LEADER TO LEADER

INTERVIEW:

College of Nurses of Ontario Develops Innovative Nursing Education Program Approval Process

The College of Nurses of Ontario (CNO) is the nursing regulatory body in Ontario, Canada. CNO regulates registered practical nurses (RPNs), registered nurses (RNs) and nurse practitioners (NPs). The nursing profession has been self-regulating in Ontario since 1963. Self-regulation is an acknowledgment that Ontario's nurses can put the public interest ahead of their own interests. It shows that nurses in Ontario have the knowledge and expertise to regulate themselves as individual practitioners and to regulate their profession through the CNO. The CNO's Council sets the direction for the regulation of the nursing profession in Ontario, establishing goals, objectives and policies of the CNO.

Recently, CNO created an innovative nursing education program approval process that is currently in the process of being applied to all nursing education programs.

To learn more about their work, *Leader To Leader* spoke with CNO Education Program Manager, **Anne Marie Shin, RN, MN, MSc.**

Tell us about what you do with the CNO.

I manage the CNO's Education Portfolio, where our main area of focus is approving all entry-level nursing programs. There are roughly 100 different programs we approve annually.

Anne Marie Shin, RN, MN, MSc

Our second area of focus is collaborating on the development of entry-to-practice competencies. Across Canada, each category/class of nurse is expected to have a set of competencies on day one of practice. It's a little different from the U.S., where there is not a national standardized set of competencies. From an education perspective, these competencies are also key to assessing a program through curriculum mapping. These competencies are developed and revised by the provincial and territorial bodies every five years across Canada to enhance jurisdictional consistencies in entry-level competencies for nurses.

Our third focus is to facilitate exam development and operating processes. We already have the NCLEX-RN, and we are currently working on a new registered practical nurse licensure exam. We are working with the British

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Q & A

Q: The new NCLEX-RN® Test Plan was implemented April 1, 2019. Does the NCLEX include Next Generation NCLEX® (NGN) questions after April 1, 2019?

A: **No.** Here is a link to the 2019 NCLEX-RN Test Plan. As you can see, not much has changed since the 2016 test plan. Every three years NCSBN reviews the test plans. Changes are made based upon empirical data collected from newly licensed nurses.

The NGN is currently being studied. Once the research is completed and if NCSBN's Delegate Assembly decides to go ahead with it, it will take a few years to develop the questions. At this point, it looks like the questions for the NGN won't be ready until 2023. NCSBN is committed to keeping faculty updated on news about the NGN. Sign up for our quarterly NGN newsletter for the latest updates.◆

Columbia College of Nursing Professionals (BCCNP) and NCSBN toward developing and implementing the new exam. We are also working very closely with our practical nurse educators and the health service provider sector to ensure we understand what is needed for the transition in Ontario and British Columbia.

You are working on a large project related to the approval of nursing programs. Can you tell us a little about that?

This project started back in 2014, when CNO's Council approved a framework to approve all nursing programs.

Essentially, we wanted to have a standardized, objective and transparent approach to program approval that could be applied to all three nursing categories and classes. We have the same set of indicators that we look at for all of our entry-level nursing programs.

There are **three main standards** against which entry-level nursing education programs are evaluated.

> "Essentially, we wanted to have a standardized, objective and transparent approach to program approval that could be applied to all three nursing categories and classes."
>
> – Anne Marie Shin, RN, MN, MSc

- **The first is Structure.** This is the strategy, policies, procedures and resources necessary to support a student's preparation.
- **The second standard is Curriculum.** This standard reviews the teaching and learning opportunities to ensure the competencies are integrated, applied and evaluated throughout the program.
- **The third one is the Outcome standard.** We look at first-time pass rates as well as two brand new innovative indicators that review a preceptor's assessment of the student's ability to integrate a subset of competencies into their final practicum.

We use those same set of competencies to ask the student if they are able to integrate into their own practice.

Each of the three standards use indicators and evidence requirements to evaluate a program's performance for that standard. Each indicator was validated through a pilot process last winter.

To support the principle of using objective and evidence-informed practices to inform decision making, a scoring tool and rubrics are used to evaluate the evidence for each of the indicators. Each indicator is scored based on the evidence a school submits. Each indicator is also weighted differently depending on the level of importance. There are two indicators that are mandatory: client and student safety, and curriculum. There is an overall score that the school must achieve on their scorecard to receive an "approved" rating. We also used five principles that helped guide the development of the process, and they continue to guide our program approval process and decisions. The principles are: regulatory focused, transparency, evidence informed, objective and sustainable.

We went live with this comprehensive process this past fall, and we approved all of our NP schools in December 2018. Recently, we have begun the process with our baccalaureate schools. In 2020, we will begin with our practical nurse programs.

Can you tell us more about the preceptor and student outcome indicators?

We wanted to have additional outcome indicators, rather than just first-time pass rates. For the preceptor ratings indicator, we ask (at the end of the clinical experience) about their perception of the student's ability to integrate a number of competencies that are key to safe, competent and ethical practice.

We ask the student the same set of questions. We ask if they feel able to integrate those set of competencies that are necessary for safe, ethical and competent practice. By using these three outcome indicators, we hope to triangulate whether the curriculum did a full circle: whether it was truly integrated; whether it was focused on the safety aspect; whether the preceptor actually saw a demonstration of that competency; and if the student feels ready to practice. These two indicators are being piloted right now and will be ready to integrate into the Program Approval Process in 2020.

Another aspect of this process is a system that considers student errors and near misses. Can you talk about that?

This indicator really assesses if processes are in place to learn from safety incidents — not only to learn, but also to pass on the information, and to mitigate risks for future incidents. There are three pieces of evidence required.

First, we ask whether there are processes/policies that address safety incidents that occur (such as incidents or near misses), and to confirm that they are actually following their policies. The second requirement looks at how they analyze and synthesize the safety incidents, and how it is incorporated into learning experiences. It speaks to how the safety incidences are used as learning opportunities to decrease risk for further incidents to our patients. For the third piece of evidence, we mandate that the schools and the health service providers work together to understand the incident and develop strategies in order to mitigate further risks.

What part of this new process do you like best?

I enjoy being able to positively influence the system. It's exciting to put in place a process that requires the education and the health service sector to work together. It's also exciting for schools to move toward a safety culture, away from a blame culture, and really understand that these safety incidences are often results of flawed systems and processes. You often can't just blame one person for something that went wrong within a complex system. I think it is exciting that schools will be required to look at these safety incidences in more of an objective, transparent way, and say, "This happened. What can we learn from it? How can we stop this from happening again?"

You are aware of the collaborative calls with NCSBN's Nursing Education Outcomes and Metrics Committee, the committee charged with establishing a set of outcomes and associated metrics to recommend processes to assess nursing education programs. How do the two projects compare?

Overall, they are very similar, in terms of the importance of clinical practice experiences, a culture of safety and an evidence-based curriculum. However, ours focused on the

> "I think it is exciting that schools will be required to look at these safety incidences in more of an objective, transparent way, and say, 'This happened. What can we learn from it? How can we stop this from happening again?'"

national standard entry-to-practice competencies, and that is how our nursing programs build the curriculum. It's very easy for us to look at curriculum from a standardized way, but I don't think the U.S. system is set up to do that.

Working on this project, have you encountered any surprises?

I would say the biggest surprise is the variability of approaches across programs. Programs operate on a different pedagogy or teaching philosophy, while maintaining similar outcomes.

A real benefit has been the engagement from the academic sector during the development, evaluation and implementation phases. This engagement and collaboration truly strengthened the whole process and will continue to do so.

What has the response to this new approval process been?

Educators are pleased with the rigor of the process, and have found it to be meaningful in assessing and identifying gaps and opportunities to improve their programs. In the end, that's what we are all about, we want our students to graduate and be able to practice safely and competently in order to keep our public safe. ◆

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NCSBN Center for Regulatory Excellence Grant Program

Upcoming proposal submission deadline:
Oct. 4, 2019

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:

- Impact of legalized marijuana
- Substance use disorders in nursing
- National and international regulatory issues
- Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.
- Remediation
- Innovations in nursing education

APPLY TODAY

SSR
Safe Student Reports

Preliminary Report Released to Participating Sites

In December 2018, NCSBN provided prelicensure — licensed practical/vocational nurse (LPN/VN) and registered nurse (RN) — nursing education programs participating in the **Safe Student Reports (SSR)** study with a preliminary report of aggregate data submitted via the study data collection tool on the NCSBN website.

The preliminary report included data on the numbers of nursing student errors and near misses submitted by 32 nursing programs across 22 states from mid-March 2018 through November, 2018. The report included a breakdown of the number of errors and near misses that occurred in the clinical setting, simulation and the learning lab, along with the various categories of errors and near misses (such as the rates of medication errors, deviation in protocols, and needle sticks). These preliminary results provide participating nursing programs with useful information that could potentially assist them in developing methods to reduce or prevent further errors and near misses.

A total of 170 nursing programs across 43 states have been enrolled to date, but many of these programs were enrolled just before or during the Fall 2018 term, so they have not had the opportunity to enter data. This national study will continue to collect data on an ongoing basis. ◆

"With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data."

– Jane Barnsteiner, PhD, RN, FAAN

"… it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors."
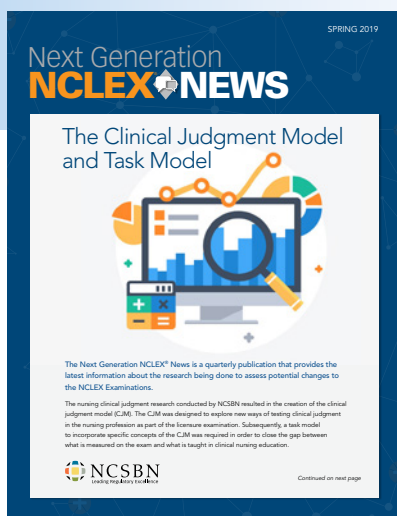
– Joanne Disch, PhD, RN, FAAN

Next Generation NCLEX® (NGN) Video Series

The NCSBN Examinations department is excited to announce a new series of videos titled **NGN Talks.** These brief 5 to 7-minute informational videos, presented by the Examinations department staff, provide up-to-date information regarding aspects of the ongoing NGN project.

The first four NGN Talks are now viewable on the NCSBN website and cover the following topics:

To receive updates on NGN news, join NCSBN's mailing list here.

SPRING 2019

Next Generation
NCLEX NEWS

The Clinical Judgment Model and Task Model

The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations.

The nursing clinical judgment research conducted by NCSBN resulted in the creation of the clinical judgment model (CJM). The CJM was designed to explore new ways of testing clinical judgment in the nursing profession as part of the licensure examination. Subsequently, a task model to incorporate specific concepts of the CJM was required in order to close the gap between what is measured on the exam and what is taught in clinical nursing education.

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Continued on next page

Philip Dickison, PhD
Chief Officer, Operations & Examinations
NCSBN

NGN Overview

NCSBN Chief Officer of Operations and Examinations Phil Dickison, PhD, RN, gives an overview of the NGN Project.

Ryan Novak
Operations Coordinator, Examinations
NCSBN
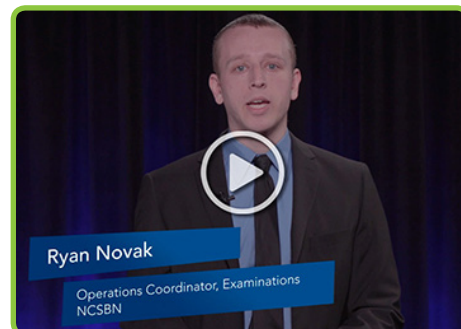
Strategic Practice Analysis & Special Research Section

The Strategic Practice Analysis helped validate the knowledge, skills and abilities required of entry-level RNs. This talk also looks at a Special Research Section that was added to some NCLEX-RN® candidate's exams in 2017.

Daniel Hydzik
Test Development Associate, Examinations, NCSBN

Usability Studies

Usability studies are used to identify innovative item and response types for the Next Generation NCLEX. With the help of nursing students, nurses, and nurse educators, the studies helped to identify new test items that better represent the skills needed of entry-level nurses.

Betty Sanders, MBA, PMP, CAE
Test Development Manager, Examinations, NCSBN

Item Development

Item development and workshop processes are key to NCSBN's Next Generation project. The latest NGN Talk explains the collaborative effort to imagine, develop, review and study items to ensure that the NGN effectively measures critical thinking and decision making.

Clinical Judgment Resources

By Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations, NCSBN

With all the discussion about the Next Generation NCLEX®, and the need for more sophisticated teaching of clinical judgment, faculty often ask for resources. Here are a few suggestions for getting started:

♦ Dr. Christine Tanner's (2006) research-based model of clinical judgment in nursing, "Thinking Like a Nurse: A Research-Based Model of Clinical Judgment in Nursing," along with *Educating Nurses: A Call for Radical Transformation,* the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010), present a good foundation on teaching clinical judgment in nursing education. Based on Tanner's Clinical Judgment Model (2006), Lasater (2007) developed a rubric for measuring clinical judgment in simulation. I always suggest faculty start with those works.

♦ Phil Dickison and colleagues have written about the development of the NCSBN Clinical Judgment Model (CJM) assessing clinical judgment (Dickison et al., 2016) in "Assessing Higher-Order Cognitive Constructs by Using an Information-Processing Framework." More recently, in "Integrating the National Council of State Boards of Nursing Clinical Judgment Model Into Nursing Educational Frameworks," Dickison and colleagues conducted a qualitative analysis of the relationship between the NCSBN CJM and the three leading frameworks on clinical judgment, including the Information-Processing Model, the Intuitive-Humanistic Model and the Dual Process Reasoning theory, finding that the NCSBN CJM aligns with those models (Dickison, Haerling & Lasater, 2019). In their article, they present a hypothetical action model for using the NCSBN CJM.

♦ In a guest editorial, "Reflections on the Next Generation NCLEX with Implications for Nursing Programs," in *Nursing Education Perspectives,* Linda Caputi (Caputi, 2019) briefly outlines her model for teaching clinical judgment, which involves going from the general to the specific.

♦ In "Pursuing Improvement in Clinical Reasoning: The Integrated Clinical Education Theory," Jessee (2018) studied clinical reasoning and evaluated four theories (the

Next Generation
NCLEX®

situated practice theory, expert practice, deliberate practice and the Tanner Clinical Judgment Model). From that evaluation, she identified six key concepts and provides ideas for teaching strategies and evaluation.

Teaching sound principles of clinical judgment in nursing prelicensure programs will foster safety and quality in patient care. ◆

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From the Desk of the Researchers

Leader to Leader recently spoke again with the NCSBN Research department on their current slate of projects.

Brendan Martin, PhD, research scientist, Nursing Regulation, provides consultation on studies and projects by coordinating study sites and subjects, collecting data and ensuring that studies are conducted in an ethical and scientifically sound manner. Martin designs studies to address regulatory research questions and writes research proposals.

Anne Bowers, PhD, research scientist, Nursing Regulation. As a new member of the Research department, Anne is investigating factors related to adverse patient safety events on the night shift and leading a national study focusing on opioid use disorder prevention for nurses.

Brendan Martin, PhD

Anne Bowers, PhD

What is the Research department currently working on?

Brendan: I recently completed a national survey study of advanced practice registered nurses (APRNs) working in states that require physician supervision of at least one of the four professional roles (certified nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives). This study examines how specific aspects of scope of practice regulations place undue financial burden and practice restrictions on APRNs, and thereby potentially exacerbate existing obstacles to health care access and utilization in chronically underserved areas.

The findings of the APRN survey are summarized in a manuscript entitled "The Economic Burden and Practice Restrictions Associated with Collaborative Practice Agreements: A National Survey of Advanced Practice Registered Nurses," which was recently published in the January edition of the *Journal of Nursing Regulation.*

Anne: My primary goal is developing evidence-based research to improve patient safety and quality of care. Right now, I am investigating factors related to adverse patient safety events on the night shift. I am also designing an opioid use disorder prevention program for nurses. Be sure to look for more information on these projects in the future.

What is the Research department working on in the near future?

Brendan: I am currently analyzing data from the National Ambulatory Medical Care Survey (NAMCS) to better understand how APRN practice patterns compare to physicians across the U.S. Simultaneously, the Research department is also analyzing data on what educational program characteristics correlate with program approval to provide NCSBN members with evidenced-based criteria for evaluating programs in the future. Finally, two additional studies I'm leading include an APRN sub-analysis for the now complete 2017 National Workforce Study, as well as a pilot study of senior nurse executives in two Canadian provinces to examine the practice implications of facilities adopting a new NCSBN-developed adverse event decision pathway (AEDP) tool. In line with the just culture framework, the AEDP empowers nurse executives who strive to apply good judgment and right-touch oversight when reviewing a nurse's involvement in an adverse event. The findings of this research study will provide insight into current reporting protocol in two Canadian provinces.

Visit NCSBN's Research webpage to stay up-to-date on NCSBN's latest projects. ◆

NCLEX Practice Exam™: A Simulated Exam Experience

Launched in July 2018, the NCLEX Practice Exam™ (NPE), provides candidates in the U.S. and Canada preparing to take NCLEX® examinations with an experience that is similar to the look and the feel of the actual test.

Most NCLEX candidates have never taken a computerized adaptive testing (CAT) exam of this type. Because the stakes are so high, the exam is a source of anxiety for many nursing students because they have no idea what to expect from the experience. Hearing these concerns from both candidates and educators for years, NCSBN posed the question, "What can be done to reduce NCLEX exam anxiety?" This was the driving force behind NPE's creation.

"NPE was designed at its inception to reduce candidate anxiety about taking the NCLEX exam. It offers an experience that is as close to taking the actual NCLEX exam, in a CAT environment, that any candidate can have," comments Philip D. Dickison, PhD, RN, NCSBN chief officer, Operations and Examinations.

Developed not as a review course or predictor of success, the NPE does what no review course can, it simulates taking the NCLEX using actual, retired NCLEX items. Both an RN and PN version are offered.

The NPE offers candidates the following:

- Two separate exams with 125 questions on each, adhering to the current NCLEX Test Plan.
- A timed exam, just like the actual NCLEX, providing six continuous hours to take each RN practice exam and five continuous hours to take each PN practice exam. Consistent with NLCEX administration, the examinee will not have the ability to close and reattempt later. Likewise, each exam form must be completed in one session.
- A CAT-like experience that requires that every question be answered in the order it is presented, and does not allow examinees to go back to previous questions.
- A tutorial to demonstrate the different question types and a score report with the percentage of questions answered correctly.

An NPE examinee will have 24-hour access to purchase the exam on the online platform; the cost of the NPE is $150 USD. The NPE can be accessed at nclex.com.

There is also a French language version of the NPE for Canadian candidates taking the NCLEX in French for the purpose of licensure/registration in Canada.

Dickison concludes, "We know that taking the NCLEX is a stress-inducing event for many candidates and we believe reducing anxiety over the 'unknowns' will benefit them and help boost their confidence. The NPE is not a review course nor can it predict success. However, we think it is an effective and invaluable component for candidates preparing to take the NCLEX, precisely because it provides them with a simulation of the exam, so they have a much better idea of what to expect on exam day." ◆

> " NPE was designed at its inception to reduce candidate anxiety about taking the NCLEX exam."
>
> – Philip D. Dickison, PhD, RN,

Nursing Education Outcomes and Metrics Committee

> … NCSBN conducted two studies to establish an evidence-based approval process.

T In their mission of public protection, U.S. nursing regulatory bodies (NRBs) approve nursing education programs. With an eye toward evidence-based nursing regulation, NRBs were asking for a set of metrics to be used systematically when approving their nursing programs. Therefore, NCSBN's Board of Directors (BOD) charged the Nursing Education Outcomes and Metrics Committee with establishing a set of outcomes and associated metrics, based on the research, for NRBs to use when assessing nursing education programs. More specifically, the BOD wanted:

1. A comprehensive literature review on program approval metrics and its relevance to public safety; and

2. Recommendations for factors in addition to first-time NCLEX® pass rates that can be used to determine criteria for a legally defensible approval/removal process at NRBs.

After searching national and international literature in the fields of higher education, health care and other regulated professions, the committee found that there is a need for more evidence to support outcomes and metrics of nursing education programs. Therefore, NCSBN conducted two studies to establish an evidence-based approval process. The first was a traditional Delphi study where experts in nursing education, nursing regulation and practice (who work with new graduates) came to consensus on the following:

◆ A robust list of 18 regulatory quality indicators (RQIs) (characteristics of programs that graduate safe and competent students);

◆ 11 warning signs (when programs begin to fall below standards); and

◆ Eight outcome measures that the NRBs could use.

The RQIs focused on providing quality, hands-on clinical experiences, with meaningful collaboration with clinical partners; consistent administration leadership; an

evidence-based curriculum that emphasizes safety, quality and critical thinking/clinical judgment; and a consistent, well-prepared faculty. The warning signs for the most part were opposite of the RQIs (e.g., lack of prepared faculty), though there were a few unique warning signs that were identified, such as complaints to the NRB. The outcomes were similar to those the accreditors and NRBs currently collect, though again there were some intriguing new ones, such as the relationship the nursing program has with its clinical partners.

The second study that is still being conducted is the five-year annual report study, where NCSBN is collecting five years of site visit documents and annual reports from NRBs, looking for factors that might predict when programs are beginning to fall below standards and have their approval statuses lowered or removed. NCSBN is currently analyzing the quantitative results of that study using predictive analytics, and the qualitative results using machine learning.

The results of the Delphi study and literature review will be used to provide further support for the findings of the five-year annual report study. Based on the results of these studies, recommendations will be provided. Additionally, in order to improve the consistency of annual report data being collected across U.S. NRBs, an annual report template for collecting core outcomes and metrics data is being developed for the NRBs. The complete results of this work will be reported in the *Journal of Nursing Regulation.* Stay tuned!.◆

> The results of the qualitative Delphi study and literature review will be used to provide further support for the findings of the large, quantitative five-year annual report study.

NOTICE: NCSBN Updates Member Terminology

You may have noticed new terminology being used recently in NCSBN materials and content. Beginning in 2019, our latest organizational enhancements (such as a new membership category, strategic initiatives and growing international relations) have prompted us to assess some of our terminology. As a result, we are making the following changes across NCSBN messaging, products and services over the next year:

- **Nursing Regulatory Body(ies) (NRBs):** These terms will now be used in the place of "Boards of Nursing" (BONs).

- **Member(s)/Membership:** These umbrella terms will now be used when discussing the work of NCSBN and all categories of NCSBN members. The following terms will now be used when referring to specific categories of members:

  - **U.S. Members:** NCSBN has 59 member boards in the U.S. and its territories.

  - **Associate Members:** Associate members participate in NCSBN information sharing, educational sessions and networking opportunities.

  - **Exam User Members:** Exam user members are the newest category of NCSBN membership. To become an NCSBN Exam User member, an organization must have an organization mandate exclusively related to the regulation of the profession and protection of the public, and must use the prelicensure exam developed by NCSBN. Learn more here.

NCSBN
REGULATORY SCHOLARS

Exciting Opportunities for Graduate Nursing Students and Nursing Faculty

Now Accepting Applications

The NCSBN Regulatory Scholars Program develops the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision-making, and encouraging scholarly dialogue and publications. It is a great opportunity for graduate nursing students and faculty to gain cutting edge experiences in nursing regulation and policymaking.

It consists of three positions: a grant program for doctoral students, a paid scholar in residence position, and an unpaid graduate internship in nursing regulation or policy.

For applications and more information, visit our webpage or contact us at regulatoryscholars@ncsbn.org.

"The experiential learning that just happens with the day-to-day activities of an organization, for me, was profoundly valuable."

– Eileen Fry-Bowers, PhD, JD, RN, CPNP-PC
(NCSBN's Scholar in Residence, 2018)

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