The Publication That Brings Nursing Regulation & Education Together **Spring 2017**

LEADER TO LEADER

AN INTERVIEW WITH:

Dorothy Carolina

Executive Director at the New Jersey Board of Nursing

Dorothy S. Carolina, PhD, MSN, RN

Dorothy S. Carolina, PhD, MSN, RN, became executive director of the New Jersey Board of Nursing (NJBON) on May 31, 2016, after eight years as an assistant professor at the Seton Hall University College of Nursing. Dr. Carolina spoke with *Leader To Leader* about the transition from education to regulation, and the challenges and rewards of leading a board of nursing (BON).

What prompted you to become a candidate for this role? What is your background?

I was encouraged to apply for the position by a former professor. Honestly, being the executive director of the NJBON was a role that I had never considered assuming professionally.

I have been a nurse for 29 years. My professional experiences include nursing management, education, and clinical practice in critical care, community health, and advanced practice. Educationally, I earned a PhD from Rutgers University College of Nursing, a MS from Columbia University School of Nursing, a BSN from Seton Hall University, and a diploma in nursing from Mountainside Hospital School of Nursing.

Can you describe your first day in the office at the NJBON? Your first impression?

There were the usual things: doing paperwork, meeting with the personnel department. I was able to interview a temporary employee, which is pretty unusual for a first day. The acting executive director was serving as a mentor for me for a couple of weeks before moving on to another board. She assisted me in interviewing a temp on my first day, and the temp still works here! She was a great hire.

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Q & A

Q: We are starting an online RN to BSN program. Since it is not a prelicensure program, does it need state approval? If we have students in other states, does my faculty have to be licensed in those states? Our state is in the Nurse Licensure Compact (NLC).

A: Currently, according to Member Board Profiles (which has a wealth of information about board of nursing requirements), only 11 states have legislative authority over RN to BSN programs. Click the link to see if your board of nursing (BON) has authority over RN to BSN programs.

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NCSBN
National Council of State Boards of Nursing

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What is a typical day like in the office of the NJBON?

There really isn't a typical day as an executive director of a BON. Generally, my day encompasses meetings, telephone conferences, answering emails, troubleshooting with staff, professional practice questions and staff mentoring. In the past, the NJ BON had a lot more professional staff. Over the years, as the RN professional staff left and weren't replaced, the expectation remained for the staff to be knowledgeable, think critically and use good judgment. The staff are great people who work hard, so I do a lot of mentoring and coaching in an effort to maximize their potential.

> "The staff are great people who work hard, so I do a lot of mentoring and coaching in an effort to maximize their potential."

What are some other unique challenges the NJ BON faces?

Having limited resources is a major challenge at times. It is difficult to juggle resources, as the NJ BON has nearly 200,000 licensees, which includes regulating certified homemaker-home health aides and training programs. From what I understand, not many boards of nursing regulate this group of health care providers. Monitoring those programs are a tremendous challenge, as a lot of time is spent on discipline and enforcement and making sure the individuals and home health aide programs are meeting standards. At times, businesses that train and employ home health aides complain that it can take a while to process applications, but we need to ensure that whomever we are placing in these homes are vetted and safe to practice.

Has there been anything that came as a surprise in this new role?

The work environment in the public sector is dramatically different from that of the private sector. The resources are limited and there are many levels involved in the decision-making process.

What are some aspects of your role that you find the most satisfying?

Being able to execute decisions made by the board that ultimately protect the public, especially those related to ensuring that schools of nursing are meeting the standards set forth in the regulations. Another satisfying aspect is being able to resolve complaints that consumers may have regarding the processing of their licensing application.

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Q & A

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As for faculty licensure, all BONs require clinical faculty or preceptors to be licensed in the distant state, since they would be providing, or supervising the provision of, patient care. By living in a compact state, however, you would have the privilege to practice in any other compact state as long as you meet the multistate licensure requirements. Similarly, most states require didactic faculty from distant states to be licensed where the students are located. However, again, since your state is a compact state, you would have the privilege to practice in other compact states, as long as you meet the requirements for having a multistate license.

NLC
NURSE LICENSURE COMPACT

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I also gain a great deal of satisfaction from interacting with former students who visit the board (not via discipline proceedings).

How has your education and experience prepared you for this role? Were there any aspects of your position as a faculty member that you found helpful to draw on as you became acclimated to this new position?

"Understanding what constitutes safe, competent nursing practice is critical in this role."

My nearly 30 years of professional experience in nursing management, education, and clinical practice have provided me with a broad perspective of nursing. Understanding what constitutes safe, competent nursing practice is critical in this role. In addition, those experiences gained during my time as a full-time faculty member have informed many decisions made by the board in terms of monitoring, approving, and accrediting nursing education programs in the state.

Knowing how you've gone through this transition, is there any advice that you would offer to others moving into nursing regulation?

The most difficult aspect of the transition was the unknown and learning how to navigate the bureaucracy. I think others looking to move into nursing regulation should not be afraid to ask questions and to seek advice as needed.

Is there anything else you wanted to add?

I want to add how supportive NCSBN has been in facilitating my transition into the role as Executive Director. I have been assigned a wonderful mentor, Karen Scipio-Skinner, executive director of the District of Columbia Board of Nursing, who has been very helpful to me. Karen calls or emails me periodically to offer support and advice. Alicia Byrd, director of Member Relations at NCSBN, has also been very supportive by checking in, calling and emailing to ask if I need help in any way. I really appreciate their desire to assist me in being a successful executive director. ◆

Study Examines Male Nurse Discipline

By Richard A. Smiley, MS, MA, statistician, Research, NCSBN

Reports have shown that male nurses are disproportionately represented among the nurses receiving discipline by boards of nursing (BONs). The proportion of male nurses disciplined is roughly twice that of female nurses. In the October 2016 issue of the *Journal of Nursing Regulation,* Richard A. Smiley, MS, MA, statistician, Research, and Carey McCarthy, PhD, MPH, RN, director, Research, published the article, *A Mixed-Methods Study of Gender Differences in Nurse Reporting and Nurse Discipline,* to examine the overrepresentation of male nurses receiving discipline by BONs. This study explored whether the disproportion was due to gender-related bias at the level of reporting or at the level of discipline. We spoke with statistician Richard Smiley, co-conductor of the project, on how the study was conducted, its results, and potential opportunities for follow-up work.

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How did you investigate this topic?

In order to explore this topic in depth, a panel of researchers with expertise in the areas of nursing discipline, sociology, gender studies and forensic psychology was convened. From these discussions a determination was made that the first topic to consider was whether the disproportionate levels of discipline were due to gender-related bias. It was noted that bias could arise at both the point at which nurses are reported to the BON and at the point at which nurses are disciplined by the BON.

To look at the question of whether or not there was bias in the reporting of nurses, we composed 10 short vignettes which depicted situations in which a nurse's action could be considered a violation of the Nurse Practice Act (NPA). Each of the vignettes were worded in three different ways: one in which it was clear that the nurse in the scenario was a female; another in which it was clear that the nurse in the scenario was a male; and one in which it was impossible to determine the gender of the nurse.

These vignettes were used in surveys which were sent out to a nationwide random sample of nurses. Each respondent received a survey containing a random mixture of gender-neutral, female and male versions of the vignettes. Respondents were told whether or not the nurse in each vignette was in fact reported and were asked to indicate their level of agreement with that decision.

To look at the question of whether or not there was bias in the discipline of nurses, data from the 2013 Criminal Conviction Case Review was used. The study was a retrospective review of the nurses reported to the BON for a criminal conviction in 2012 and 2013. We started by doing an overall comparison of the actions taken by the Boards against male and female nurses. We followed up by conducting comparison group analyses of male vs. female nurses for the crime categories of DUI, substance abuse, fraud and theft.

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What were the conclusions?

We found no evidence of bias against male nurses in the reporting of the violations of the NPA that the vignettes addressed. In addition, no evidence was found of systematic bias against male nurses in the disciplinary actions assigned to nurses by BONs.

From the vignette study we know that some types of violations are much more likely to get reported than others.

Do you have any ideas about what may be causing the disproportional representation of male nurses in discipline cases?

While the main part of our study did not uncover the reason(s) for the disproportional representation, supplemental research suggested some avenues that might be worth pursuing in search of an answer. From the vignette study we know that some types of violations are much more likely to get reported than others. From the *National Nursing Workforce Survey* and numerous articles in the literature on gender and nursing, it is known that men are disproportionately represented in specialties that involve more direct contact with patients. It is possible that nurses working in these specialty areas may be committing violations that have a higher probability of being reported. We hope to explore this possibility in the future by adding a question to the Taxonomy of Error, Root Cause Analysis and Practice-Responsibility (TERCAP) survey, which would identify the specialty area in which the nurse under investigation worked. ◆

Cannabis: Politics, Science and Policy

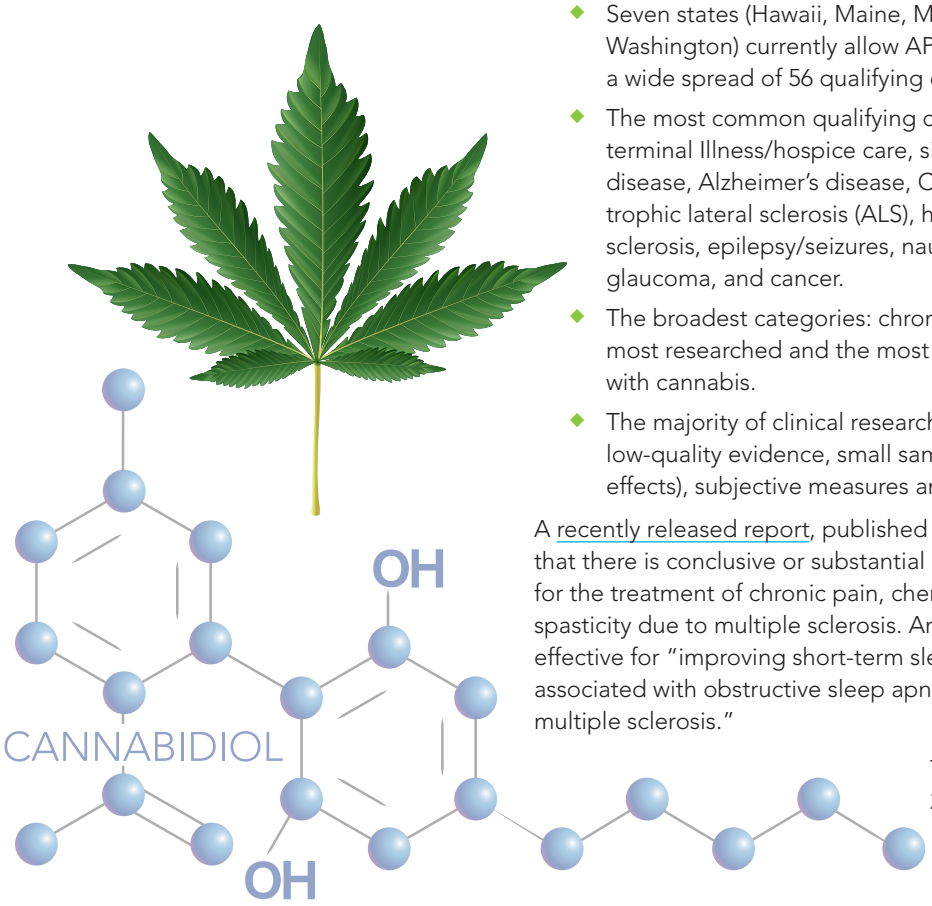
A growing cultural acceptance of cannabis has prompted 28 states, the District of Columbia, Guam, Puerto Rico and all provinces/territories of Canada to pass legislation legalizing medical cannabis. An increasing proportion of these states have also decriminalized recreational cannabis use. The surge of legislation has outpaced research, leaving nurses at a loss for resources when dealing with patients who are using cannabis products medically or recreationally.

Research has not definitively specified indications, dosage, safety, side effects and long-term effects of cannabis. The existing literature is often muddled by polarizing opinions, causing a greater difficulty in finding reliable information on the therapeutic use of cannabis in a clinical setting. Despite these difficulties, nurses are responsible for practice that is informed by current evidence and competence.

To address these concerns, the NCSBN Board of Directors (BOD) appointed members to the Marijuana Regulatory Guidelines Committee. The committee is charged with developing model guidelines to inform advanced practice registered nurse (APRN) practice which authorizes/certifies patients to receive and use medical marijuana, cannabis-specific nursing curricula, practice implications of APRNs, registered nurses (RNs) and licensed practical nurses (LPNs) who care for patients who use cannabis, and the regulatory implications of licensee use of cannabis.

The necessary first step to drafting guidelines is to perform an exhaustive review of the current literature and legislation. As of February 2017:

- Only eight states lack any medical cannabis statutes.
- Twelve states only allow for the use of cannabidiol products for intractable seizures and many of these are restricted to clinical studies.
- Seven states (Hawaii, Maine, Minnesota, New Hampshire, New York, Vermont and Washington) currently allow APRNs to authorize the use of medical cannabis across a wide spread of 56 qualifying conditions.
- The most common qualifying conditions across states are: arthritis, neuropathies, terminal Illness/hospice care, sickle cell, post-traumatic stress disorder, Parkinson's disease, Alzheimer's disease, Crohn's disease/irritable bowel syndrome, amyotrophic lateral sclerosis (ALS), hepatitis C, persistent muscle spasms/multiple sclerosis, epilepsy/seizures, nausea/vomiting, chronic pain, cachexia, HIV+/AIDs, glaucoma, and cancer.
- The broadest categories: chronic pain, neuropathies, and nausea/vomiting are the most researched and the most commonly reported conditions being medicated with cannabis.
- The majority of clinical research into cannabis and its derivatives are troubled by low-quality evidence, small sample sizes, confounding factors (including placebo effects), subjective measures and modest differences between treatment groups.



A recently released report, published by the National Academy of Sciences, concluded that there is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain, chemotherapy-induced nausea and vomiting, and spasticity due to multiple sclerosis. And there is moderate evidence that cannabis is effective for "improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain and multiple sclerosis."

The committee will continue its work throughout 2017, stay tuned for more information. ◆

Nursing Education Outcomes and Metrics Committee Update

As reported in the fall issue of *Leader to Leader,* NCSBN's Nursing Education Trends Committee used a systematic process to develop five top priorities for the regulatory oversight of nursing programs. A leading trend was that there is a lack of robust outcome measures for nursing education programs. Because of this, the NCSBN Board of Directors (BOD) established a new committee, the Nursing Education Outcomes and Metrics Committee, with the following charge:

Establish a set of outcomes and associated metrics to recommend processes to assess nursing programs:

- Review current literature on program approval metrics and relevance to public protection; and
- Recommend factors in addition to first-time NCLEX pass rates to determine criteria of a legally defensible board of nursing (BON) approval process.

The committee is comprised of 10 members, including:

- **Janice Hooper,** Texas Board of Nursing, board staff – Chair
- **Suellyn Masek,** Washington State Nursing Care Quality Assurance Commission, board member – NCSBN board liaison
- **Bonita Jenkins**, District of Columbia Board of Nursing, board staff
- **Carol Moreland,** Kansas State Board of Nursing, board staff
- **Sabita Persaud,** Maryland Board of Nursing, board member
- **Brenda Rowe**, Georgia Board of Nursing, board member
- **Bibi Schultz,** Missouri State Board of Nursing, board staff
- **Mindy Shaffner,** Washington State Nursing Care Quality Assurance Commission, board staff
- **Joan Stanley**, American Association of Colleges of Nursing representative
- **Elaine Tagliareni,** National League for Nursing representative

The committee also learned from its Canadian regulator colleagues about their ongoing work with outcome measures of nursing programs.

Shortly after it was established, the committee's members gathered information and data to learn more about program outcomes and to use as a foundation for any recommendations they might make in the future. For example, NCSBN staff has begun a comprehensive literature review to provide evidence for future recommendations. Additionally, the committee has held three meetings and several conference calls with the accreditors to learn about their outcome measures and the evidence supporting them. The committee also learned from its Canadian regulator colleagues about their ongoing work with outcome measures of nursing programs. Marilynn Oermann, PhD, RN, ANEF, FAAN, Thelma M. Ingles Professor of Nursing and Director of Evaluation and Educational Research at Duke University, provided the committee with a background on nursing program evaluation and outcomes. Dr. Jordan Matsudaira, an Assistant Professor at Cornell University and an expert in measuring outputs of higher education, spoke to the group more generally on educational outcomes. Because of the complexity of this charge, this committee will continue with its work in FY 2017–18. Watch *Leader to Leader* for future work of this committee. ◆

Regulatory Scholars Program Update

In the fall 2016 issue of *Leader to Leader*, NCSBN announced its new Regulatory Scholars Program.

The goals of this program are to:

- Develop the field of nursing regulation by building regulatory experts and researchers;
- Provide high-level evidence for nursing regulatory and policy decision-making; and
- Encourage scholarly dialogue and publications.

Please check our website for more information on the program. Please tell your deans and directors to watch for information NCSBN will send them on the Regulatory Scholars Program.

Social Media in Nursing

Understand the Benefits and the Risks

Nurses must understand and apply these guidelines for the proper use of social media.

Social media dos and don'ts:

DO

- Recognize your obligation to protect patient privacy and confidentiality.
- Maintain professional boundaries.
- Comply with your employer's policy related to electronic and social media.
- Report any breaches of privacy or confidentiality.

DON'T

- Electronically transmit any patient-related information or images.
- Share any identifiable patient information on social media sites.
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