

Leader *to* Leader

Nursing Regulation & Education Together

Spring 2011

Nurse Residency Program Hopes to Attract New RNs to Long-term Care

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Nurse residency programs have become “business as usual” in hospitals across the U.S. to help support and retain nurses new to practice, and are linked to significant reductions in registered nurse (RN) turnover. Residency programs support growth in confidence and competence by engaging a newly hired cohort in workshops and coaching by experienced nurses. Until recently, however, residency programs have only been available to nurses choosing to work in hospitals. The Wisconsin Nursing Home Residency Program at the University of Wisconsin–Madison (UW–Madison) hopes to change that by focusing on long-term care, where annual nurse turnover rates average around 40 percent.

Long-term care settings are challenging environments for new graduates. The acuity level in long-term care has increased dramatically over the past decade, requiring a high level of knowledge of chronic and acute illness, and the ability to respond quickly to changes in resident conditions. Nurses in long-term care must rely heavily on their own judgment, as other disciplines and colleagues are much less readily available than in hospitals. Long-term care differs from hospital settings in that nurse aides/nursing assistants (NAs) provide most of the direct care, with nurses providing oversight and supervision. Coaching, mentoring and supervising are vital skills for nurses in long-term care, as much

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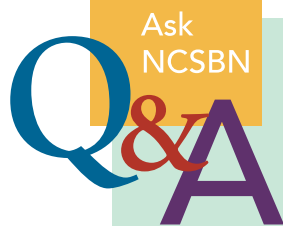
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This question was submitted by one of our readers:

Q: Many of our students regularly use their Facebook pages, Twitter accounts or other social networking sites to keep in touch with their friends and family. Our faculty is concerned that, unknowingly, they will violate their patient's privacy by talking about their experiences with patients. Are there any guidelines out there for students? Are boards of nursing (BONs) seeing any complaints because of social networking?

See the answer on page 2.

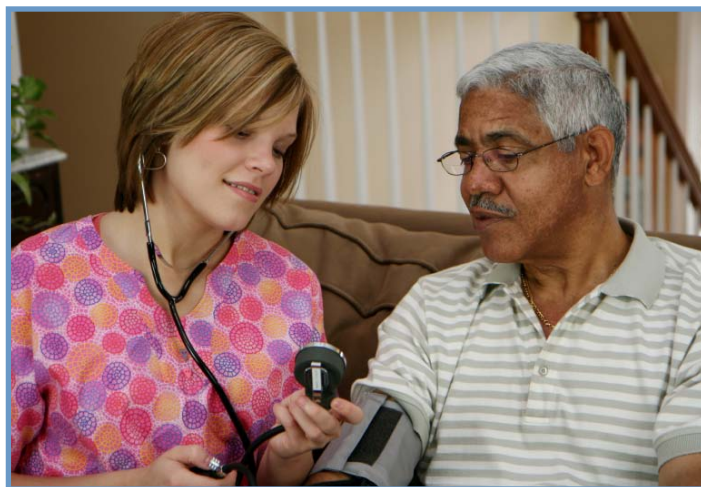
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of what they do is “working through” other workers. These are not skills that most new graduates have. A residency program for long-term care nurses can support new nurses as they build skills and knowledge needed to care for older people, disabled adults and children with complex needs and conditions; to supervise and mentor NAs; and to navigate the extensive regulatory requirements specific to the setting.

UW–Madison is similar to many other schools of nursing where only a handful of graduating nurses pursue jobs in long-term care. The Wisconsin Nursing Home Residency Program is intended to change that fact. Barbara Bowers, PhD, RN, associate dean for research and a professor at UW–Madison; Colleen Gullickson, professor, Edgewood College School of Nursing; Kim Nolet, MS, a specialist in adult education at the UW–Madison School of Nursing; and a team of nursing students and staff have been working with directors of nursing at several local nursing homes to create a long-term care nurse residency program. The program is intended to better prepare nurses for working with geriatric patients, improving quality care in long-term care facilities, and inspiring more nursing students to enter and remain in the field.

UW–Madison School of Nursing graduate student Andrea Gilmore, who is part of the team developing the nursing home residency curriculum, purposely chose long-term care as her specialty. “I am currently working in a sub-acute rehabilitation facility where the average length of stay is around 25 days,” Gilmore said. “Some residents are in the facility for months; some are long-term clients. It is both challenging and rewarding, and there is ample room for growth and development on a personal, professional and organizational level.”

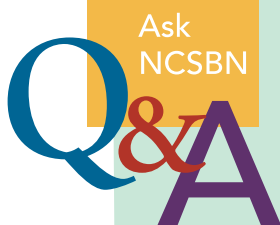
The complex medical and psychosocial needs of nursing home residents can be overwhelming. A 2004 National Survey of Nursing Homes found that 40 percent of nursing home residents are concurrently on nine or more medications, reflecting each resident’s wide range of diagnoses. Managing so many conditions at once on a daily basis is a real challenge for even the most experienced nurses. Research suggests that nurses who believe that they lack adequate skills for a position are more likely to leave a job or even the nursing profession. This is a major workforce retention issue.



The program is intended to better prepare nurses for working with geriatric patients, improve quality care in long-term care facilities, and inspire more nursing students to enter and remain in the field.

Workshops included in the Wisconsin Nursing Home Residency Program help new baccalaureate-prepared nurses improve their geriatric care skills in topics such as preventing functional decline and dementia care, as well as promoting growth as leaders and problem solving with other nurses. The curriculum includes nursing issues specific to geriatric care, along with team management, coaching and supervision of front-line workers, regulatory requirements, end-of-life care, and communications skills. The program also highlights “person centeredness” and promotes quality of life at the heart of nursing care. Development of the program was supported by a grant from the Wisconsin Department of Health, Division of Quality Assurance from the Civil Monetary Penalty fund.

For more information, contact Barbara Boxer at bjbowers@wisc.edu. ●



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A: As you might imagine, BONs are increasingly receiving complaints about nurses who violated patient confidentiality/privacy by posting information on social networking sites. In a recent survey of BONs, 33 of the 46 BONs reported having received these types of complaints. The BONs also reported that they make disciplinary decisions on a case-by-case basis, with sanctions ranging from a letter of concern or continuing education to suspension.

NCSBN’s Disciplinary Resources Committee is currently developing guidelines for BONs related to social and electronic media to protect patient privacy. NCSBN is also planning to develop a video for the nursing community to tackle this issue, as well as create brochures to discuss this increasingly problematic topic. Stay tuned for more information and resources. ●

Campaign for Consensus: Fostering Uniformity, Promoting Standards

There are more than 267,000 advanced practice registered nurses (APRNs) in the U.S. APRNs include certified registered nurse anesthetists (CRNAs), certified nurse-midwives (CNMs), clinical nurse specialists (CNSs) and certified nurse practitioners (CNPs). While education and certification are necessary for all APRNs, each state regulates APRNs differently. Variations include how a jurisdiction defines an APRN's legal scope of practice; the recognized roles and titles of APRNs; established criteria for entry into advanced practice; and the creation of certification examinations that are accepted for entry-level competence assessment. Jurisdictional differences represent an obstacle to portability, potentially preventing access to care. NCSBN is spearheading a national campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, which formulates national standards for uniform regulation of APRNs.

The newly developed Consensus Model serves as an outline for state and territory boards of nursing to use in an effort to establish national standards for uniform regulation of APRNs in all jurisdictions. The model was developed by 48 nursing organizations nationwide. To date, nearly every APRN organization in the country has pledged its support of these standards. In order to continue to ensure patient safety, while simultaneously expanding patient access to care, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned.

To learn more about the adoption and implementation of the Consensus Model, more than 200 nursing regulators gathered in San Diego, Calif. for the 2011 APRN Summit, Jan. 12–13, 2011. The APRN Summit inspired and united regulators by providing information that can be used to enlighten legislators, APRNs and the public. Attendees learned more about the Consensus Model and participated in lively panel discussions where panel members recalled their experiences trying to enact legislation in their jurisdictions. Attendees also learned about the resources available to them, strategies for consensus and how to build a coalition of support/plan of action.



In order to continue to ensure patient safety, while simultaneously expanding patient access to care, the education, accreditation, certification and licensure of APRNs needs to be effectively aligned.

As health care continues to evolve and previously uninsured individuals are brought into the system, the demand for qualified health care providers will increase exponentially. Many experts agree that APRNs have a valuable role to play in meeting the current and future health care needs of patients in a volatile health care environment. Just recently the Institute of Medicine published *The Future of Nursing: Leading Change, Advancing Health* report, which focuses attention on the "... scope of practice barriers that hinder nurses from practicing to the full extent of their education and training," especially as it relates to APRNs. The report further notes that "... the health care system needs to tap the capabilities of APRNs to meet the increased demand for primary care."

NCSBN developed an APRN toolkit to provide further information. "The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education" streaming videos allow viewers to gain a better understanding of the requirements for adopting the Consensus Model in their jurisdiction. Additional resources include information about the Consensus Model and APRN practice, implementation resources for regulators and legislators, and support letter templates. Presentations from the APRN Summit are also posted on NCSBN's APRN website. For more information, visit www.ncsbn.org/aprn.htm or contact aprnconsensus@ncsbn.org.

CAMPAIGN FOR
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CONSENSUS
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Nursing Education Committee Update

NCSBN's Nursing Education Committee met in December 2010, January 2011 and again in March 2011 to complete its work. The committee is charged with:

- Analyzing and presenting data from member boards regarding implementation of education program regulations that result in initial and continued approval compliance actions;
- Examining differences between boards of nursing (BONs) requirements and accreditation standards for nursing education programs approved by member boards; and
- Assessing the current and future purpose and focus for BON approval of nursing education programs.

To achieve its goals, committee members have analyzed data from a variety of sources:

- Member Board Profiles and model rules;
- Innovations in Nursing Education report (www.ncsbn.org/Innovations_Report.pdf, 2009);
- Recommendations for Boards of Nursing for Fostering Innovations report (www.ncsbn.org/Recommendations_for_BONs.pdf, 2009);
- *Tips for Planning Nursing Education Approaches* ([www.ncsbn.org/Attachment_C_Tips\(1\).pdf](http://www.ncsbn.org/Attachment_C_Tips(1).pdf), 2009);
- *Nursing Faculty Qualifications and Roles* (for NCSBN Members only; www.ncsbn.org/388.htm, 2008);
- Grid comparing U.S. competencies with Europe's TUNING project;
- Crosswalks developed by the Texas and Minnesota Boards of Nursing;
- Various NCSBN surveys on nursing education;
- Conference call with BON education consultants; and
- NCSBN work on approval processes that was completed in the 1990s.

The committee held a collaborative call with Sharon Tanner, executive director, National League of Nursing Accrediting Commission (NLNAC), and Jennifer Butlin, executive director, Commission on Collegiate Nursing Education (CCNE), to discuss the commonalities and differences between BON approval of nursing programs and national nursing accreditation.

The committee developed an online survey that was sent to all education consultants at BONs. The committee reviewed the processes that BONs use to approve nursing programs and identified seven approval processes. The committee members sent a survey to the BONs to identify the approval processes they are currently using, what their preferred future is and how to get there. The survey asked about BONs' experiences with making joint visits with accreditors, barriers with the current approval process, and if they were satisfied with their current approval process. The approval processes BONs are using now include:

- 1. Boards of nursing are independent of national nursing accreditors.** These BONs approve nursing programs separately and distinctly from the national nursing accrediting

bodies. Initial approval processes are conducted before accreditation takes place.

- 2. Collaboration of BONs and national nursing accreditors.** BONs share reports with the national nursing accrediting bodies and/or make visits with them, sharing information. However, the final decision about approval is made by the BON, independent of decisions by national nursing accreditors. Initial approval processes are conducted before accreditation takes place.
- 3. Accept national nursing accreditation as meeting BON approval.** BONs accept national nursing accreditation as meeting state approvals, though it continues to approve those schools that don't voluntarily get accredited. The BON is available for assistance with statewide issues (i.e., the nursing shortage in that state); BONs retain the ability to make emergency visits to schools of nursing, if requested to do so by a party reporting serious problems; and the BON has the authority to close a school of nursing, either on the advice of the national nursing accreditors or after making an emergency visit with evidence that the school of nursing is causing harm to the public. Initial approval processes are conducted before accreditation takes place.
- 4. Accept national nursing accreditation as meeting BON approval, with further documentation.** Similar to #3, these BONs accept national nursing accreditation as meeting state approvals, but may require more documentation, such as complaints, NCLEX® results, excessive student attrition, excessive faculty turnover and lack of clinical sites. Initial approval processes are conducted before accreditation takes place.
- 5. BONs require national nursing accreditation.** BONs require their nursing programs to become accredited by a national nursing accreditation body and will use #3 or #4 to approve them. Initial approval processes are conducted before accreditation takes place.
- 6. BONs have no jurisdiction over programs that have national nursing accreditation.** Nonaccredited programs are only initially approved by the BON and under specific statutory requirements.
- 7. BONs are not involved with the approval system at all.** In this model the BON is not given the authority to approve nursing programs; this is done by another state/jurisdiction authority.

During the March meeting, Nursing Education Committee members had a conference call with those states that require national nursing accreditation to see what the advantages and challenges of requiring accreditation are. The committee will continue to review the data before making recommendations to the NCSBN Board of Directors. The Nursing Education Committee's final recommendations will be reported in the fall issue of *Leader to Leader*.

Contact Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org for more information. ●

NCSBN Selects States for Transition to Practice Study

Using specific criteria, NCSBN's Research Advisory Panel selected Illinois, North Carolina and Ohio to participate in NCSBN's groundbreaking study of a standardized transition to practice program for newly licensed nurses.

These three states mounted enormous statewide efforts to identify 75 hospitals for Phase I of the NCSBN Transition to Practice Study. Phase II will include long-term care, community and home health care sites. This is the first study of a transition to practice program to compare patient outcomes in sites that use a standardized transition model to those that don't.



NCSBN is in the process of hiring a state coordinator for each state. NCSBN also developed interactive online modules that new nurses will complete during the first three months of the study. Two nursing experts, one with a clinical background and another with an education background and knowledge of the Quality and Safety Education for Nurses (QSEN) initiative, developed the content for the modules, which include:

- Communication and Teamwork;
- Patient Centered Care;
- Evidence-based Practice;
- Quality Improvement;
- Informatics; and
- Preceptor Training.

A Transition to Practice Study website is currently in development. This platform will feature the modules and an online forum where the nurses and preceptors in the study group can communicate. The website will also include all the surveys that the new nurses, preceptors and preceptor managers in both the study and control groups need to complete.

NCSBN's Research Advisory Panel has been meeting regularly to provide oversight of the study. Most recently, Lou Fogg, PhD, assistant professor, Rush University School of Nursing, has joined the panel as the statistician. Fogg is completing a stratified randomization of the sites in all three states. They will be randomized to the control group (traditional method of on-boarding new nurses) or the study group, where the site will use NCSBN's standardized model to transition new graduates to practice.

A kick-off meeting for the study will be held April 27-28, 2011, in Chicago for state and site coordinators. Information about this multi-site, randomized study can be found at www.ncsbn.org/363.htm or by contacting Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, at nspector@ncsbn.org. ●

NCSBN Endorses Institute of Medicine's Future of Nursing Report

In 2010 the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) released their findings from a two-year initiative in the report, *The Future of Nursing: Leading Change, Advancing Health*, which focuses on four key messages:

- Nurses should practice to the full extent of their education and training;
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression;
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the U.S.; and
- Effective workforce planning and policy making require better data collection and information infrastructure.

The NCSBN Board of Directors (BOD) endorsed *The Future of Nursing: Leading Change, Advancing Health* report at its December 2010 meeting. The BOD agreed that the IOM's report proposal that "... regulatory and institutional obstacles — including limits on nurses' scope of practice — should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care" is consistent with the mission of NCSBN and previous position statements.

Additionally, the recommendation that "Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States" was cited by the BOD as supportive of the many initiatives that NCSBN is currently implementing.

The report also focuses attention on the "... scope of practice barriers that hinder nurses from practicing to the full extent of their education and training" especially as it relates to advanced practice registered nurses (APRNs). The report further notes that the "health care system needs to tap the capabilities of APRNs to meet the increased demand for primary care." This is of paramount concern to NCSBN as it launches a campaign to promote adoption of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. ●





NCSBN Events and Resources

Save the date for these upcoming NCSBN events.

Long-term Care Conference: Regulatory Perspective and Future Implications Chicago, Aug. 23–24, 2011

The Long-term Care Conference will provide a forum for speakers to present key issues in long-term care today and discuss what the future may bring. Susan Reinhard, PhD, FAAN, senior vice president for Public Policy, AARP, will present the keynote address, "How Does the IOM Future of Nursing Report Affect Nurses in Long-term Care," providing insight on what the future holds for long-term care. Reinhard has been instrumental in implementing the Institute of Medicine's Future of Nursing report recommendations.

Other scheduled presentations include:*

- **"Delegating Across Personnel in Long-term Care"** by Christine Mueller, PhD, RN, FAAN, professor and chair, Adult and Gerontological Health Cooperative, University of Minnesota;
- **"Providing Quality Care in Long-term Care"** by Barbara Bowers, PhD, RN, FAAN, associate dean for research and Helen Denne Schulte professor, University of Wisconsin–Madison;
- **"Certification and Licensing Excellence"** by Dania Eter, MBA, associate director, Examinations, NCSBN;
- **"Regulatory Research Focus: Medication Assistants"** by Jill Budden, PhD, associate, Research, NCSBN;
- **"Update on Centers for Medicare and Medicaid Services Requirements in Long-term Care,"** Mary Wassel, MSA, RN, CMS, quality review specialist, State Leader for Illinois;
- **"Leadership Focus: Building Teams in Long-term Care"** by Ruth Anderson, PhD, RN, FAAN, Virginia Stone Professor of Nursing and Senior Fellow, Duke University Center for Aging and Human Development; and
- **"Update on Phase II of NCSBN's Transition to Practice Study in Long-term Care"** by Josephine Silvestre, MSN, RN, associate, Regulatory Innovations, NCSBN.

There will also be time for participants to dialogue about issues with their fellow attendees. A panel of experts will discuss such topics as consistency of education in long-term care, delegation, scope of practice, communication and use of simulation in teaching long-term care. Attendees will be encouraged to break into small groups to develop ideas for improving education in long-term care.

The Long-term Care Conference is a must for educators of unlicensed assistive personnel (UAPs), medication aides/assistants (MAs), licensed practical/vocational nurses (LPN/VNs) and registered nurses (RNs) who work in long-term care; long-term care/nursing home administrators; state and federal administrative agency staff; and UAPs, MAs, LPN/VNs and RNs who work in long-term care.

2011 NCLEX® Conference San Francisco, Sept. 26, 2011

The 2011 NCLEX® Conference (previously known as the NCLEX® Invitational) is the only one-day educational conference that offers the most current NCLEX program updates by the experts that develop and administer the examinations. The 2011 NCLEX® Conference allows for networking time and an opportunity to ask questions regarding the NCLEX program. This year the 2011 NCLEX® Conference will include informational booths and afternoon breakout sessions.

Scheduled presentations include:*

- **"Administration Overview,"** designed to provide attendees with a general understanding of the administration process for the NCLEX;
- **"NCLEX® Psychometrics,"** which will cover fundamental concepts of psychometrics and various measurement models;
- **"Test Development,"** where attendees can take an in-depth look at the NCLEX examination development processes and gain insight into strategies to assist candidates in preparing for the NCLEX examination;
- **"Administration of the NCLEX®,"** which includes discussions on program overview, registration, requirements, rules/regulations and scheduling; and
- **"Psychometrics,"** designed for attendees who would like to gain a more in-depth understanding of standard setting, practice analysis and computerized adaptive testing (CAT). ●

For more information regarding the Long-term Care Conference and 2011 NCLEX® Conference, visit www.ncsbn.org/events or e-mail meetingsregistration@ncsbn.org.

*Schedules are subject to change.



NCSBN Events and Resources *(continued)*

NCSBN Introduces New Outreach Brochures for Consumers and Nurses



Since NCSBN introduced the *State and Territorial Boards of Nursing: What Every Nurse Needs to Know* brochure in the Fall 2010 issue of *Leader to Leader*, numerous requests from nursing education programs seeking copies of the brochure to incorporate into their curriculum have poured into the NCSBN office. This brochure offers nurses an explanation of what boards of nursing (BONs) do for the profession and those who work in it, specifically addressing the investigation process against violations of a state's nurse practice act (NPA); the process for filing a complaint against a nurse who has exhibited unsafe, negligent or incompetent behavior; and what a nurse can expect while a complaint is being investigated.

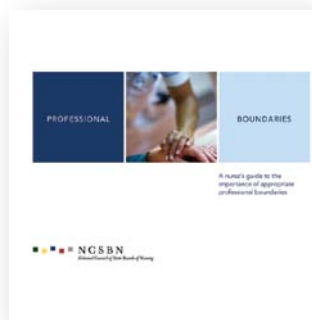


NCSBN has also created two additional brochures to explain the importance of nurse licensure and the how BONs safeguard the public.

Your State Board of Nursing Works for You: A Health Care Consumer's Guide explains how a BON protects the public. It serves as a guide to consumers to use when they have experienced or witnessed a nurse exhibiting unsafe, negligent or incompetent behavior. The brochure outlines actions a consumer can take to file a complaint, includes examples of incompetent, negligent or unsafe behavior, how to file a complaint with the BON and what to expect while a complaint is being investigated. It also defines various nursing roles and responsibilities in an effort to help consumers understand who is providing care and in what capacity they should be doing so.



What You Need to Know About Nursing Licensure and Boards of Nursing helps nurses and consumers understand the importance of nurse licensure. This brochure explains why nurses are required



to be licensed; how BONs safeguard the public by evaluating, issuing and renewing nurse licenses; and how BONs implement their jurisdiction's NPA.

Also available is the popular **Professional Boundaries—A Nurse's Guide to the Importance of Appropriate Professional Boundaries**

brochure. It explains the boundaries that exist between a nurse and a client. Thousands of these brochures have been requested by nursing education programs, boards of nursing and hospitals to help explain the importance of professional boundaries.

All of these brochures are available in hard copy form, free of charge. To place an order, contact communications@ncsbn.org with the quantity desired and an address where the brochures should be sent. ●

NCSBN Unveils New Video Discussing the Nursing Complaint Process

To further explain the disciplinary process that occurs when a complaint is filed against a nurse, NCSBN produced a 10-minute video titled "Board of Nursing Complaint Process: Investigation to Resolution." Once a complaint is filed with a BON, BONs have a complaint process that they follow from review to resolution of the complaint. This video illustrates the complaint process, discussing how complaints are reviewed and investigated, disciplinary proceedings, and complaint resolution.

Visit www.ncsbn.org/2105.htm to view "Board of Nursing Complaint Process: Investigation to Resolution," learn about filing a complaint with a state board of nursing, reporting requirements and frequently asked questions.

Upcoming Video Releases

NCSBN is currently in production or preproduction on the following videos:

- National Simulation Study Overview;
- Social Media Boundaries; and
- Nurse Licensure Compact Overview.

More information will be available in future issues of *Leader to Leader*. ●

Gaining Consensus: Nursing Practice, Education and Regulation

Betsy J. Houchen, JD, MS, RN

Executive Director, Ohio Board of Nursing

Sandra Beidelschies, MSN, RN

Chair, OONE Legislative and Practice Committee

Vice President, Patient Care Services, Knox Community Hospital

Ohio is proud to be one of the three states chosen to participate in the NCSBN Transition to Practice Study. We believe our success was the result of an impressive amount of work led by the Ohio Organization of Nurse Executives (OONE), which developed consensus and collaboration among the worlds of nursing regulation, practice, and education.

In 2007–2008, the OONE Legislative and Practice Committee began discussing and reviewing literature about new nursing graduates and orientation. These discussions and literature reviews led to the belief that a nurse residency or internship program could be helpful for new nurses making the transition into practice. The committee recognized the educational foundation provided by nursing education programs, but believed there was a need for more intense orientation or practice experience to assist new nurses making the transition from education to practice.

Throughout 2009, the committee continued to meet and review the literature about other professionals' transition to practice processes, held additional conversations with stakeholders, and concluded that there was a need for an evidence-based transition to practice model that (1) facilitated partnerships between nurse educators, regulators and practice; (2) achieved measurable outcomes for safety, quality and cost; (3) assisted the new graduate nurse's professional development; and (4) could be replicated in various practice settings.

By 2010, the committee identified key elements for a transition to practice model: evidence-based experiential learning and core competency modules; mentoring by a trained preceptor; and competency validation. During this time, the committee learned that NCSBN had been at work developing a Transition to Practice pilot study and saw that the models were similar. OONE contacted the Ohio Board of Nursing to discuss its interest and future possibilities.

The committee also drafted a white paper that summarized the problem, nursing practice expectations, results of the literature review and various models for transition to practice programs. The paper, available at the Ohio Hospital Association website, www.ohanet.org, and the Ohio Board of Nursing website,

www.nursing.ohio.gov, was presented when OONE convened a "Day of Dialogue" in July 2010.

Participants at the "Day of Dialogue" included the Ohio Board of Nursing, nursing educators, nursing and hospital administrators, the Ohio Hospital Association, and nursing practice representatives. Nancy Spector, PhD, RN, director, Regulatory Innovations, NCSBN, presented the proposed NCSBN Transition to Practice Study proposal. At the end of the meeting, there was consensus to support a transition to practice model for Ohio. The representatives of nursing regulation, practice and education agreed to accelerate their work so Ohio would be in a position to apply for the NCSBN study.

Participants of the meeting were given a one-page summary/talking points. NCSBN prepared materials regarding the transition to practice model, and were asked to help in discussing and garnering support for the application with the groups with whom they interface.

Committee members were charged with spreading the word to hospital chief nursing officers via information packets and personal contacts to solicit support for participation in the pilot. Presentations and discussions were held with the OONE Board, the Ohio Hospital Association Board of Directors, hospital chief executive officers and at the OONE Annual Meeting. The board members of the Ohio Board of Nursing reviewed the proposal and study materials, and supported Ohio's participation in the transition study.

We are proud that Ohio built a statewide coalition of 69 hospitals with a commitment that approximately 354 newly licensed nurses will participate in the study. We are pleased that successful collaboration and consensus building among all facets of nursing contributed to our success. ●



Experts Needed

NCSBN's Learning Extension is offering a unique opportunity for nurse educators to write practice questions for its NCLEX-RN® and NCLEX-PN® review courses. Generous compensation will be given for accepted contributions.

To apply, applicants must meet the following requirements:

- Have at least a master's degree in nursing;
- A minimum of two years full-time teaching experience; and
- Expertise writing high-level NCLEX®-style questions.

Please send a letter of interest and curriculum vitae (CV) to Susan Richmond, MSN, RN, content associate, Interactive Services, at srichmond@ncsbn.org.

The NCSBN National Simulation Study to Begin Fall 2011



NCSBN NATIONAL SIMULATION STUDY

As reported in the Spring 2010 issue of *Leader to Leader*, NCSBN is embarking on a landmark, national, multi-site research project that will study the use of simulated clinical experiences as a replacement for a portion of the time spent in traditional clinical education. The NCSBN National Simulation Study will monitor students from five associate degree nursing programs and five baccalaureate degree nursing programs across the U.S. from the beginning of nursing school through graduation, into their first year of practice. Students from each of the 10 schools will be ran-

domly assigned to one of three groups: a group where up to 10 percent of the time normally spent at clinical sites will be spent in simulation, a group where 25 percent of the time normally spent at clinical sites will be spent in simulation or a group where 50 percent of the time normally spent at clinical sites will be spent in simulation.

In November 2010, 10 schools were chosen to participate in the NCSBN National Simulation Study:

- College of Southern Nevada, Las Vegas, Nev.;
- Florida International University, Miami, Fla.;
- Ivy Tech Community College of Indiana, Indianapolis, Ind.;
- Johns Hopkins University, Baltimore, Md.;
- Johnson County Community College, Overland Park, Kan.;
- Lancaster General College of Nursing and Health Sciences, Lancaster, Pa.;
- Metropolitan Community College–Penn Valley, Kansas City, Mo.;
- University of South Carolina, Columbia, S.C.;
- University of Southern Mississippi, Hattiesburg, Miss.; and
- Washington State University, Spokane, Wash.

Each school sent a Study Team to Chicago Nov. 30–Dec. 1, 2010, for a Simulation Study Kick-off Meeting. Attendees discussed the study curriculum, evaluation methods that will be used throughout the study (i.e., assessment tools, surveys) and study logistics. The Study Teams will meet again in April to learn how to run simulations, and study debriefing techniques and simulation tools. The Study Teams will come together for the last time in June for a launch party, where final preparations will be made prior to the study officially beginning in August.

The NCSBN National Simulation Study aims to highlight currently known best practices in simulation use; evaluate the learning occurring with various amounts of simulation substituting for clinical hours; establish key simulation standards and learning

experiences in each core clinical course during the study; and evaluate new graduates' ability to translate educational experiences into the workplace.

The data gathered will assess nursing knowledge, clinical competence and student perceptions of how well their learning needs were met.

Students will be monitored daily, upon completion of each clinical course, after one year in the nursing program, upon graduation, and throughout their first year post-graduation. The data gathered will assess nursing knowledge, clinical competence and student perceptions of how well their learning needs were met.

During the final phase of the NCSBN National Simulation Study, researchers will evaluate how well the new graduate nurses are able to apply the knowledge they acquired during nursing school to their practice as new nurses, providing the missing link previously not studied in prior simulation research.

For more information, visit www.ncsbn.org/2094.htm. ●

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NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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