Leader to Leader

Nursing Regulation & Education Together

Spring 2014

A Day in the Life of a Nursing Regulator

Whitney Hunter is not a nurse. She is not a health care provider in any way. In fact, she had never served on a regulatory board before. What Hunter is though, is a marketing professional with not only years of sales experience, but also a history of service to her community. So when the Idaho Board of Nursing (IDBON) was looking for a new consumer member, Hunter didn't hesitate to apply. She was appointed to the IDBON in 2011 and has been committed to protecting the public ever since.

Hunter doesn't let her lack of nursing knowledge stop her from succeeding as the IDBON's sole public member. "I always ask questions, probably more than a professional member does. But even though I am not a nurse, I act in the same capacity as a professional member and my contributions are just as valued." Hunter considers her role on the IDBON as her opportunity to serve not only her community, but also as the "voice of the public." In this *Day in the Life of a Nurse Regulator,* Hunter shares her journey in joining the IDBON, discusses how she serves as the voice of the public and explains what a public member's role is on a board of nursing (BON).

Before you joined the IDBON, you didn't know much about the nursing profession, let alone its regulatory body. What inspired you to join the IDBON?

I joined the board of nursing with a limited knowledge of the nursing profession from my past employment with Abbott Laboratories, marketing medical nutritionals and enteral supplies. I worked with nurses and certified

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Whitney Hunter

IN THIS ISSUE…

Ask NCSBN Q&A

At conferences we often hear nurse educators and even speakers say that students are practicing on the educators' licenses. Back in 2005 we received a similar question from a reader. Because there's still some misunderstanding on the topic, we thought we'd revisit this question and provide further clarification on the matter.

Q: Do my nursing students "work" on my license?

A. No, they don't. The only person who works on a nurse's license is the nurse holding the license.

Nurse practice acts include statutory language that specifies what are called exemptions or exceptions to the requirement for a nursing license. Typically practicing nursing as a student who is enrolled

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NCSBN
National Council of State Boards of Nursing

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nursing assistants, providing in-service education and product training. My only knowledge of a regulatory body's role was a newscast I saw about a medical doctor in Washington who was investigated by the state medical board.

I was inspired to join the board of nursing through my affiliation with Go Lead Idaho, whose mission is to engage women in leadership and civic participation through active involvement in the private, public and nonprofit sectors. Upon hearing of the opportunity to serve as the consumer member on the IDBON, I called the executive director, Sandy Evans, and asked her about the role. After a 45-minute conversation, she encouraged me to contact the governor's office and apply. Two months later I was appointed to serve the remaining two years of a four-year term and in 2013 I was reappointed to serve another four-year term.

> "From the very beginning I have always felt respected and valued as the public member representative. The IDBON is a progressive board that understands public members offer a perspective that is distinct from professional members."
>
> — Whitney Hunter

As a public member, is your role different from other board members?

My role in the decision-making processes reflects the interests of the entire public, not just those of the regulated profession. For example, we recently put forward proposed language changes to our state rule and statute regarding delegation and unlicensed assistive personnel. During the public hearing a group of school nurses expressed concerns about the proposed legislation impacting the safety of children's medication administration. During the board discussion I was able speak as a mother whose child has required medication and a 504 plan, which is a formal accommodation plan for kids in school that have a physical or mental disability. In the case with my daughter, she has extreme food allergies and asthma and needed a formal management plan for food coming in and out of the classroom and cafeteria and most importantly who can administer her medication for the symptoms of asthma and allergies. I was able to share how my experience with her medication management has been extremely positive. Our board was able to move forward on the proposed changes and address the school nurse's concerns in a proactive and transparent manner. I believe sharing my experience as a "consumer" had a positive impact on that discussion and proposal.

Not being a nurse, do you ever feel like your voice isn't as important as other board members'?

From the very beginning I have always felt respected and valued as the public member representative. The IDBON is a progressive board that understands public members offer a perspective that is distinct from professional members. On many occasions I have had board members ask for my opinion during discussions to ensure they understand the consumer perspective. Our board is collaborative, respectful, and has excellent leadership and guidance.

Since we're taking a glimpse into a day in your life, can you walk us through what a typical IDBON meeting might look like?

The IDBON meets for two full days on a quarterly basis. Each meeting includes an agenda that covers the following six main strategic initiatives:

1. **Communication Goal:** Foster communication between the board, colleagues, internal and external stakeholders, and the public.
2. **Governance Goal:** Cultivate governance framework and culture that sustains board relevance, and supports accomplishment of vision, mission and goals.
3. **Practice Goal:** Determine, communicate and enforce standards of conduct and scope and standards of practice.
4. **Discipline Goal:** Receive and investigate alleged violations of the act/rules, and initiate disciplinary actions and alternatives to discipline.
5. **Licensure and Certification Goal:** License or certify qualified persons for practice.
6. **Education Goal:** Determine, communicate and enforce standards for educational programs preparing individuals for practice at all levels.

We are presented with a staff report on progress toward individual initiatives after which we have a discussion and vote on any proposals or cases presented within each category. The meetings are open to the public; therefore, we may also hear public comments during a scheduled open forum time on any individual initiative. Our meetings require a lot of focus and hard work, but they are always educational, interesting and occasionally very entertaining!

You described your role on the IDBON as "the voice of the public." How so?

I ask questions and seek answers that the professional members may not consider because of their work experience. The topic of continued competence is a good example. I was very surprised to learn that Idaho does not require nurses to earn continuing education credits as part of maintaining their licensure. The IDBON recognized that public perception is much different than the BON's knowledge that there is a lack of strong evidence

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supporting the effectiveness of continuing education programs as a measure of continued competence. As a result of many discussions around this topic, we have initiated the plan to amend board rules to require evidence of continued professional development/lifelong learning for RN and LPN license renewal in the near future.

What have you learned about the BON that the public or even nurses may not realize?

My experience is that most people have little awareness of what a regulatory board does and may only learn about a board action when it's reported that a health care professional did something illegal or unprofessional. I have learned that the IDBON's primary mission is to protect the public and that this is the guiding principal at the center of all of our decisions. We are a fair and innovative BON that practices Just Culture, and maintains open communication with stakeholders and constituents to ensure we are moving forward in policy that creates better standards for nursing practice.

I have also learned that the IDBON is a huge resource for other state agencies, such as the Department of Health and Welfare, other regulatory boards, educational institutions, private health systems and nurses. The IDBON is available to answer questions, and provide support and information throughout all areas of practice.

What are some of the biggest benefits to serving on the BON? What are the greatest challenges?

The benefits of serving on the IDBON have been tremendous. I have gained new friendships, received an excellent education on nursing regulations and regulatory processes, participated in the Citizen's Advocacy Center annual conference, and had the honor of serving on the Distance Learning Education Committee with NCSBN.

Understanding the complex legal and administrative procedures of the regulatory process has been a challenge. It has also been difficult to balance the time commitment to serve on the IDBON while maintaining a full-time job and a house full of teenagers! Fortunately, whenever I have been presented with challenges the IDBON staff and its members have always been extremely supportive. ●

NCSBN to Develop Web Page on Distance Education Requirements for Prelicensure Programs

On May 1, 2014, NCSBN will introduce a new Web page for educators that will list all of the requirements mandated by boards of nursing (BONs) for students taking prelicensure courses in host states. A host state is defined as an "NCSBN member state, outside of the home state"; a home state is defined as an "NCSBN member state where the program has legal domicile." For example, if a prelicensure nursing program that is located and approved in Illinois offered either clinical or didactic nursing education in Wisconsin, the home state is Illinois and the host state is Wisconsin. NCSBN's new distance education Web page will highlight the host state's prelicensure nursing education requirements (Wisconsin in this example).

This list of requirements will not include other state requirements for prelicensure programs that may exist, such as those from the Board of Higher Education. Those requirements can usually be found elsewhere, such as on the State Higher Education Executive Officers Association website. This NCSBN Web page will not include BON requirements for graduate nursing programs either.

The new Distance Education Web page will allow users to click on each state to find specific distance education rules and regulations, thus making it easier for educators to comply with them.

NCSBN's Distance Learning Education Committee has worked for two years on developing guidelines for BONs related to distance education programs. While educators sometimes are confused about the different state requirements for prelicensure nursing programs, BONs also have experienced some issues with distance education programs related to quality of the program, clinical experiences and licensure of faculty. In 2012-13 the Distance Learning Education Committee did some in-depth fact finding of the issues, dialoguing with both BONs and educators. They also reviewed the literature and the work of other national groups, such as the National Council of State Authorization Reciprocity Agreements (NC-SARA). The committee presented its work at NCSBN's 2014 Midyear Meeting in March for membership discussion. NCSBN's Board of Directors will review the recommendations at its May meeting. Watch for the outcome of the committee's work in the Fall *Leader to Leader*. ●

NCLEX-PN® News and Notes

NCSBN performs practice analysis studies every three years to ensure the NCLEX® continues to reflect current nursing practice. The most recent NCLEX-PN® practice analysis was conducted in 2012. The results were used as the basis for the development of the *2014 NCLEX-PN® Test Plan* that went into effect April 1, 2014.

Following the practice analysis cycle, standard setting is conducted triennially to recommend a passing standard to the NCSBN Board of Directors (BOD). These processes ensure that the NCLEX reflects current entry-level nursing practice, and that nurses who pass the NCLEX meet the competence level necessary to practice nursing safely and effectively.

Standard Setting Defined

Standard setting is a process of determining one or more cut-scores for the test. Standard setting for the NCLEX determines the minimal amount of knowledge, skill or ability that is required for practicing nursing safely and effectively. It uses subject matter expert (SME) judgment to identify a point on an ability continuum, where ability estimates above which imply that candidates are minimally competent and able to practice safely and effectively. This point at which NCSBN asserts that a candidate is safe to practice is a policy decision and the candidate's pass-fail status is an expression of that policy decision.

There are two general categories of standard-setting methodology: criterion-referenced standard setting and norm-referenced standard setting. A norm-referenced standard is established by the performance of a candidate reference group (i.e., norm group). The norm-referenced standard setting is a process to find what proportions of the norm group should pass. In contrast, a criterion-referenced standard is set based on how much candidates know in order to be in a predetermined level of performance. Congruent with its mission of public protection, NCLEX uses a criterion-referenced standard setting method for setting a passing standard. The predetermined level of performance in NCLEX is the minimal amount of knowledge and skills necessary to perform entry-level nursing safely and effectively. The specific NCLEX standard-setting methodology utilized is called the Modified Angoff method. It is widely used in licensure and certification examinations, including other NCSBN examination programs.

Determining Standard Setting

The standard-setting process for the *2014 NCLEX-PN® Test Plan* began with a SME standard-setting workshop. A panel of SMEs convened in Chicago in September 2013. The panel consisted of 13 SMEs representing all NCSBN membership regions, major PN practice settings and different levels of nursing experience.

The standard-setting workshop started with defining the minimally competent candidate (MCC), or the lowest acceptable level of performance. Understanding this MCC concept is essential for the Modified Angoff method. To conduct the Modified Angoff study, a large number of operational NCLEX-PN items (questions) were selected. For each item, the SMEs were instructed to ask themselves, "Out of 100 minimally competent NCLEX-PN candidates, how many of them would answer this item correctly?" The standard-setting process permitted the SMEs to work at their own pace and was followed up by a group discussion of the items and the SMEs' ratings for the items. During the group discussion, SMEs were provided a feedback summary showing a minimum, maximum, and mean rating for each item. SMEs (particularly SMEs with the highest or lowest ratings for each item) were encouraged to provide a rationale for their ratings. Group discussions focused on items having wide ranges of ratings. Following the group discussion of each item, SMEs were instructed to reconsider their own rating of the item using any new information from the group discussion and item data feedback. After reconsideration of the first rating, the SMEs were instructed to give a final rating for each item. SMEs could choose to keep their first rating as the final rating or to revise the first rating as appropriate.

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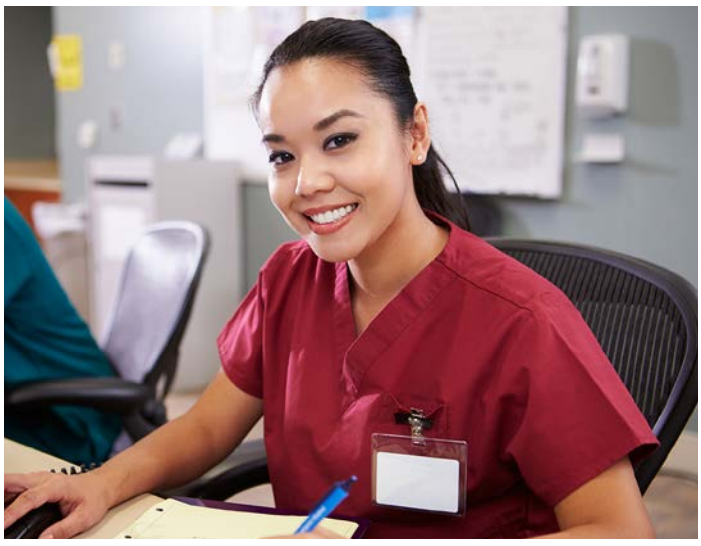
> Standard setting for the NCLEX determines the minimal amount of knowledge, skill or ability that is required for practicing nursing safely and effectively.



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After SMEs finished rating all standard-setting items, the average of all ratings for all items produced an overall percentage correct. This aggregate rating represents, based on the SME judgment, the level of knowledge, skills and abilities necessary to be a minimally competent licensed practical/vocational nurse (LPN/VN). In other words, this overall average represents the potential new passing standard.

Increasing the Passing Standard

The BOD met in December 2013 to evaluate the NCLEX-PN passing standard. The BOD considered evidence from a variety of sources, including the results from the criterion-referenced standard-setting workshop, a historical record of the NCLEX-PN passing standard and candidate performance, the educational readiness of high school graduates who expressed an interest in nursing and the results from annual surveys of nursing educators and employers conducted between 2011 and 2013.

After careful consideration of all of the available evidence, the BOD determined that increased patient acuity requires a greater level of knowledge, skills and abilities to practice entry-level as an LPN/VN than was required three years ago. This resulted in the decision to increase the NCLEX-PN passing standard to -0.21 logits. The revised passing standard was implemented on April 1, 2014, in conjunction was launch of the *2014 NCLEX-PN® Test Plan*.

2014 Detailed NCLEX-PN® Test Plan

Nursing students and nurse educators looking for a more in-depth look at the NCLEX-PN should consult the newly published *2014 NCLEX-PN® Detailed Test Plan*, now available online. There are two versions of the test plan: a Candidate Version and an Item Writer/Item Reviewer/Nurse Educator Version. Both offer a wealth of information about the NCLEX-PN Examination and the testing process.

The detailed test plans offer a thorough and comprehensive listing of content for each client needs category and subcategory, as outlined in the basic version of the test plan. These sections offer a glimpse into the construction of the NCLEX-PN through a valuable explanation of testing content areas. The descriptions of each area include examples of information that will potentially be covered in each content area. There is also a section that explains the administration of the NCLEX-PN, including exam length, the passing standard, computerized adaptive testing (CAT), pretesting of items, passing and failing the exam and the terminology used in NCLEX items, in addition to information on how to answer examination item types. Examples of how screens in the exam tutorial may appear to testing candidates are used to give candidates an opportunity to get a feel for potential item types.

A Tool for Nurse Educators

While both versions contain similar information, the Item Writer/Item Reviewer/Nursing Educator Version offers additional information that can be useful for educators and item writers. This version of the test plan includes brief item writing exercises and item scenarios that do not appear in the Candidate Version.

The item writing exercises provide nurse educators with hands-on experience in writing NCLEX style test questions. The item writing process is explained through easy-to-use exercises that explain content selection, item concept development, item parts and common errors involved with item development. These exercises are a great tool for learning proper NCLEX style item development.

The item scenario section gives examples of NCLEX style test questions. The items used in this section cover all content areas and are written using NCLEX style terminology.

Stay up-to-date on the latest NCLEX news by following the exams on Facebook and Twitter. ●

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Ask NCSBN Q&A

in an approved nursing program is one of the exempted (or excepted) practices. The nursing student is accountable for nursing actions and behaviors to patients, the instructor, the clinical facility and the nursing program.

The accountability for nursing instructors is for their decisions and actions as an instructor. For example, the instructor is accountable for decisions, such as the selection of patients for nursing students' assignments. The instructor is expected to support students in preparing for the clinical experience and monitor students' clinical performance. Most critically, the instructor must intervene if needed for the protection of patients when situations are beyond the abilities of students. Instructors must identify "teaching moments," as well as assess and evaluate the students' clinical performance.

This broader accountability reflects the education, experience and role of the instructor, who is ultimately accountable to the patient, the student, the facility, the nursing program and the professional licensing board.

Submit your questions! Contact NCSBN's Director of Regulatory Innovations Nancy Spector at nspector@ncsbn.org, and we will call on our experts to answer your questions. ●

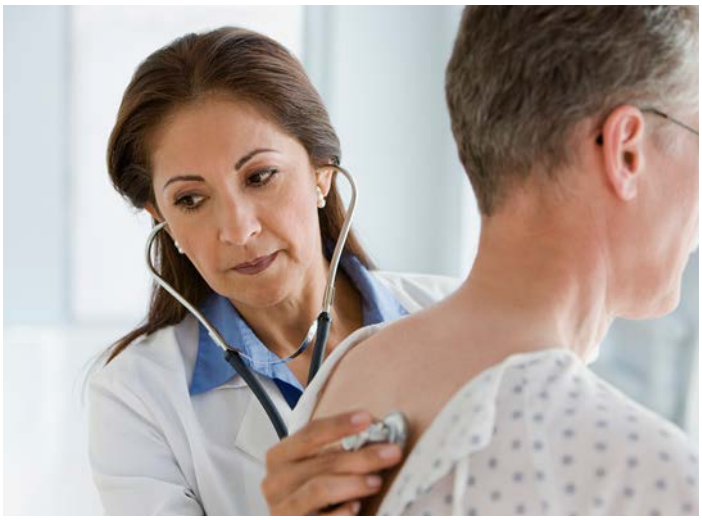
Moving Toward Consensus

The 2014 legislative session is well underway and is proving to be an exciting one for advanced practice registered nurses (APRNs). As many as 18 states have introduced bills that would align with at least one element of the APRN Consensus Model.

Already two states have bills signed by their governors. South Dakota's Senate Bill 30 confers the title "APRN" on all four APRN roles and gives APRN licensure to certified registered nurse anesthetists (CRNAs). Kentucky's Senate Bill 7 grants APRNs legend prescriptive authority—all drugs that can be prescribed and are not controlled substances—to those who have been in a collaborative practice for four or more years. In addition, Kentucky established a Collaborative Prescribing Agreement Joint Advisory Committee to review and recommend safe prescribing practices for APRN prescribers.

> In aligning with the APRN Consensus Model, many states have bills that will bring them further toward the goal of fully implementing the seven major elements of the model.

Prior to being given legend prescriptive authority, Kentucky requires transition to practice, a period of time where physicians oversee the work of APRNs. Transition to practice is a common theme in this legislative season's bills, with at least six states having one or more bills requiring such a program. While opponents claim that allowing APRNs full practice may compromise patient safety and quality, 14 states allow APRNs full practice without transition to practice requirements and no safety issues have been identified in those states. There is no evidence that transition to practice programs under the oversight of a physician are effective for APRNs preparing to practice or prescribing within their scope above what was provided in their graduate or postgraduate program. In some cases, these programs have added costs. The safeguards and disciplinary mechanisms under an independent practice regimen are



sufficient to oversee APRN practice and prescribing, and address quality-of-care issues.

Recent evidence has shown that restrictive scope of practice regulations for certified nurse practitioners (CNP) influence the growth in CNP numbers in those states that have them. A study at The Ohio State University demonstrated that restricted scope of practice regulations reduced the number of CNPs by about 10 per 100,000 and reduced their growth rate in those states by 25 percent (Reagan & Salsberry, 2013).

Several bills in the current legislative session pertain to telehealth. Most include APRNs as potential telehealth providers, while others would add functionality, such as the signing of death certificates, hospital admitting privileges and equality in reimbursement.

In aligning with the APRN Consensus Model, many states have bills that will bring them further toward the goal of fully implementing the seven major elements of the model (see the consensus maps for more information). In the current legislative session, eight states have bills to allow APRNs prescriptive authority within their scope of practice; six states are trying to move towards practice autonomy; three states have introduced bills that would add recognition to one of the four APRN roles; five states seek licensure for APRNs; and bills in an additional three states address advanced certification.

We are seeing a vigorous attempt on the part of APRNs to move closer to consensus and to achieve our goal of full implementation of the APRN Consensus Model by the end of 2015.

For more information on the APRN Consensus Model, contact Maureen Cahill, MSN, APN-CNS, RN, associate, Outreach Services, at mcahill@ncsbn.org.

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NCSBN Research Studies Updates

Evaluating Methods for Assessing Nursing Continued Competency: A Pilot Study

Continued competency is an important initiative for boards of nursing (BON). As part of the ongoing dialogue and deliberations regarding continued competence, the 2009 Continued Competence Committee proposed developing a research study to collect data that would identify whether any method existed that would adequately measure continued competence in nurses.

This is a pilot study, examining four methods of assessing continued competence: testing, professional certification, self-assessed competency and continuing education. These methods were chosen because they are the four methods that are commonly discussed in regards to continued competency. To determine whether any of the methods are indicators of competency, data will be compared with supervisor-rated competency. Competencies covered in the self-assessment and supervisor-rating were based on a practice analysis and include the following: management of care; safety and infection control; health promotion and maintenance; psychosocial integrity; basic care and comfort; pharmacological and parenteral therapies; reduction of risk potential; and physiological adaptation.

Hospitals in the Chicago area were recruited to participate in the study. Convenience samples of nurses from each hospital are being utilized.

Primary Research Questions:

1. Is there a relationship between scores on the core competency exam and supervisor-rated competency?
2. Is there a relationship between self-assessed competency ratings and supervisor-rated competency?
3. Is there a relationship between certification and supervisor-rated competency?
4. Is there a relationship between the number of continuing education hours acquired over the last two years and supervisor-rated competency?

Secondary Research Questions:

1. Is there a relationship between scores on the core competency exam and self-assessed competency ratings?
2. Is there a relationship between scores on the core competency exam and certification?
3. Is there a relationship between scores on the core competency exam and the number of continuing education hours acquired over the last two years?

Status

As of early March 2014, data collection is underway. After all participants have taken the exam and data analysis is complete, we will determine what we have learned from the pilot study. Depending on the results, these data may serve as a foundation for a larger study in the near future.

The NCSBN National Simulation Study

Back in the late 1990s, high-fidelity simulators started to appear in nursing education programs. These simulation manikins have the ability to emulate many real-life patient experiences, such as cardiac arrest. Nursing programs struggling to find clinical sites for students and dealing with institutions that limited a nursing student's hands-on experience, made requests to BONs to allow the simulators to be used in place of live patient experiences in traditional clinical settings. While the literature on the use of simulation was growing, existing studies did not provide the level of rigor needed to change policy. The BONs asked for a study that would provide them with the evidence they need to support regulatory decisions on simulation use in nursing education. In response, NCSBN embarked upon the largest and most comprehensive study ever done of

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simulation in nursing education. This study, a multisite, longitudinal, randomized trial, involved 10 schools and hundreds of students from across the country.

The NCSBN National Simulation Study was divided into two phases. Phase I randomized nursing students (n=847) from 10 nursing programs across the country into one of three cohorts:

- Traditional clinical (control group)
- 25 percent of clinical hours substituted with simulation
- 50 percent of clinical hours substituted with simulation

In each of the seven core nursing courses, students were assessed on their nursing knowledge, clinical competency, and how well they perceived their learning needs were met in the clinical and simulation environments. In May 2013, 666 of the students in the study cohorts graduated. NCLEX® pass rates, end-of-program competency assessments and end-of-program nursing knowledge were compared among groups.

To determine their readiness to practice, study participants were asked to participate in Phase II, a follow-up study. This part of the study continued to compare outcomes of study participants and focused on evaluating clinical reasoning and preparation for practice in the new graduate nurses.

The results of the study, including how students rated the simulation environment and how simulation works on a course-by-course basis, will be discussed when the study outcomes are reported at NCSBN's 2014 Annual Meeting in August.

NCSBN's Transition to Practice® (TTP) Study

Background

The 2002 NCSBN Delegate Assembly adopted the Practice, Education and Regulation in Congruence (PERC) Task Force report, which had as one of the recommended actions: "Identify and promote effective models to facilitate a successful transition of new nurses from education to practice." This recommendation followed an NCSBN 2001 employer's study, which found that fewer than 50 percent of employers reported that new graduates of all levels of education were prepared to practice safely and effectively. This survey was replicated in 2003 with the same results. NCSBN Member Boards, therefore, saw transition to practice as a regulatory issue that needed study.

Transition to Practice®

Acting upon this PERC recommendation, NCSBN's Transition to Practice Committee designed an evidence-based TTP model, which incorporated:

1. A six-month preceptorship with a trained preceptor;
2. Five online modules to be completed during the first six months of practice. These include the following subject matter: communication and teamwork, patient-centered care, evidence-based practice, quality improvement and informatics. Throughout each of the modules clinical reasoning and patient safety are integrated;
3. During the new nurse's six to 12 months of employment, there is institutional support which would include activities such as taking part in committees or projects, discussing performance appraisals along with identifying their own strengths and weaknesses, being provided with opportunities to review any sentinel events, and root cause analyses, etc.; *and*
4. Threads during the entire year of transition to practice include reflection and feedback.

A Randomized, Multisite Study

Based on membership and stakeholder feedback, NCSBN's Board of Directors (BOD) directed NCSBN staff to conduct a multisite study of transition to practice using the TTP model. An external Research Advisory Panel was selected to assist NCSBN with planning, conducting and analysis of the study.

This was the first TTP study to randomize sites to a control group (using their traditional program) or an intervention group (using the standardized TTP model). Phase I took place in hospitals with registered nurses (RNs) only, with the primary goal being to study transition to practice programs. Phase II took place in nonhospital sites that hired new nurses, and included RNs and licensed practical/vocational nurses (LPN/VNs). The primary goal of Phase II was to evaluate the feasibility of implementing a transition to practice program in nonhospital sites. Both quantitative and qualitative data were collected.

Next Steps

Currently NCSBN's TTP team and the Research Advisory Panel are analyzing the data. A final research report will be given to the BOD at its July meeting, and the results will be presented at the NCSBN 2014 Annual Meeting in August. More about NCSBN's model and study can be found on the TTP webpage.

NCSBN is dedicated to fulfilling the need for research that supports evidence-based regulatory decisions. The mission of NCSBN is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. More NCSBN research data are available on our website.

Investigating Nurse Practice Errors

NCSBN created **TERCAP**® (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility), a national nursing adverse event reporting system, as a tool to investigate the causes of nursing practice errors. Currently, 25 boards of nursing (BONs) have contributed cases to TERCAP and data collection is still ongoing.

Analyses of the data in TERCAP aim to determine the characteristics of nurses committing errors, the impact of the work environment on nursing error risk and characteristics of patients involved in cases of nursing practice errors. Initial studies have shown that among disciplined nurses, those who had a negative job history (e.g., discipline or termination for practice-related issues by employers in the past) were at a much higher risk for committing additional errors in practice compared to those who did not have a negative job history (Zhong & Thomas, 2012; Apple, Alexander, & Zhong, 2013).

A review of nurses' job histories showed that 35 percent of nurses involved in cases reported to TERCAP had been previously disciplined and 34 percent of nurses had been terminated by their previous employers due to violations related to practice issues. Even with remedial action(s), these nurses bear a higher risk for additional practice errors. More than 72 percent of the nurses in the sample who were involved in practice errors left their employment due to termination or personal decision.

The next NCSBN TERCAP study will focus on discipline trends. A better understanding of the causes of nursing errors is the first step toward the development of targeted strategies for intervention. ●

Job History of Nurses Committed Practice Breakdown

Job History	Yes % (N)	No % (N)	Unknown % (N)
Discipline by Employers	35 (629)	57 (1,020)	8 (141)
Termination	34 (607)	36 (652)	30 (53)
Discipline by BONs	9 (158)	88 (1,580)	3 (52)

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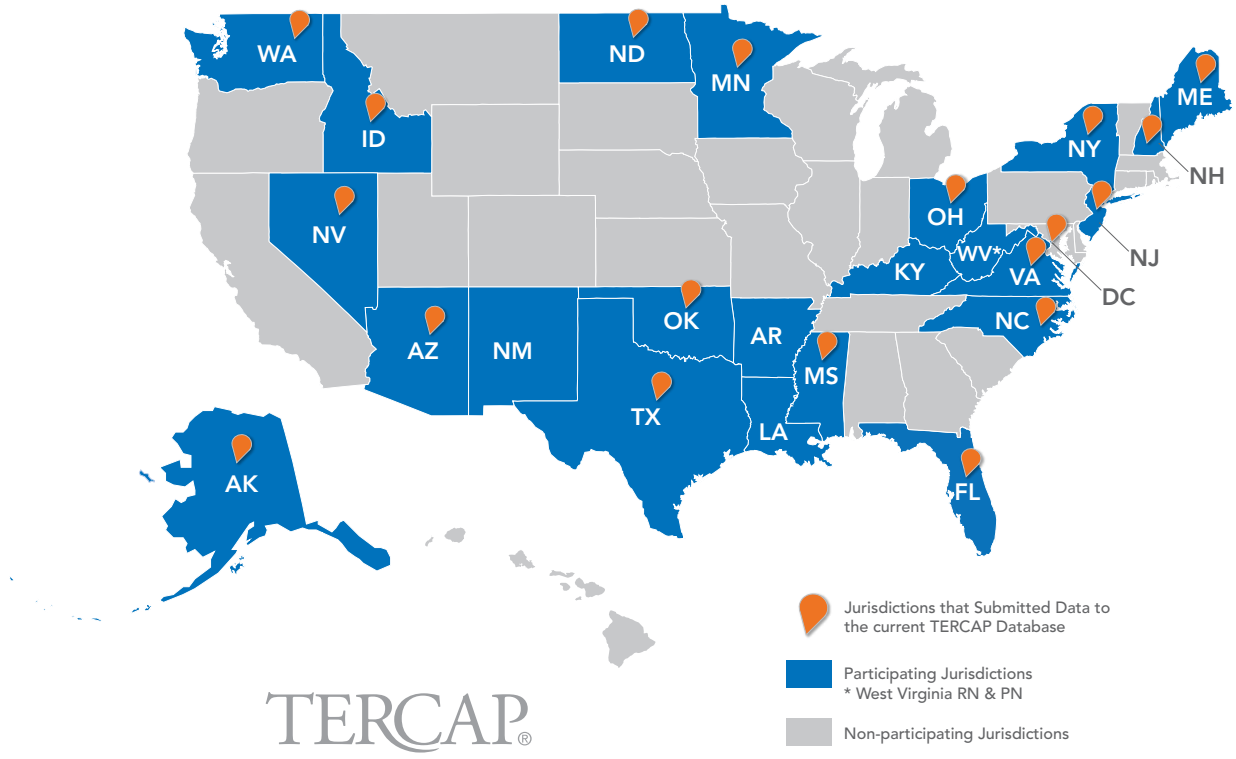
Apple, K., Alexander, M., & Zhong, E.H. (2013, May). An exploratory study of possible root causes of nursing practice errors in the United States. Paper presented at the ICN 25th Quadrennial Congress, Melbourne, Australia.

Zhong, E.H., & Thomas, M.B. (2012). Association between job history and practice error: An analysis of disciplinary cases. *Journal of Nursing Regulation, 2*(4), 16–18.

As of March 2014, **25** BONs have submitted **2,700** cases to the TERCAP database nationally.



REGISTRATION NOW OPEN

A New Resource on Foreign-educated Nurses

This winter, NCSBN staff began work on the Manual on the Licensure of Foreign-educated Nurses, previously updated in 2007. The new edition of the online manual will be released as two separate volumes: one as a guide for foreign-educated nurses seeking licensure in the U.S. and the other as a resource for the boards of nursing (BONs).

The manual will address such topics as identifying fraudulent documents, evaluating credential evaluation agencies, establishing standards for English proficiency, and understanding immigration issues, including visas and Social Security numbers. In determining the content of the manual, NCSBN reached out to BONs for their input; additionally, a task force comprised of BON staff from several states convened to help attune the manual's content to the needs of NCSBN Member Boards. NCSBN is also reaching out to several other organizations to lend their expertise, including the International Education Research Foundation (IERF), the Alliance for Ethical International Recruitment Practices and the Department of Homeland Security.

Foreign-educated nurses represent a small, but significant portion of the U.S. nursing population, and their education programs require some consideration among educational policy makers. By including the expertise of so many organizations, NCSBN hopes to provide U.S. educators and regulators with a clearer overview of foreign education programs and their impact on nursing in the U.S.

The updated Manual on the Licensure of Foreign-educated Nurses will be available later this year.

Substance Use Disorder Resources Now Available

Substance use disorder (SUD) is a serious issue facing the nursing profession today. Unique workplace factors, such as long work hours, stress and access to medications increases a nurse's risk for developing an SUD. It's a difficult subject, but an important one that needs to be taken seriously by all health care professionals, including nursing students. Nurses practicing with an SUD are not only a risk to themselves, but also to the patients they care for. To help combat this growing issue, NCSBN has released two new Learning Extension courses, an SUD video and two free brochures to provide nurses and nursing students with much needed education on SUD in the workplace.

In the "Understanding Substance Use Disorder in Nursing" course, nurses and nurse managers gain a new perspective on SUD, and learn that recovery and return to practice is possible. The "Nurse Manager Guidelines for Substance Use Disorder" course is designed specifically for nurse managers, and prepares them to proactively prevent, detect and intervene when an SUD is suspected. This course also discusses nurse manager responsibilities, and how to facilitate healthy boundaries and good communication. These courses are available at the NCSBN Learning Extension.

The video, "Substance Use Disorder in Nursing," and its companion brochure, What You Need to Know About Substance Use Disorder in Nursing, provide a comprehensive overview of SUD. Learn how to identify signs and symptoms of SUD, understand the investigation and intervention process, and discover what happens when a nurse with an SUD returns to work.

For nurse managers, there's the brochure, "A Nurse Manager's Guide to Substance Use Disorder in Nursing." This brochure outlines the roles and responsibilities of the nurse manager in situations involving SUD. It is currently available to download; you can order hard copies in the coming weeks.

Nurses that educate themselves about SUD not only help their colleagues, but they also protect the patients that nurses care for.

Coming Soon: New Professional Boundaries Video

After more than 15 years as NCSBN's #1 educational video, "Crossing the Line," is finally getting a makeover! Everything from the content to the graphics will be updated for today's audiences.

The new professional boundaries video, which will be renamed "Professional Boundaries in Nursing," will be available online in May 2014. Join the NCSBN mailing list or follow NCSBN on Facebook to be notified when the new video is released.

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