

LEADER LEADER

AN INTERVIEW WITH

Beverly Hittle and Dena Hinkle

A Scholar in Residence and an Intern in NCSBN's Regulatory Scholars Program



Beverly Hittle, PhD and Dena Hinkle, RN

Implemented in the spring of 2017, [NCSBN's Regulatory Scholars Program \(RSP\)](#) is an exciting opportunity that provides graduate nursing students, doctoral students and nursing faculty with innovative experiences in nursing regulation and policymaking. The program consists of three positions: Scholar in Residence, Graduate Internship and a CRE Grant Program for Doctoral Students. You may recall reading about our summer 2018 scholar in residence, Dr. Eileen Fry-Bowers, an associate professor at the University of San Diego, in the [fall 2018 edition of Leader to Leader](#).

Leader to Leader sat down with NCSBN's summer 2019 regulatory scholars, Beverly Hittle and Dena Hinkle, for a conversation about their experiences in the program.

Beverly Hittle, PhD, was NCSBN's 2019 scholar in residence. Beverly came to Chicago from Cincinnati, where she just received her PhD at the University of Cincinnati, Ohio, with a focus on nurse research. She has studied nurses and sleep as they relate to shift work for several years, with an interest in strengthening the health care workforce and improving patient safety. She is currently a faculty member at the University of Cincinnati, Ohio, undergraduate nursing program.

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Q & A

Q: I know that NCSBN was studying outcomes and metrics of nursing education programs. What is the status of the project?

A: You are correct; we have been systematically studying evidence-based outcomes and metrics of nursing education programs that boards of nursing (BONs) could use when approving these programs. We began this study two years ago by reviewing the literature, looking for nursing education outcomes and metrics and quality indicators. We then conducted a national Delphi study with nurse educators, regulators and those who work with new graduates in practice. Next, we conducted a quantitative study of five years of nursing program annual reports, sent to us by BONs, looking for quality indicators, as well as factors associated with declining

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“ I thought this would be a wonderful opportunity to take the research I’ve been doing in the world of sleep and health care and tie it into patient care errors.”

– Beverly Hittle, PhD



“ ... I think what surprised me most is the breadth of work that NCSBN is involved in.”

– Dena Hinkle, RN

Dena Hinkle, RN, is a family nurse practitioner and certified school nurse in Buffalo Grove, Ill. Dena was NCSBN's 2019 graduate intern, coming from Lewis University, where she is currently a doctor of nursing practice (DNP) student. Dena is researching nurse policies as they relate to school nurses, with an interest in strengthening the school nurse workforce to ensure students have access to adequate care.

What prompted you to apply for the RSP?

Beverly: I found out about the scholar in residence position through the work I've been doing with the National Institute for Occupational Safety and Health (NIOSH). My mentor mentioned the U.S. Nurse Safety Study being proposed at NCSBN, and because of its similarities to my areas of research, I started reviewing the NCSBN website, where I found the position. I thought this would be a wonderful opportunity to take the research I've been doing in the world of sleep and health care and tie it to patient care errors. My focus has always been on the individual nurse and how lack of sleep impacts nurse health. However, this proposed study focusing on adverse patient outcomes appealed to me because of the potential to impact sleep and shift work through nursing, which has the potential to protect both nurses and patients alike.

Dena: I originally heard about the graduate internship through the DNP online portal at Lewis University, where scholarships and other opportunities are listed. I was intrigued with the opportunity to delve into policy and regulation further after my policy class in my DNP program. While nurses comprise the vast majority of the health care workforce, there is a lack of equivalent representation within the nursing regulation and health care policy arenas. My schedule is such that an extended internship at NCSBN was feasible and I decided that it would be a valuable opportunity to utilize my summer break in this manner.

Tell us about your activities and experience at NCSBN while you were in the RSP.

Beverly: We spent the first few weeks attending meetings with various departments, and learning about each department's role in the organization. I was able to work on several different research projects. I spent the majority of my time on the U.S. Nurse Safety Study, refining the data collection instrument. I also spent time helping with the literature review for the Nursing Education Outcomes & Metrics Committee, and began work assisting on a project with the NCSBN Research team on APRN collaborative practices agreements.

Dena: I had the opportunity to meet with many of the departments at NCSBN and learn about the various projects, research, available tools and information, as well as policy issues, surrounding nursing. Specifically, my discussions with the legal team about the Nurse Licensure Compact (NLC) led me to develop, disseminate and evaluate whether or not school nurses would benefit from having a multistate license. This led to conversations with other contacts surrounding challenges I have observed in school nursing and licensure, and then it ultimately led me to my survey project. The opportunity to learn what NCSBN does, with the resources they have available, was very valuable.

What surprised you about the work of NCSBN?

Beverly: I was surprised by the broad spectrum of work occurring at NCSBN.

Dena: Agreed, I think what surprised me most is the breadth of work that NCSBN is involved in. While I had a general picture of some of the work they are involved with, such as the NCLEX and licensure compacts, the vastness of everything else they work on astounded me.

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

“ It takes a village to create quality regulation.”

– Beverly Hittle, PhD

Beverly: Being able to talk to the staff from the various departments at NCSBN was most useful. The generosity of staff was greatly appreciated, with both their time and knowledge.

Dena: The information gathered—from the Workforce Survey, the delegation guidelines, marijuana guidelines, as well as the NLC and APRN Compact advocacy efforts—are most helpful to me, as I’m looking to the future for my school nursing practice. However, I also now imagine myself utilizing NCSBN resources regularly throughout my career, regardless of where I practice. Every nurse needs to be aware of the regulatory and policy issues that affect their practice setting, and NCSBN provides a wealth of resources for all nurses to become involved, whether at the micro or macro level.



What was your favorite part of the RSP?

Beverly: My favorite part was the diversity of people here—that was a resource in and of itself. It takes a village to create quality regulation. It was fascinating to look at how a research idea can progress to a standard and then to the creation and dissemination of policy. Although I wasn’t able to see a project go through the entire regulatory process during the eight-week residency, observing and engaging with projects at different stages allowed me to better understand policy regulation progression.

Dena: My favorite part was learning what the various teams and departments do here. Everyone was welcoming and took the time to answer my questions, even to the extent of scheduling additional sessions with me, or allowing me to knock on their door as questions came up throughout my time here. The quantity and quality of collaboration among and between departments is commendable.

“ Every nurse needs to be aware of the regulatory and policy issues that affect their practice setting, and NCSBN provides a wealth of resources for all nurses to become involved, whether at the micro or macro level.”

– Dena Hinkle, RN

What are your next steps after the Regulatory Scholars Program?

Beverly: I will start my faculty position at the University of Cincinnati, Ohio, College of Nursing in the fall.

Dena: I will continue my work as a school nurse in the fall and finish my DNP degree within the next year. I am also the data collector for the Illinois Association of School Nurses, so I will work on disseminating relevant information. I also plan to meet with my local legislators to discuss some of the issues that I am passionate about, such as securing a full-time school nurse in all schools, and advocating for the NLC and APRN Compact to be enacted in Illinois.

Is there any aspect of your work at NCSBN that will move forward?

Beverly: I will keep in contact with the researchers working on the U.S. Nurse Safety Study. I also look forward to incorporating what I have learned about nursing education regulation into my new faculty role in the undergraduate nursing program at the University of Cincinnati, Ohio. I also know NCSBN staff will always act as a resource for me, as I will for them!

Dena: I am hopeful that my research regarding the applicability of a multistate license for school nurses will either be expanded upon or disseminated to various stakeholders. This is of particular concern as more and more students are attending school with

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special health care needs and may not have the nursing care required if attending trips out of state. It would be interesting to go further with the survey, sending it out to the National Association of School Nurses and legislators to see if this is a concern in other areas/states.

“ I also look forward to incorporating what I have learned about nursing education regulation into my new faculty role in the undergraduate nursing program at the University of Cincinnati, Ohio.”

– Beverly Hittle, PhD

Beverly, at your PhD program, you focused on how disease prevention might take shape through research on sleep and shift work in the health care sector. How have you been able to develop your research in this area since being in the RSP?

Beverly: My focus has always been on how we protect the nursing workforce. By looking at adverse patient outcomes in the NCSBN study, I have been able to broaden that focus to health care patient safety systems. It has allowed me to consider further how nurse sleep and fatigue issues can be ameliorated through facility systems and broader regulation. Although individual nurse behavior needs to be considered, the disruption of around-the-clock care to nurses’ circadian rhythms can make it very difficult to stay alert. If the health care industry and nursing want to protect patients, we have to consider how systems can protect patients, instead of placing all the onus on the nurses. Nurses are amazing, but we are not superhumans!

Dena, a topic that you are interested in is the potential of telehealth in school nursing, especially in rural areas where there are not always nurses in every school. How has your experience in the RSP been able to help your work in this area?

Dena: I was especially thankful to have the opportunity to talk with Linda Young, program specialist, South Dakota Board of Nursing, and review their relevant pilot study and the regulatory changes that South Dakota had implemented. Their process for certifying unlicensed assistive personnel (UAPs) to care for diabetic students is very comprehensive and goes far to ensure safe practices. Further, it was enlightening to speak with, and then meet in person, Sheila Freed — eCARE eSchool health director for Avera eCARE based in Sioux Falls, SD— at the National Association of School Nurses Annual Conference, in Denver at the end of June. I had the opportunity to actually test out the technology utilized with telehealth school nursing services, which was much more robust than I had anticipated. Telehealth is not a resource that would only be valuable in rural areas. With such a wide variety of telehealth models, any school can implement at least one method to improve healthcare access for their students and/or staff.

“ My time here has really opened my eyes to the many working parts surrounding regulation and policy...”

– Dena Hinkle, RN

Is there anything else you would like to add about your experience in the RSP?

Beverly: The scope of work at NCSBN is wide ranging, from the role nurses take in increasing health equity, to measuring what it means to have a high-quality nursing education. Although nursing regulation is in place to protect the public, in the end, well written policy also promotes nursing as a profession. It is quite a process from start to finish, but incorporating multiple stakeholders increases the likelihood the policy provides the intended outcome.

Dena: My time here has really opened my eyes to the many working parts surrounding regulation and policy—not only to ensure safe, quality care for patients, but also to improve practice standards, access to care, and nursing education.

For more information about these positions and other opportunities, including how to apply, visit the [Regulatory Scholars Program webpage](#). For any comments or questions, contact regulatoryscholars@ncsbn.org. ♦

Promoting the Role of the Nurse with a Unique Nurse Identifier

Contributing to positive patient health outcomes is one of the ultimate responsibilities of nurses, as well as health care teams as a whole. With health care systems evolving, the value of each contributing member of a health care team can be expected to be analyzed even further. In the past, it has been difficult to track and analyze how nurses, specifically, contribute to patient health outcomes. However, by creating and utilizing a unique nurse identifier in electronic health records and other related IT structures, tracking how nurses individually contribute to positive patient health outcomes can be a reality.



It is clear that this specific level of data could be valuable in future research, especially in terms of understanding and strengthening the nursing workforce.

Improving the quality and standards of nursing care requires evidence-based methods. A unique nurse identifier could not only provide data that elucidates how nurses contribute to individual health outcomes, but research has shown that “[this type of] nursing documentation can also be used to measure the contributions to improvements in... population health outcomes, patient safety, operational efficiency and clinical effectiveness,” (Sensmeier, Androwich, Baernholdt, Carroll, Fields, Fong, Murphy, Omery, Rajwany, 2019). Essentially, the data would help communicate how and what the nurse contributed in all of those areas, both underscoring the value nurses provide and areas in the health care process that might need improvement.

It is clear that this specific level of data could be valuable in future research, especially in terms of understanding and strengthening the nursing workforce. However, this type of unique nurse identifier could also be of benefit to large hospital systems and health care employers, as it could help with tracking the movement of a nurse within their enterprise wide network and disparate database systems.

In June 2019, the University of Minnesota held the Nursing Knowledge: Big Data Science Conference to discuss the future of nursing data. The Nursing Big Data Policy and Advocacy Workgroup, in collaboration with NCSBN, have worked on researching the potential benefits of integrating a unique nurse identifier in the U.S. In June 2019, members of the workgroup documented their research thus far in the article, “[Demonstrating the Value of Nursing Care Through Use of a Unique Nurse Identifier](#),” in the *Online Journal of Nursing Informatics*.

NCSBN will continue to collaborate with the Nursing Big Data Policy and Advocacy Workgroup for further research. ♦

REFERENCES

1. Sensmeier, J., Androwich, I., Baernholdt, M., Carroll, W., Fields, W., Fong, V., Murphy, J., Omery, A. & Rajwany, N. (Summer 2019). The value of nursing care through use of a unique nurse identifier. *Online Journal of Nursing Informatics (OJNI)*, 23(2).

Available at www.himss.org/ojni

SSR Study Results:

The Need for Improving Math Education in Nursing

In previous issues of *Leader to Leader* we have written about our study on [Safe Student Reports \(SSR\)](#), which explores the types and extent of errors and near misses students make in their clinical, simulation or learning lab experiences. To date, we have nearly 200 nursing programs participating in the study. We will analyze aggregate data at the 18-month period of the study, in December 2019.

As part of the SSR study, we have found from looking at the aggregate report of errors and near misses, and particularly the comments as to why errors occurred, that the majority of errors are with medication administration; the majority of those errors are with drug calculations. To study this further, we participated in a Quality for Safety in Nursing (QSEN) [Math Education for Nurses Task Force](#) where like-minded leaders in nursing and mathematics gathered at a QSEN meeting and discussed strategies for teaching math to students. These discussions, and subsequent conference calls, led to a recent conference on Math for Nurses at the University of Miami. Participants at this meeting included nursing and mathematics faculty from several universities, as well as representatives from NCSBN; the National League for Nursing; the Organization of Associate Degree Nurses; Mathematical Association of America; Bayer Crop Science (a statistician); the National Association for Healthcare Quality; The Dana Center Mathematics Pathways at the University of Texas, Austin; QSEN; the Commission on Graduates of Foreign Nursing Schools (CGFNS); the Bill and Melinda Gates Foundation; and the NROC Project. This group of interprofessional leaders (in mathematics, statistics and nursing) is exploring new strategies for teaching math to nursing students, and in the future they plan to disseminate math standards for incorporating into curricula.

As part of this Math for Nurses group, a webinar was presented where some new and exciting strategies were introduced for teaching math calculations to nursing students. You and your faculty may be interested in viewing the presentation from this webinar, [Teaching Dosage Calculations: Strategies for Narrowing the Theory-Practice Gap](#). Remember that enrollment in NCSBN's SSR study is ongoing, so please let us know if your nursing school is at all interested in participating. Contact us at ssr@ncsbn.org. ♦

SSR

Safe Student Reports



Missouri State Board of Nursing Hosts Nursing Students in Preceptorships

INITIAL PLANNING

In November 2018, the [Missouri State Board of Nursing](#) (MSBN) entered into a collaborative agreement with the Curators of the University of Missouri (on behalf of the Sinclair School of Nursing in Columbia, Mo.), to establish an educational experience for students that would be equally beneficial to nursing students and the MSBN. In these instances, the learning experiences were meant for students to enhance their understanding of legislative and regulatory processes in state government, the Missouri Division of Professional Registration and the MSBN.

These field experiences engaged students in real time regulatory activities to better understand current issues in health care, particularly:

- ◆ Nursing workforce needs and development;
- ◆ Nurse faculty shortages; and
- ◆ Regulation of nurse education programs.

Regulators and university nurse educators began by working together to select professional staff who would be best positioned to work with nursing students to meet such goals. Lori Scheidt, MBA-HCM, executive director, MSBN, collaborated with [Robin Harris](#), DNP, RN, associate dean at Sinclair School of Nursing, as well as [Sherri Ulbrich](#), PhD, RN, CCRN, CNE, associate teaching professor at Sinclair School of Nursing, to establish this unique and innovative partnership.

LEARNING EXPERIENCES

In February 2019, nursing students met with professional staff to determine learning experiences that would optimally engage students in the regulatory environment and address individual learning needs and interests while providing conceptual frameworks to best guide their experiences. Bibi Schultz, RN, MSN, CNE, director of education for the MSBN, worked with students as a point of contact and provided guidance and feedback as their preceptor.

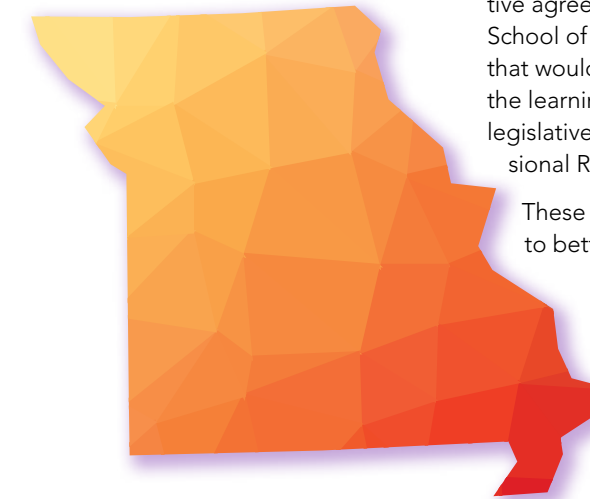
By March 2019, students were fully engaged in regulatory work with their preceptors, seeking out activities they felt would provide them with optimal experiences to help build their professional portfolio.

With this program, students were able to:

- ◆ Attend board meetings;
- ◆ Provide valuable feedback through review and evaluation of workforce data and reports;
- ◆ Participate in nurse educator association meetings and conferences;
- ◆ Work with professional staff to conduct site visits for nursing programs; and
- ◆ Complete research projects related to nursing education and workforce development.

"In working with the MSBN staff, MU Sinclair School of Nursing students gained invaluable perspectives about nursing regulation and the role of the Board in protecting the health and safety of Missourians," says Ulbrich. "The learning opportunities at the MSBN enabled students to better understand the board's role and functions. This new level of

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"In working with the MSBN staff, MU Sinclair School of Nursing students gained invaluable perspectives about nursing regulation and the role of the Board in protecting the health and safety of Missourians."

– Sherri Ulbrich, PhD, RN, CCRN, CNE

understanding of the board and public health and safety will be an asset to their future practice and professional development. Students and faculty recognized the benefits of working with BON preceptors. We are grateful to the BON for providing these unique and relevant learning experiences for our students."

"To engage students in the regulatory environment is such a unique opportunity. It helps shape their professional perspective and to learn in real time how important and impactful their actions as professional nurses will be."

– Bibi Schultz, RN, MSN, CNE

STUDENTS' EVALUATION OF PRECEPTOR EXPERIENCES

Professional staff worked with Sinclair School of Nursing course faculty to complete formal evaluations of student progress and performance. Upon conclusion of the spring 2019 semester, students were asked to provide feedback to the MSBN in regard to their experience in the regulatory environment. An 80% response rate for the survey was achieved. Students unanimously described their experiences as "excellent." When asked about experiences that were most helpful to their learning, attending legislative hearings and participation in nursing school site visits were among favorite activities.

REFLECTION AND FUTURE PLANNING

While students in this experience benefited from the engagement with the MSBN to help broaden their view of the regulatory environment, the students' perspectives on various topics were valuable and insightful to the BON as well. As professional staff worked closely with the nursing students, and students gained an understanding of the complex issues at hand, their participation and feedback added a layer of observation and objectivity that may have significant impact going forward.

"This experience was very positive," says Scheidt. "The initial formulation of the preceptor agreement allowed the office team and nursing program to foster a relationship for exchange of information and ideas. Our office team gained the fresh perspective of students and students gained a deeper understanding of the complexities of nursing regulation."

"To engage students in the regulatory environment is such a unique opportunity," says Schultz. "It helps shape their professional perspective and to learn in real time how important and impactful their actions as professional nurses will be."

Current planning of future preceptor experiences is underway. Nurse educators and professional Board staff continue to work together to replicate and expand preceptor opportunities for nursing students. The benefit of enhanced graduate readiness to navigate the complex environment of professional nursing is clear: the impact of these experiences to inspire future nurses to actively participate in legislative and regulatory actions and to directly impact nursing practice in Missouri is invaluable. ♦

Q & A

Q&A *continued from page 1*



program approval statuses. Lastly, we conducted a qualitative study of five years of nursing program site visit documents, again sent to us by BONs, looking for quality indicators, as well as factors associated with declining approval statuses. These results and recommendations have been presented to the NCSBN Board of Directors (BOD). The recommendations were reviewed and finalized by an expert panel on Nov. 12, 2019, and the final recommendations will be presented to our BOD in December 2019. We anticipate disseminating them to BONs and educators in the winter of 2020.

We'll have an article highlighting our evidence-based recommendations in the spring 2020 issue of Leader to Leader. Stay tuned! ♦

NCSBN's Member Board Profiles

A comprehensive database which provides detailed information about your Board of Nursing.

For nearly 30 years, NCSBN has compiled data about nursing regulation and made it available to the public, free of charge. Published annually, [NCSBN Member Board Profiles](#) provide an overview of the regulatory environment in which U.S. boards of nursing (BONs) function. NCSBN BON presidents and executive officers are asked to respond to six surveys. 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 Member Board Profiles Reporting Tool](#) (login required).

The Member Board Profiles Reporting Tool

This reporting tool is a convenient and customizable way to access a snapshot of BONs. It is organized into six sections:

◆ Structure and Governance

This section describes BON composition, administrative structure and functions. You can learn about who is responsible for appointing board members within a jurisdiction; the qualifications public members must meet to be considered for a BON appointment; when the nurse practice act (NPA) was last revised/amended within a jurisdiction; and which BONs publish an annual report.

◆ Licensure Requirements and Operations

This section contains information regarding licensure requirements and maintenance criteria. You can learn what English proficiency examinations are used for international graduates; what equivalency programs qualify nurses for licensure by endorsement; licensure renewal fees by jurisdiction; and whether a jurisdiction's licensure application contains questions that address criminal history.

◆ Education Requirements

This section describes the BON's regulatory authority over nursing education programs. Sample topics discussed in this section include required NCLEX® pass rates, faculty qualifications, and student-faculty clinical experience ratios by state.

◆ Discipline, Delegation, Telenursing

This section describes background checks and criminal convictions' reviews conducted by the BON, including how a BON collects background information; whether felony convictions are a time-limited bar to licensure within a jurisdiction; if it's mandatory to report violations of the NPA to the BON; and who presides over formal disciplinary proceedings within a jurisdiction.

◆ Advanced Practice Registered Nurse Regulation

This section provides an overview of the regulatory environment governing the practice of advanced practice registered nurses (APRNs). You can learn if APRNs are specifically regulated/ recognized as a separate group within a jurisdiction; whether a jurisdiction has a specific APRN scope of practice document in its statute or rules; which jurisdictions allow for authorized prescriptive authority; and a jurisdiction's endorsement requirements for APRNs.



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◆ **Assistive Personnel Regulation**

This section gives an overview of requirements for continued competence activities for RNs and licensed practical/vocational nurses (LPN/VNs). Sample topics discussed in this section include jurisdictions' continued competence requirements, whether a BON regulates assistive personnel and if BONs have a plan in place that would allow RNs to expand their scope of practice in disaster situations.



For questions, contact
memberboardprofiles@ncsbn.org.

Users can customize their searches the following ways:

1. Select from six surveys:

Advanced Practice;
Assistive Personnel;
Board Structure;
Discipline, Delegation, Telenursing;
Education; or
Licensure.

2. Select jurisdiction(s) individually or selected jurisdictions, or via five presets:

All;
RN boards;
PN boards;
Umbrella boards; or
Independent boards.

3. Narrow results by selecting particular questions from the selected survey.

4. Include maps and/or charts.

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

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 300 jurisdictions representing more than 20 million nurses. New Jurisdictions are continually being added.



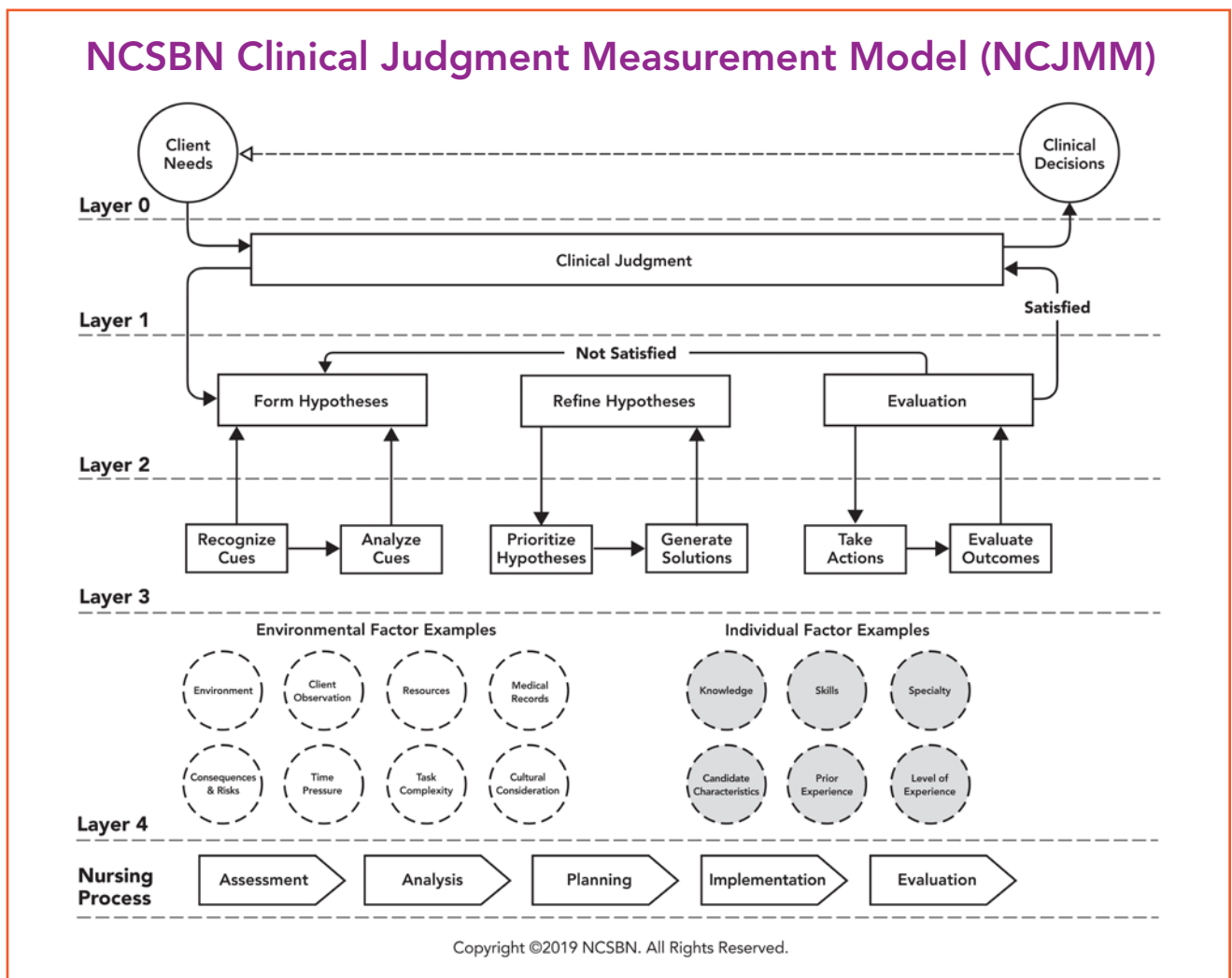
regulatoryatlas.com

NCSBN Defines Clinical Judgment for Purposes of the Next Generation NCLEX® (NGN)

In order to develop a valid and reliable means of measuring clinical judgment, NCSBN conducted extensive reviews of the literature in nursing, decision theory and testing. The result was the assessment framework referred to as the NCSBN Clinical Judgment Measurement Model (NCJMM).

It is important to note that the NCJMM is a framework designed for and specific to testing and should not be construed as a replacement for other evidence-based theories of nursing theory or practice. In particular, the NCJMM does not compete with the Nursing Process or specific pedagogical or andragogical models around the teaching of clinical judgment. Rather, it provides a systematic, evidence-based framework for measuring whether nurse licensure candidates demonstrate at least minimal competence with respect to clinical judgment and decision making.

For the purposes of the NCLEX, Layers 3 and 4 of the NCJMM guide item writers in the development of NGN content; Layer 3 elements provide the primary measurement focus for items and the Layer 4 elements provide context. Each of the Layer 3 and Layer 4 elements are defined in more detail in the publications on the [NGN Resources page](#). ♦





TRANSITION TO PRACTICE® PROGRAM



The first year of employment for new graduate nurses can be challenging as they integrate into their new roles as practicing nurses. The new Transition to Practice courses from NCSBN puts new nurses on the right track to effectively build vital on-the-job proficiencies:

- Adopt proven communication strategies that reduce errors
- Empower patients, families and significant others
- Apply critical reasoning through evidence-based practice
- Participate in processes that improve outcomes of care
- Connect technology with caring
- Interact with a preceptor to develop clinical decision making

NCSBN Learning Extension developed the Transition to Practice® (TTP) program based on the results of NCSBN's comprehensive research study. Consisting of a preceptor course and five courses for new nurses, the program helps new nurses develop more confidence and become more competent nursing professionals.

Course 1: Communication & Teamwork

Course 2: Patient- & Family-centered Care

Course 3: Evidence-based Practice

Course 4: Quality Improvement

Course 5: Informatics

Course for Preceptors: Helping New Nurses Transition to Practice

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