

LEADER TO LEADER

AN INTERVIEW WITH

Marlene Carbullido Executive Director, Guam Board of Nurse Examiners

The airline journey from Guam to attend the NCSBN Annual Meeting in Chicago can be a long and exhausting one, but **Marlene Carbullido, MSN, RN** was still kind enough to sit down with *Leader To Leader* during a break to discuss her work as executive officer at the Guam Board of Nurse Examiners, and some of the challenges and rewards that come with working for an island board.

Carbullido's path to nursing began when she was in high school. "I was assigned to the hospital for Career Day," she recalls. "While touring the maternity ward, I happened to see a newborn baby being resuscitated by a beautiful nurse. The head nurse was there assisting, and she was the one in control and calling the code, but the new nurse was confident, and together as a team they saved the baby's life. It was amazing!"

Carbullido is acting administrator at Guam Emergency Medical Services and at the Department of Public Health and Social Services Health Professional Licensing Office. She has more than 26 years of professional experience in nursing administration, regulatory health, emergency room, hospital, home health, clinic and community health settings. From 2004 to 2006, Carbullido served as the Pacific Region Parent Advocate for the National Emergency Medical Services for Children Program by providing consultation services as the parent of a child with special health care needs. She is also a first responder disaster nurse with more than 25 years of mass casualty experience.

What inspired you to join the Guam Board of Nurse Examiners?

I've always had an interest in regulatory nursing, and I admired the previous executive officers for the work they've done. When the opportunity presented itself under a new government administration, I was pleased to be appointed to the position by the director.

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Marlene Carbullido, MSN, RN

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... and more

Q & A

Q: Are LPN/VNs allowed to delegate?

A: Licensed practical/vocational nurses (LPN/VNs) are allowed to delegate in some states/jurisdictions depending on their state nurse practice act (NPA) and rules/regulations. Registered nurses (RNs) are allowed to delegate in all states/jurisdictions. It is the responsibility of the LPN/VN to know what is permitted in their state NPA and rules/regulations, and it is crucial for the LPN/VN to have a good understanding of the delegation process in order to safely and effectively delegate. Additionally, RNs have a responsibility to know the laws regulating LPN/VNs since they may work closely with them.

NCSBN released new National Guidelines for Nursing Delegation earlier this year. The full article can be found in the April 2016 issue of the [Journal of Nursing Regulation](#).



NCSBN

National Council of State Boards of Nursing

... Guam is situated strategically next to China, Japan, Korea, the Philippines, the Federated States of Micronesia and Hawaii.



How would you describe a typical day?

A typical day consists of balancing a few different responsibilities. Of course, I receive tons of emails from off-island. I am in frequent contact with NCSBN, and I also get a lot of emails from nurses across the U.S. Many of these nurses want to endorse to Guam because it is not only a U.S. territory, but a beautiful island as well. On a typical day, I also process many applications and because we don't have a nurse investigator, I assume that role. I work with board members on a daily basis. I process many of the complaints that come to the office, such as violations of the Nurse Practice Act. I also do site visits to the schools and offer continuing education classes for nurses. Because Guam is such a small island with a small staff, I find myself taking on a few varied roles each day.

What's one of the greatest challenges you face in your role?

As you know, Guam is very small. We only have one government hospital and we just opened up a new private hospital. Staffing is one of our greatest concerns right now because we have a nursing shortage. There are only about 150,000 people on the island, but we have high rates of diabetes, cancer and cardiac issues. Each year we only graduate approximately 25 students from our BSN program, and likewise, we graduate about 20 LPNs each year. We're not producing enough nurses, and of course the baby boomers are also retiring. These are my challenges.

I'm not licensing as many nurses as I would like. One of the ways we're addressing this is by doing active recruitment. We fly staff out to Hawaii to recruit nurses from there because Hawaii produces a lot of experienced nurses.

Is it challenging to get the people in Hawaii to come over to Guam?

Yes, it is difficult to entice the Hawaii nurses to move from one island paradise to another, but experienced nurses are being offered short-term stints, to get them to come from Hawaii for three months and mentor new nurses so we can assure they're safe to practice.

One thing too that I wanted to mention is that Guam is situated strategically next to China, Japan, Korea, the Philippines, the Federated States of Micronesia and Hawaii. I don't know if you are familiar with the Federated States of Micronesia. In the 1980s some of the Micronesian islands entered into an agreement with the federal government to allow them to freely immigrate back and forth. You'll see them established in places throughout the U.S. In Guam and Hawaii there are large populations. They want to come to Guam and they want to work as nurses. And some of them are really good because they were educated in Fiji under the World Health Organization (WHO). WHO trained all of these nurses who work in the islands, and doctors as well.

This cross-border issue was mentioned in the EO meeting I attended at the NCSBN Annual Meeting and David Benton seems to be globally focused. Some of the things we need addressed at the national level are guidelines for cross-border nursing practices and how can we integrate and teach them.

Describe your colleagues on the Guam Board of Nurse Examiners.

We have an array of board members who are really great at their jobs. We have two nurses with doctorates who serve on the board investigative committee and they work really hard with me and the attorney general to discipline licensees.

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Marlene Carbullido *continued from page 2*

“Some of the things we need addressed at the NCSBN level are guidelines for cross-border nursing practices and how can we integrate and teach them.”

– Marlene Carbullido, MSN, RN

What are your favorite parts of your job?

This is going to sound funny, but I really like the discipline. This is because I believe that it is so important to protect the public and make sure the nursing workforce is safe and competent to practice. I like working with the attorneys, going through that process and seeing results. I’m actually planning to pursue an NCSBN Institute of Regulatory Excellence (IRE) fellowship and my fellowship project would focus on discipline.

Editor’s note: *The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current regulators who want to enhance their knowledge of and leadership in nursing regulation. The program includes experiences in analyzing issues involving public policy and regulation, strategic planning, patient safety and communication. It also requires the application of evidence-based concepts in decision making and leadership. Learn more [here](#) (members only, login required) ♦*

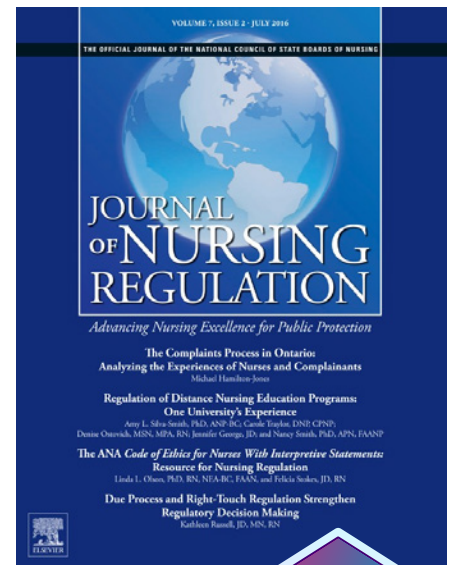
The Journal of Nursing Regulation Turns Six

In April 2016, the *Journal of Nursing Regulation (JNR)* completed its sixth volume and began its seventh year of publication. At their August meeting, *JNR* staff and editorial board members reflected on the growth and accomplishments of the *JNR* during that time, such as the successful partnership with publisher Elsevier that began in 2015, the dissemination of useful resources such as the *Simulation Guidelines for Prelicensure Nursing Education Programs* and the *National Guidelines for Nursing Delegation*, and the publication of major studies on topics such as simulation, transition to practice of newly licensed nurses and the state of the nursing workforce.

Staff and the editorial board also discussed how the *JNR* might grow even more over the next few years. Ideas include diversifying both the cultures and the skills represented in the *JNR*’s editorial board and in the pages themselves. By sharing the best practices of regulators around the world and in other health care related professions, the *JNR* hopes to expand its mission of advancing the state of the science of nursing regulation.

Each issue of the *JNR* showcases timely and pertinent information in nursing regulation, education, practice, licensure and research. For educators, highlights from recent issues may include a primer on the recently updated American Nurses Association Code of Ethics, the integration of evidence-based practice into the nursing classroom, the regulation of distance education programs and best practices in clinical instruction. All articles are available at www.journalofnursingregulation.com.

Finally, the *JNR* is always seeking new authors and innovative issues and topics. If you’re a leader in nursing education, the *JNR*’s editorial staff is eager to connect with you about your future manuscript that could be featured inside our pages. See the [Guide for Authors](#) for more information on publishing in the *JNR*. ♦



Politics and Change and APRNs

Is it possible to move the APRN legislative agenda in an election year? That is what many wondered as 2016 began. State legislative sessions are often brief to begin with and, in an election year, legislators' attention can shift to state elections and redistricting.

In 2016, 61 percent of the states' 1,972 Senate seats are up for a vote and 80 percent of the country's 7,383 state house seats are up for a vote (Ballotpedia, 2016). There are also 12 governor's races this year, and, as the election cycle began 11 governors or former governors were running as presidential candidates (Rutgers, Center on the American Governor, 2016).

Evidence points to presidential elections affecting state legislative elections, so it is understandable that they garner legislator's attentions (Byler, 2015). Election years are known to produce a modest amount of enacted legislation at the state or federal level. So where does that leave the push to align state legislation with the APRN Consensus Model?

If not a banner year, it was, at least, a strong year. In Alaska, Senator and former board of nursing member Cathy Giessel sponsored Senate Bill 53 which was signed into law and aligned Alaska with the major elements of APRN Consensus. In West Virginia, House Bill 4334 removed the required collaboration with a physician after a period of three years and applied the APRN title to all. Washington moved through rules to recognize the clinical nurse specialist (CNS) which added significant points to their map's total, and Virginia, with HB 580 conferring the APRN title to the certified registered nurse anesthetist (CRNA) and the certified nurse midwife (CNM) as well as autonomy in practice and prescribing for the CRNA. Also in Virginia, SB 463 clarified the requirement of consultation with a licensed physician and evidence of a practice agreement.

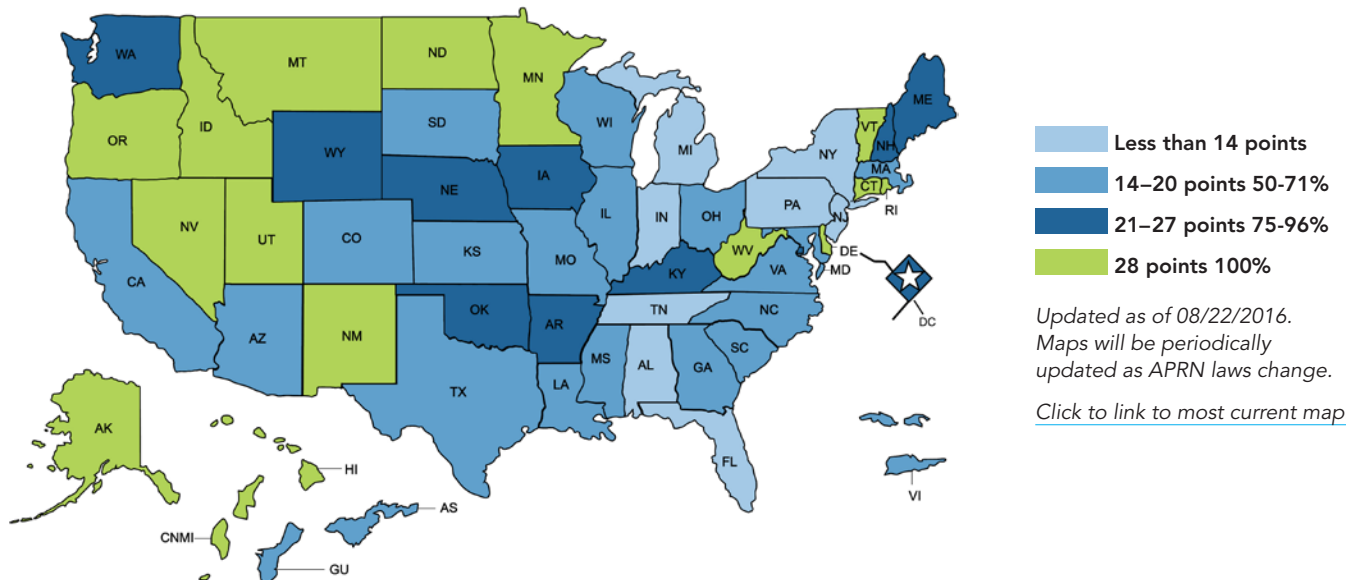
While that tells the story of our maps this year, it does not paint the full story of the efforts or of the gains in other elements of APRN practice. The biggest story of the session is one without a known conclusion just yet, and that is the effort of the Veteran's Health Administration's (VHA) Proposed Rule (81 Fed. Reg. 33155, May 25, 2016) that would authorize APRNs practicing within the VHA to practice to the top of their education and preparation, including the autonomous prescribing of legend drugs. This effort, several years in the making, has been widely supported by nursing groups and fiercely opposed

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Consensus Model Implementation Status

An overview of each state's consensus model implementation status.



Politics and Change and APRNs from page 4

by organized medical groups. Following posting to the Federal Register on May 25, the proposal garnered a record number of comments by the time it closed on July 25, 2016. To date, that comment total is 178,411.

An important endorsement of this policy change came from veteran and former Sen. Bob Dole, for whom a VA hospital in Kansas is named. In addition to his service as a soldier, Dole led the President's Commission on Care for America's Returning Wounded Warriors in 2007 under then President George W Bush. Dole gave a strong statement of support for the APRN policy change in the VHA, because, "it is based on a wealth of published research and the results of an independent assessment of the Veterans Health Administration (VHA). The research, comprising 14 studies since 2000, shows the quality and safety of care delivered by APRNs. In anesthesia alone, nine studies published in the last 16 years confirm that CRNAs ensure access to safe anesthesia care to millions of Americans—including veterans—every year. The independent assessment, ordered by Congress and published in 2015, identified the need to use APRNs to their full scope of practice." Other veterans supporting the policy change are those in organizations such as AMVETS, Paralyzed Veterans of America, Military Officers Association of America and the Air Force Sergeants Association (Dole, 2016).

Another legislative effort impacting APRNs was the Comprehensive Addiction and Recovery Act (CARA) which became law following the President's signature on July 22, 2016. This act will allow APRNs who meet certain criteria to provide medication-assisted therapy to persons battling addiction to opioids. State and federal attention to the opioid addiction and abuse epidemic has been intense with increased emphasis on the use of prescription drug monitoring databases and on prescriber training strategies. To that end, the American Association of Colleges of Nurses has partnered with at least 200 nursing programs to utilize the CDC Guidelines for Prescribing Opioids for Chronic Pain as curriculum inclusion in their programs (NCSBN, 2016).

The enhanced nursing compact was introduced in 2016 and was passed in 10 states. The APRN Compact, also introduced in 2016, was enacted in Idaho and Wyoming. Both compacts have a target adoption number (26 and 10, respectively) before rulemaking would commence. NCSBN has assembled a compact team led by Maryann Alexander and with Jim Puente, Rebecca Fotsch, Nicole Livanos, Elliot Vice and Dawn Kappel. The 2017 legislative season is expected to have several interstate practice-related bills. In addition to the Federation of Medical Boards and NCSBN, compacts are being adopted or considered by physical therapy, pharmacy, EMTs, and social work (APTA, 2016) (ASWB, 2015) (Busch, 2014) (Compton-Brown, A. and Mooradian, S., 2016).

Issues raised in state legislatures in the coming sessions are likely to closely mirror those of the past several sessions: state budget pressures (especially in states with dependence on gas and oil prices), worker pay, school choice, police accountability, prison reform, environmental regulation, infrastructure costs, religious freedoms and shared economy



The 2016 legislative sessions were also robust for telehealth legislation. More than 200 bills were introduced across states. Bills defined providers, clarified reimbursement strategies, and in some cases formed advisory task forces.

The 2016 legislative sessions were also robust for telehealth legislation. More than 200 bills were introduced across states. Bills defined providers, clarified reimbursement strategies, and, in some cases formed advisory taskforces. Of particular attention were bills pertaining to cross border practice. The Interstate Medical Licensure Compact (FSMB) have 17 states adopting it and another nine in which it has been introduced. They have a sufficient number to initiate rulemaking and will meet in August, 2016 to review comments to their rules structure. Psychologists, physical therapists, and social workers either have or are developing interstate compacts. Legislation introduced to look at national licensure remains pending but has not moved.

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The state-based economic analyses of removing APRN practice barriers have overwhelmingly suggested substantial gains can be achieved in states that expand access by removing barriers to APRN provision of primary care.



Visit the [website](#) for updates on the Campaign for APRN Consensus

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models such as Uber and Airbnb top the list. Of health-related issues, Medicaid expansion, opioid addiction and marijuana regulation remain in focus (GOVERNING, 2016).

Recent years have seen intense focus on state strategies to increase revenues and decrease costs. The state-based economic analyses of removing APRN practice barriers have overwhelmingly suggested substantial gains can be achieved in states that expand access by removing barriers to APRN provision of primary care. Such analyses have been reported in Florida, Texas, Massachusetts, Pennsylvania, Ohio and West Virginia.

The West Virginia expansion of Medical and Medicaid services in 2015 and 2016 resulted in enrollments that exceeded projections. As in other states, West Virginia has a number of counties and rural areas with an insufficient supply of physicians and an aging physician workforce (Couch, G. 2016).

The West Virginia legislation, HB 4334, is an example of legislators coming to the realization that removing barriers is one option that is open to them to address state health outcomes and economic challenges. There is evidence that physicians do not lose economically in such a solution and citizens gain primary care access (Pittman and Williams, 2012).

APRN advocacy for 2017 needs to include compelling arguments on how that strategy benefits the state, ultimately, in addressing opioid abuse concerns, in expanding access to care, in teleservices provisions, and generally in including APRNs as one of many state-based solutions to improving health outcomes. ♦

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NCSBN Unveils a Regulatory Scholars Program



NCSBN announces a new Regulatory Scholars Program, which will begin in the spring of 2017.

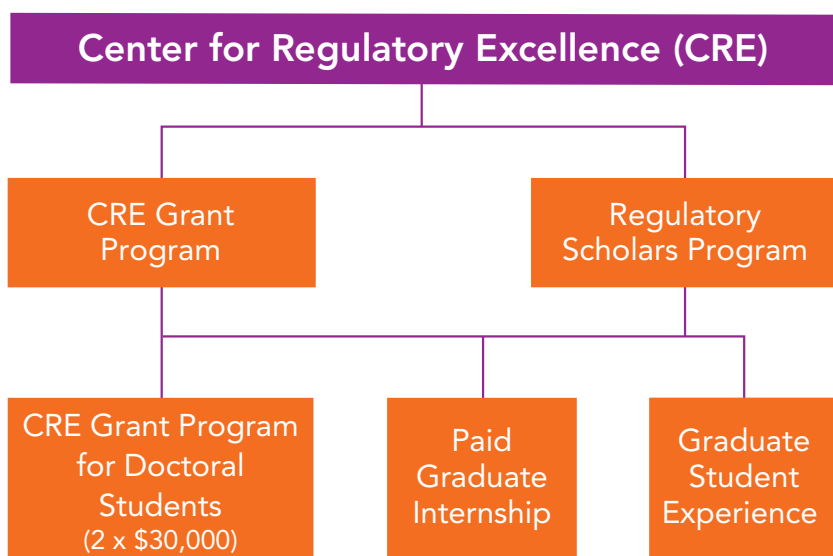
The goals of this program are to:

- ◆ **Develop the field of nursing regulation by building regulatory experts and researchers;**
- ◆ **Provide high-level evidence for nursing regulatory and policy decision-making; and**
- ◆ **Encourage scholarly dialogue and publications.**

This program will have three components:

- 1. CRE Grant Program for Doctoral Students:** The CRE Grant Program for Doctoral Students will be funded by NCSBN's Center for Regulatory Excellence (CRE) Grant Program and will award grants of up to \$30,000 to doctoral candidates — one grant per each funding cycle. Interested doctoral candidates will submit an application that reflects the short/long-term research objectives of NCSBN. These proposals will use the same [application process](#) as the CRE grants and will be reviewed and evaluated on the same rigorous criteria, by the same committee. The call for proposals will be sent out biannually in April and October; the first call will be sent for the April 2017 funding cycle. Those receiving the CRE Grant Program for Doctoral Students will have two years to complete the study. It is expected that all study results will be published and presented to national and international audiences.
- 2. Paid Graduate Internship:** The graduate internship will consist of one eight-week, full-time, paid internship that will provide the intern with nursing regulatory experience related to education, practice, licensure, policy and/or discipline depending on both the intern's primary area of interest and NCSBN's organizational objectives. This internship program is modeled after the program in the Exams Department.

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The Regulatory Scholars Program will add to the body of knowledge in nursing regulation and expand the number of internal and external stakeholders educated in advanced nursing regulation.

Interested graduate nursing students will submit application packets to NCSBN for consideration. The application packet will include: application form, resume, letter of intent, two letters of recommendation, scientific writing sample, and proof of eligibility to work in the U.S. Applications will be reviewed and potential interns will be called to interview.

- 3. Graduate Student Experience:** Unpaid practical experience in nursing regulation or policy will be offered to a limited number of nursing graduate students who would like to gain nursing regulatory/policy experience to satisfy the clinical experience component of their graduate nursing program. Generally, this experience will be made available to students located in the Chicagoland area, depending on available space and staff expertise in the area requested. The timeframe will be negotiated with the director, regulatory innovations, depending on the needs of the student and the time commitment from NCSBN staff, though it generally will be no longer than three months. The graduate experience program will begin in fall 2017.

The student will gain experience in a variety of NCSBN departments and then may choose to work more intensely in one area. It is expected that the student will contribute to the work of NCSBN, while obtaining practical experience in nursing regulation.

The Regulatory Scholars Program will add to the body of knowledge in nursing regulation and expand the number of internal and external stakeholders educated in advanced nursing regulation. More information on applications for this program will be available soon. ♦

NCSBN Grant Program

Upcoming proposal
submission deadline: **April 7, 2017**

About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

Award Information

Investigators may apply for grants up to \$300,000. All projects must be completed in 12–24 months following the project start date.

Research Priorities

All of the Research Priorities changed so much it's easier to just list them all here:

- ◆ Substance use disorders in nursing
- ◆ National and international regulatory issues
- ◆ Remediation
- ◆ Innovations in nursing education
- ◆ Continued Competence
- ◆ Delegation
- ◆ Impact of legalized marijuana
- ◆ Cost analyses, e.g., Nurse Licensure Compact, APRN practice, etc.



APPLY TODAY

Examinations Publications Roundup

In addition to the day-to-day operations of the NCLEX®, NNAAP® and MACE® examinations, staff of the NCSBN Examinations department are always in the process of conducting research projects and publishing their findings in various professional publications. A number of research projects were published in 2016; below are brief summaries of those projects followed by references for the full publications.



Using Response Time to Detect Item Preknowledge in Computer-based Licensure Examinations

This paper addresses the issue of how to detect item preknowledge using item response time data in two computer-based large-scale licensure examinations; one nonadaptive and one adaptive. Item preknowledge is indicated by an unexpected short response time and a correct response. Two samples were used for detecting item preknowledge for each examination. The first sample was from the early stage of the operational test and was used for item calibration. The second sample was from the late stage of the operational test, which may feature item preknowledge. The purpose of this research was to explore whether there was evidence of item preknowledge and compromised items in the second sample using the parameters

estimated from the first sample. The results showed that for one nonadaptive operational examination, two items (of 111) were potentially exposed, and two candidates (of 1,172) showed some indications of preknowledge on multiple items. For another licensure examination that featured computerized adaptive testing, there was no indication of item preknowledge or compromised items. Implications for detected aberrant examinees and compromised items are discussed in the article.

Qian, H., Staniewska, D., Reckase, M., & Woo, A. (2016). Using Response Time to Detect Item Preknowledge in Computer-based Licensure Examinations. *Educational Measurement: Issues and Practice*, 35(1), 38–47.

Assessing Higher-order Cognitive Constructs by Using an Information-processing Framework

Designing a theory-based assessment with sound psychometric qualities to measure a higher-order cognitive construct is a highly desired yet challenging task for many practitioners. This paper proposes a framework for designing a theory-based assessment to measure a higher-order cognitive construct. This framework results in a modularized yet unified assessment development system which includes elements spanning from construct conceptualization to model validation. The paper illustrates how to implement this framework by using the construct of nursing clinical judgement. Using this framework, many difficult design decisions can be made with strong theoretical rationales. The framework is also flexible to accommodate modifications and extensions to the assessment that will be required as new knowledge related to the construct is generated over time. The goal of this framework is to provide practitioners with a practical and accessible methodology to assess sophisticated constructs on the ground of cognitive theories of the construct, especially by using technology enhanced items.

Dickison, P., Luo, X., Kim, D., Woo, A., Muntean, W., & Bergstrom, B. (2016). Assessing Higher-order Cognitive Constructs by Using an Information-processing Framework. *Journal of Applied Testing Technology*, 17(1), 1–19.

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Identifying and Investigating Aberrant Responses Using Psychometrics-based and Machine Learning-based Approaches

Aberrant responses can be defined as unexpected responses that are not consistent with what a model predicts. Likewise, aberrant response times are deviations from expected response times. The two approaches introduced in this paper can provide useful tools for testing professionals. One is based on psychometrics and the other on machine learning. Psychometrics-based methods help test professionals identify aberrant item response/time response patterns, and a machine learning-based approach can utilize unused variables (e.g., demographic variables and testing center environment) under psychometrics-based methods to uncover dominant characteristics associated with the aberrant patterns. Data analyses show how these two approaches can be applied to data sets to flag aberrant patterns.

Kim, D., Woo, A., & Dickison, P. (2016). Identifying and Investigating Aberrant Responses Using Psychometrics-based and Machine Learning-based Approaches. In G. J. Cizek & J. A. Wollack (Eds.), *Handbook of Quantitative Methods for Detecting Cheating on Tests* (pp. 70–97). New York: Routledge/Taylor & Francis. ♦



COMING SOON NEW NURSE BOOKLET

NCSBN has developed a booklet for students and new graduates, a companion piece to our popular video, *New Nurses: Your License to Practice*.

The new booklet provides new graduates with an overview of the regulation of nursing and boards of nursing (BONs), and has links and suggestions for other resources that will help new nurses as they begin their careers. Some highlights from the booklet include:

- Information about the responsibilities of being a licensed nurse;
- Discussion of BONs and the Nurse Practice Act;
- Identification of the common complaints that BONs receive, including substance use disorder, professional boundaries/social media violations, significant practice errors and criminal backgrounds; and
- Tips on transitioning from nursing education to practice.

We will soon make the booklet available free of charge to all last semester students and new graduates. Watch our website for details!

Acclimating to U.S. Health Care

In the Words of an Internationally Educated Nurse



The Chicago Bilingual Nurse Consortium (CBNC) is a not-for profit organization that supports internationally educated nurses (IENs) as they become licensed and acclimated to health care in the U.S. The CBNC addresses barriers and challenges in the recruitment and licensure of IENs, coordinates services for them across professional organizations and the workforce, and helps them navigate the health care, immigration and education systems to secure licensure as registered professional nurses in Illinois. NCSBN is developing an online manual for the licensure of international nurses, which will be made publicly available. This new resource will provide internationally educated nurses with information they need if they wish to be licensed in the U.S. Because the CBNC works directly with IENs who are seeking licensure in the U.S., they have provided us with valuable information as we design this manual. This is a story from one of the nurses they have assisted.

My Name is Carla Marizet Pimentel, and I am 33 years old. I'm a registered nurse from Venezuela.

I decided to study nursing because I love to help and care for people. I got my Bachelor of Science in Nursing in 2009. Before I decided to become a registered nurse, I was studying Biomedicine. While working towards my degree, I began volunteering at the hospital, visiting patients with no family who needed assistance. Soon after this, I changed my health career path and began studying to become a nurse. I went to class during the day, and, wanting more experience before I finished my degree, I applied to work nights at a hospital that was affiliated with the university. In 2007, I started working in the service's neonatal intensive care units and the pediatric emergency room. In 2008, I moved to another city to do my internship, where I rotated doing different services at the hospital. I especially loved working in the surgical units and intensive care.

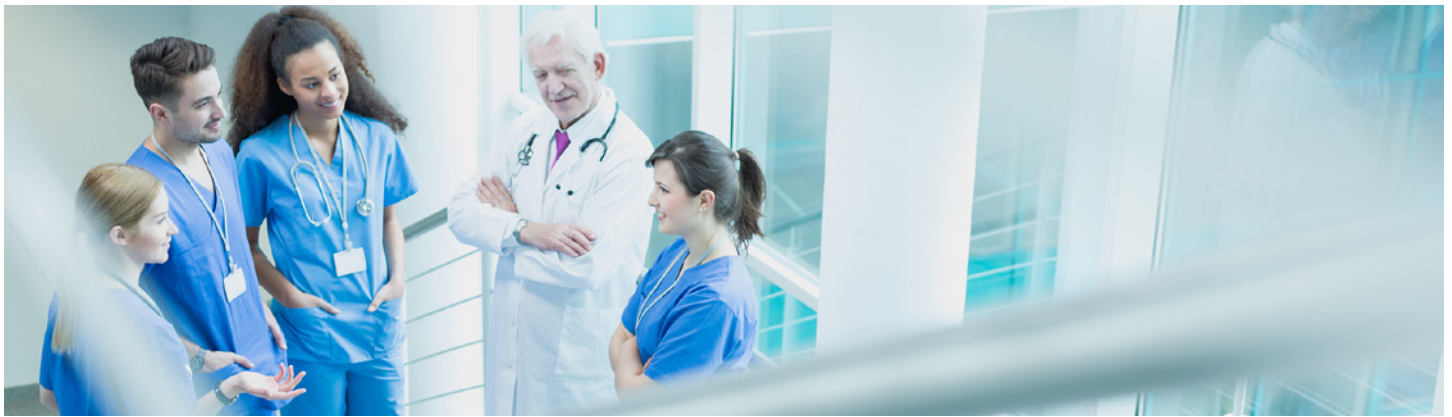
After I finished my education, I decided to become a surgical nurse. I moved to Caracas, the capital of Venezuela, to study. This is where I became credentialed as a surgical nurse. In 2012, I got a Master's in Healthcare Management. I spent my days working in a private clinical laboratory as the administrative manager. At night, I worked in the surgery room at the public hospital. I wanted to push myself further though, to keep improving my knowledge and skills in my professional career as a nurse. Ultimately, I wanted to be a nurse practitioner in anesthesia, but this only exists for physicians in Venezuela. It was then that I decided to move to the U.S. to study English as a second language, and become a licensed registered nurse. My goal was to become a nurse anesthetist, and now, I am on my way to fulfilling this.

I chose Chicago because I saw many opportunities for jobs and quality education for nurses. I have been in Chicago now for two years. It is an amazing city and I love it, but my life here has been a little hard and frustrating at times. The language, the culture, the distance from my family and surviving with the money from my savings—all of these factors have been challenges to overcome. My financial support comes partly from my father, and I also used to receive funding from the contributed resources provided through the Venezuelan government Institution known as CENCOEX (The Commission for the Administration of Currency Exchange). However, due to a control on currency exchange imposed by the government, it has become very difficult to access my funds in Venezuela. Because of the difficult economic and political situation of the country, the government of



"... I found the [Chicago Bilingual Nurse Consortium](#) online. I'm very grateful to have found this organization. They have witnessed the success of many international nurses."

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Trends in the Regulatory Oversight of Nursing Education Programs

During NCSBN's 2015 Delegate Assembly, boards of nursing (BONs) shared some of the challenges they encountered with the regulation of nursing education programs. As a result, the NCSBN Board of Directors (BOD) decided in September 2015 to convene the Nursing Education Trends Committee. This committee was charged with exploring and identifying the trends and issues in the regulatory oversight of nursing education programs, and the focus was on prelicensure education.

The Nursing Education Trends Committee consisted of staff and board members from BONs and representatives from the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN). The committee followed a systematic process, which began with a review of the literature. The themes identified in the literature, related to the trends/issues of the regulatory oversight of nursing programs, included:

- ◆ Growth of nursing education programs;
- ◆ Challenges with the quality of prelicensure programs and registered nurse (RN) to bachelor of science in nursing (BSN) programs clinical site shortages;
- ◆ Distance education issues; and
- ◆ Fraudulent programs.

Upon review, the committee members acknowledged that the literature, and particularly the research, is limited in identifying pertinent regulatory trends and issues.

In order to further explore the issues and trends, the committee reviewed the results of a survey administered to the education consultants at the BONs. Since the education consultants are on the front lines regulating nursing education programs, it was believed that these results would contribute a unique perspective to this undertaking. The survey results revealed the following trends and issues:

- ◆ Faculty shortage/lack of qualifications;
- ◆ Clinical site shortages;
- ◆ Low NCLEX® pass rates related to nursing program quality issues;
- ◆ Difficulties with proprietary nursing programs, such as questionable program quality and low NCLEX pass rates;
- ◆ Distance education program concerns, such as programs not complying with out-of-state approval requirements;
- ◆ Issues with accreditors, such as programs meeting accreditation standards but not BON approval requirements; and
- ◆ Challenges with programs increasing simulation percentages but not securing needed resources, such as faculty development.

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The committee discussed their own experiences and knowledge as subject matter experts and identified additional trends and issues related to nursing education. All of the trends/issues from these three sources (i.e., literature, education consultants, and the committee) were compiled to develop an evidence-based survey of trends and issues in the regulatory oversight of nursing education programs.

The final step in the process involved administering this evidence-based survey to the executive officers (EOs) of the BONs since they have a broader view of the needs of their BONs. The EOs were asked to identify and rank order the top five trends/issues on the survey. The responses were calculated based on weighted averages. Here is the prioritized list of trends/issues in the oversight of nursing education programs based on the results of this survey:

The EOs were asked to identify and rank order the top five trends/issues on the survey.

- 1. Faculty shortage/lack of qualified faculty**
- 2. Clinical site shortages**
- 3. Concerns about quality of prelicensure education programs, signaled by low NCLEX pass rates, student attrition, etc.**
- 4. Lack of robust outcome measures for nursing education programs** (besides first-time NCLEX pass rates)
- 5. Rapidly changing expectations for nursing practice and education** (e.g., evolving scopes of practice for LPN/VNs and RNs and obtaining the education to meet these changes)

This list of trends/issues was presented to and approved by the NCSBN BOD during the July 2016 BOD meeting. ♦

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“I had been going through this long difficult process by myself, and I got to the point where I didn’t feel like I could do it anymore without help.”

Venezuela has restricted the sending of financial support to students abroad. Therefore, I applied for work authorization. Despite these difficulties, I continue my efforts to meet my goals here. I had been going through this long difficult process by myself, and I got to the point where I didn’t feel like I could do it anymore without help. I didn’t know where, or even how, to evaluate my RN credentials from Venezuela. As a result, I searched thoroughly for information and assistance, and I found the [Chicago Bilingual Nurse Consortium](#) online. I’m very grateful to have found this organization. They have witnessed the success of many international nurses from different countries who have come to the U.S. Since I contacted them, they have been helping and encouraging me step by step to achieve licensure in Illinois. I’m ready to take my TOEFL exam, and I feel very confident that I’ll get the score I need. I have become comfortable with all aspects of American culture, and with help from the Chicago Bilingual Nurse Consortium, I am ready to become a licensed nurse anesthetist in the U.S. ♦

Release of NCSBN's Online Transition to Practice Program



Transition to Practice

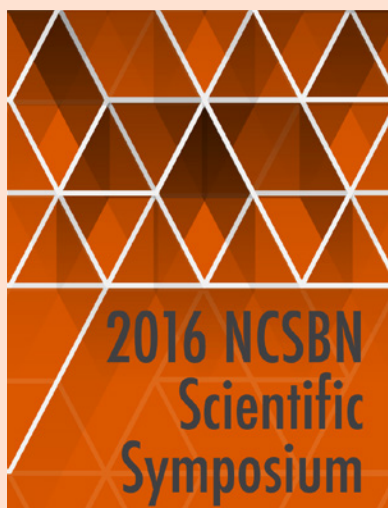
ENGAGING · EXPERIENCING · EMPOWERING

Get your students ready for practice by using our newly released online Transition to Practice (TTP) program in your capstone courses! This TTP (or residency) program, for new RN graduates, will include separate online courses in Communication and Teamwork, Patient and Family Centered Care, Evidence-Based Practice, Quality Improvement and Informatics, as well as a training program for preceptors. The target date for release is December 2016, and the online program will be made available in a bundle or as individual courses through the NCSBN Learning Extension online campus (learningext.com). The goal is to support new graduates as they transition to practice so the program will be reasonably priced.

As background, NCSBN's TTP program was developed after a yearlong investigation of the evidence. To study the effects of the program, NCSBN conducted a multisite study, randomizing settings to using NCSBN's evidence-based TTP program or continuing with their traditional onboarding strategies (Spector et al., 2015a; Spector et al., 2015b). The study was conducted over a one-year period, with 1,088 newly licensed RNs in hospitals and 48 newly licensed RNs and LPNs in non-hospital sites. Outcome measures included competency, reported by both the new nurses and their preceptors; retention, reported by the organization; new nurse self-reports of errors and use of safety practices, work stress and job satisfaction.

The results of the hospital study found that new graduates who work in hospitals will have improved outcomes when they participate in an evidence-based transition program, as compared to a limited transition program. A recent systematic review (Goode, Ponte & Havens, 2016) of research on hospital transition to practice programs similarly concluded that an evidence-based program will promote improved new nurse outcomes. Additionally, a recent publication assessing the Institute of Medicine's Future of Nursing recommendation for a yearlong transition program for new nurses (Altman, Butler & Shern, 2016) reported that an evidence-based TTP (residency) program in hospitals is related to improved new nurse outcomes.

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FROM DATA TO DECISION MAKING NCSBN's 2016 Scientific Symposium

On October 6th, NCSBN hosted its biennial Scientific Symposium in Chicago, IL. The Scientific Symposium highlights the latest studies that have been supported or conducted by NCSBN along with policy-relevant research from national and international settings. The theme of the 2016 Scientific Symposium was, **From Data to Decision Making**. The inaugural Jennifer K. Hayden Keynote Address was given by Dr. Suzanne Feetham, an internationally acclaimed researcher whose work has helped drive health policy for over two decades. Presentations featured study findings from recipients of NCSBN's Center for Regulatory Excellence (CRE) grants, NCSBN researchers, and scientific colleagues whose research has important implications for nursing regulators. Speaking sessions were interspersed with poster presentations, and the day concluded with a networking reception. ♦

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Transition to Practice continued from page 14

Results from the NCSBN's nonhospital sites were not as conclusive because the numbers were low and the nursing homes had difficulty mounting the program. Yet, many involved in the study (state and site coordinators, preceptors and the new nurses) thought transition programs would improve outcomes in these settings (Spector et al., 2015b) if given the opportunity, and research is beginning to support transition programs in long-term care (Cadmus, Salmond, Hassler, Black & Bohncarczyk, 2016).

The online courses have been designed to be interactive, engaging and practical. There are short videos to emphasize important points, exercises for new nurses to connect with their preceptors and branching scenarios for new nurses to practice their clinical reasoning skills. Patient safety is integrated throughout all the courses, and reflection exercises will help the new nurses to think through patient situations. Each course begins with a case study that is integrated throughout the course.

Look for further details about the official launch of the program on ncsbn.org or learningext.com. ♦



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