The Publication That Brings Nursing Regulation & Education Together **Fall 2017**

LEADER TO LEADER

AN INTERVIEW WITH

Jennifer McKown

The First Participant in NCSBN's Regulatory Scholars Program

Jennifer McKown, MSN, RN, RAC-CT

In the spring of 2017, NCSBN began an exciting new initiative, the Regulatory Scholars Program. Its purpose is to develop the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision making, and encouraging scholarly dialogue and publications.

The program consists of three positions: a CRE grant program for doctoral students, a paid graduate internship, and a graduate student experience position. Leader to Leader *spoke with Jennifer McKown, the initiative's first participant, about her time spent this summer in the graduate student experience position at NCSBN.*

Jennifer McKown, MSN, RN, RAC-CT, works as the assistant director of Healthcare Services at the Lutheran Home, a multifaceted senior living community in Arlington Heights, Ill. Jennifer attended the University of Wisconsin: Green Bay, and received her master's degree in nursing with a focus on leadership and management.

What prompted you to apply for the Regulatory Scholars Program? What is your background?

For my graduate studies, the last year of my program was a full year of practicum hours that I had to obtain. I was working with the director of nursing programs at Harper College in Palatine, Ill. We had discussed policy and the regulation of nursing programs, and we were going through the accreditation process at the school, so she encouraged me to apply.

Tell us about your activities at NCSBN while you were in the Regulatory Scholars Program.

For the six weeks I was there, I got to spend time with various departments at NCSBN, and received a taste of what each is doing. I was able to focus on what the nurses in leadership roles at NCSBN were concentrating on with their

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NCSBN
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IN THIS ISSUE …

Q & A

Q: I just learned that the enhanced Nurse Licensure Compact (eNLC) will be implemented in 26 states starting Jan. 19, 2018. I live in Wisconsin. While we were part of the original NLC, our legislators have not enacted the eNLC yet. Will I be able to practice in the eNLC states after Jan. 19th, 2018?

A: That is an excellent question that people in the other three states that were a part of the original NLC, but haven't enacted the eNLC yet, are asking. Please see the map on page 4 showing those states that have enacted the eNLC (dark gray), along with those states from the original NLC that haven't enacted the eNLC yet (light gray). Non-compact states are in light blue.

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Jennifer McKown *continued from page 1*

teams. Some of the topics we went over included the oversight of nursing education programs, nursing discipline, the Nursys® database, Transition to Practice® (TTP), the APRN Consensus Campaign, the Institute for Regulatory Excellence, the enhanced Nurse Licensure Compact, nurse practice acts, and long-term care.

How was your experience overall in the Regulatory Scholars Program?

It was great. With the time that I had, I got a really nice overview of what people do at NCSBN. I have to say, I did not really know what they did beforehand, so it was nice to have that experience.

> " It was not just hearing about what they do, but watching it in action. I learned the most about what is going on in the nursing world and with the issues that boards of nursing were facing."
>
> – Jennifer McKown, MSN, RN, RAC-CT,

What was your favorite part of the Regulatory Scholars Program? What was the biggest challenge?

My favorite part of the position was sitting in on an education consultant call with the boards of nursing. It was great to see everything in action, and it definitely felt very hands-on. It was not just hearing about what they do, but watching it in action. I learned the most about what is going on in the nursing world and with the issues that boards of nursing were facing.

The biggest challenge was probably being the first one in the program, as it was kind of new territory for everybody. We had to work together to see what worked.

What made you decide to go into long-term care?

I chose to go into long-term care so that I could have more of a consistency and a follow-though with my nursing care. I am really focused on the evaluation of the nursing care plan for people.

Can you briefly speak to what the Lutheran Home does, and your position as assistant director of Healthcare Services?

I oversee a subacute rehab unit. I am the infection prevention nurse and the clinical educator at our site. Lutheran Home's mission statement is, "Empowering vibrant, grace-filled living across all generations." We have a full continuum here. All of our programs directly relate to an individual's needs. Our focus here is patient-centered care, so everything about a particular area is directly meant to suit the individual and support them through whatever level of care that they may need.

We offer assisted living, sheltered care, and memory care and support. We also have general skilled nursing units for people with medical needs or delicate medical conditions that require hands-on nursing care on a daily basis. In our 130-bed rehab area, each floor has its own specialty. We have an orthopedic floor, medical floor, high acuity unit, and two small dementia/memory support rehab units. We also have a large wellness clinic with a wide variety of specialty physicians that serve both our long-term and rehab patients. Providers come in once a week or twice a month, including podiatry, cardiology, neurology and pulmonology. We have physicians on staff seven days a week, which is really atypical for a long-term care nursing home facility where a doctor may come in once or twice a week. We have bistros, beauty shops, a deli, a child daycare center, and a chapel where we do Catholic mass and Lutheran services. Children in the community come and perform shows in the chapel. We have a lot of resources and support for our community.

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Jennifer McKown *continued from page 2*

What common issues do you face in your position at the Lutheran Home, and/or with long-term care in general?

On the long-term side, the number one challenge we face is with transitions. We have a broad continuum that we move people through at the Lutheran Home, and transitioning them to a higher level of care is definitely one of our big challenges. Getting everyone on board with a need for a higher level of care, which usually coincides with a decline in the function of a person, can be difficult. On the short-term side, it is probably the reimbursement structure, and monitoring our patients when they go out to physician appointments.

> " The thing that surprised me the most is that NCSBN is very involved in unifying the voice of nursing."
>
> – Jennifer McKown, MSN, RN, RAC-CT,

What surprised you about the work of NCSBN?

The thing that surprised me the most is that NCSBN is very involved in unifying the voice of nursing. Beforehand, aside from the NCLEX® and regulating education, I didn't realize the full scope of what NCSBN did. Helping states accomplish things like the APRN Compact or the enhanced Nurse Licensure Compact, they work to unify those voices of nursing and make them more powerful.

Maybe if I was doing this for a semester, after I had gotten the overview of the work being done at NCSBN, I could have sat down with my supervisor and talked about an area I would have liked to get more involved in. That also would have been a great experience, but time-wise, I could not do it. Otherwise, it would be nice to sit in with one of the committees through a project, particularly one of the committees that might affect my area of work (whether it is with delegation, or long-term care), but again, it was also my last semester, so I did not have the time.

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The Regulatory Scholars Program is **Now Accepting Applications!**

Launched this past spring, the Regulatory Scholars Program consists of three positions: a paid graduate internship, the graduate experience position, and the CRE Grant Program for Doctoral Students. A letter with more information has been sent to all deans and directors. Please check our website or contact us at regulatoryscholars@ncsbn.org for more information on this exciting new opportunity.

Jennifer McKown *continued from page 3*

What NCSBN resources/programs did you find most useful to your daily work?

I went over the delegation guidelines a lot because we do face challenges here with the Illinois Department of Public Health telling us that certain things cannot be delegated. This can go against the nurse practice act, so it can be kind of a sticky situation. That being said, going over the delegation guidelines was very helpful. I also really enjoyed reading about long-term care, such as the Long-term Care Monograph and the Phase 2 TTP article in the *Journal of Nursing Regulation* that discusses the challenges of TTP for long-term care. It was very interesting to read about why onboarding new nurses in the long-term care environment vs. the acute care setting is more of a challenge, and how it needs more studying. I found that all to be very true, and I'm glad to see that NCSBN is trying to help address that because it is a very big challenge at the Lutheran Home and with long-term care in general.

Would you recommend the program to other graduate students? If so, what advice might you give others who apply for the Regulatory Scholars Program?

Of course, yes! I think that they should take the NCSBN 101 course at the start of the position because it offers a good foundation. I took it towards the end of my stay at NCSBN, which was also useful, but I think getting that initial overview would have been helpful in the beginning though. That way, if I had more time in the position, I could have figured out which area I would have liked to focus on more.

Please visit the Regulatory Scholars Program webpage for further information, including position descriptions, applications, and due dates. For any comments or questions, contact regulatoryscholars@ncsbn.org.◆

Q&A

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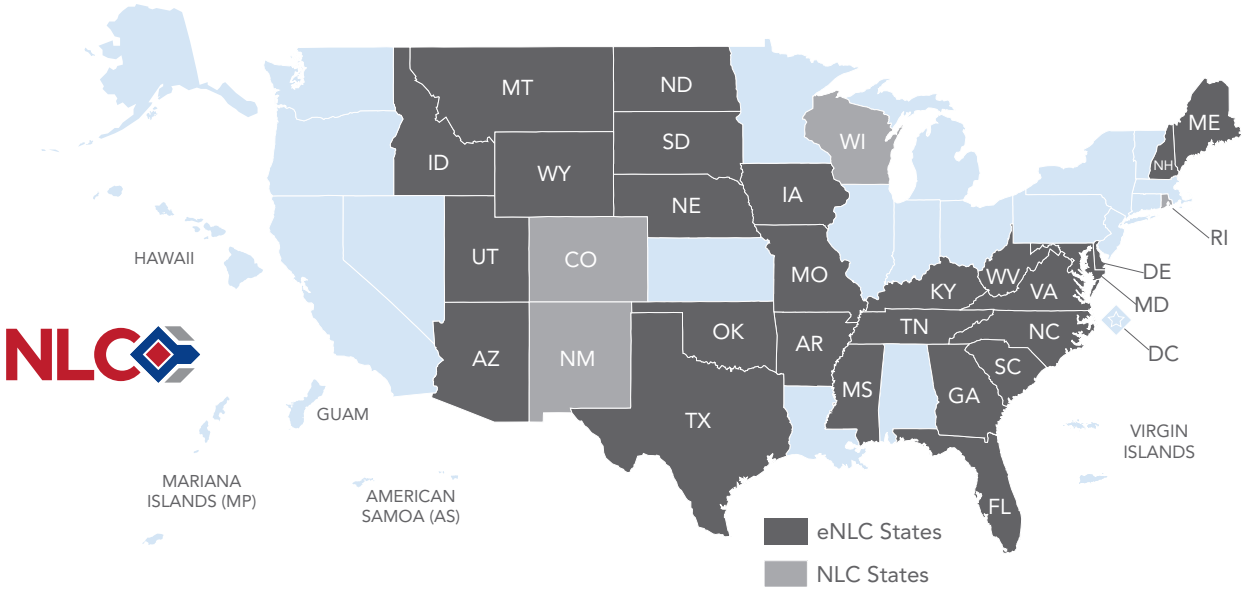
As of Jan. 19, 2018, Wisconsin will be in the NLC with the other three states that were in the original NLC, but haven't yet enacted the eNLC; these include Colorado, New Mexico and Rhode Island. However, Wisconsin has just proposed a bill to enact the eNLC, so stay informed about their current status here. If you want to see Wisconsin in the eNLC, we encourage you to access our advocacy website and take action by writing your governor or legislators. Any nurse who doesn't live in an eNLC state can advocate for her/his state becoming an eNLC state by accessing that website. Legislators and governors do listen to their nurse constituents.◆



What APRNs Can Do to Address Opioids in America

by Maureen Cahill, MSN, APN-CNS, AOCNS, Senior Policy Advisor, Nursing Regulation, NCSBN

The current opioid crisis began insidiously — perhaps starting with too many pills being prescribed for pain and too little education about deliberate and careful use, and storage. Prescribed opioids soon found their way into the hands of those who would abuse them as well as those who sought relief for pain, using that one treatment strategy for too long and with unwanted and unexpected reliance (National Institute on Drug Abuse, 2016).

Overprescribing as a source of opioid-related deaths actually leveled off around 2011, yet drug overdose is still the leading cause of death for Americans under the age of 50. Indeed, drug overdose deaths outnumber those from guns and even auto accidents. Sources of deadly opioids are primarily heroin and, increasingly, fentanyl (Katz, 2017).

… APRN prescribers have a duty to understand the best management of pain, without inadvertently contributing to this national crisis.

Discussion of the means to halt the illegal supply is beyond what we as health professionals can affect. However, APRN prescribers have a duty to understand the best management of pain, without inadvertently contributing to this national crisis. Fortunately, many reliable sources have endeavored to recommend the best evidence-based management of pain in the present day. Resources are so plentiful that NCSBN staff have created an Opioid Toolkit.

APRNs have several particular contributions to make in addressing the current opioid crisis. As prescribers, in addition to the duty to provide evidence-based pain management strategies, they need to use (and do use) prescription drug monitoring programs to identify patients who may have multiple prescribers. This will also help to identify those who may need further assistance with, or treatment of, substance use disorder.

APRNs also have an important role to play in the treatment of substance use disorder and the prescribing of medication-assisted treatment (MAT) (Center for Substance Abuse Treatment, 2005). In 2016, Congress passed legislation authorizing nurse practitioners (NPs), who hold DEA numbers and who completed 24 hours of additional education related to addiction treatment, to prescribe medication-assisted treatment, with the caveat that they do so consistent with their state's prescribing requirements. The Comprehensive Addiction and Recovery Act (CARA) requires that, should a supervisory agreement such as required collaboration be required in the state, the NP could only obtain a waiver if it was consistent with state requirements of that agreement.

It was exactly the evolution of the present crisis from one of "prescribed source of drug" to one of "illegally sourced drug" that created the urgency to expand MAT to NPs. Restricting prescribing would not address the heroin and fentanyl sources, however, and all groups are acutely in need of treatments. Supporters of CARA understood that APRNs, with a history of safe

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Opioids in America *continued from page 5*

and effective prescribing, would be an additional source of MAT. At the time of the passage of CARA, only 25,000 physicians held a waiver to prescribe MAT. There are far too few health care providers to address the expansive need of this crisis. The authors of the CARA legislation put a lot of hope into the rapid expansion of NP prescribers, but it has not progressed as fast as they had anticipated. They expanded prescribers to include NPs but failed to realize that their language would exclude psychiatric mental health certified nurse specialists (CNSs), who could have been very helpful in this effort. In addition, the constraints of state regulations placed greater restrictions on the ability of some NPs to obtain a waiver than they had anticipated. In certain states, the specialty focus of the NP and supervising physician must be the same. SAMHSA found that, in those cases, unless the physician also obtained a waiver, the nurse practitioner could not, despite many nurse practitioners actively pursuing the waiver and additional education.

The APRN professional organizations will help to construct and introduce legislation at the state level, if it is needed.

We are now a year into CARA, which addressed NP prescribers over a five-year timeframe. We do not yet have sufficient numbers of trained medication-assisted prescribers for substance use disorder. Adjustments are needed, and have been proposed. HR 3692 was introduced on September 7, 2017. It seeks to remove the time limitation on the addition of NPs as MAT prescribers while adding the other APRN roles. It would do this by changing the Controlled Substance Act to include these roles as qualifying providers, without a timeline.

As regulators, we can also act to influence the number of trained prescribers available to address the current crisis. We can search for restricting regulations in our own states and work with others to address and modernize them. The APRN professional organizations will help to construct and introduce legislation at the state level, if it is needed. We can examine our rules for any language that might restrict this and address it. APRNs in our states can be part of the solution to this very widespread and deadly health crisis. ◆

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Nursing Education Outcomes and Metrics Committee

by Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations, NCSBN

Background

NCSBN's 2015–16 Nursing Education Trends Committee used a systematic method to identify five prioritized trends and issues related to the boards of nursing's (BONs) regulatory overview of nursing education programs. The following was a leading trend: ***Lack of robust outcome measures, other than first-pass NCLEX® pass rates, that BONs can use to determine approval status of nursing education programs.*** Therefore, NCSBN's Board of Directors (BOD) established the Nursing Education Outcomes and Metrics Committee, which was charged to:

Establish a set of outcomes and associated metrics to recommend processes to assess nursing education programs.

- Review current literature on program approval metrics and their relevance to public safety.
- Recommend factors in addition to first-time NCLEX pass rates that can be used to determine criteria for a legally defensible BON approval/removal process.

The committee members include educators who are board members; education consultants at BONs; and a representative of the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN).

The charge given to this committee is complex with many sides and components and has wide-ranging implications. While the committee members are knowledgeable and share diverse viewpoints, the inaugural meetings of this committee were focused on increasing the group's expertise of the subject matter and ensuring they all have a shared understanding of the charges. We will keep you updated on the recommendations of this committee in future issues of *Leader to Leader*. ◆

The charge given to this committee is complex with many sides and components and has wide-ranging implications.

Discussing the Partnership Model in Kansas

by Hannah Snyder, Policy Coordinator, Nursing Regulation, NCSBN

With the growth of magnet hospitals and the consolidation of smaller hospitals, demand for bachelor of science in nursing (BSN) prepared nurses for these hospital systems is increasing. In order to address this demand and add more nurses to the workforce, nursing schools in Kansas proposed a new collaboration focusing on students: The Partnership Model. In the October 2017 issue of the *Journal of Nursing Regulation*, Nelda Godfrey, PhD, RN, ACNS-BC, FAAN, and Mary Blubaugh, MSN, RN, provide an overview of student outcomes, NCLEX® pass rates, and job placement for graduates from the program. Godfrey was kind enough to provide some time to discuss the program.

The Partnership Model program allows students to complete an onsite associate degree in nursing (ADN) and an online BSN degree through Accreditation Commission for Education in Nursing (ACEN) accredited programs, graduate with the ADN and BSN degrees and sit for the NCLEX-RN exam. Establishing collaboration between the community college and Kansas University was key to the Partnership Model's implementation. In looking back on the preliminary stages of the program, Godfrey states "I hope that it shows that our relationship building and our mutual trust makes a great difference."

Establishing collaboration between the community college and Kansas University was key to the Partnership Model's implementation.

Policy Implications

According to Godfrey, one of the most important policy implications from the Partnership Model is that "it really helps people in rural and frontier areas get education." With the chance to expand nurse education opportunities and affirm credit for prior learning, the Kansas Board of Nursing and the Kansas Board of Regents approved the model less than a year after it was proposed.

For states facing similar requirements for BSN nurses and limited educational options for students throughout the state, a partnership between community colleges and four-year universities may provide a viable option for expanding educational

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Discussing the Partnership Model in Kansas *continued from page 8*

opportunities. Boards of nursing may soon have the opportunity to review and approve partnerships that strengthen the student outcomes in two-year and four-year institutions.

Practice Implications

In addition to addressing the lack of access to higher education in rural areas of the state, the Partnership Model also provides an opportunity for students to save money while receiving two degrees. Students in the Partnership Model saved nearly $20,000 over students who pursued a four-year BSN degree. In the period that Godfrey and Blubaugh studied, 80 percent of students graduating from the Partnership Model passed the NCLEX the first time, while 20 percent passed on subsequent attempts. The job placement rate for the Partnership Model graduates was 100 percent.

By providing an opportunity to pursue a higher degree before entering the workforce, students were able to maintain connections in their communities and receive their degree quickly.

Godfrey notes that for many practicing nurses, it can be hard to find any time or money to go back to school. By providing an opportunity to pursue a higher degree before entering the workforce, students were able to maintain connections in their communities and receive their degree quickly. The success of the program is also supported by the growing number of participants. This year's cohort consists of 78 students, and next year's cohort is predicted to be 150.

If your state is also creating or reviewing a similar education innovation, please submit a well-researched article about the program to the *Journal of Nursing Regulation* (jnr@ncsbn.org). For those educators in the process of developing or evaluating these programs, the CRE Grant Program is a great opportunity to fund research in nursing education that addresses state and local concerns. ◆

Study Confirms:
Transition to Practice Programs Worth the Investment

by Josephine Silvestre, MSN, RN, Associate, Regulatory Innovations, NCSBN

Many health care organizations have not implemented transition to practice (TTP) programs due to concerns about costs, despite national calls for new graduate nurse residencies (Benner, Sutphen, Leonard, & Day, 2010; Goode, Lynn, Krsek, & Bednash, 2009; Hofler, 2008; Institute of Medicine, 2011; The Joint Commission, 2002). Health care leaders need evidence that demonstrates the return on investment to support a structured TTP program in hospitals.

Transition to Practice®
ENGAGING · EXPERIENCING · EMPOWERING

NCSBN conducted a randomized, controlled TTP study of new graduate registered nurses (NGRNs) in three states (Illinois, North Carolina, and Ohio) from 2011–2013, based on its TTP model. The sample included 1,032 NGRNs from 70 hospitals across the three states. The researchers examined onboarding methods used by control hospitals and identified wide variation in their methods. There were 26 control sites that did not have a structured curriculum and had fewer than six elements the literature describes as essential to transition (patient-centered care, communication and teamwork, quality improvement, evidence-based practice, informatics, safety, clinical reasoning, feedback, reflection, preceptorship and specialty knowledge in the area of practice). The researchers classified these as limited programs. Other control sites had some structure in their curriculum, which meant they had six or more elements essential to transition, offered a preceptorship, and were not included in this analysis.

The researchers evaluated the return on investment (ROI) of the TTP group and the control group with the limited programs and found a difference in turnover rates (15.5 percent in the TTP group and 26.8 percent in the control group), which resulted in a positive return on investment. These results provide additional evidence to support the business case for implementing a TTP program in hospital to decrease NGRN turnover. Details of this study have been published in *Nursing Economic$* (Silvestre, 2017). ◆

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Regulation 2030: Regulators Chart their Future

From Oct. 2–3, 2016, 80 regulators from around the world convened in Chicago to chart the future of nursing regulation by using concept mapping (Benton & Alexander, 2017). Historically, in response to high-profile regulatory failures, government has initiated changes in the regulatory system. Today, regulators must lead change through the development of evidence-based systems, based on regulatory performance measures and metrics.

The attendees were carefully selected for their knowledge of nursing, regulation and health care, and for their diversity and leadership skills. Leaders from eight countries, 17 states, the District of Columbia and two U.S. territories, as well as representatives from a number of health organizations*, nurse regulators and a state senator from Minnesota undertook the task of trying to understand where nursing regulation is headed.

The attendees were carefully selected for their knowledge of nursing, regulation and health care, and for their diversity and leadership skills.

Before attending this extraordinary event, the participants were sent a manuscript written by NCSBN's CEO, David Benton, RGN, PhD, FFNF, FRCN, FAAN, identifying evolving and emerging regulatory trends. Using the innovative bibliographic approach, with co-word and co-citation analysis (Benton & Alexander, 2017), he came up with seven categories, with 25 themes. Education was one of the categories, with the themes being:

- **Setting standards >** Higher level competencies relating to judgment and decision making
- **Curriculum content >** Global calibration and harmonization of content
- **Accreditation of institutions and programs >** Streamlined capture for multiple use
- **Learning >** Continuing and maintaining competence
- **Pedagogy >** Adult learning and blended simulation, gaming, and practice

The other categories included governance, purposes and processes, licensee/registrants, workforce, fitness for practice, technology and information. These trends were the building blocks of the work that was done during the conference.

Working in teams of six, attendees were directed to "dream the future" and put the trends "under the microscope" so that they could determine whether any gaps exist or emerging trends are missing. Attendees were assigned a trend and tasked with envisaging how that aspect of nursing regulation would look or function in 2030. They also determined what deliverables would be required and planned out the steps required to execute the deliverables. The "Concept Mapping" process was used in this exercise as "… a method that creates a visual representation that illustrates the thoughts, ideas, or planned actions that arise from a group of stakeholders on a particular issue," (McLinden, 2013) and can elucidate relationships between concepts and ideas.

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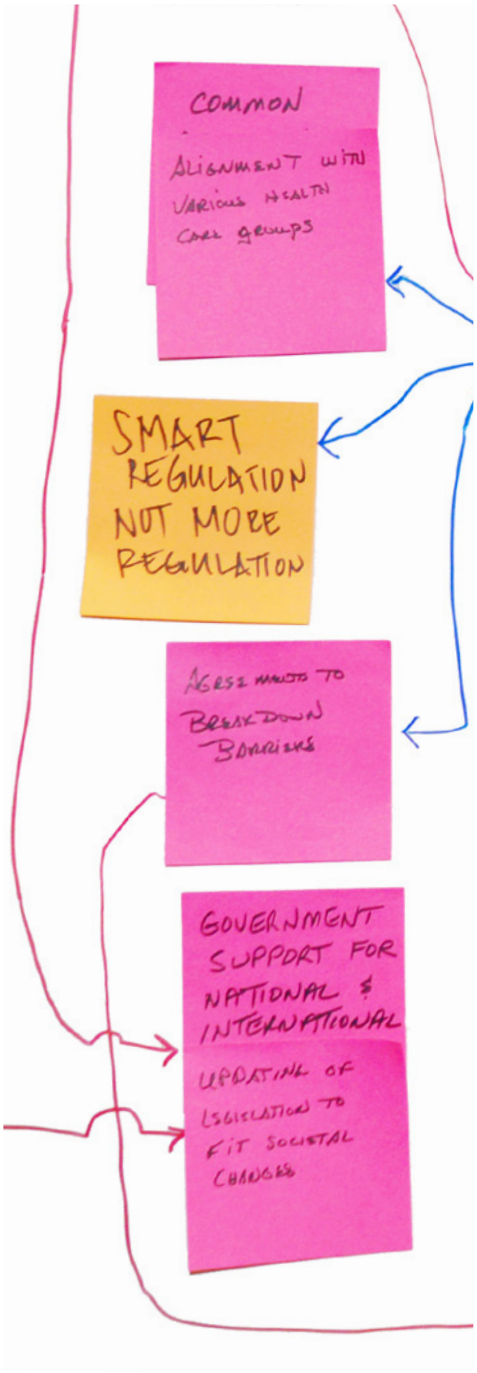
Regulation 2030 *continued from page 11*



The essence of the work was illustrated in detailed concept maps (Benton & Alexander, 2017), where the groups envisioned the future. For the Education maps, some of the concepts identified included:

- Global accreditation and program approval standards;
- Rapid deployment of nurses in time of disaster;
- New types of testing that measure judgment and decision-making;
- International student exchanges;
- Real-time data on competences for safe, effective & efficient practice;
- Big data to optimize individual and group learning experiences; and
- Required courses outside of nursing that foster innovation.

Faculty are invited to access the education concept maps (NCSBN members and *Journal of Nursing Regulation* subscribers only) and read what these experts see as the future for the regulation of education.

To synthesize this work and set future priorities, NVivo 11 plus was used to import, organize, code, analyze and report a wide variety of qualitative and quantitative data in an efficient, effective and flexible way (Benton & Alexander, 2017). The data were extracted and displayed in three ways:

- Use of cluster analysis, which provided a way of visualizing similarities and differences across the maps, thus identifying higher-order groupings of concepts and themes;
- Use of word frequencies by generating word clouds; and
- Use of word trees where a word or phrase of interest would have preceding and subsequent associated text.

From this extensive analysis of the 25 concept maps, four major focusing concepts emerged in the development of a Regulation 2030 model, and they include:

- Collaboration
- Performance measures and metrics
- Governance
- Data and technology

These focusing concepts, or regulatory priorities, will help drive the regulatory model of the future, and will be the foundation of future work at NCSBN.◆

**The American Association of Colleges of Nursing (AACN), the United States Federal Trade Commission (FTC), the Federation of State Boards of Physical Therapy (FSBPT), the Federation of State Medical Boards (FSMB), the National League for Nursing (NLN), the Organization for Associate Degree Nursing (OADN), the American Nurses Association (ANA), the National Federation of Licensed Practical Nurses (NFLPN) and the Office of Economic Cooperation Development OECD).*

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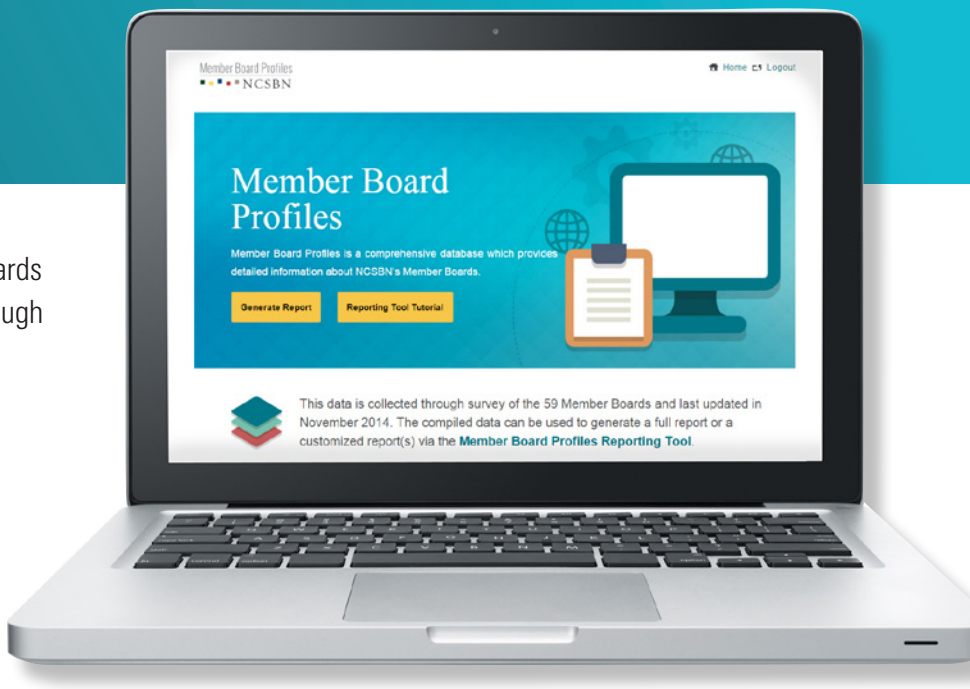
Member Board Profiles

Our comprehensive database provides detailed information about NCSBN's Member Boards



NCSBN's helpful and informative Member Boards Profiles database contains data collected through surveys of NCSBN's 59 member boards. The compiled data are available to the public as a complete report in PDF form and to NCSBN members as a customized report via NCSBN's new Member Board Profiles Reporting Tool (login required). The information contained in the reports is subject to change in the intervening time between surveys of member boards. Specific verification of state data should be completed through a comparison with the state nurse practice act and regulations or by contacting the state board of nursing.

The Member Board Profiles Reporting Tool

This reporting tool is a convenient and customizable way to access a snapshot of the member boards':

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

Users can customize their searches the following ways:

- Select from six surveys: Advanced Practice; Assistive Personnel; Board Structure; Discipline, Delegation, Telenursing; Education; Licensure.
- Select jurisdiction(s) individually or selected jurisdictions, or via five presets: all, RN boards, PN boards, umbrella boards or independent boards.
- Narrow results by selecting particular questions from the selected survey.
- Include maps and/or charts.

Users can then view results or export and save or print them in PDF format.

For questions, contact memberboardprofiles@ncsbn.org.

New Simulation Language Added to NCSBN Education Model Rules

Boards of Nursing (BONs) have the authority to establish administrative rules or regulations that clarify or make the law, or nurse practice act, more specific. When BONs promulgate rules or regulations, they often will use NCSBN's Model Rules for guidance. Model Rule language is developed by our membership in committees and is approved by our membership during the NCSBN Annual Meeting and Delegate Assembly. BONs find the Model Rules to be a valuable resource when they write new rules or change existing ones.

After the NCSBN National Simulation Study (Hayden et al., 2014), simulation guidelines for BONs were developed (Alexander et al., 2016). Model Rules from those guidelines were drafted and recently approved at NCSBN's 2017 Delegate Assembly. Highlights from the simulation model rules adopted at Delegate Assembly include:

- Definitions:

  "Simulation" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).

  "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking and provides feedback regarding the participant's performance.
- A program may use up to 50 percent simulation, in each course, as a substitute for traditional clinical experiences. Whenever simulation is used, the nursing program must adhere to the standards as set forth in the Model Rules.
- The program must have adequate human, fiscal and material resources to support the simulation activities. Additionally, the budget should support training of faculty
- The simulation center should be coordinated by someone who is experientially and academically qualified and who continues to demonstrate expertise and competence in simulation while managing the program.
- Faculty who work with simulation, both in the clinical and in didactic courses, should have training and ongoing professional development in the use of simulation.
- There should be written policies in place on integrating simulation into the curriculum, orienting faculty to simulation and debriefing.
- There should be ongoing evaluation of the simulation activities.

The complete simulation Model Rules can be found here. ◆

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Pearson VUE Testing Center Updates

Pearson VUE, the NCLEX® testing vendor, is dedicated to serving the needs of their clients and providing NCSBN with the highest level of efficient, quality service. One of the ways Pearson VUE achieves this goal is through enhancements to their Pearson Professional Testing Centers (PPCs). Annually, Pearson VUE participates in an evaluation process to ensure that necessary capacity at the PPCs is available to accommodate anticipated testing volume.

The enhancements include the development of new PPCs as well as the addition of seats at current testing centers. As individual sites near completion, NCSBN will send updates to the boards of nursing/regulatory bodies identifying the test center locations and seating capacity of each new or enhanced site, and dates when appointments and test activities will begin. See the list below for the projected additions to the Pearson Professional Center testing network:

TEST CENTER ADDITIONS	EXPANSIONS
Cambridge, Mass.	Anaheim, Calif.
San Antonio, Texas	Colorado Springs, Colo.
	Waltham, Mass.
	Ann Arbor, Mich.
	Lansing, Mich.
	St Louis
	Albuquerque, N.M.
	Cincinnati (Mason)
	Waco, Texas
	Vienna, Va.

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