simulation was an exercise in the clinical application of the QSEN competencies and KSAs.

Students were exposed to the simulation experience beginning with their orientation to the nursing program. Simulation is used as an integral part of the students' learning in the required nursing labs during first and second semesters. Prior to the clinical simulation day, students received clearly stated objectives, background patient information, as well as a preclinical worksheet to guide the students as they prepared for the clinical simulation experience (Tables 2 and 3, page 13). Students are required to wear their clinical uniform and practice with professional comportment while in the clinical simulation environment.

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TABLE 1

The George Washington University School of Nursing Pediatric Clinical Simulation

OBSERVATION SHEET

Circle scenario: Allison Brett Susie

QSEN Competencies	Examples of how this competency was met	Missed opportunities to meet this competency
Patient-centered Care: Recognize the client or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for client's preferences, values and needs.		
Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.		
Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.		
Evidence-based Practice: Integrate best current evidence with clinical expertise and client/family preferences and values for delivery of optimal health care.		
Quality Improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.		
Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.		

Reference: *Quality and Safety Education for Nurses (QSEN), 2010*

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TABLE 2

The George Washington University School of Nursing Pediatric Clinical Simulation

LEARNING OBJECTIVES

KNOWLEDGE:

- Integrates understanding of family-centered care for the pediatric population and involving parents/siblings in all aspects of patient care including plans of care, communication, education and emotional support.
- Describes the nurse's role in providing safe, effective patient care and the impact of The Joint Commission standards on nursing care.
- Recognizes the importance of effective communication among different health care providers (nurse to nurse, nurse to physician).
- Differentiates between clinical opinion and scientific evidence while performing specific diagnostic tests and assessments.

ATTITUDE:

- Encourages parental involvement in patient care.
- Recognizes the need for emotional support of family members.
- Seeks to provide safe patient care and educate the patient and family about safety throughout the hospital stay.
- Identifies the importance of effective communication with physicians and other members of the health care team to ensure patient safety and positive outcomes.
- Values continuous improvement in the clinical setting.

SKILLS:

- Acknowledges family as a part of patient care and outcomes through effective communication and evaluation of parental involvement and knowledge of care.
- Implements The Joint Commission standards of safe patient care through the use of medication reconciliation, communication, error reporting, patient identifiers, medication safe doses, abbreviations, SBAR technique during patient transfer and the five rights of medication administration.
- Use high quality electronic sources of health care information.

Reference: *Quality and Safety Education for Nurses (QSEN) (2010)*

Students in their third semester attended the pediatric virtual hospital simulation day. They were placed in groups and assigned roles such as the nurse, mother or family member, and peer reviewer for each scenario. Roles were switched out for each of the three scenarios. The lab director, serving as the simulation expert, facilitated the scenario by speaking for the clients and interdisciplinary team members via microphones, providing students with communication opportunities. The pediatric clinical instructor provided clinical expertise as the scenario unfolded and assessed the student's ability to apply clinical reasoning and provide safe, quality patient care. The lab director, clinical instructor and peer reviewer sat behind one-way glass in the control room to assess the student's practice as the simulation scenario evolved. The peer reviewer utilized the QSEN observation sheet to record his/her colleagues during the scenario. The student observer identified both when a competency was met, as well as missed opportunities to provide safe, quality patient care. The clinical simulation experience concluded with a postsimulation debriefing.

The lab director and pediatric clinical faculty facilitated student discussion and reflection in a debriefing session immediately following the clinical simulation experience. In the debriefing

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TABLE 3

The George Washington University School of Nursing Student Preclinical Assignment

Brett McFarlane: 7-year-old male

Admitted from pediatrician's office with difficulty breathing.

Diagnosis: asthma, exacerbation. Brett is accompanied by his mother and has two siblings at home.

What assessments will you complete?	
What are the growth and development expectations?	
What nutritional assessment will you complete?	
How will you include the family in the client care?	
Identify two potential nursing diagnoses. Prioritize.	
Identify two potential learning needs.	

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session, students were first asked to assess their clinical performance in the scenario and identify how the QSEN objectives were met. Next the students were asked to identify missed opportunities and what they would do differently if they could repeat the scenario. The debriefing session concluded with the students identifying how the clinical simulation experience will impact their practice. Students were required to complete an online evaluation of the scenarios and simulation experience. The faculty postscenario evaluation identified if scenario objectives were met and suggestions for improvements.

Conclusions

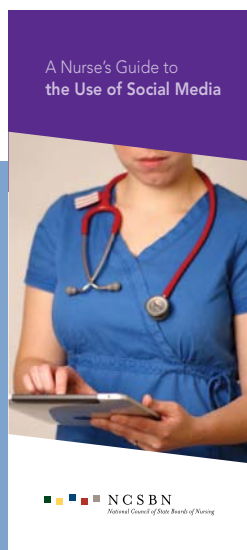
Student evaluations identified pediatric simulation as a valuable learning experience not only for integrating didactic learning with practice, but also for the knowledge enhancement of the QSEN competencies application to practice. Student evaluations acknowledged that participating as a peer reviewer allowed them to observe the scenario as it unfolded, objectively identifying the application of safe quality nursing care, as well as recognizing their own knowledge areas of strengths and weaknesses. Faculty report that the value of simulation experiences is often illustrated by students in their acute care reflective journals, which describe their confidence and ability to critically think and perform, and increased awareness of patient safety in the clinical setting. The pediatric simulation day with the peer reviewer QSEN integration is a replicable learning experience for undergraduate nursing students.

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