Leader *to* Leader

Nursing Regulation & Education Together

Introducing NCSBN's New Director of Research:

Carey McCarthy

NCSBN is proud to introduce **Carey McCarthy, PhD, MPH, RN,** as the new guiding force behind NCSBN's research. McCarthy joined NCSBN in March 2015 as the director of the Research Department after more than four years at the Centers for Disease Control and Prevention in Atlanta.

In her previous work, McCarthy conducted research and led a project called the African Regulatory Collaborative. At the time, the U.S. government was supporting a major scale-up of HIV service delivery in Sub-Saharan Africa. Due to the shortage of physicians in this region, nurses were providing the bulk of the HIV services, even advanced tasks like diagnosing HIV and prescribing first-line antiretroviral medications. "We realized that nurses were responding to the need for HIV services, but their professional regulations were either nonexistent or outdated; for example, no scope of practice covered the work they were doing. Nurses had no regulations to protect them, and patients were at risk because those quality assurance mechanisms were lacking," McCarthy explained. "The first step for ensuring access to HIV services and protecting nurses and their patients was to determine what regulations were in place in the region, who the stakeholders were, and how we could support them to develop or strengthen their prioritized areas of regulation." Over the course of four years, the initiative has supported regulatory advancement in 17 countries in Sub-Saharan Africa.

> "My responsibility as director of research is to generate evidence that boards of nursing need to make policy and regulatory decisions."
>
> – Carey McCarthy, PhD, MPH, RN

McCarthy sees her new role as very much connected to her previous work. "The need for evidence to guide policy decisions is the same anywhere," she says. "My responsibility as director of research is to generate evidence that boards of nursing need to

Carey McCarthy, PhD, MPH, RN,

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make policy and regulatory decisions. When pressing needs for data and evidence come up, we respond to those in a timely and structured fashion so that the boards of nursing (BONs) can translate the findings as needed."

McCarthy's approach to her role begins with the NCSBN research agenda, created every three years in collaboration with the NCSBN Board of Directors (BOD). Once the research agenda is set, the BOD may also articulate a new area of interest in which they need reliable information for consideration or decision making. Then, it's a process to translate that question into study aims and a research project that will help inform that decision. "I enjoy the process of conceptualization," McCarthy says. "What are they asking for, and how can we measure it? What will measuring it one way, versus another way, tell us, and how will that answer those initial questions?"

McCarthy emphasizes that, to achieve useful and accurate data, the process must be thorough and systematic. "We can identify areas that need further research and generate research questions fairly quickly," she points out, "but getting answers takes time." A study with primary data collection generally requires the development of the research design and a detailed protocol, as well as approval from an institutional review board, before data can be collected. "There are many steps that have to take place before we get answers," McCarthy continues. "Even though something might seem like a quick question, it may take time to get evidence that we can believe in." As a veteran researcher whose contributions have already made an impact worldwide, Carey McCarthy is certainly up to the challenge of providing practitioners, educators and regulators with the evidence they need to elevate the state of nursing care.

A Typical Day for a Nurse Researcher: Carey's To-do List

"We always have to keep in mind when we're going to present our findings to the Board of Directors," McCarthy explains, "so we have to know the timeline and prioritize our work accordingly. It depends on the phase of the study as well; the design, implementation, data analysis and write-up all take different amounts of time, so you organize your days and weeks around

that." Here's a look at McCarthy's typical to-do list:

- **Develop a research protocol for Institutional Review Board (IRB) submission.** All research studies must be approved by an IRB to ensure that the methods are sound and the participants are not at risk. This is an important first step for any study.

- **Meet with research staff.** At any given time, the four Research Department staff are hard at work developing, implementing or writing up their projects, and McCarthy works with them on all stages of the studies. For example, before a presentation of research finding, the investigators discuss their initial major and secondary findings with McCarthy, who meets with them to go over the graphs, tables and figures to make sure the data are being shown in the clearest way, or possibly suggest some new analysis to focus on something that isn't quite explained in the figures.

- **Work on a literature review.** "Part of understanding how to answer questions posed by the BONs is determining what we already know," McCarthy says. She searches the available literature and other resources on a given topic, identifies gaps in existing knowledge, and considers how to best go about addressing the research question. "I always have a stack of reading!"

- **Networking with other investigators.** "One of the topics we're examining right now deals with alternative-to-discipline programs," McCarthy says. "The other day, we had a conference call with a former regulator from New Mexico who spoke not only about the gaps in knowledge in the area but also which of those gaps are most crucial to nurse regulators' ability to make informed decisions." Carey has another meeting set up with one of the leading nurse scientists in "big data." "I'm excited to hear her thoughts on big data as a potential source of information or evidence for areas of importance to NCSBN membership."

- **Field questions from external research groups.** "Many researchers look to NCSBN as a source of information, standards and data, so I usually have a few emails from researchers trying to understand what data we have available, or other resources that might be of use to them in their work, and the process for accessing these resources," McCarthy explains. ●

NCSBN Welcomes New CEO

On Oct. 1, 2015, **David Benton, RGN, PhD, FFNF, FRCN, FAAN,** began his tenure as NCSBN's new CEO. Benton was previously CEO of the International Council of Nurses (ICN). Prior to that he served as an ICN consultant in nursing and health policy. He has also served on the Editorial Advisory Board for the NCSBN *Journal of Nursing Regulation* since its launch in 2010. Benton has held senior leadership roles for more than 25 years across a range of organizations. NCSBN welcomes Dr. Benton. *Look for an in-depth article about him in the Spring 2016 issue of* Leader to Leader. ○

Nursing Regulation Research—Goals and Achievements

The purpose of research at NCSBN is to generate evidence that can be translated to policy by boards of nursing (BONs) and to build the body of knowledge related to the science of nursing regulation. These goals are achieved via implementation of the NCSBN Research Agenda and the Center for Regulatory Excellence, respectively.

The NCSBN Research Agenda is created every three years with the NCSBN Board of Directors and aligns with the NCSBN Strategic Plan. Both are currently in the 2014–16 period. Priority categories of research on the agenda include expansion of promising pilot or small-scale studies, outcome measurement of new regulatory models, and primary or secondary research in response to specific needs for evidence by BONs.

The Research Department has been busy over the past few years with a variety of large studies. The National Simulation Study was a multi-center, randomized, longitudinal study of outcomes of clinical simulation in pre-licensure nursing education (see *Journal of Nursing Regulation,* Vol. 5; Issue 2 Supplement). NCSBN was awarded the 2014 Excellence in Educational Research Award from Sigma Theta Tau International in 2014. The Simulation Study was unanimously selected by the judges because it was a broad-based study with nationwide and potentially international impact on nursing education. Another seminal study was the

At NCSBN, we strive to conduct meaningful research to inform the everyday activities of Boards of Nursing as well as to support the generation of evidence for nursing regulation more broadly.

Transition to Practice (TTP) Study, a randomized trial of TTP programs in 105 sites (see *Journal of Nursing Regulation,* Vol. 5; Issue 4). Finally, the 2013 National Registered Nurse Workforce Study was conducted to fill a critical gap in supply-side data on the U.S. nursing population (HRSA last conducted a similar study in 2008). The NCSBN national nursing survey randomly sampled more than 100,000 nurses in the U.S. (see *Journal of Nursing Regulation,* Vol. 4, Issue 2, S3–S65).

The 2015 National Nursing Workforce Survey recently concluded and will provide a current picture of the U.S. nursing workforce. This year's study was twice as large in order to include not only registered nurses, but also licensed practical/vocational nurses. More than 260,000 nurses in U.S. states and territories were sampled; the response rate was more than 30 percent (a manuscript is in preparation for a *Journal of Nursing Regulation,* April 2016 supplement).

Another study underway is an exploration of gender differences in nursing discipline. NCSBN data (2003–2013) has consistently indicated higher discipline in male nurses compared to female nurses. In order to investigate this trend, NCSBN designed a mixed-methods study including an exploratory analysis of secondary data, propensity matched case-control review, a cross-sectional survey and focus groups. Qualitative methods

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Ask NCSBN

Q&A

Q: What are the major issues that education consultants at boards of nursing (BONs) face?

A: Each year NCSBN conducts a comprehensive environmental scan of the regulatory health care community. As a part of this scan, we conduct a survey with our BONs. One of the survey questions asks the BONs what their top education issues are. Of the 33 responses, **one-third (or 11) cited faculty qualifications and shortages as their top issue.** This was followed by:

- Nine citing low NCLEX pass rates;
- Eight citing lack of quality clinical experiences;
- Seven citing propriety program issues; and
- Six citing each of the following: programs use of simulation, issues with national nursing accreditation, online or distance education programs, and poor program quality/academic integrity.

The full report of the environmental scan will be published in the January issue of the *Journal of Nursing Regulation.* Don't miss it! ●
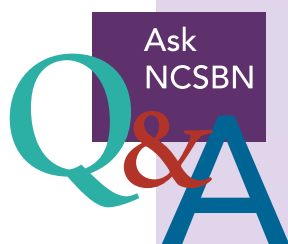
Get Detailed Information on NCSBN Member Boards

Member Board Profiles is a comprehensive database available to NCSBN members that provides detailed information about NCSBN's member boards. These data are collected annually through a survey of the 59 member boards and were last updated in November 2014. The report includes the following information for each board:

- Structure and Governance.
- Licensure Requirements and Operations.
- Education Requirements.
- Discipline, Delegation, Telenursing.
- Advanced Practice Registered Nurse Regulation.
- Assistive Personnel Regulation.

The compiled data are available in new, user-friendly reports that display the information using text, charts, graphs and maps when available. The education report covers a variety of topics including: accreditation, program approval, site visits, fees, NCLEX®, PN and RN program faculty/administrator qualifications, simulation, articulation and distance education. ●

New Nurses: Your License to Practice Video Now Available

In national polls, the public consistently ranks nursing as the most ethical and honest profession in America, reflecting the special bond that exists between nurses and those under their care. To assist new nurses in safeguarding their professionalism and integrity, upholding nursing ethics, you can now view NCSBN's new video, *New Nurses: Your License to Practice*, to understand nursing licensure and key points that new nurses need to know.

Nurses preparing for their first jobs will learn the ways the profession is regulated—through nursing licensure, boards of nursing and state laws called Nurse Practice Acts. The video also covers key issues of professional responsibility, including the prevention of violations of a state Nurse Practice Act, maintaining professional boundaries and nursing ethics.

View the new video, and visit NCSBN.org to access more resources that will help you advance in your career while maintaining professionalism and integrity throughout your career. ●

> "We at NCSBN are excited to release our new video, *New Nurses: Your License to Practice.* It provides new graduates with valuable information on nursing regulation as they begin their careers in this highly respected profession."
>
> – Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN

are also being used in a documentary analysis of nurse practice acts, rules and regulations for collaborative practice agreements for four types of advanced practice registered nurses (nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists) in 26 states.

With fiscal year 2016 upon us, the 2014–16 Research Agenda still has topic areas to explore. Anticipated areas of study from the agenda include discipline and substance use disorder, such as the use and effectiveness of remediation, and outcomes for discipline programs as compared to alternative to discipline programs (ADP), and differences in efficacy and recidivism of ADP. Other areas of potential inquiry include identification of key elements to assist foreign educated nurses with their transition to practice in U.S. practice settings and testing the effectiveness of NCSBN resources for BONs and Nurse Managers/Administration evaluating adverse events and nurse discipline.

NCSBN is committed to building the body of knowledge related

to the science of nursing regulation. To that end, the Center for Regulatory Excellence (CRE) helps advance the science of nursing policy and regulation and builds regulatory expertise worldwide. The CRE program awards grants of up to $300,000 for one- to two-year projects. Study proposals are reviewed and scored twice a year. Examples of recently funded studies include the "Impact of Granting Full Practice Authority to Nurse Practitioners in the Veterans Administration" and "The Process of Workplace Re-entry for Nurses with Substance Use Disorders: A Grounded Theory Study."

At NCSBN, we strive to conduct meaningful research to inform the everyday activities of BONs and to support the generation of evidence for nursing regulation more broadly. To this end, we employ a range of different study designs in our intramural research and support myriad methods of inquiry through the CRE program. All studies supported by NCSBN are intended to promote evidence-based regulatory excellence for patient safety and public protection. ●

NCSBN Develops Guidelines for Delegation Process

Health care is continuously changing and this includes the roles and responsibilities of licensed health care providers and assistive personnel. The number of licensed nurses — advanced practice registered nurses (APRNs), registered nurses (RNs), or licensed practical nurse/vocational nurses (LPN/VNs) — may be limited in certain regions and/or institutions. Therefore, nursing care may need to be extended beyond the traditional role and assignments of RNs, LPN/VNs, and unlicensed assistive personnel (UAP). When certain aspects of nursing care need to be delegated beyond the traditional role and assignments of a care provider, it is imperative that the delegation process be clearly understood so that it is safely and effectively carried out.

The delegation process is multifaceted. It begins with decisions made at the administrative level of the organization and extends to the staff responsible for delegating, overseeing the process and performing the responsibilities. It involves effective communication, empowerment of staff to make decisions

based on their judgment and support from all levels of the health care setting. The employer/nurse leader, individual licensed nurse, and delegatee all have specific responsibilities within the delegation process.

NCSBN is currently in the process of developing national guidelines to facilitate and standardize the nursing delegation process. In early 2015, NCBSN convened two panels of experts representing education, research and practice to discuss the literature, key issues and evaluate findings from delegation research funded through NCSBN's Center for Regulatory Excellence Grant Program. The guidelines developed will be based on current evidence and existing practice trends and will build on previous work by NCSBN. The guidelines will provide clarification on the responsibilities associated with delegation.

The major highlights of these guidelines will include:

- The emphasis on the specific responsibilities of the employer/nurse leader, licensed nurse, and delegatee within the delegation process.
- A graphic model to illustrate the harmonization of the employer/nurse leader, licensed nurse, and delegatee responsibilities.
- A thorough explanation of the differences between delegation and assignment.
- Practical examples of delegation versus assignment.

Once the guidelines are finalized, they will be presented to the NCSBN Board of Directors during the December 2015 board meeting. Details of the guidelines will be published in a future issue of the *Journal of Nursing Regulation*. ●

Development of Sanctioning Guidelines for Public Discipline in Nursing Regulation:
The North Carolina Board of Nursing Journey

By Jennifer G. Lewis, MBA, MSN, RN, CI, and Tammy Horne, BS, CI

Area of Opportunity in Nursing Regulation

State legislatures grant Boards of Nursing (BONs) authority to provide for the enforcement of the rules set forth by the BON. However, determining consistent, appropriate sanctions for substantiated violations of the Nursing Practice Act is challenging without a defined frame of reference.

The North Carolina Board of Nursing (NCBON) took on the challenge of developing a guideline for the implementation of disciplinary sanctions for those substantiated violations considered a risk to the public. Board members decided to embrace the Just Culture philosophy, a systematic method that can be used to increase patient safety. Just Culture holds individuals accountable for reckless behavior or repeated behavior that poses increased risk to patients, but does not expect individuals to assume accountability for system flaws over which they had no control (The Ohio Board of Nursing, 2010).

A Just Culture shifts the generally accepted notion to find blame in the last person in contact with the patient prior to the error occurring, towards examining the circumstances preceding, during, and after an error is committed while also examining the behaviors of the individuals involved in the error (Outcomes Engenuity, 2014). The Just Culture philosophy challenged North Carolina nurse regulators to focus more attention on licensees' behavioral choices rather than on the patient outcomes that may result from those choices.

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To fully embrace this objective, the NCBON needed to reflect on its current approach to imposing discipline sanctions and make necessary process revisions that protect the citizens of North Carolina, and authorized board staff to investigate the possible use of sanctioning guidelines as an option to improve disciplinary processes.

A Brief Review of the Literature

There have been few studies examining disciplinary actions by BONs and there is little research involving the development and use of sanctioning guidelines as part of the discipline process for

BONs. There is, however, information available highlighting the pervasive culture of blame within the health care industry when errors occur. Dr. Lucian Leape's historical congressional testimony highlighted the need for health care to move past a punitive system (Leape, 2000). Khatri, Brown, and Hicks (2009) also assert that measured steps are needed for organizations to move from a blame culture to a Just Culture given medical errors and poor quality of care result from this punitive culture.

A search of several databases revealed no information about sanctioning tool development for the nursing regulatory community, and the search was then expanded to include other occupations. Relevant information on sanction guideline development was discovered within the legal community. The ABA *Model Rules for Lawyer Disciplinary Enforcement* are used by state supreme courts and bar associations in reviewing their disciplinary systems, and have been used by other occupations as a frame of reference in crafting their own disciplinary programs (American Bar Association [ABA] 2005). The Model Rules state the following factors are taken into consideration when imposing sanctions: whether a duty to a client, to the public, to the legal system or to the profession was violated; whether the action was intentional or negligent; the amount of the actual or potential injury; and the existence of any aggravating or mitigating factors (ABA, 1989, Rule 10 #3).

Development of Sanctioning Guidelines for Public Discipline in North Carolina

NCBON staff conducted an internal review of disposed cases to get baseline information regarding sanctioning practices of the Board, and reviewed sanctioning guidelines from California,

Washington, Oregon and Texas as well. NCBON staff were able to analyze these established protocols in conjunction with the information available from the ABA to determine commonalities, structure and feasibility of replication within NCBON legislative mandates.

Phase One

Board staff performed a three-year review (years 2007, 2008 and 2009) of disciplinary actions imposed by the NCBON, according to violation (law and rule citations) and sanction(s) applied. Board staff then extrapolated common factors applicable in many cases involving the same or similar law and rule violations. For example, it was determined that if a nurse substituted a controlled substance instead of administering the controlled substance to the patient, those nurses typically received stricter sanctions. The first phase focused on developing a guideline to address licensee mishandling of controlled substances and discrepancies in the documentation of controlled substances. These violations accounted for a significant portion of complaints and warranted immediate attention due to the risk to the public.

> Criteria are grouped together by the potential risk for harm to the public, categorized as low, moderate or high risk. In the substitution example noted previously, it was determined that the factor of "substitution" should fall within the high risk category.

Similarities were noted among the common factors considered in sanctioning decisions when guidelines from the four regulatory bodies were reviewed. For example, the actual or potential harm to the public, the licensee's prior disciplinary record, time elapsed since the act(s) occurred and licensee admissions of wrongdoing were factors for at least three of the four state BONs

in determining appropriate sanctions. The sanctioning guideline tools are developed so that each factor or criterion is independent of the others, with no weight or preference given to a specific criterion. Criteria are grouped together by the potential risk for harm to the public, categorized as low, moderate or high risk. In the substitution example noted previously, it was determined that the factor of "substitution" should fall within the high risk category.

When reviewing previous cases involving substitution of medications, board staff determined that some similarities existed among the sanctions issued to the nurses engaged in this conduct. Based on this information, NCBON offered suggestions for sanctions that correspond to the risk-taking behavior of the licensee for each category. Of course, as no two cases are alike, provisions to account for the circumstances unique to each case were needed. Board staff chose to allow for the evaluation of non-defined aggravating and mitigating factors that may influence the sanctioning decision. For the purposes of the NCBON sanctioning guidelines, aggravating and mitigating factors are those circumstances that do not occur with such frequency to be considered an independent factor for consideration with each case review; however, they provide information that is relevant to the case and influence the reviewers' decision-making in the sanction rendered. Aggravating factors present in a case review may influence the evaluator to increase the sanction offered, whereas mitigating factors may be indicative that a lesser sanction is more appropriate to offer.

Phase Two

Once the initial sanctioning guideline was developed, board staff began to use the tool on a limited basis in the investigation and evaluation of reported cases involving allegations of diversion of, or inaccurate documentation of, controlled substances. This introductory phase allowed for controlled use of the guideline but provided for feedback by a limited number of users with regard to clarity of the factors, ease of use and applicability to the cases reviewed. These individuals consulted each other to make sure that each reviewer was consistently using the guidelines prior to offering a settlement to the licensee based on the sanction recommended in the guideline. As the pilot phase of the project began, board staff continued to work on the development of guideline tools for practice-related and other misconduct violations, resulting in 15 sanctioning guidelines covering a variety of practice violations, including abandonment, neglect and exceeding scope of practice.

Phase Three

The third phase of tool implementation revolved around the use of the sanctioning guideline tools with senior staff in conjunction with training on tool use for all investigators. Round table reviews of previously disposed cases were conducted as a forum to

introduce investigative staff to the applicable and relevant factors and to ensure inter-rater reliability in the use of the tool. Having knowledge of relevant guideline factors allowed investigators to incorporate the information into their investigative plans for future complaint investigations. Additionally, the sanctioning guidelines were approved by the NCBON which granted board investigators authority to utilize them for Published Consent Orders (stipulated agreements that may be offered if a nurse acknowledges a violation of the Nursing Practice Act and would like an expedited settlement of a non-contested practice complaint).

Results

Implementation of these sanctioning guidelines resulted in decreased cycle times for case disposition, decreased numbers of contested cases and decreased costs associated with adminis-trative hearings. In addition, consistency in sanctions rendered, based on allegation and relevant factors, increased and efficien-cies were gained through effective resource allocation.

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By virtue of having an established guideline in place, all reviewers have at their disposal a tool to help direct their evaluation of case criterion in a standard format which promotes fairness for licensees and helps assure that sanctions are not rendered arbitrarily. Tool use may also reinforce the defensibility of rendered sanctions while maintaining the need for flexibility in the disposition of cases through consideration of case-specific circumstances. The guidelines reduce evaluator bias by providing a forum for which common factors are consistently applied for similar violations and guideline use allows for transparency in decision-making.

In addition, appreciable time and financial savings attributable to case resolution through Published Consent Orders (PCOs) for licensees were achieved. Between the years of 2009 and 2011 there was a 164 percent increase in the use of the PCOs. There was a 42 percent decrease in the cycle time (investigation time) required to resolve all cases resulting in formal discipline in the year 2011 when compared to cycle types in the year 2009. This reduction was attributed to the increased use of PCOs made possible by the sanctioning guidelines. Offers of resolution could

be made much earlier in the investigative process without the need for additional staff involvement, thereby promoting efficient use of Board resources.

Implications for Future Use

Implications for use of consistent, evidence-based sanctioning guidelines are evident at the state and national levels. BONs committed to providing effective regulatory enforcement can assure that these guidelines will be applied and considered equitably in sanctioning decisions. Moreover, use of the sanction-ing guidelines may provide opportunities within and across BONs for shared learning and benchmarking by providing a common frame of reference in disciplinary processes, thus promoting consistency in the disciplinary processes of multiple jurisdictions and increased uniformity in nursing regulation.

The NCBON has and continues to promote a Just Culture where open communication of system breaches and learning opportu-nities are celebrated within a framework that holds licensees accountable for risk-taking behavior. The tool they developed aligns the investigative and disciplinary process with the current Mission, Vision and Values of the NCBON.

Many thanks to the remaining members of the NCBON PCO team, Carrie Linehan, Brian Stewart, Kathleen Privette, and Kathy Chastain, for their steadfast commitment to public protection and work developing the sanctioning guidelines. ●

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NCLEX® Program Reports — a Summary of Information

The purpose of the NCLEX® Program Reports is to help nursing program administrators and educators understand how their nursing students performed on the NCLEX examination. The NCLEX Program Reports can be useful for tracking program growth, reforming curriculum or modifying instructional methodology. The NCLEX Program Reports describe how their graduates performed on several content dimensions compared against other programs both regionally and nationally.

There are four main sections to the NCLEX Program Reports. The following will describe each of the four main sections:

1. **The Summary Overview** provides information on (1) the rank of their program based on the percentage of their graduates that passed the NCLEX during the current and previous reporting periods and (2) a listing of the jurisdictions where their graduates applied for licensure during the current and previous reporting periods. The rank of their program is provided in comparison to other programs in their jurisdiction and all programs in every jurisdiction. In addition, the NCLEX-RN Program Reports provide the rank of their program among all similar program types (e.g., associate, bachelor's, and diploma) across every jurisdiction. All program rankings are limited to those programs where at least 10 graduates tested during the reporting time interval.

2. **The Test Plan Report** presents information on the percentile ranks of their typical (median) graduate's performance compared to the performance of (1) graduates from their jurisdiction, (2) graduates from the same type of educational program as their program (only for RN programs) and (3) the national population of graduates. This report is based on the NCLEX Test Plan. The content of the NCLEX-RN Test Plan is organized into eight Client Needs categories: Management of Care, Safety and Infection Control, Health Promotion and Maintenance, Psychosocial Integrity, Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation.

3. **The Content Dimension Report** provides information about the percentile ranks of their typical (median) graduate's performance on six frameworks: (1) Nursing Process, (2) Categories of Human Functioning, (3) Categories of Health Alterations, (4) Wellness/Illness Continuum, (5) Stages of Maturity and (6) Stress, Adaptation, and Coping. The Nursing Process provides a framework for organizing and delivering nursing care to clients and groups. Categories of Human Functioning is a framework that focuses on a client's ability to maintain essential life functions. Categories of Health Alterations describe the fundamental body systems that may be impacted from changes in the wellness continuum. The Wellness/Illness Continuum is defined as the range of one's total health. This continuum is constantly changing in relation to the client's physical, mental and social being. The Stages of Maturity consist of five specific age categories for which a nurse can organize typical behaviors related to age groups and provide care in order to promote optimum growth and development. Some NCLEX examination questions concern the provision of care to clients whose needs are the same regardless of age or developmental level. These questions are grouped into the sixth category, Life Span. The Stress, Adaptation, and Coping model according to Roy (1980) is the process of adjusting or modifying behavior using biopsychosocial mechanisms to maintain personal integrity. The format of Content Dimension Reports is similar to the Test Plan Report in that the reports present information on the percentile ranks of their typical (median) graduate's performance compared to the performance of (1) graduates from their jurisdiction, (2) graduates from the same type of educational program as their program (only for RN programs), and (3) the national population of graduates.

4. **The Test Duration/Test Plan Performance Report** consists of two reports, one on Test Duration and one on Test Plan Performance. The Test Duration Report provides information about the average number of questions taken, the average amount of time spent on the examination and the percent taking the maximum and minimum number of questions

reported separately for those who passed and failed, as well as for the total group (all candidates). The Test Plan Performance Report includes information on performance in each of the Client Needs subcategories for their graduates, graduates from their jurisdiction, graduates from similar programs nationwide
(only for RN programs), and all graduates nationwide, as well as an indication of how a candidate precisely at the passing standard would have performed (passing performance). The Test Plan Performance Report provides information on the performance of their median graduate in each area of the NCLEX Test Plan. Performance is reported as the expected percentage of all possible questions that could be administered in a given category that would be answered correctly by a graduate at this performance level. This differs from the Test Plan Report in that performance here is defined with respect to the content domain, rather than in comparison with performance of other graduates.

The NCLEX Program Reports provide nursing program administrators and educators with a useful tool for glimpsing into their graduates' performances on the NCLEX examination from several perspectives (e.g., passing rates, test plan categories, the six frameworks of content dimensions, and test duration/test plan content domains) so that the administrators and educators can reform curriculum or modify instructional methodology to address relative weaknesses of their nursing program. This summary document is a condensed version of the NCLEX Program Reports Introduction provided by the Mountain Measurement, Inc.

Visit the Mountain Measurement website for general information on NCLEX program reports and detailed information on NCLEX program report subscription cost. ●

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National Nursing Workforce Survey Underway

A national survey is underway to collect crucial information on the supply of registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) in the U.S. The information provided will be critical to planning for sufficient numbers of adequately trained nurses and ensuring a safe and effective health care system.

The National Nursing Workforce Survey will help predict potential shortages and assist in the allocation of resources, program development and recruitment efforts in health care and education sectors.

Filling a Void

For three decades the Health Resources and Services Administration (HRSA) reported on the supply of RNs through the National Sample Survey of Registered Nurses (NSSRN). The final NSSRN was completed in 2008. In 2013, NCSBN and The National Forum of Nursing Workforce Centers, through a collaborative effort, stepped in to fill the void of national RN workforce supply data.

This study is an ongoing joint venture to collect current nursing workforce supply data and it is the only national-level survey specifically focused on the U.S. nursing workforce. In addition to collecting RN workforce data, the current study has collected data on the LPN/VN workforce for the first time.

The National Forum of State Nursing Workforce Centers' Minimum Dataset (MDS) was utilized for the majority of the survey items. Additional questions were added to enhance the survey, including items related to telehealth and salary.

All RNs and LPN/VNs in the U.S. and its territories were eligible candidates for survey participation. As of June 2015, the total number of RN licenses was 4,378,273 and LPN/VN licenses was 1,030,080. These numbers, however, included individuals with multiple licenses. Individuals with multiple licenses were de-duplicated prior to sampling. Sampling was random and stratified by state. The sample included approximately 143,000 RNs and 124,000 LPN/VNs.

The survey was closed for responses as of mid-September, and data analysis and report writing are currently underway. The full report of the results will be available in the April 2016 issue of the *Journal of Nursing Regulation*. ●

NATIONAL NURSING WORKFORCE SURVEY

The NCSBN Institute of Regulatory Excellence (IRE)
Enhancing Leadership Skills and Knowledge of Nursing Regulation

The NCSBN IRE Fellowship Program was created in 2003 as a professional development program in which board of nursing (BON) members and staff develop and enhance their leadership skills and knowledge of nursing regulation, contributing to their boards, NCSBN and the science of nursing regulation.

The IRE Program grew out of a question raised by NCSBN members: Could a doctoral program in nursing regulation be created for regulators who wanted to enhance their knowledge of and leadership in nursing regulation?

The first cohort of 12 IRE Fellowship participants began their fellowship experience in 2004, representing 11 states. At the inception of the program, participants were required to have a minimum education of a bachelor's degree, be in their first or second year as a nurse regulator in an administrative position, and complete an IRE scholarly project each year of the four-year program. The project could be an individual or group project in collaboration with other fellows in the program.

In 2009, the participation requirements changed to the minimum requirement of a master's degree, so that participants had knowledge and skills in using the research process to complete their projects. IRE project requirements changed as well, from one project each of the four years to one comprehensive scholarly project over a span of four years. Now the fellows complete a comprehensive literature review in year one, a project proposal in year two, implement their proposed project in year three, and report and disseminate their results in year four.

Institute *of*
REGULATORY
EXCELLENCE
IRE

IRE participants complete an application process in which they identify an area of interest in nursing regulation that they are committed to learn about and develop. Since the program covers a span of four years and requires the participant to commit to the self-directed learning process needed to complete a substantive project, it is necessary for the executive officer of the participant's regulatory agency (or the board president if the applicant is an executive officer) be supportive of the time commitment involved. The time commitment requires attendance at an annual IRE conference on designated topics related to nursing regulation. The themes of the conference rotate among the topics of leadership and organizational behavior, public policy, discipline and practice issues, and continued competence. Each themed conference is preceded by a one-day preconference for the fellows, providing information on the research process, conducting a literature review, writing a proposal, applying for ethics

The National Forum
of State Nursing Workforce Centers Annual Conference

April 27– 29, 2016 | Orlando, Fla.

The National Forum of State Nursing Workforce Centers is busy planning for its next annual conference, hosted by the Florida Center for Nursing and North Dakota Center for Nursing.

This year's conference will be held in Orlando, Fla. Themed "Collaboration, Cooperation, Communication = Success," the conference should resonate with a variety of nursing centers to further develop infrastructure and much more.

Save the Date!
April 27-29, 2016 | Orlando, Florida
THE NATIONAL FORUM
OF STATE NURSING WORKFORCE CENTERS
"Collaboration, Cooperation, Communication = Success"
FCN Florida Center for Nursing   NORTH DAKOTA CENTER FOR NURSING A unified voice for nursing excellence.

Mark your calendars for this exciting conference in sunny Orlando!

review of their proposals, and presentation and dissemination of their project results.

By the end of year one, the fellows each choose a mentor with whom they can interact and receive feedback on their IRE work.

> To date, 76 board members and staff have participated in the IRE Fellowship Program, representing 27 states and six Canadian provinces.

The mentor can be someone skilled in either the content area or methods area of the IRE fellow's project. Once the fellows have successfully implemented and completed their projects, they present their results as a research poster presentation at the NCSBN Annual Meeting, where they also receive their certificate of completion, an IRE pin and the designation of Fellow of the NCSBN Regulatory Excellence Institute (FRE).

To date, 76 board members and staff have participated in the IRE Fellowship Program, representing 27 states and six Canadian provinces. Projects completed have included:

- Development and evaluation of educational programs on nursing regulation and the Nurse Practice Act for leaders, staff nurses, and others.
- Implementation of the Just Culture concept to nursing regulation at BONs.
- Developing and evaluating alternative to discipline programs for nurses with substance use disorder.
- Reviewing accreditation and BONs approval requirements for nursing education programs.
- Other completed projects can be found on the IRE section of the NCSBN website, along with information about the application process. ●

Leader *to* Leader

WANTS YOU!

NCSBN is looking for individuals who would like to be guest authors in future issues of *Leader to Leader*. For more information, please contact Nancy Spector at nspector@ncsbn.org or Mike Grossenbacher at mgrossenbacher@ncsbn.org.

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National Council of State Boards of Nursing