

LEADER LEADER

AN INTERVIEW WITH

Eileen Fry-Bowers

Scholar in Residence participant in NCSBN's Regulatory Scholars Program

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 Scholar in Residence, a CRE Grant Program for Doctoral Students and an unpaid Graduate Internship. Leader to Leader spoke with Eileen Fry-Bowers about her time spent this summer in the Scholar in Residence position.

Eileen Fry-Bowers, PhD, JD, RN, CPNP-PC, is an associate professor at the University of San Diego who teaches graduate health policy and research methods courses. Building on her knowledge base of policy and legal issues, Dr. Fry-Bowers took the Scholar in Residence position because she was interested in integrating nursing regulation and related policy issues into her teaching.



Eileen Fry-Bowers, PhD, JD, RN, CPNP-PC



Describe your position as associate professor at the University of San Diego.

I teach a course in research methods to doctoral students and I teach two health policy courses, one for master's students and a health policy research seminar for PhD students. My teaching focus is in both research and health policy. I have six or seven courses in my portfolio, but in any year, I teach about four different courses.

Additionally, I have a mentorship role for PhD students, and I serve as their chairperson for their dissertations. I mentor doctor of nursing practice (DNP) students and serve as their chair for their final projects, and I work with master's prepared students who want to take on extra projects. I also have university responsibilities; I was just placed on the university senate to represent the school of nursing.

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Q & A

Q: Our nursing program would like to participate in the [Safe Student Reports \(SSR\) study](#). However, our legal counsel is hesitant because she is afraid the data could be discoverable in a court of law. Have you looked into this?

A: Yes, our attorneys have comprehensively reviewed this, as we would not want to put either education institutions or practice facilities into jeopardy of the data being discovered in courts of law.

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“The experiential learning that just happens with the day-to-day activities of an organization, for me, was profoundly valuable.”

What prompted you to apply for the Regulatory Scholars Program?

I have an extensive background in health policy and my clinical specialty is pediatrics. My scholarship and clinical work has always been focused on the care of children, and not so much on the laws that affect nursing practice. But I realized I had a gap in knowledge with regard to regulation of the nursing workforce. And with some of the other duties I have, such as sitting on committees for various national nursing organizations, I realized I needed a better sense of how the various boards of nursing work and what they do. I thought the opportunity to come to NCSBN would give me a great occasion to have a national perspective on what is currently happening with nursing licensure, regulation, discipline and other topics I hadn't had the chance to explore previously.

Tell us about your activities at NCSBN while you were in the Regulatory Scholars Program. How was your experience overall?

I had the chance to work on specific projects that were all very great learning experiences, including:

- ◆ Developing a proposal for a DNP program in nursing regulation;
- ◆ Designing in-depth outlines for courses in health policy and law in regulation that may be used in NCSBN's new Global Academy;
- ◆ Researching and writing a literature review related to substance use preventative programs;
- ◆ Collaborating with staff on the Delphi study for the Nursing Education Outcomes and Metrics Committee (*see article on page 11*);
- ◆ Researching the ethical and regulatory challenges associated with conscience protections for health care providers, including nurses.

However, I think one of the most valuable aspects of the position was to sit and participate in a number of meetings and just hear the conversations occurring about salient issues. For example, sitting in on meetings about the [Nurse Licensure Compact \(NLC\)](#), and hearing about the processes and challenges involved in that, was very interesting. Being that California is not currently a compact state, I did not previously have much of an understanding of how it works, both on paper and practically. It is important for all educators to understand it because we have students who are going on to work in compact states.

I had the opportunity to sit in and participate on some of the government affairs and policy conference calls, learning about what was happening from a larger policy and regulatory perspective, at both the state level and federal level. Additionally, I spoke individually with each of the attorneys at NCSBN. Those one-on-one conversations about how things work are the kinds of experiences that you're not going to learn from just reading an article. The experiential learning that just happens with the day-to-day activities of an organization, for me, was profoundly valuable.

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

Working on my projects was very informative and I learned a lot from those, but my favorite part was the actual day-to-day conversations with people, being face-to-face on important issues. I think that is the real value with these kinds of experiences — you get to live and breathe the organization. That's where the unique aspect of the learning occurs.

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The biggest challenge was probably coming into a new organization from a background of academia. It is a different structure. Having a sense of comfort and being able to step in and work in a new environment can be challenging, but really, I was able to slide right into the role because NCSBN was so welcoming.

“...when somebody comes to the Regulatory Scholars Program, being able to work on a project of their interest that utilizes their existing expertise is a win-win, for the scholar and for NCSBN...”

What surprised you about the work of NCSBN?

Before the Regulatory Scholars Program experience, my knowledge of NCSBN was limited to its website. I had really no understanding of the depth of NCSBN’s activities, how much NCSBN is involved in and the amount of work the organization does. If you were to ask a lot of faculty about NCSBN, they might say “they do the NCLEX.” For me, as I don’t teach undergraduate students, my frame of reference was more around the work that’s been done with the APRNs and the scope of practice work because that’s what I myself have been using NCSBN’s resources for. But there is so much more than that, including system planning, concerns about substance use among nurses, and the [Marijuana Guidelines](#) for nurses to utilize for care of our patient populations. In fact, I’ve shared the Marijuana Guidelines with some of my colleagues in California because we are a medical and recreational marijuana state. I think just the sheer breadth of work that NCSBN does was eye-opening.

Is there any aspect of the program that you would change to be more applicable to your line of work?

No, I think the value in the Regulatory Scholars Program is the flexibility. It allows people to take advantage of their backgrounds and their knowledge. Working on both the DNP proposal and the detailed course outlines for the Global Academy gave me a chance to capitalize on both my academic experience and my legal background. I was able to inject into the proposed DNP program areas that I knew were needed to beef up in academia — coursework in policy, regulation and law — that I knew nurses weren’t getting and could benefit from.

I think when somebody comes to the Regulatory Scholars Program, being able to work on a project of their interest that utilizes their existing expertise is a win-win, for the scholar and for NCSBN, because you’re tapping into that person’s specific expertise.

What advice might you give others who apply for the scholars program?

Don’t be put off by thinking you can’t make it work. The value of the opportunity is well worth any effort, and there are ways to make it work. I came from California and lived in Chicago for eight weeks. Don’t be afraid to try something new and step out of your comfort zone. I definitely got a return on my investment. Being able to live in a big city and take advantage of a different lifestyle was valuable as well. I live in southern California, the land of freeways, so being able to walk to and from work in 20 minutes was an enormous surprise to me. From a personal standpoint it was an enjoyable experience, to have an opportunity to live a little differently, and I don’t think that can be discounted. It’s important to stretch yourself and experience new things in life, at any age and any stage of your career.

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. ♦

The Marijuana Guidelines and Nursing

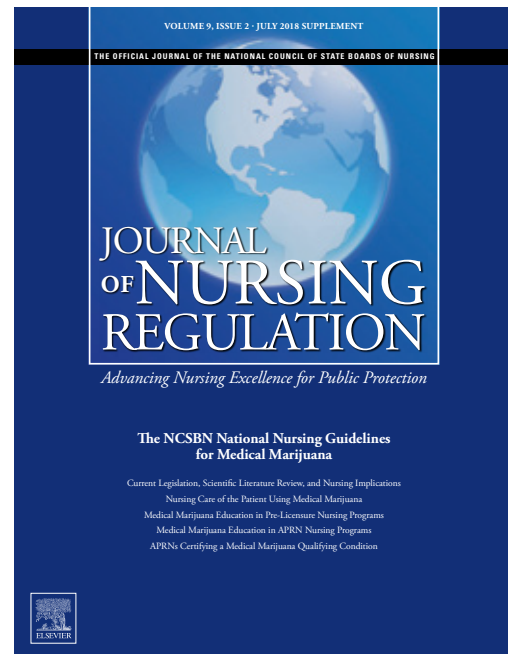
by Maureen Cahill, MSN, RN, APN-CNS, Senior Policy Advisor, Nursing Regulation, NCSBN

People have used marijuana (or cannabis) across the globe for more than 5,000 years. The plant grows readily in many climates and can be ingested or smoked, making it easy to use. In 1850, the U.S. Pharmacopeia added cannabis to its formulary. By 1937, however, its use was regulated and largely prohibited. Over the ensuing years, federal regulation has waxed and waned, yet recently, states have taken their own actions (U.S. Drug Enforcement Administration, 2001). Federal restrictions on marijuana have limited research to its potential medical use. Because of that, synthetic forms have been studied for the prevention or treatment of nausea and vomiting from chemotherapy (Badowski, 2017). Many nurses have experience with those agents, but other use in medical conditions has occurred largely through experimentation and anecdotal evidence (Kinsey, Ramesh, 2016). By and large, very little has been published that serves as a guide to caring for patients that use cannabis.

The odd history of regulated and unregulated use results in a patient group with some unique characteristics. They often have come to cannabis for a treatment as a last resort, and feel stigmatized by the unorthodoxy of its use. Despite this, they are drawn to try something new that might alleviate symptoms of their conditions (Crowell, 2016). Marijuana has some clear adverse effects in children and adolescents, and therefore, use is primarily in the adult population. However, Cannabidiol (CBD), a cannabinoid constituent, can be used in an oil form that is widely used to treat intractable seizures in children for which the benefits of seizure reduction are felt to outweigh the risks of adverse effects of minute amounts, if any, of the psychoactive component (Burns, 2018).

Additionally, new indications have moved use into the elderly population (National Council for Aging Care, 2017). A recent breakthrough in this field includes the development of cannabis-derived substances that have been specifically formulated to reduce their psychoactive properties (i.e. THC) (Americans for Safe Access, 2018).

Despite the federal prohibition of marijuana and the continued obstruction of federal funding for research, evidence does exist for particular conditions. The accumulation of evidence was assembled in a 2017 National Academies paper, "The Health Effects of Cannabis and Cannabinoids," (National Academies of Sciences, Engineering, and Medicine, 2017), and in "NCSBN National Nursing Guidelines for Medical Marijuana," the July 2018 supplement to the *Journal of Nursing Regulation* (NCSBN, 2018).



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The principles of caring for the patient taking medical marijuana are essentially similar to other treatment modalities. The nurse must be familiar with both the evidence and the lack of it.

The NCSBN Board of Directors recognized that nurses were unsure of their responsibilities in the care of these patients, particularly in states that have adopted medical marijuana programs. An expert committee was convened that assembled current evidence as well as guidance for the care of patients on medical marijuana. Additional guidance is provided for those advanced practice registered nurses (APRNs) who might certify that a patient meets a qualifying condition (i.e. those diseases or disorders that are specifically named in the state's medical marijuana statute) and suggests expanded analysis of this treatment modality in nursing programs. The guidelines include recommendations for curriculum content to be added in registered nurse (RN) prelicensure or APRN nursing education curricula.

The principles of caring for the patient taking medical marijuana are essentially similar to other treatment modalities. The nurse must be familiar with both the evidence and the lack of it. The nurse must also show compassion and follow the nursing process. A particular challenge for nurses is that marijuana preparations come in many dosing forms (i.e., inhaled, topical, and oral) (Minnesota Department of Health, 2018). In most cases, there is not a specific weight-based dose provided, and the patient must titrate dose to effect. State and federal regulations do not allow nurses to administer the agent except in the permitted category of "caregiver," with specific requirements met.

Additionally, marijuana is not prescribed, but rather dispensed, if state-listed condition requirements are met. Health care providers certify to the qualifying condition, but still have a duty to monitor the condition and the patient's response to this therapeutic option. Indeed, medical marijuana is not a trial of last resort, and providers should always be considering alternative or additional therapeutic options if desired effects are not reached.

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Q & A

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After all, a major goal of this study is to promote a just culture in nursing education so that errors and near misses can be analyzed for root causes and improvements can be made. Fear of punitive actions or lawsuits would likely set up barriers to reporting errors and near misses to the database. The other goal of the SSR study is to learn about the extent and types of errors and near misses that occur in prelicensure nursing education programs, as this has never been done on a national level.

In order to protect the data being collected, we have received a [Certificate of Confidentiality \(CoC\)](#) from the National Institutes of Health (NIH). This certificate protects the privacy of individuals who are subjects of research where sensitive data, like ours, are being collected. More information on CoCs, such as [FAQs](#), can be found on the [NIH website](#).

If your nursing program is interested in participating in this groundbreaking study of student errors and near misses, please visit [our website](#) for more information. ♦



... it has been difficult for schools to adequately embed information about the care of the patient using medical marijuana because such use was varied, and still federally restricted.

The NCSBN Marijuana Committee also recognized that it has been difficult for schools to adequately embed information about the care of the patient using medical marijuana because such use was varied, and still federally restricted. With a growing number of states allowing its use for qualifying conditions, nurses will increasingly be caring for such patients. To encourage curricular expansion of this topic, guidelines stress knowledge of the endocannabinoid system, both potential adverse effects and synergistic effects of the agents, and basic principles of monitoring for effect and continued care planning for this patient group. Nurses at all levels will benefit by enhanced program content on medical marijuana, and with more complete knowledge of the evidence and issues in care that exist today.

Please visit NCSBN's [Guidelines for Medical Marijuana](#) for more information, including a link to the [National Nursing Guidelines for Marijuana](#), now available free of charge. ♦



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2017 National Nursing Workforce Survey Findings Released

by Richard Smiley, MS, MA, Statistician, Research, NCSBN



Since 2013, **NCSBN** and **The National Forum of State Nursing Workforce Centers (Forum)** have partnered to conduct a biennial national sample survey of nurses. The purpose of the survey is to collect the most accurate data available on the characteristics of the U.S. nursing workforce. These data help answer some of the pressing questions asked by health care workforce researchers, policy makers and leaders in nursing education and practice to assist in workforce planning and provide evidence for decisions impacting the future of nursing in America.

In 2017, more than 48,000 registered nurses (RNs) and more than 40,000 licensed practical/vocational nurses (LPN/VNs) responded to the survey.

Among many findings, their responses particularly revealed insights into the aging of the workforce, educational trends, employment settings and telehealth usage.

A look at education revealed that the trend toward a higher percentage of respondents pursuing a BSN degree as their initial nursing education continued in 2017 ...

With respect to aging, the survey found that 14.6 percent of the RN respondents were 65 or older, an increase of 2.2 percentage points over the 2015 findings, indicating a slow but steady growth of the population of RNs that may be heading for retirement. The survey also found that 13.2 percent of the LPN/VN respondents were 65 or older, an increase of 3.2 percentage points over the 2015 findings, representing an even larger growth in the population of LPN/VNs that may be heading for retirement.



A look at education revealed that the trend toward a higher percentage of respondents pursuing a bachelor of science in nursing (BSN) degree as their initial nursing education continued in 2017 with 41.7 percent of the RNs reporting the BSN as the degree that qualified them for their first U.S. nursing license, which reflects a 2.7 percentage point increase when compared to 2015 (39.0 percent) and a 6.2 percentage point increase when compared to 2013 (35.5 percent). The study also found that the number of RNs with a master's degree in nursing has increased from 13.8 percent in 2013 to 17.1 percent in 2017, an increase of 3.3 percentage points.

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Nurse work settings are changing, as patient care is no longer confined to the walls of a health care facility.

Nurse work settings are changing, as patient care is no longer confined to the walls of a health care facility. Hospitals were the primary employment setting for 55.7 percent of RNs, and 54.4 percent in 2015, but less than the 56.5 percent reported in 2013. In 2017, the ambulatory care setting was the second most frequently selected employment setting reported by 9.4 percent of RNs, followed by nursing home/extended care (4.8 percent), and home health (4.3 percent). Nursing home/extended care was the most common work setting for LPNs/LVNs (31.6 percent), followed by home health settings (15.0 percent), and hospitals (9.0 percent). These findings are consistent with results from the 2015 survey.

The survey revealed that over half (54.1 percent) of responding RNs now provide nurse services using telehealth technologies. In the current study, 45.7 percent provided these services across a state border, compared to 39.4 percent in 2015, an increase of 6.3 percentage points. 11.1 percent of respondents reported providing remote services to patients or clients across national borders, which is an increase of 3.4 percentage points when compared to 2015 (7.7 percent). LPNs/LVNs provide nursing services using telehealth technologies in equal proportions to RNs (54.1 percent). Of those providing these services, 44.1 percent provided services across state borders, an increase of 10.3 percentage points from 2015.

This survey represents the nursing workforce of today with the expectation that the workforce of tomorrow will be slightly younger, highly educated, with higher numbers working in the community providing primary health care and using technology and telehealth as a means to deliver health care.

Details on the findings from *The 2017 National Nursing Workforce Survey* can be found in the October 2018 Supplement to the Journal of Nursing Regulation. ♦

NCSBN's Global Regulatory Atlas Charts the Nursing Regulatory Landscape

This comprehensive online compendium of nursing regulation worldwide was created with the assistance of health care regulators across the globe. The atlas currently holds information from more than 270 jurisdictions representing more than 18.5 million nurses, and new jurisdictions are continually being added.



regulatoryatlas.com

From the Desk of the Researchers



Brendan Martin, PhD



Emilie Shireman, PhD

Leader to Leader recently got an update on projects the NCSBN Research department has been working on, and some projects on the horizon.

Brendan Martin, PhD, research scientist, provides consultation on studies and projects by coordinating study sites and subjects, collecting data and ensuring that studies are conducted in an ethical and scientifically sound manner. Martin designs studies to address regulatory research questions and write research proposals.

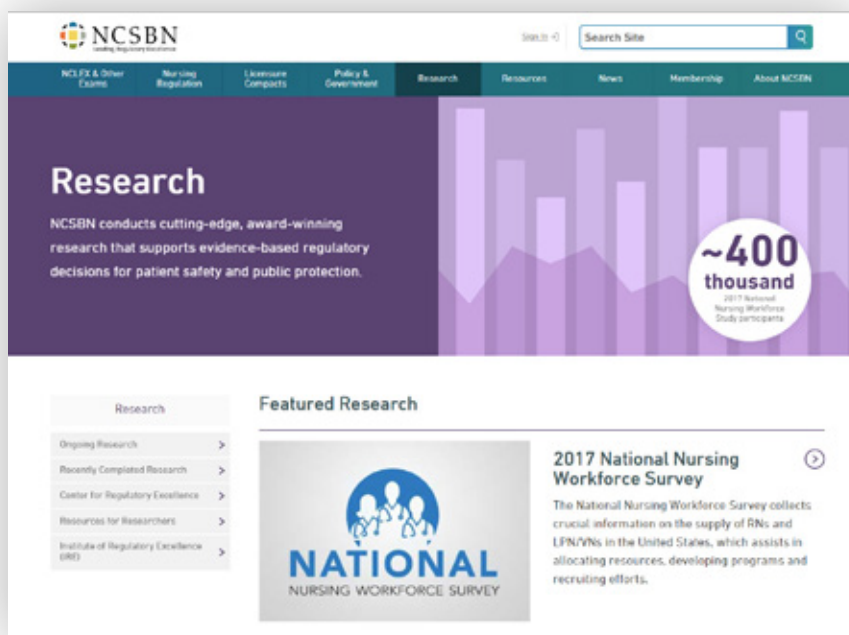
Emilie Shireman, PhD, data scientist, provides consultation on studies and projects. Shireman uses data mining and state of the art analytics to interpret data results. She applies her understanding of data results to determine the best analytical methods to enhance research, promote evidence-based policy, and enrich organization knowledge.

What projects is the Research department working on?

Brendan: I recently completed two national survey studies. The first, [Patient Safety Culture and Barriers to Adverse Event Reporting](#), investigates current facility protocols and practices for reporting nurse involvement in serious adverse events to Boards of Nursing (BONs). The second, [The Economic Burden and Practice Restrictions Associated with Collaborative Practice Agreements](#), examines how specific aspects of scope of practice regulations place undue financial burden and practice restrictions on advanced practice registered nurses (APRNs).

Emilie: I assisted in the initial analysis of the 2017 [National Nursing Workforce Survey](#), with the [National Forum of State Nursing Workforce Centers](#).

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From the Desk of the Researchers *continued from page 9*

We are also conducting a study using a bibliometric analysis of articles published by nursing and medical regulators. Data for this study includes articles published since the inception of both the *Journal of Nursing Regulation (JNR)* and the *Journal of Medical Regulation*. More specifically, co-authorship and co-word analyses techniques will be used to uncover opportunities for further collaboration between health disciplines.

What have you done with your findings? What are the next steps?

Brendan: The manuscript for the Patient Safety Culture and Barriers to Adverse Event Reporting study was published in the *July edition of the JNR*. The manuscript for the Economic Burden and Practice Restrictions Associated with Collaborative Practice Agreements study is currently under review. The findings for both projects were presented to the Board of Directors at NCSBN's 2018 Annual Meeting and were on the agenda for the recent [2018 NCSBN Scientific Symposium](#).

Emilie: The initial results of the 2017 National Nursing Workforce Survey were just released as a [supplement to the JNR](#) in the October issue.

I am working on additional follow-ups to the survey to look more closely at how the nursing workforce is changing. Specifically, I will be examining changes in the racial, ethnic and gender diversity of the nursing workforce and its implications for licensees.

Visit NCSBN's [Research webpage](#) to stay up-to-date on NCSBN's latest projects. ♦

Offered as a gift to newly licensed nurses in honor of its 40th anniversary, NCSBN created this booklet as a resource to help nurses better understand nursing regulation and their board of nursing.



“This is a must read resource for new graduate RNs and is essential to launching a nursing career. The information is not included in the nursing curriculum and it is indispensable to ensure successful entry into the nursing profession.”

– Diane Mancino, EdD, RN, CAE, FAAN, executive director, National Student Nurses' Association



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UPDATE:

Nursing Education Outcomes and Metrics Committee

The Nursing Education Outcomes and Metrics Committee has been on hiatus while data were being collected in two research studies. These studies will provide evidence to the committee for their final recommendations on an approval process for the boards of nursing (BONs) that is evidence-based and legally defensible.



One study that NCSBN conducted was a Delphi study. A Delphi study is a multistaged survey process which attempts to gain consensus from a number of experts on important issues. The experts who met inclusion criteria for our Delphi study included nurse educators who work with senior students, clinical nurse educators in practice who work with new graduates, and education consultants at BONs. In the initial survey, the panel of experts was asked about their views on the following:

- ◆ Regulatory quality indicators (RQIs), or those characteristics of programs that graduate safe and competent students;
- ◆ Red flags (or warning signs) when programs are beginning to fall below standards; and
- ◆ Measureable outcomes that BONs could collect.

Once this information was gathered, the panel of experts was then asked to rate them on a four-point scale of their importance. We then statistically analyzed their ratings, looking for consensus.

Predictive analytics will be used to analyze the thousands of pages of data that we have received in this study.

The second study analyzes the last five years of annual reports and site visit documents, related to each program's BON approval status (full approval; conditional or provisional approval; approval removal) to see which characteristics may predict a downgrade in approval. Predictive analytics will be used to analyze the thousands of pages of data that we have received in this study. The American Institutes of Research (AIR) is working with NCSBN to collect all of the data and analyze the results.

Nursing Education Outcomes and Metrics Committee members met Oct. 8–9, 2018, to review the results of the Delphi study and preliminary data from the five-year Annual Report study. The committee's final report will be reviewed by NCSBN's Board of Directors at their February meeting. Results will be published in the *Journal of Nursing Regulation* (with excerpts in the spring issue of *Leader to Leader*). Stay tuned for results of this major project NCSBN has been leading for BONs. ◆



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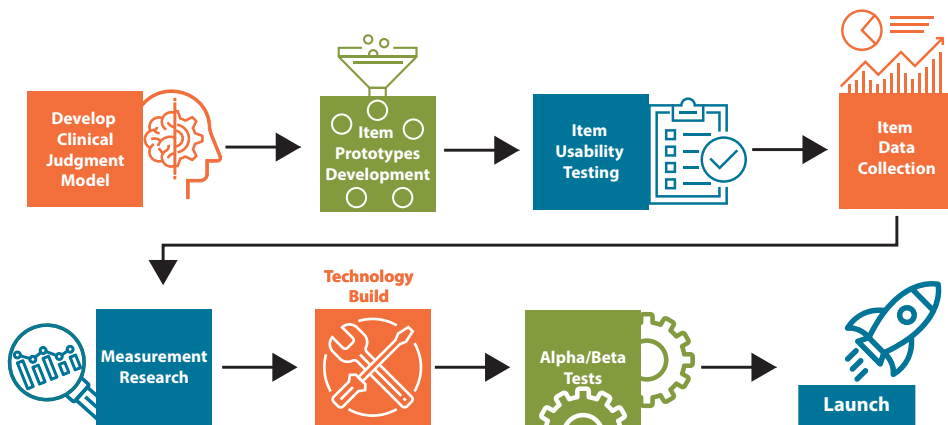
Can Clinical Judgment and Decision Making in Nursing Practice be Reliably Assessed?

NCSBN Examinations is conducting research projects to determine whether clinical judgment and decision making in nursing practice can be reliably assessed through the use of innovative item types (questions). This initiative is called the Next Generation NCLEX® project, or NGN. The NGN was originally featured in the [Spring 2018 issue of Leader To Leader](#).

The NGN consists of several phases of research, which are delineated in the model below. If the evidence during any individual step indicates that potential innovations will not support the rigor and quality of the NCLEX, the project will be reexamined at all levels.

Why include clinical judgment on the Next Generation NCLEX?

NCSBN research, literature reviews and pilot studies identified the need for high-stakes nursing licensure exams to include a focus on clinical judgment. The findings from the NCSBN Strategic Practice Analysis confirmed the importance of sound clinical judgment skills to a significant number of tasks performed by entry-level nurses.



Can items that measure clinical judgment be developed?

The project began with developing an operational definition of nursing clinical judgment. NCSBN brought together experts from measurement, nursing content and technology fields to imagine item prototypes that could potentially measure various aspects of clinical judgment. With this knowledge, a team of dedicated nurses began writing item prototypes that mapped to the clinical judgment model. Based on usability studies and focus group

studies on the new items, nursing students, professional nurses and nursing educators indicated that the items were more realistic and a better fit to the type of work they encounter both in their internships/practicums and entry-level practice.

Do the Next Generation NCLEX items reflect clinical judgment skill?

Beginning in July 2017, NCSBN presented a [special research section](#) with the NCLEX-RN administration. The special research section is intended to collect data on new item types that could expand or enhance the measurement of entry-level nursing competence, including clinical judgment. Based on this data, the focus of the Next Generation NCLEX research will be developing scoring rules that are appropriate for providing evidence of nursing competence.

Is the Next Generation NCLEX exam reliable?

Reliability refers to the degree to which a candidate's test scores are stable if he/she took different versions of the test at different times, assuming their ability does not change. The Next Generation NCLEX research will evaluate reliability using different methods that are appropriate for the test and the intended use of the results.

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Is a candidate's test score determined by their knowledge, skills and abilities?

Usability studies showed that the new items were easily comprehended and simple to use by the candidate population. This is critical to the validity of new items in order to ensure that item difficulty is driven by the nature of the item content and required skills, and not by irrelevant features of the item presentation, like poor design or ambiguous response methods. NCSBN will also conduct a cognitive lab study to ensure that the cognitive processes that a candidate engages in while responding to Next Generation NCLEX items align well with the clinical judgment model.

Stay Up to Date on the Next Generation NCLEX Project

Over the course of the NGN project, NCSBN Examinations will provide updates on research outcomes, as well as implications for students, educators, regulators and health care organizations. [Sign up to receive Next Generation NCLEX News](#), a quarterly email publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations. Additionally, [visit NCSBN's website](#) for resources, frequently asked questions and NGN media. ♦

UPDATE: Nurse Licensure Compact

To date, 29 states **have implemented the Nurse Licensure Compact (NLC)**, and two additional states (Kansas and Louisiana) will implement as of July 1, 2019. For educators in these states, this is great news as it means you can teach—either in person, with telehealth or by distance education—across NLC states as long as you have multistate privileges.

Remember, if you practice or teach across states that are not in the compact, you may need a license in those states, as teaching is the practice of nursing in most states. This not only means you'd need a license for teaching clinical experiences or using telehealth with patients, but it also means you'd need a license (where all students reside) for teaching didactic courses to students. Having multistate privileges as part of the NLC changes all of this and can be valuable for faculty. For faculty whose states aren't in the NLC, [contact your legislators](#) and let your voices be heard. Legislators take personal messages from their constituents very seriously, especially when kept factual and succinct.

Of the 26 original NLC states, all but one has implemented the current NLC, which was updated and enhanced in 2015 to encourage more states to join. The sole original NLC state that has not implemented the current NLC is Rhode Island. Therefore, Rhode Island is no longer part of the NLC. All nurses in Rhode Island were sent letters from their board of nursing letting them know that they are no longer in the compact and require a license to practice in any other state.

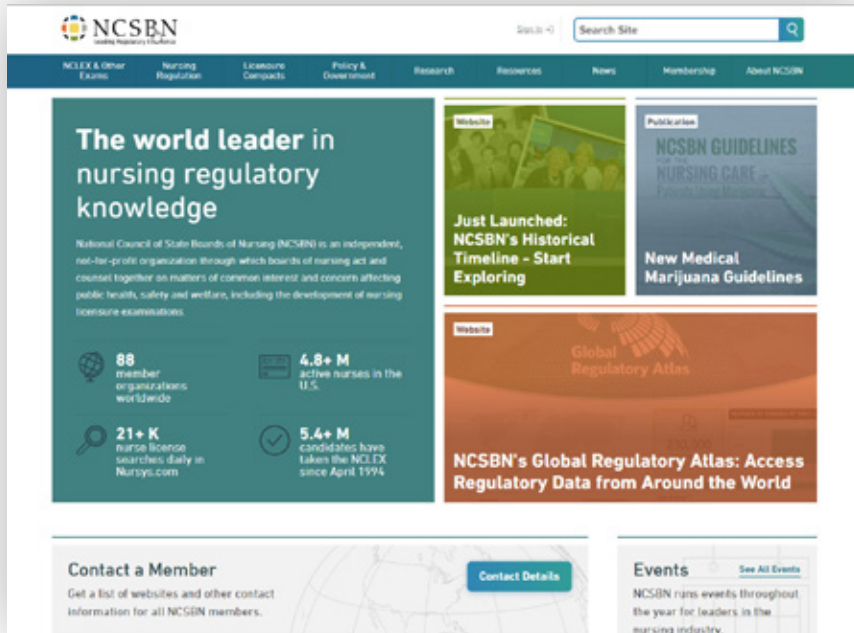
Please visit our [website](#) to learn more about the NLC. ♦

The "enhanced NLC" is now the "NLC"

The term "enhanced" was developed to distinguish the original NLC (started in 2000) from the revised version which was implemented in 2018. There was a period of time during which the two compacts coexisted, so terms to distinguish the two compacts were temporarily necessary. Now that the original NLC dissolved as of July 18, 2018, it is no longer necessary to use distinguishing terms, as only one compact exists.



NCSBN Launches New Website



NCSBN launched a new website, ncsbn.org, in July in honor of its 40th anniversary and rebranding of the organization.

NCSBN's previous website, which hosted more than 19.3 million page views annually, was completely redesigned to enhance usability for its visitors. The new site improves the user experience of members, nurse candidates, the nursing workforce, educators as well as the general public and those with interests in licensure policy.

Visitors to the new site continue to be able to easily access the most pertinent information available, but can also now utilize advanced search and filtering options allowing them to find the most essential resources for their needs more efficiently. Additionally, the new site

features a revamped and enriched Resources section that includes: courses, publications, research study articles, toolkits, websites, event presentations and videos.

"As part of our 40th birthday celebration, we are extremely pleased to be able to offer this invaluable resource to the public, nursing community and our peer organizations," comments NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN. "It is our desire to continually strive to present the most current information about nursing regulation and the NCLEX Examinations in the most accessible and user friendly manner to all of those who visit our new website." ♦

LEADER TO LEADER



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