

LEADER TO LEADER

FEATURE STORY:

Introducing NCSBN's New CEO: David Benton

On Oct. 1, 2015, **David Benton, RGN, PhD, FFNF, FRCN, FAAN**, began his tenure as NCSBN's new CEO. *Leader To Leader* sat down with Benton to get his thoughts on the new role, and the future of NCSBN and nursing education and regulation.



NCSBN CEO David Benton

NCSBN members and staff were officially introduced to you at last year's Annual Meeting in August. Now, six months after starting your post in October, we just returned from your first Midyear Meeting as CEO. How has the transition been, not just in your role at NCSBN but also your move across the Atlantic?

Time is flying by. The time I had with Kathy Apple and other colleagues at the 2015 Annual Meeting before I started was really valuable. Almost every day there has been something new to learn, and that's part of the excitement. The landscape is changing and you're meeting people from different places. NCSBN is a complex organization and each department has a packed agenda. There's also a recognition that by collaborating we can achieve better things. I think that's an opportunity to learn together, because I might be coming across issues for the first time, or I might be coming across issues that I've seen many times before in a very different context.

Coming across the Atlantic, I would say one of the major differences for both my wife and me is that we are living in an enormous city for the first time. We have been pleasantly surprised by the winter, which hasn't really come to any great extent!

From your international experience, what are the similarities and differences in nursing regulation across the world? Specifically with the regulation of nursing programs.

The key similar elements are there: having a set of standards, accreditation methods, ensuring that someone having completed a program is fit to practice, and putting processes in play to ensure ongoing capability. The differences are where those responsibilities lie.

For example, in Iran, the regulator protects the public and also advances the

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Q & A

Q: Do you have any new resources for educators/students?

A: YES! We have just developed a booklet for students and new graduates, a companion piece to our popular video, *New Nurses: Your License to Practice*.

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NCSBN

National Council of State Boards of Nursing

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profession by asking where the profession should be going so it can meet the health care needs of a changing society that is getting older and has more chronic diseases.

The Board has a responsibility written into legislation to offer advice to government. That's a different model than what we have here. Even within the U.S., from state to state, you have varying degrees of autonomy. The regulator in one state can in effect be autonomous, in others part of an umbrella configuration, and in others part of a tightly controlled umbrella structure. It's not about the what, it's about the how. That's where the differences lie.



David Benton meeting attendees at the NCSBN Annual Meeting in August 2015.

What differences do you see with nursing education in the U.S. as compared to the rest of the world?

Compared to many countries, there is a much wider range of opportunities available in the U.S. There are multiple institutions within a city the size of Chicago as compared to even London. There is not the mix of public and private provision that you see here, and I think that potentially causes some challenges because with multiple institutions all competing for faculty, it's difficult to get sustainable class sizes. It can be more difficult to get faculty with the research focus that you might be looking for, because everyone has to take a course load of more general work as

well. There are also differences between the U.S. and what I see in Europe and some other parts of the world. There's a much more market opportunity here.

What do you think NCSBN's relationship with nursing education should be as we move toward the future?

Education is changing rapidly. Many countries recognize that there is a need to articulate programs of education at different levels, and that there are overlaps. The educational pathways that students now follow are far more complex and more connected than in the past. The European Union has made a number of sweeping changes which in effect have made their frameworks the global standard in terms of mobility. In the U.S. we must influence these wider changes or put ourselves in a better place to react to them.

You have discussed influencing the policy agenda. For the compacts this is currently playing out and it is a success. What other issues do you see NCSBN advocating for?

In addition to protecting the public, regulation can make a contribution to the redesign of health systems. If the needs of the public are changing, then regulation needs to be changing at the same pace. Being part of the policy debate means that we are better positioned to make necessary changes to ensure that nurses are competent to practice and that health delivery systems have the right checks and balances in them. Up until very recently, many health systems around the world have focused on an illness model, about how we patch someone up after they become ill. There is an increasing global recognition that we actually need to get better at prevention. We also need to reach out more into communities to ensure that there is a wellness agenda there.

Simulation has become very important to prelicensure education in the U.S. Is that happening across the world as well?

It has become a necessity because of the competition for clinical experiences. With simulation, you can expose people to a standardized wide range of experiences, which enable them to draw them into the clinical environment, to be safer practitioners because they've practiced it on a manikin before caring for patients. Simulation has a major role to

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A United Mission
For Regulatory Excellence

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play. What we've got now is a second generation, with high-fidelity simulation. The next generation will undoubtedly have virtual actors within the scenario. That enables the student nurse to have a different set of relationships. It becomes much more complex and dynamic. These are technology changes that undoubtedly will happen.

In what direction do you see NCSBN moving in the future?

We must continue to meet member board needs and expectations, but that will require us increasingly to look forward rather than to solve the immediate problems of today. We have to find ways to critically examine lessons from one state to the next, but also outside of U.S. jurisdictions, to see what we can learn. In some cases there could be a very good fit. In other cases, it could trigger a new way of thinking which, as a result of exposing ourselves to those different experiences, help us come up with a stronger solution.

One of the most powerful learning experiences I ever had was when a boss of mine told me to go outside the country and establish a benchmark to compare to my local environment. At that time I came to the U.S., back 25 years ago, and looked at how nurses in the U.S. were improving quality of care by the use of research. I went to many leading institutions in the U.S. at the time. From time to time I look at my report from then, and many of the things I observed are still not systemic in the U.S. And they're certainly not well ingrained within much of Europe, so there's a lot we can learn from simply looking across a border, from Illinois to one of the adjoining states, as we can from looking outside of the U.S. That comparative piece is important, particularly within the education sphere because that's a small global community and education is highly competitive.

How would you describe how the job is going?

I'm privileged to work with a group of people who want to make a difference — the people inside the office and the people at the boards of nursing as well. Regulation is such an important topic — it requires us to think about how we start to shape an agenda and prepare the ground for the future, rather than simply react. That proactive piece is very exciting, something we can only achieve together ♦

“We have to find ways to critically examine lessons from one state to the next, but also outside of U.S. jurisdictions, to see what we can learn.”

– David Benton

Q & A

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The new booklet provides new graduates with an overview of the regulation of nursing and boards of nursing (BONs), and has links and suggestions for other resources that will help new nurses as they begin their careers. Some highlights from the booklet include:

- ♦ Information about the responsibilities of being a licensed nurse;
- ♦ Discussion of BONs and the nurse practice act;
- ♦ Identification of the common complaints that BONs receive, including substance use disorders, professional boundaries/social media violations, significant practice errors and criminal backgrounds; and
- ♦ Tips on transitioning from nursing education to practice.

We will soon make the booklet available free of charge to all last semester students and new graduates. [Watch our website for details!](#) ♦



Assessing Internationally Educated Nurse Competencies

by Cathy Giblin, MS, RN, and Jennifer Kwan, MS, College and Association of Registered Nurses of Alberta



Cathy Giblin and Jennifer Kwan

The *Learning From Experience* Project included a statistical analysis of over 3,500 IEN applications to identify application characteristics that were related to success or challenges in the registration process.

As the world becomes increasingly interconnected and nurses continue to migrate, the importance of an evidence-informed, fair and transparent process to assess internationally educated nurse (IEN) competencies is apparent. However, it is difficult to determine an IEN's competencies given the differences in health systems, nursing education programs and scopes of practice around the world.

The College and Association of Registered Nurses of Alberta (CARNA) employs a multi-phase assessment strategy which incorporates findings from the *Learning From Experience: Improving the Process of Internationally Educated Nurses' Application for Registration* (LFE) research project.

In Canada, nurses are regulated by provincial regulatory bodies. The first step for IENs applying for registration in any of the Canadian provinces is to submit an application to the National Nursing Assessment Service (NNAS). Along with verifying the applicant's documentation (including identity documents, transcripts, license verifications and English language tests), NNAS assesses the curriculum content of the applicant's entry-level nursing education program in relation to the Canadian entry-level nursing curriculum and determines a comparability rating. This rating, along with the verified application documents, is forwarded to the appropriate regulatory body in an advisory report.

CARNA conducts an initial assessment: reviewing the applicant's application documents, NNAS Advisory Report, education and employment information to determine whether an applicant possesses substantially equivalent competencies to those of a Canadian-educated registered nurse (RN).

Historically, there has been little evidence to support the IEN application for registration process. Assessment decisions were often based on the expertise and experience of the registration assessors or extrapolated from qualitative studies identifying characteristics that were related to successful or challenging integration into the workplace. The LFE Project included a statistical analysis of more than 3,500 IEN applications to identify application characteristics that were related to success or challenges in the registration process. In August 2013, the findings from the project were used to develop an evidence-informed assessment policy and checklist.

The checklist provides a consistent step-by-step guide to assist registration assessors in determining the applicant's pathway through the registration process. The steps consider characteristics based on the LFE Project findings (such as education credentials, number of years since last practiced and practice currency), as well as items that have been identified as important through experience (such as failure of registration exams). Following the initial assessment, there are four primary outcomes an applicant may receive:

- ◆ **Temporary Permit Eligible:** the applicant's competencies are substantially equivalent to an Alberta RN's and they are eligible to proceed to the next steps of writing the registration examination and working in Alberta with temporary registration to fulfill a reference requirement;
- ◆ **Not Eligible:** the applicant's competencies are not substantially equivalent to an Alberta RN's and cannot be addressed through bridging education, therefore the applicant is not eligible for registration in Alberta;

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Applicants who are referred to bridging education may have to take anywhere from one to ten courses depending on the Substantially Equivalent Competency assessment results.

- ◆ **Further Assessment Required:** a determination of the applicant's competencies cannot be made, therefore further assessment is required and the applicant is referred to a Substantially Equivalent Competency (SEC); or
- ◆ **Option to Proceed Directly to Bridging Education:** the applicant's competencies are not substantially equivalent but may be bridged, therefore the applicant has the option of proceeding directly to bridging education without completing an SEC assessment; however, if the applicant does not agree with this initial assessment, he or she may complete an SEC assessment.

The SEC assessment is a two- to five-day assessment, in which applicants demonstrate their competencies through multiple choice exams, interview-based case management situations and clinical role-play situations. It identifies if competency gaps exist, and to what extent. The SEC assessment is conducted by a different organization from the regulatory body, typically an educational institution, and a report is submitted to the regulatory body following the assessment.

In Alberta, CARNA's registration assessors review the SEC assessment report with the applicant's education and experience to determine how the applicant will proceed. If the applicant demonstrates substantially equivalent competencies, he or she will be "temporary permit eligible." If there are gaps, the applicant needs to take bridging education. Applicants who are referred to bridging education may have to take anywhere from one to ten courses depending on the SEC assessment results. If the competency gaps are too extensive, the applicant may not be eligible for registration in Alberta.

The final assessments of IEN competencies include passing the national entry-to-practice exam (which all applicants, including Canadian graduates, must complete) and obtaining a positive reference from an Alberta employer based on 225 hours of work as a Graduate Nurse.

The application process is complex and rigorous, often requiring multiple years to complete. However, each IEN applies with different education and experience and it is important for regulatory bodies to ensure that all nurses have the competencies required to provide safe, competent and ethical nursing care. ◆

2016 Environmental Scan Published

The **2016 NCSBN Environmental Scan** is available in the current issue of the *Journal of Nursing Regulation*. Health care, education and nursing regulation are undergoing historic transformation driven by technology, economics, the Affordable Care Act (ACA) and the entry of the millennial generation into the nursing profession, among other factors. This report documents these extraordinary changes and discusses the resulting challenges and future implications for boards of nursing (BONs) and the entire nursing profession.

The report aids BONs in anticipating future needs and planning strategically by capturing the current environment in which regulators work. The environmental scan also serves as a resource for nurse leaders in practice and education. Using information from numerous resources, the 2016 Environmental Scan identifies critical information needed for the year and beyond. ◆

Comparing Regulatory Approval Standards across Canada and the U.S.

The original article on the work of the **Harmonizing Education Regulatory Standards in Nursing (HERSN)** group created a misunderstanding of what the group's work has entailed. We apologize the article did not clearly articulate the informal and voluntary nature of the group. HERSN was created to bring together nursing regulators from Canada and the U.S. to learn from each other and to contribute to the body of nursing regulatory science. What follows is a revised article that more accurately reflects the purpose and goals of the group.

This work has proved to be interesting to the participants, with both the Canadians and U.S. group members agreeing that they have learned a great deal from each other.

Canadian and U.S. regulators enjoy a collaborative and professional relationship that often includes the exchange of ideas in areas of common interest. In the spirit of this cooperation and mutual respect, HERSN explored the similarities and differences in the regulatory approval process for prelicensure nursing programs across the two countries and shared best practices.

HERSN group members include: **Paula Prendergast, RN, MN**, from Nova Scotia; **Darlene O'Reilly, RN, BN, MHS**, from Manitoba; **Allison Patrick, PhD, RN**, from Ontario; **Joy Ingwerson, MSN, RN**, from Oregon; **Stephanie Orth, MS, RN**, from South Dakota; and **Roseann Colosimo, PhD, MSN, RN**, who was on the Nevada State Board of Nursing, but is now a professor at the University of Nevada, Las Vegas. From NCSBN, **Nancy Spector, director, Regulatory Innovations, PhD, RN, FAAN**, and **Laura Jarosz, associate, Nursing Regulation**, facilitate the work of the group.

Their first step in examining nursing education regulatory approval processes was to complete a literature review to see if there have been other such comparisons of nursing education regulatory approval processes across countries. HERSN team members searched the CINAHL Complete, Scopus, ERIC and PubMed databases using the search terms *nursing regulation*, *globalization*, *nursing education* and *nursing workforce* for articles and research on the regulatory standards in nursing education. While there has been little published on the regulatory approval of nursing education programs, the group has found 44 articles that address their broader criteria of regulatory standards in nursing education.

Next, with input from the provincial and state regulators, the key criteria of approval processes was devised. They will complete a "crosswalk," between each country, on the key regulatory approval criteria.

This work has proved to be interesting to the participants, with both the Canadians and U.S. group members agreeing that they have learned a great deal from each other. The group anticipates that their review will be finished by December 2016 at which time it will be shared with U.S. and Canadian regulators as a basis for further discussions. ♦



Advanced Practice Registered Nurse (APRN) Education Committee Convened



The NCSBN BOD convened an APRN Education Committee and charged them with exploring the pros and cons of BON oversight of APRN education programs and making recommendations to the BOD.

In 2015, NCSBN's APRN Distance Education Committee reported that about half the boards of nursing (BONs) approved APRN programs. They recommended that NCSBN study the approval of APRN programs and make recommendations to the Board of Directors (BOD). As a result, the NCSBN BOD convened an APRN Education Committee and charged them with exploring the pros and cons of BON oversight of APRN education programs and making recommendations to the BOD.

The committee took several steps to meet this charge, including:

- ◆ **Reviewing the work of 2014–15 APRN Distance Education Committee;**
- ◆ **Exploring the literature;**
- ◆ **Surveying and consulting with the BONs;**
- ◆ **Developing a crosswalk of APRN model rules versus the education accreditation standards;**
- ◆ **Reviewing the AACN Futures Task Force for APRN Education recommendations; and**
- ◆ **Developing a list of all APRN programs in each state.**

Achieving a 100 percent response rate on the BON survey, the committee members learned some interesting facts about BONs that approve APRN programs versus those that don't:

1. Forty-two percent of BONs currently approve APRN programs, while 58 percent do not;
2. BONs that approve APRN programs license a mean of 5,177 APRNs, while those that don't approve APRN programs license a mean of 7,241 APRNs;
3. BONs that approve APRN programs license a mean of 76,539 registered nurses (RNs), while those that don't approve APRN programs license a mean of 88,718 RNs.
4. Forty-eight percent of the BONs that approve APRN programs have umbrella structures (or those that are not independent, but instead are under a larger division that has a number of other boards), while 56 percent that don't approve APRN programs have umbrella structures.
5. BONs that approve APRN programs have a mean number of 9.5 APRN programs in their jurisdictions, while those that don't have a mean number of 11.5 APRN programs.

Therefore, BONs that don't approve APRN programs tend to be umbrella boards and are larger, licensing more RNs and APRNs and having more APRN programs to approve. It is not surprising then that the most common reasons given for not approving APRN programs were lack of resources and lack of personnel with expertise in the four APRN roles. BONs also thought there was redundancy since all but four BONs require accreditation and certification of APRN programs.

Those BONs that approve APRN programs reported that they review the programs from a regulatory perspective, and their reviews are more timely than the 8- to 10-year cycle of the accreditors. They also report that they are able to work more efficiently with the

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APRN Education Committee Convened *continued from page 7*



APRN Education Committee:
Front row (l to r): Ellen Watson, Vermont, Board liaison; Valarie Fuller, Maine, Chair; Pam Hagan, Kentucky, Florida; Gayle Varnell, Texas; Maureen Cahill, NCSBN; Nancy Spector, NCSBN; Geraldine Marrocco, Connecticut; Robin Lewis, West Virginia-RN; Stacey Pfenning, North Dakota; Qiana Hampton, NCSBN.

state agencies when there are fraudulent programs. Further, BONs are in a good position to monitor new programs that have been preapproved by the accreditors, but have conditions to meet. Since accreditation cannot be granted until the first class graduates, it could be possible for a new APRN program or track to graduate students when the program or track isn't accredited. In that case, a student would not be able to take the certification exam and become credentialed as an APRN. If a BON has authority over the program, it will work closely with the program to ensure that preapproval conditions are met and the program will be accredited.

Reviewing all these documents and reports, the APRN Education Committee developed five pros and cons for approval of APRN education programs, and they developed five futuristic and out-of-the-box recommendations. These were reviewed with the membership at the March Midyear Meeting and will be presented to the BOD at the May Board meeting. **Watch for a report of this committee in the fall *Leader to Leader*.** ♦

NCSBN Upholds NCLEX-RN® Examination Passing Standard

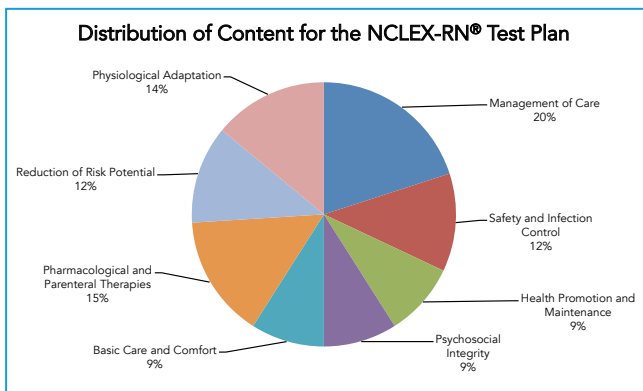


On Dec. 9, 2015, it was decided to uphold the current passing standard for the NCLEX-RN Examination. **The passing standard will remain at the current level of 0.00 logit that was instituted April 1, 2013, and will remain in effect through March 31, 2019.**

After consideration of all available information, the NCSBN Board of Directors (BOD) determined the current passing standard was sufficient as a measure of safe and effective entry-level registered nurse (RN) practice. The BOD used multiple sources of information to guide its evaluation and discussion of the passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard-setting procedure. The panel's findings supported retaining the current passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-RN Examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current.

[View the 2016 NCLEX-RN Test Plan.](#) ♦



Sample data from 2016 NCLEX-RN Test Plan

The Enhanced NLC: Unlocking Interstate Nursing Practice in the 21st Century



"We live in a changing world," says **Maryann Alexander, PhD, RN, FAAN, chief officer of Nursing Regulation at NCSBN**. "Health care delivery is changing. Education and the way it is delivered is rapidly changing, and we have a 100-year-old licensure model. It needs to change with the times to accommodate the delivery of health care and the new methods of education delivery."

With this in mind, the **Nurse Licensure Compact (NLC)** was created: an interstate agreement that allows a nurse to practice in all participating compact states while maintaining only a single nurse license. The NLC is built on the principle of mutual recognition, in which one state-based license is enforced locally, but recognized nationally.

As advances in telehealth and technology create an increasingly mobile nursing workforce that allows access to care at an unprecedented level, interstate nursing practice is becoming a crucial component of public protection. Since its implementation in 2000, the NLC has garnered widespread support due to its facilitation of access to care. "The NLC removes barriers to cross-border practice," says **NLC Director Jim Puente, MS, CAE**.

The NLC eases the burden on educators whose students span a number of states, which would normally necessitate multiple single-state licenses, each with their own set of licensure maintenance requirements.

"Hospital associations and health care facilities in every state overwhelmingly support the NLC, along with a majority of state nurses associations. The NLC includes important patient safety features such as facilitation of the sharing of licensure, investigative and disciplinary action information among member states."

The benefits of multistate licensure are not limited to health care facilities, however. As distance education becomes increasingly ubiquitous, educators are reaching students in areas where nursing programs are scarce, and occasionally these students are located across state borders. Nurse regulators are tasked with ensuring that both the education programs and their faculty are of sufficient quality, and clinical faculty in particular are generally required to be licensed in each state

where they have students. The NLC eases the burden on educators whose students span a number of states, which would normally necessitate multiple single-state licenses, each with their own set of licensure maintenance requirements.

Since its launch, the NLC has grown to include 25 states. During that time, however, technology has continued to evolve health care delivery, the Affordable Care Act allowed entire populations to access health care as they never had before, and as other health care professions began devising compacts of their own, the possibility of a national licensure system was raised in Congress. It became clear that in order to continue to be effective at fostering access to care, the NLC would need enhancements that reflected the changing environment of health care delivery.

Discussions of the possible enhancements began in 2013. One added provision promoted congruity by including uniform licensure requirements to be followed by all participating states, including the submission of a fingerprint criminal background check as a requirement of licensure. Other uniform licensure requirements include graduation from a board-approved nursing education program, passage of the NCLEX-RN® or

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Nursing Education Trends Committee

This past December the NCSBN Board of Directors (BOD) selected members for NCSBN's new **Nursing Education Trends Committee**, which is charged with exploring and identifying trends and issues in the regulatory oversight of nursing education programs. The committee is to come up with a prioritized list of the regulatory trends and issues. The BOD will review the work of the committee at the May 10–12, 2016, board meeting and, depending on that discussion, may convene future committees.

There is a wide variety of expertise on the Nursing Education Trends Committee, including four education consultants from boards of nursing (BONs), one staff member from the Nurses Association of New Brunswick, five educators who are board members, a representative from the American Association of Colleges of Nursing and a representative from the National League for Nursing. **Mindy Schaffner, PhD, RN**, from the Washington BON, is the chair. This diversity on the committee added to the rich discussions that took place.

The committee members met on March 7–8, 2016, and worked diligently to develop a list of regulatory trends and issues for nursing education programs. To understand some of the background, **Josephine Silvestre, MSN, RN**, from NCSBN, had sent them a review of the literature, and she presented the themes at the meeting:

- ◆ **Growth in the numbers of graduates and nursing education programs;**
- ◆ **Variation in nursing education programs;**
- ◆ **Limited numbers of clinical sites;**
- ◆ **Use of simulation;**
- ◆ **Distance education;** and
- ◆ **Fraudulent nursing education programs.**

The committee members had large group discussions and also broke into small groups for more focused discussions. From the many themes and issues that were explored, they identified six trends and issues and prioritized them. Their report will be presented to NCSBN's BOD at the July board meeting for discussion. Watch for the final report in the Fall 2016 issue of *Leader to Leader*. ◆

NCSBN Grant Program

Upcoming proposal submission deadline:
Oct. 7, 2016

About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

Award Information

Investigators may apply for grants up to \$300,000. All projects must be completed in 12–24 months following the project start date.

Research Priorities

Research priorities include, but are not limited to:

- ◆ National and International
- ◆ Regulatory Issues
- ◆ Patient Safety
- ◆ Practice (LPN/VN, RN and APRN)
- ◆ Nursing Education
- ◆ Continued Competence
- ◆ Nursing Mobility
- ◆ Substance Use



APPLY TODAY



NCSBN Offers Helpful Social Media Resources



▶ **Take Our Nursing and Social Media Quiz**



▶ **Order Our Free Brochures & Posters**

With the growth of online media, nurses are increasingly using blogs, forums and social networking sites to share their experiences. While these outlets provide a venue for a nurse to express his or her feelings and reflect or seek support from friends, colleagues and peers, it's also important that they know the risks and use social media in a way that protects patients. Inappropriate disclosures on social media are unintentional in most cases, so educating nurses so that they do not inadvertently violate patient privacy and confidentiality is important.

We invite you to use and share these resources:

Take Our New Quiz: Our [Nursing and Social Media Quiz](#) is a fun and easy-to-share way to learn the basics.

Watch Our Video: Inappropriate posts on social media by nurses have resulted in licensure and legal repercussions. NCSBN's [Social Media Guidelines for Nurses](#) video covers guidelines on using social media responsibly, with examples of inappropriate social media use.

Order Free Printed NCSBN Resources: Our brochure, [A Nurse's Guide to the Use of Social Media](#), is designed to help both new and experienced nurses understand how social media can be properly used in the profession. It covers potential consequences for violating patient confidentiality, explains common myths and misunderstandings about social media, and provides tips for how nurses can use social media appropriately. Our posters, [Social Media in Nursing: Understand the Benefits and the Risks](#) and [Common Myths and Misunderstandings of Social Media](#), are designed as companion pieces to the brochure.

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information. **We hope you find our resources helpful and informative, and that you share them with your colleagues and students.** ♦

NCSBN is Now Accepting Abstracts for the 2016 Scientific Symposium

The NCSBN Scientific Symposium will be held in Chicago on Thursday, Oct. 6, 2016. It brings together researchers, policymakers and stakeholders in the area of professional nursing regulation to present and discuss national and international research that increase the body of evidence for regulatory decision making and help inform nursing policy.

This year's theme is *Emerging Areas for Evidence: Implications for Policy and the Profession*.

Investigators engaged in research with implications for nursing regulation and health policy are invited to submit abstracts for a 30-minute presentation or a poster, ideally in one of the priority areas listed below. Research that highlights new or emerging sources of information that can be harnessed by nurse researchers is encouraged.

Priority Areas:

- Nursing Regulation: scope of practice, licensure, discipline, continued competence, remediation, alternative to discipline
- Nursing Workforce: supply, demand, mobility
- Health Technology: telehealth, big data
- International Regulatory Issues
- Nursing Education
- Patient Safety

Abstracts must contain author name, title, affiliation, applicable priority area, and should specify if the submission is for a presentation or poster. Format includes background, study aims, methods, results and discussion/conclusion. Abstracts should not exceed 300 words.

Question and abstracts may be submitted to research@ncsbn.org by May 1, 2016. Further details about the upcoming conference will be posted later this year on the [NCSBN website](#).

SAVE THE DATE

► 2016 NCSBN
Scientific
Symposium

Oct. 6, 2016
Chicago



NCSBN has launched a new NLC website that has information on how you can stay informed and take action! Visit nursecompact.org today.

NCLEX-PN® Exam, a valid Social Security Number and the absence of active felony convictions or active discipline.

Another much needed enhancement created an interstate commission, similar to the current governing body of the NLC, that had authority to make rules which would be legally binding in all compact states. **NCSBN State Advocacy Associate Rebecca Fotsch, JD**, explains why this is important. "Before, if the administrators came together and decided they wanted to change a rule with the NLC, every state would have to take that to their rulemaking bodies," she says. "Every state has a different process, so it could be burdensome. It wasn't that anyone was necessarily opposing a rule or taking issue with it, it was just the challenge of going through the bureaucratic process. This new rulemaking ability, where the rules take full effect of law, is a way to address that challenge."

To join the NLC, states must enact the model legislation put forth by NCSBN, which now includes the aforementioned enhancements approved by the NCSBN Delegate Assembly in 2015. States that are currently members of the NLC must also enact these changes in order to remain in the compact.

The enhanced legislation has been well-received: in the 2016 legislative session, 15 states put forth bills containing enhanced NLC language, including several that were not previously part of the NLC. "This is due to the revisions; the enhancements have brought on these new states," Fotsch explains. "That's exciting because that was the point of changing it." The enhanced NLC will become effective when 26 states have either newly joined or made the necessary changes to their existing legislation. As of mid-March, five states had already done so, and bills in 10 other states were making steady progress. Several other states are considering a 2017 proposal.

Elliot Vice, director of Government Affairs at NCSBN, describes the NLC to stakeholders as "the key to unlocking interstate nursing practice in the 21st century." Overwhelmingly, they seem to agree with him. The growing list of organizations that have endorsed the NLC includes more than 25 entries, among them the U.S. Chamber of Commerce, the National League for Nursing, the National Patient Safety Foundation, and the American Association of Colleges of Nursing.

"This is one of the most exciting initiatives we've had in my time here," says Alexander. "We have an interdepartmental team working very closely with the states in a way that we never have before. We're connecting not only with the regulators of the states, but with other stakeholders at the state level. Working together, we will make this happen." ♦

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