

Leader *to* Leader

Nursing Regulation & Education Together

Spring 2012

A Day in the Life of a Nursing Regulator

For this issue's "A Day in the Life of a Nursing Regulator," we turn to **Shirley Brekken**, MS, RN, who not only serves as the executive director of the Minnesota Board of Nursing (MNBN), but also as the vice president of the NCSBN Board of Directors (BOD). In this interview, Brekken offers us a glimpse into the busy life of an executive director and how she has become "the face" of the MNBN. She also explains what boards of nursing (BONs) do for the public, nurses and nursing educators, and discusses the relationship between BONs and NCSBN.

You've worked as a public health nurse, school nurse, obstetric and pediatric nurse, and nurse educator before becoming a member of the MNBN in 1986. What inspired you to join the BON?

Some of my colleagues encouraged me to apply to become a board member in 1986; and here I am, 26 years later. I served on the MNBN for nearly eight years, including a term as president. During that time, I was fortunate to do additional work in policy development with a state senator while in graduate school. That was when I got hooked on policy and regulation.

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Shirley Brekken

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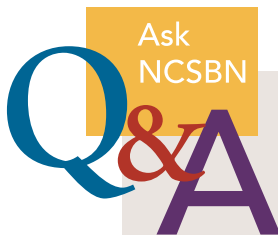
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For this month's Q&A, Mary Pat Olson, MPH, RN, director, Outreach Services, NCSBN, provides her expertise on a popular subject in the nursing community.

Q: Are there any data available regarding the impact of criminal background checks (CBCs) on nursing licensure?

A: There is quite a bit of data available regarding CBCs on nursing licensure. For example, results from the Federal Background Check Pilot Program for Long-Term Care Workers showed that over the course of the study, conducting CBCs "prevented more than 9,500 applicants with a history of substantiated abuse or a violent criminal record from working with and preying upon frail elders and individuals with disabilities" (Senate Special Committee on Aging, 2008).

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I believe a number of BON executive directors were educators like me before coming to nursing regulation. Educators often have more interaction with a BON than other nurses through the nature of their work, and they develop an appreciation for the important work of the BON. I also believe I have a public service ethos to want to give something back through my work.

Describe a typical day for you.

Most days are probably atypical, that is, never predictable. I couldn't think of what would comprise a typical day so I looked at my calendar for the past week. I met with legislators; reviewed fiscal notes; attended a legislative hearing; responded to several requests for data from legislators or staffers; and monitored legislation, especially that related to the Sunset Review of the MNBON (the regular assessment of the continuing need for a BON to exist) and criminal background checks. I also talked with staffers to get hearings for bills and prepared testimony for an upcoming hearing. I gave presentations to nurses and students at a Minnesota Leaders in Nursing Day on the Hill and before the Governor's Healthcare Reform Subcommittee. I participated in a state agency leadership activity to provide input on the State's Master Plan for IT and worked with other health licensing boards' executive officers to plan IT services for our collaborative group. I staffed a BON committee meeting, and prepared for two upcoming committee meetings and the next board meeting. My role is to assure that board members have the information they need to make thoughtful and deliberative decisions.

Internally, we had an employee appreciation week and a meeting of the leadership team. There was a data request from Minnesota Public Radio and a request to write an article about the MNBON for a Minnesota physician publication. Like all of my colleagues, I responded to hundreds of emails, including some related to the NCSBN BOD. I know there were a few other things that did not show up on the calendar associated with managing an agency. And, oh, our office space was being painted so I had to box and move "stuff" in my office.

You have described the role of the executive director as "the face of the board of nursing." Please explain.

I am more often the individual who presents to groups, represents the MNBON at meetings and conferences, responds to the media, and testifies before the legislature. I get the calls when someone wants information about the MNBON or nursing practice and regulation, and when someone has dissatisfaction with a service or action of the BON.

People think that BONs only discipline nurses and issue nursing licenses. What else does a BON do, specifically for nurses, nursing educators and the public?

BONs are administrative agencies that are unique in government because they are within the executive branch. BONs have the "quasi-legislative" power of rulemaking to implement applicable statutes and enforce the law, and have "quasi-judicial" authority to resolve disputes, issue subpoenas and require individuals to

give testimony as witnesses. The BON accomplishes its mission of public protection by utilizing these powers within the confines of the state nurse practice act and all other administrative laws which govern the operations of the BON. Compliance with data practices and due process assure nurses and the public with statutory rights.

My role is to assure that board members have the information they need to make thoughtful and deliberative decisions.

— Shirley Brekken

In addition to assuring an ethical and competent workforce through comprehensive credentials review and conducting an expedient and just complaint investigation program, BONs uphold standards for nursing education approval, and collaborate in initiatives on nursing practice, education and patient safety. They also interface with state, national and federal agencies, information systems, and national nurse and regulatory organizations to analyze and disseminate data for evidence-informed decisions.

BONs promote standards of safe nursing practice by interpreting the laws and rules related to nursing practice for nurses, employers and educators. Collaboration on policy issues and education for nurses, employers and consumers of nursing care enhances patient safety prospectively rather than having complete reliance on a complaint-driven system.

You have been actively involved with NCSBN for many years now, serving on various committees and on NCSBN's BOD. Can you explain the relationship between BONs and NCSBN?

I was very fortunate to have Joyce Schowalter, former executive director of the MNBON, as my mentor in nursing regulation. Joyce was involved with NCSBN from its inception and is a former president. She encouraged me to become engaged with NCSBN early and I served on my first committee in 1988. Activities with NCSBN have been some of the most stimulating and satisfying experiences in my career.

I think of the relationship between BONs and NCSBN as symbiotic. Symbiosis is described as a close, long-term relationship between biological species. BONs and NCSBN differ in that BONs are government agencies and NCSBN is a not-for-profit organization. BONs are the membership, and without them, there would be no NCSBN. While NCSBN is goal directed to regulatory excellence, it does not actually do regulation as the BONs do. But we are both goal directed to provide excellence in regulation for the result of public protection. NCSBN supports BONs with a variety of resources to aid in the work of BONs.

The collective wisdom of the membership, the knowledge of NCSBN staff, joined with the commitment to "do the right thing for the right reason" are invaluable resources. Together we do great things. ●

Redefining Social Media for Nurses

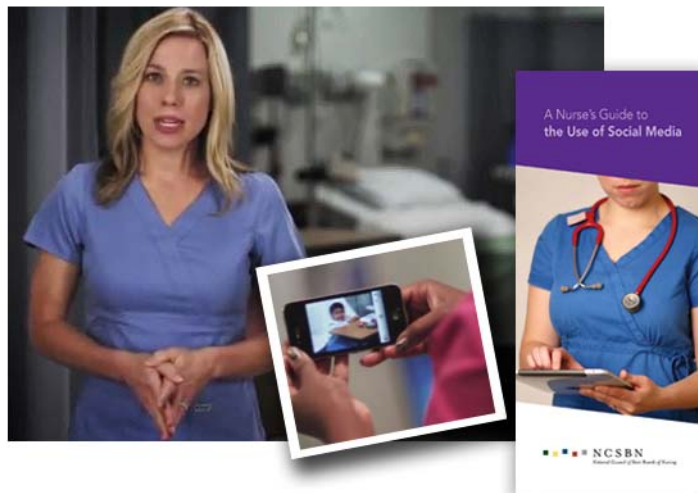
Social media has become a hot topic in nursing, and not necessarily for the right reasons. Several boards of nursing (BONs) have reported receiving complaints against nurses and nursing students for violating patient confidentiality via social media websites. What seems like an innocent post on Facebook or any other social media modality could have legal and professional repercussions.

For some, the easiest thing to do is “outlaw” social media from health care environments altogether, but there are numerous potential benefits of social media within the nursing profession. It fosters professional connections, promotes timely communication with patients and family members, and educates and informs consumers and health care professionals. With these potential benefits in mind, NCSBN developed educational tools for the nursing community that outline the proper use of social media within the profession without violating patient privacy and confidentiality laws.

NCSBN’s “A Nurse’s Guide to the Use of Social Media” educates new and experienced nurses about the proper use of social media and how to better utilize the medium personally and professionally. Since the brochure was introduced in December 2011, more than 50,000 brochures have been requested by BONs, nursing schools, hospitals and health care systems.

This free brochure isn’t the only thing generating popularity within the nursing community. NCSBN’s video “Social Media Guidelines for Nurses” visually illustrates potential scenarios and consequences of inappropriate social media use. The video has more than 11,000 hits on the online video sharing sites [YouTube](#) and [Vimeo](#).

Nursing educators are incorporating these free educational tools into their curriculums. Hospitals and health care systems are handing out the brochure to their nurses. Nursing students are

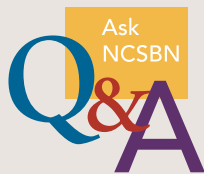


... NCSBN developed educational tools for the nursing community that outline the proper use of social media within the profession without breaking patient privacy and confidentiality laws.

using both the brochure and video in class projects. Requests have even poured in from school districts, medical insurance companies and long-term care facilities.

NCSBN created a [webpage](#) dedicated to the topic of social media. Additional resources, including a white paper, an article from the *Journal of Nursing Regulation* and social media presentations are available to download free of charge. ●

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The impact of conducting CBCs is also evident in the data collected by the Kansas and Texas Boards of Nursing. Both states have seen a dramatic increase in the “hit rate” of criminal history reported and have therefore been better able to determine the eligibility of applicants for nurse licensure. Kansas has seen a 40 percent increase in hits for licensure by endorsement applicants and a 20 to 25 percent increase in hits for licensure by exam applicants. This increase shows the gap between what information is self-reported and the additional information that is received from CBCs.

In Texas, overall hit rates from 2005 to 2008 were 11.9 percent (based on 110,605 CBCs). In 2009, the overall hit rate was 10.53 percent (based on 57,185 CBCs) (Majek, 2010).

REFERENCES

Majority Staff of the Senate Special Committee on Aging. (2008). *Building on success: Lessons learned from the federal background check pilot program for long-term care workers*. Retrieved on October 26, 2010 from, <http://aging.senate.gov/letters/bcreportexecsummary.pdf>

Majek, M. (2010, May). *Criminal background checks and automated criminal history report*. PowerPoint presented at NCSBN’s 2010 Attorney/Investigator Symposium, Santa Monica, CA.

World Café™ Education Meeting



On December 8–9, 2011, NCSBN's Nursing Education Committee hosted a national, collaborative meeting with prelicensure educators, accreditors and regulators to begin a dialogue about working together for the future of program approval. Approximately 198 participants took part in this extraordinary event, with representation from 46 states and two U.S. territories.

The objectives of the meeting were intentionally broad to encourage open and honest dialogue among the participants. The objectives included: (1) To learn from national thought leaders, both on the stage and among us; (2) To engage in meaningful conversations about important issues; and (3) To help shape the future of nursing education. NCSBN will publish, free of charge, a monograph of the meeting to be distributed to all participants and NCSBN members. The monograph will also be available online.

This was not a traditional meeting. The facilitator, Joanne Disch, PhD, RN, FAAN, sent a letter to all attendees 10 days before the event to set the stage and create excitement. During the meeting, a warm, inviting environment was created with soft lighting, small tables to foster intimate conversations, and a coffee cart to allow participants to sip their favorite coffee drinks while conversing, much like one would do in a coffeehouse.

On the first morning, Disch facilitated the World Café™ discussions, where people rotated to tables of four, three different times. A premise of a World Café discussion is to ask powerful questions that matter. The question our attendees focused on was: *“What could nursing be when education, approval and accreditation are fully aligned?”* The participants were encouraged to listen to each other's perspectives and to create a story on butcher paper with crayons, pens and markers. These stories would be cross-pollinated by each group, thus connecting diverse perspectives. At each table, a host stayed behind to greet the three new discussants and to review what the last table had discussed so that the new group was aware of the diversity of perspectives. A goal for this World Café discussion was to co-create a collective knowledge.

Approximately 46 butcher paper stories were created during these enlightening discussions. While transcription of all the words from the butcher paper took place, some drawings and relationships were not easily translatable. Therefore, in the monograph of this meeting, which will include a qualitative analysis of the discussions, an integration of many pictures of the butcher paper stories will be included to enhance the reader's understanding of the quality of the conversations.

Attendees also gathered for large group discussions, using iPads to record the group's thoughts and insights. One question asked during the larger session: *“What are the indicators of*

successful nursing programs? Looking toward the future, the participants discussed the following:

- What would be desirable student outcomes?
- How would the faculty role be different?
- Who would be the faculty?
- What implications are there for how nursing programs are structured?
- What constitutes a clinical experience?
- Who would be new partners?

In addition to small and large group discussions, there were three presentations from industry thought leaders, including Disch, who serves as a clinical professor and director at the Densford International Center for Nursing Leadership at the University of Minnesota School of Nursing. She presented “Building Your Plan for Monday.” Christine A. Tanner, PhD, RN, FAAN, Oregon Health & Science University, presented “Toward a New Way of Thinking,” and Michael R. Bleich, PhD, RN, FAAN, Oregon Health & Science University, presented “What Could Nursing Be? Reflections on Our Future.” Each of these presentations is available to download [online](#).



As the meeting came to a close, Disch led the participants through designing an action plan for their states/jurisdictions that will align prelicensure nursing education, boards of nursing and accreditation. During this discussion attendees were seated at regional/state tables and took notes on iPads.

All conversations from the meeting were either recorded on butcher paper or by iPads. NCSBN's Nursing Education Committee members are analyzing the discussions and will use them when making recommendations about the future of program approval to the NCSBN Board of Directors in May 2012. It is anticipated that the monograph from the meeting will be available in August 2012. For more information, contact [Nancy Spector](#), PhD, RN, director, Regulatory Innovations, NCSBN. ●

The Unknown Educational Resource: NCSBN Member Board Profiles

Ask yourself this: Is there a publication available that provides an overview of the nursing regulatory environment; a document that outlines specific functions of a jurisdiction's board of nursing (BON) and then compares that data to other BONs? Where could I find such a wealth of information that contains data on such topics as licensure, education and scope of practice?

On NCSBN's website of course.

For more than 20 years, NCSBN has been compiling data about nursing regulation and making 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. BONs function. Every August member board presidents and executive officers are asked to respond to a questionnaire about their BON. Their responses are compiled into an easy to read document and posted annually on ncsbn.org every December.

Member Board Profiles is broken up into six sections providing the reader with specific information regarding nursing regulation and BONs.

Board Structure

This section describes member board 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.

Education Programs

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.

Licensure

This section contains information regarding licensure requirements and maintenance criteria. You can learn what English proficiency examinations are used for foreign 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.

Discipline

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.

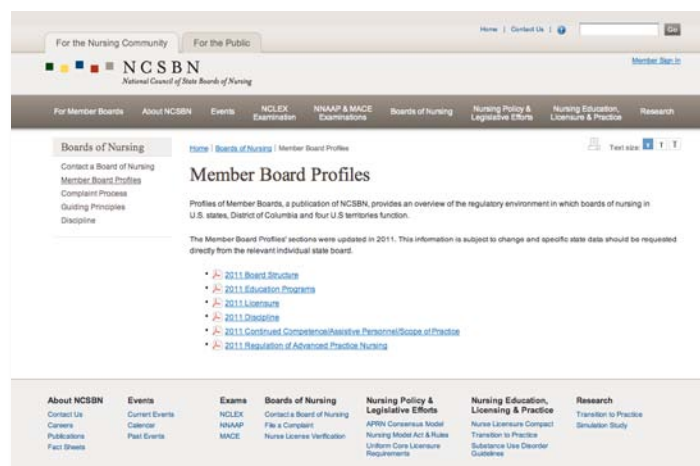
Continued Competence/Assistive Personnel/Scope of Practice

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.

Regulation of Advanced Practice Nursing

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.

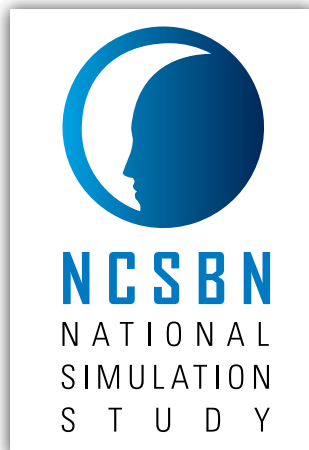
This brief but informative introduction to Member Board Profiles only provides a snapshot of the information contained within this highly detailed publication. [See for yourself: learn more about nursing regulation in your jurisdiction and it how compares to other BONs.](#)



Click on the image to link to this NCSBN webpage.

NCSBN Simulation Study Update

The National Simulation Study completed the first semester of data collection in December 2011. Students are currently in their second semester of the nursing program. Simulation experiences used during the study include clinical scenarios using high or medium fidelity manikins, or patient actors with students taking turns being the nurse caring for the simulated patient. Scenarios last about 20–30 minutes with specific learning objectives. Students who are not actively participating in the scenario observe their peers and afterwards, the entire group undergoes debriefing together. The stations being used include not only clinical scenarios, but also “skills” stations. Examples of skills stations that have been used at some of the schools include medication safety stations, safe patient transfers, tube feedings, interviewing skills practice for depression screening, mini mental status examinations and suicide risk assessments. Skills stations correspond to the clinical scenarios being run the same day to provide additional time to practice skills, and both simulation scenarios and skills stations are selected to complement what is being taught in the theory portion of the course. The NCSBN National Simulation Study is being conducted at 10 prelicensure nursing programs across the country to evaluate if simulated clinical experiences can substitute for some of the time spent in traditional clinical settings. Students entering the nursing program in August 2011 were randomized to one of three study groups: clinical as usual (the control group) which could include up to 10 percent of



time in simulation; a 25 percent group which replaces 25 percent of the time normally spent in clinical with simulated clinical experiences; and a 50 percent group where half of their clinical time is in simulation and half of their time is in traditional clinical settings. This randomization will be maintained throughout the core clinical courses of the nursing program. Students are evaluated on clinical competency, standardized knowledge tests (ATI) and a self-assessment of how well they believe their learning needs were met in both environments for each clinical course. Qualitative data is also being collected from the clinical faculty, simulation faculty and students.

During the first semester of the study, a Data Safety Monitoring Board was established to review the clinical evaluations being collected weekly at each school. “Blind” evaluators for each school came to Chicago on March 5, 2012, for a training meeting on the use of the competency rating instrument. The evaluators, who do not know any of the study students, will be evaluating the students’ clinical competency at the end of this semester—the halfway point of the study.

Results from the first year of the National Simulation Study will be presented at the NCSBN Scientific Symposium in September 2012. ●



Opportunity Knocking

If you have something to say, we want to hear it!

The [NCSBN Learning Extension](#) is looking for nursing educators who would like to be guest bloggers for our online community.

Learning Extension provides an online community for nursing students, educators and nurses to communicate, educate and encourage each other, while also supporting our mission to provide e-learning for the nursing community.

Connect with us!



Guest bloggers can choose to write on any nursing topic, including:

- Student incivility
- Social media
 - Is it being used as a teaching tool?
 - How guidelines are determined for students and faculty
- How to prepare students for the NCLEX®
- Helping students understand the role of the nurse
- Professionalism
- Ethics

You can also check out some of our [past blogs](#) for inspiration.

Interested? Email a description of your background, experience and topic proposal to elarning@ncsbn.org. ●

NCSBN Examinations Item Development Panels



NCSBN's examinations rely on the contribution of hundreds of volunteers who give their time and expertise to participate on item development panels. These item development panels are a key component in maintaining high quality items and take place year round in Chicago.

NCLEX® Item Development Panels

Qualifications to Serve

To serve on an NCLEX® Item Development Panel, the panel member must be:

1. Currently licensed in the jurisdiction where they practice and employed in the U.S. or its member board jurisdictions;
2. A registered nurse (RN) for the NCLEX-RN® Exam, or a licensed practical/vocational nurse (LPN/VN) or RN for the NCLEX-PN® Exam;
3. Knowledgeable of the current scope and practice of nursing, including entry-level practice;
4. Employed as an RN or LPN/VN for at least two years; and
5. Be master's degree educated or higher in order to write NCLEX-RN items.

Types of Panels

Item Writing

- Item writers create the items that are administered in the NCLEX examinations.
- Panel members must be responsible for teaching basic/undergraduate students in the clinical area.

Item Review

- Item reviewers examine the items that are created by the item writers.
- Panel members must be working directly with nurses who have entered nursing practice within the past 12 months.

Panel of Judges

- The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors.

How to Volunteer

Information on NCLEX® Item Development Panels and how to apply to volunteer is located online on the [NCLEX Volunteer Opportunities](#) page.

NNAAP® & MACE® Item Development Panels

Qualifications to Serve

To serve on a NNAAP® or MACE® Item Development Panel, the panel member must:

1. Be an RN in good standing with the regulatory agency/board of nursing;
2. Possess a minimum of two years of nursing experience with at least one of those years providing care in long-term care facilities;
3. Have current content expertise and experience in teaching adults;
4. Be a supervisor for nurse aides/nursing assistants (NAs) or medication aides (MAs), or an educator for facility-based NA or MA programs; and
5. Be approved by your regulatory agency/BON.

Types of Panels

Item Writing

- Item writers create the items that are administered in the NNAAP or MACE examinations.

Item Review

- Item reviewers examine the items that are created by the item writers.

Job Analysis Meeting

- Experts review the existing job-related activities and required knowledge of the work performed by certified entry-level NAs and MAs.

Standard-Setting Meetings

- The panel of judges recommends potential NNAAP or MACE passing standards.

How to Volunteer

Information on NNAAP & MACE Item Development panels and how to apply to volunteer is located online on the [NNAAP & MACE Volunteer Opportunities](#) page. ●

The Eight Steps of the NCLEX®

In conjunction with the release of the new **2012 NCLEX® Candidate Bulletin**, NCSBN updated its **Eight Steps of NCLEX®** flyer. This flyer provides brief, helpful information on candidate registration and scheduling, eligibility, identification requirements, and results processing. It is important that these steps be shared with nursing students as they provide a very clear overview of the process to take the NCLEX.

The Eight Steps of the NCLEX:

1. Apply for licensure with one board of nursing (BON).
2. Register and pay \$200 with Pearson VUE via the Internet, telephone or by U.S. mail.
3. Receive an Acknowledgement of Receipt of Registration from Pearson VUE.
4. Receive eligibility from the BON.
5. Receive an Authorization to Test (ATT) letter from Pearson VUE.
 - Candidates must test within the validity dates. There are no extensions.
6. Schedule an exam appointment via the Internet (by accessing your online account) or by telephone (for international scheduling only).
7. Arrive for exam appointment and present your ATT letter and acceptable identification (ID):
 - The only acceptable forms of ID for test centers in the U.S., American Samoa, Guam, Northern Mariana Islands and U.S. Virgin Islands are:
 - i. U.S. driver's license (Department of Motor Vehicle-issued; if expired, a renewal slip that includes a photograph and a signature must be presented as well);
 - ii. U.S. state identification (Department of Motor Vehicle-issued);
 - iii. U.S. military identification; or
 - iv. Passport.
 - The only acceptable form of ID for international test centers is a passport.
8. Receive results from the BON approximately four weeks after the exam. ●



Examinations Resources Available Online

The NCLEX®, NNAAP® and MACE® examinations sections of the NCSBN website provide valuable information for exam candidates, educators and member boards. Encouraging students to explore these sections can help give them a leg up in the process of taking these examinations and provide them with correct information the first time around.

Exam candidates and educators can find the following information online:

NCLEX Examinations

- NCLEX Candidate Bulletin and Bulletin At-A-Glance
- Processes for:
 - Registering;
 - Receiving eligibility;
 - Scheduling; and
 - Receiving results.
- NCLEX® Candidate Rules
- Current NCLEX Test Plans
- How computerized adaptive testing (CAT) works
- Frequently asked questions
- NCLEX® Development Volunteer Application

NNAAP and MACE Examinations

- NNAAP and MACE program brochure
- Nurse aide registries
- Current NNAAP Test Plan
- Directory of Medication Aide Programs
- MACE content outline
- Frequently asked questions
- NNAAP® & MACE® Development Volunteer Application

Transition to Practice Study (TTP) Begins Phase II

The TTP study continues its investigation of the impact of a standardized, evidence-based transition model on safety and quality outcomes in hospitals across Illinois, North Carolina and Ohio. As Phase I progresses with the study of registered nurses (RNs) in hospitals, Phase II initiates the investigation of RNs and licensed practical/vocational nurses (LPN/VNs) in long-term care, public health, ambulatory care and home health settings. NCSBN and the TTP Advisory Panel selected 44 sites across these four non-hospital settings to participate in Phase II, which began April 1, 2012, and will continue through Oct. 31, 2013. By having diversity in site and license type in Phase II, NCSBN will be able to determine external validity of the TTP model, as well as the feasibility of implementing a standardized transition model in nonhospital sites.

NCSBN was pleased to welcome Phase II TTP site coordinators to the Site Coordinator Kickoff Meeting held in Chicago, Feb. 1–2, 2012. Site coordinators received a comprehensive overview of the study, including detailed instructions on their specific responsibilities at participating sites. They also had the chance to connect with NCSBN state coordinators during a state Q&A session and practice using the TTP website during a training session.

Similar to Phase I, Phase II newly licensed nurses randomized to intervention sites will complete five online modules, work one-on-one with a trained preceptor for six months and receive institutional support from their facility. Newly licensed nurses randomized to control sites will take part in the facility's existing on-boarding program. New nurses, preceptors and managers at both control and intervention sites will be invited to participate in individual surveys.

While the primary objective of Phase I was to determine whether newly licensed RNs' participation in NCSBN's TTP model improves patient safety and leads to improved quality outcomes, Phase II's primary objective is to determine whether it is feasible to implement a standardized model for transitioning new RNs and LPN/VNs to practice in nonhospital settings. As secondary objectives, Phase II will investigate the model's effects on patient safety and quality outcomes, new nurse competence and stress, new nurse and patient satisfaction, effectiveness of the preceptor, and new nurse retention rates. Working with experts, the safety and quality outcomes were developed specifically for each site type (i.e., long-term care, public health, ambulatory care or home health).



TTP recognition pins were distributed to all site coordinators, CNOs, and any manager, preceptor and new nurse enrolled between June 1 and Sept. 30, 2011.

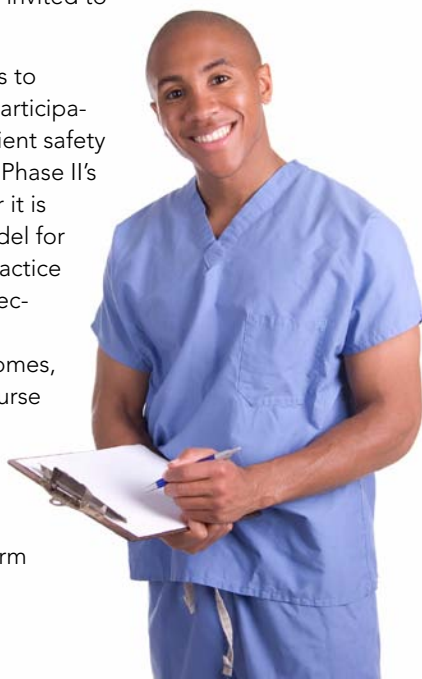
The TTP research team is pleased to announce that it will be working with health care economist, Tricia Johnson, PhD, to complete a sophisticated cost-benefit analysis for implementation of the TTP model. This analysis will be conducted at the

end of each phase and will take into account the unique characteristics of each health care setting.

Results from both phases will provide evidence for boards of nursing and policy-makers on whether or not to implement a regulatory transition model. Even though studies suggest that transition programs have a positive effect on new nurse retention and perception of competence, the TTP study will be the first to identify the effects of a new nurse transition program on patient safety.

As part of an effort to promote engagement and generate enthusiasm over the study, the TTP research team has collaborated with

NCSBN's Marketing & Communications department to provide several resources for participating sites. These TTP branded materials include brochure, posters, newsletters and recognition pins. More information about the study can be accessed through the TTP [media kit](#).



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111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Phone: 312.525.3600

Fax: 312.279.1032

Website: www.ncsbn.org

Editor: Nancy Spector, PhD, RN, director,
Regulatory Innovations, NCSBN
nspector@ncsbn.org

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