

# LEADER TO LEADER

## Obtaining Clinical Hours for Students during the Pandemic: Creative Solutions

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GW Nursing student post-nasal swab collection, preparing the sample for transfer to the lab.

Photo by William Atkins / The George Washington University

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In March 2020, nurse educators were abruptly slammed with unprecedented clinical education disruption due to the global COVID-19 pandemic. At the George Washington University School of Nursing (GW Nursing), students were required to rapidly move to virtual learning platforms, foregoing the face-to-face instruction they had originally expected when applying to nursing school.

## Challenges of COVID, Clinical Education, and Obtaining Clinical Sites

When Virginia Gov. Northam mandated the statewide closure of nonessential business and schools on March 23, 2020 (Virginia Executive Order No. 53), nursing programs across the Commonwealth had to pivot so that students could finish the semester without disrupting their progression.

The shift to offering didactic content online was relatively seamless given GW Nursing's expertise with virtual learning supported by the school's Online Learning and Instructional Technology team. However, face-to-face clinical education came to a standstill.

GW Nursing then looked to guidance from the American Association of Colleges of Nursing (AACN) (2020) once the World Health Organization (WHO) officially declared COVID-19 a pandemic. AACN's advice aligned with guidance from the

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Not wanting to delay the course of study for our students, faculty created virtual online clinical opportunities for our specialty courses.

National League for Nursing (2020) and NCSBN (2020): be as flexible as possible with students nearing graduation in order to get them into the workforce as soon as possible.

However, AACN recommended avoiding direct care with known or suspected cases of COVID-19 until better epidemiologic data was available. Therefore, we had to determine how we could ensure the safety of our own students, including addressing the legal ramifications if a student contracted COVID-19 in the clinical setting.

Program leaders decided that all students, continuing and newly admitted, would complete their clinical requirements via a variety of virtual activities facilitated by their faculty. The opportunity to offer alternative clinical options was supported by the temporary waiver for regulations governing nursing education programs issued by Virginia's director of Department of Health Professions and in concert with the Virginia Board of Nursing (VBON, 2020a), as long as students met established program outcomes.

As the pandemic showed no signs of abating, GW Nursing's clinical partners postponed the return of students to their settings for the 2020 summer semester. Not wanting to delay the course of study for our students, faculty created virtual online clinical opportunities for our specialty courses (e.g., Pediatrics, Obstetrics, Community and Mental Health). Fortunately, GW Nursing was able to provide all fourth/final semester students with a face-to-face capstone, preceptor-based clinical experience.

Because the pandemic forced shutdowns, most of our community clinical sites were also impacted and these partners were not able to accept students. Hence, the faculty created three new face-to-face clinical sites for students to successfully fulfill their community clinical hours: a university COVID-19 Surveillance Testing Center, a unique partnership with the District of Columbia Housing Authority (DHCA), and via a United Medical Center Mobile Van.

### The GWU COVID-19 Testing Center

Early in the summer of 2020, university leadership made the strategic decision to stand up and operate a public health lab, multiple COVID-19 testing collection sites, and a surveillance and support team for any students, faculty, or staff who tested positive for COVID-19. At a nurse-led COVID-19 Testing Center, students rotated through three stations: client registration, specimen collection and the role of safety monitor and charge nurse.

### Partnership with the District of Columbia Housing Authority (DHCA)

The partnership between GW Nursing and DHCA — which has over 80 housing properties — was initiated pre-COVID, but the onset of the pandemic sped up the implementation timeline. The initial responsibilities were limited to the nursing students working in pairs to screen all people entering two housing complexes in a "hub" model of care, but the duties quickly expanded to include hypertension screening and education, along with administering flu vaccines.

### United Medical Center Mobile Van

GW Nursing students worked alongside a nurse practitioner (NP) clinical faculty member providing care via the United Medical Center mobile van. The mobile van rotates throughout the areas in Washington, D.C., populated by citizens who experience high rates of poverty and are impacted by the social determinants of health. While on the mobile van, the students worked in the role of the nurse, while the faculty member worked as the

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GW Nursing student prepares to scan the QR code of the patient, linking the patient to the sample.

health care provider and supervised the students. The students learned firsthand how to screen, educate, vaccinate and treat health conditions seen in an underserved community.

### Virtual Simulation

Another way that GW Nursing helped students meet their clinical requirements was through the use of virtual simulations. The virtual simulations were used at a 1:1 ratio per the VBON (2020b) guidance to create flexibility in clinical requirements per Virginia Executive Order No. 51 (2020). Thus, GW Nursing was able to substitute more than 50% of required clinical experiences in any course with simulation, allowing our students to progress. By the spring 2021 semester, students were back to completing as much face-to-face clinical as possible. However, we are now using our virtual simulations for clinical make-up in cases of illness, quarantine and/or the need to return to a virtual learning experience.

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### COVID-19 Pandemic and Graduate Nursing Education: Opportunities for Graduate Students

GW Nursing prepared nurse practitioner (NP) students to not only complete their academic programs on time, but to also excel in the virtual clinical landscape imposed by the pandemic. Instructors modified NP clinical courses to include additional indirect clinical learning opportunities comprised of interactive case studies, virtual objective simulated clinical examinations and live synchronous workshops. Additionally, telehealth and telemedicine modules were integrated into the NP curriculum to prepare students for both direct care clinical telemedicine experiences and a series simulated telemedicine patient encounters.

### NCLEX® Pass Rates

While NCLEX pass rates are not optimal program outcome measures, the pass rate trends do provide information on how a program is progressing. The George Washington University NCLEX pass rates stayed stable during the pandemic, providing some evidence that these strategies were effective.

#### Four-Year Trend of NCLEX Pass Rates

#### THE GEORGE WASHINGTON UNIVERSITY – BSN

Timeframe	Total Delivered	Total Passed	Total Failed	% Pass Rate
2017	153	140	13	91.50
2018	219	200	19	91.32
2019	266	240	26	90.23
2020	239	210	29	87.87
Jan 1– June 30, 2021	132	121	11	91.67

Nationally, first-time, U.S. educated NCLEX pass rates were 86.57% in 2020 and 83.75% through Sept 30, 2021 (<https://www.ncsbn.org/1237.htm>).

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## SUMMARY

### Seizing New Opportunities: Being Nimble, Agile and Innovative

The quote, “When one door closes, another door opens” aligns well with our experience when WHO first declared COVID-19 a pandemic and clinical sites (the “doors”) temporarily restricted access for GW Nursing students. Consequently, the “closing of one door” pushed us to seek other types of clinical experiences beyond the traditional hospital setting. While COVID-19 impacted nursing and nursing education in more ways than ever imagined, GW Nursing and its clinical partners responded with innovation, resourcefulness and resilience. ♦

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On the following page, read two more examples of innovative clinical solutions from schools of nursing during COVID-19

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## Q & A

### Q: We have completed the Board of Nursing (BON)/NCSBN Annual Report survey for our program. How will those data be used?

**A:** First of all, thank you so much for completing the survey! As background, this core data annual report survey was developed from our large, mixed-methods study on nursing program quality indicators and red flags. Those study results can be found [here](#). Therefore, the questions on the annual reports are all evidence-based. Additionally, some BONs have added their own questions, and we have 16 COVID-19 questions (which BONs can opt out of).

The data will be used by each participating BON (there are 22 BONs participating now, with more expressing interest) to monitor their programs. For example, if a program has had more than three directors in five years, that would be

highlighted on the report, as our study found that to be a warning sign. The BONs will review all the data and identify any areas of weakness so that the programs can make changes before their approval statuses are affected and their NCLEX pass rates drop. This allows the programs to be proactive in making improvements.

Annually, NCSBN will analyze and report the aggregate data. This Annual Report project is a win-win situation for educators and BONs. It decreases the amount of time BONs spend on their annual reports while at the same time creating the first-ever nursing education database.

# Innovative clinical solutions from schools of nursing during COVID-19

## James Madison University School of Nursing

By **Melody K. Eaton, PhD, MBA, RN, CNE, FAAN**, Director and Professor, School of Nursing, James Madison University

Photo by James Madison University School of Nursing



Semester 2 JMU Nursing students Noah Lovelace and Sydney Wicks participate in COVID 19 vaccine training class.

**J**ames Madison University (JMU) School of Nursing (a public university) has a large undergraduate nursing student population of more than 450 students. JMU is located in the northwestern part of Virginia with several rural underserved areas within close proximity to the university.

The school of nursing (SON) offers two examples of innovative clinical opportunities for students during the COVID-19 pandemic:

The SON works with the JMU University Health Center and with the Virginia Department of Health Central Shenandoah Health District to provide weekly COVID-19 Vaccine clinics for area qualifying 1b and 1c critical workers and community members. Faculty will bring clinical groups with first semester students providing intake services and upper-level students acting as vaccinators.

Through the HRSA-funded Undergraduate Primary Care and Rural Health Education (UPCARE) program, cohorts of undergraduate students (UPCARE Scholars) are embedded within a local rural health community in Page County, Virginia, where they practice in the local critical access hospital, primary care and community settings throughout their

educational experience. UPCARE scholars are well acquainted with gaps in services that have been exacerbated during the pandemic, such as access to physical and mental health care, education, transportation and internet services. They work directly with mental health primary care to mitigate the added stress that families within this community are encountering.

The JMU SON and Virginia Commonwealth University (VCU) SON offer a shared summer experience where JMU UPCARE Scholars switch with VCU's HRSA-funded program so that VCU students gain rural underserved population experience, while JMU's UPCARE Scholars gain urban underserved population experience. ♦

Photo by James Madison University School of Nursing



Senior Child Health students and Faculty Melissa Leisen gather for a photo before administering COVID-19 vaccines to the community outside the Rockingham County Fair Grounds.

## Marymount University

By **Terri Gaffney, PhD, MPA, RN**, Assistant Professor, Malek School of Nursing, College of Health and Education, Marymount University

**M**arymount University (MU) is a small private university with a diverse student population, located in Arlington, Virginia. The school of nursing (SON) offers graduate and undergraduate nursing programs.

Due to the pandemic, the SON was challenged to design and develop new clinical opportunities for traditional and accelerated nursing students to fulfill required clinical hours. Faculty launched a virtual hospital to offer increased simulated clinical hours. In addition, MU faculty also developed new community health partnerships.

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Here are some of the unique clinical opportunities in which SON student nurses have or are currently serving:

- ◆ Providing COVID-19 testing and contact tracing for MU Student Health Services;
- ◆ Conducting virtual “check-ins” with students and families from a local Head Start Program;
- ◆ Provided flu vaccinations for patients at a local health clinic;
- ◆ Developed short videos on health education topics for a local clinic;
- ◆ Conducted a community health assessment and literature review for a foundation as a part their program to get more community members vaccinated;
- ◆ Providing COVID-19 screenings at entrances to a local hospital; and
- ◆ Assisting a local health care organization and the county health department in delivering COVID-19 vaccinations. ◆



**ICRS**

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for Regulatory Scholarship

**Earn continuing education (CE) hours, while enhancing your knowledge, extending your leadership skills and networking with people from around the world!**

NCSBN's [International Center for Regulatory Scholarship \(ICRS\)](#) offers a number of online/ blended courses that are of interest to educators. Below are a few courses that are available at a nominal cost.

In April 2022, ICRS will offer a new course, “Cracking the Code to Nursing Education Approval: The Evidence.” The course focuses on cutting-edge evidence boards of nursing use when approving nursing education programs. You will learn about evidence-based quality indicators of nursing programs, keys to a successful site visit and how we are building a national nursing database. You will hear from experts in nursing regulation and education on program evaluation. There is limited enrollment in this course, so sign up early.

Other courses include one on the hot topic of diversity, equity and inclusion in regulatory practice. For those interested in history, we offer a course on the history of nursing regulation. We have a variety of courses for those interested in research, including fundamentals of research, questionnaire design, and using Python for data analysis. Don't forget about the [free COVID-19 courses](#) that students have found valuable when returning to clinical sites. To date, more than 100,000 people have taken our COVID-19 courses. **Visit [icrsncsbn.org](https://icrsncsbn.org) for a full list of all courses.**

# Key Nursing Organizations Provide Recommendations for Unvaccinated Students in Nursing Programs

The policy brief recommends that nursing programs educate their students about the vaccine, dispelling myths and misinformation.



During NCSBN's networking calls with our boards of nursing (BONs), we learned that some nursing students are hesitant to receive the COVID-19 vaccine. According to a recent National Student Nurses' Association (NSNA) survey, 92% of nursing faculty and 86% of currently enrolled students have been vaccinated (NSNA, 2021), so fortunately this number is small. Still, representatives of nine leading nursing organizations<sup>1</sup> thought it important to provide direction to BONs and nurse educators about students who are vaccine hesitant. Nurse leaders came together to develop a policy brief, "[Clinical Experiences for Unvaccinated Nursing Students](#)," providing direction to BONs and educators alike.

Similar to the general population, some students are vaccine hesitant due to misinformation and/or the lack of knowledge of the vaccine and its development. The policy brief recommends that nursing programs educate their students about the vaccine, dispelling myths and misinformation.

As nursing faculty know, clinical experiences with actual patients are critical to nursing education (Spector et al, 2020). Since many of the clinical agencies that nursing programs use for student experiences mandate their staff to be vaccinated, unvaccinated students will not be allowed in these facilities. Even if a clinical facility doesn't require their staff to be vaccinated, it is expected that professionals caring for patients will be vaccinated as patients are often in a vulnerable state. Unvaccinated students have asked faculty for alternative clinical experiences, such as 100% simulation or case studies so that they can complete their clinical requirements without taking care of patients. While research does support using up to 50% simulation to substitute for clinical experiences with patients, as long as the simulation meets the [NCSBN standards](#) (Hayden et al., 2014), there is no evidence to support using more than 50% simulation or case studies to substitute for clinical experiences. Therefore, this policy brief states that BONs have no obligation to waive their regulations related to a clinical experience requirement, and likewise schools of nursing are not obligated to offer alternate clinical experiences because a student is vaccine hesitant.

Read the full policy brief [here](#). ♦

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<sup>1</sup> National Council of State Boards of Nursing, Accreditation Commission for Education in Nursing, American Association of Colleges of Nursing, American Nurses Association, American Organization for Nursing Leadership, National League for Nursing, NLN Commission for Nursing Education Accreditation, National Student Nurses' Association and the Organization for Associate Degree Nursing

# How the Practice/Academic Partnership Model Helped One State During COVID-19

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Requests for alternate clinical experiences compiled from deans and directors of nursing programs throughout the state were presented to the BON for discussion and approval to ensure that educational objectives and outcomes would be met for graduating seniors without altering the quality of the educational experience.

**D**uring the spring and summer of 2020, boards of nursing (BONs) throughout the U.S. were faced with requests from educational programs for ways to replace clinical hours due to the inability to access clinical sites caused by the COVID-19 pandemic. While many clinical sites have since reopened to nursing students, some barriers still remain, resulting in a backlog of clinical hours for many nursing students throughout the state of Connecticut. Reflecting on lessons learned over the past year, collaboration between the BON and nursing leaders throughout the state has proved essential to providing the practice hours and clinical learning experiences needed to assure that students meet graduation goals and expectations for future clinical practice as an RN. The COVID-19 pandemic is considered an extraordinary circumstance, in which innovation and flexibility are priority qualities of any collaboration (NCSBN, 2021).



Early on in the pandemic, a collaboration began with the Connecticut League for Nursing (CLN) Council of Deans and Directors Co-Chairs Audrey Beauvais, DNP, MSN, MBA, RN, and Rosemarie Baker, DHEd, MSN, MBA, and Executive Director Marcia Proto, MEd, CAS. Requests for alternate clinical experiences compiled from deans and directors of nursing programs throughout the state were presented to the BON for discussion and approval to ensure that educational objectives and outcomes would be met for graduating seniors without altering the quality of the educational experience. The Connecticut State Board of Nurse Examiners approved a list of alternate clinical experiences recommended by the CLN Council of Deans and Directors for use during the pandemic for BSN programs, not to exceed 50% of clinical hours (Hayden et al., 2014). As the pandemic continued, and uncertainty regarding available clinical sites persisted, the CLN executive director requested board representation for discussion on practice/academic partnerships.

At the end of November 2020, Beth Beckman, DNS, RN, APRN, NEA-BC, FAAN, chief nurse executive at Yale New Haven Health System (YNHHS), collaborated with five area schools of nursing (Quinnipiac University, Fairfield University, Southern Connecticut State University, University of Connecticut and Gateway Community College) on a model to offer additional preceptor-based clinical experiences to nursing students entering the last semester of their program of studies. This model was a win-win for academia and practice.

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One student wrote, "This program gave me the chance to work with a preceptor one-on-one for the first time ... This experience made me so much more confident in my nursing ability and I greatly appreciate the opportunity for this program."



On the academic side, it provided the much needed clinical experiences for nursing students in the final months of their programs. During the pandemic, nursing students were graduating without COVID-19 care experience and a program objective was to address this deficiency. For the practice side, it provided the staff with much needed additional assistance as travel nurses were scarce and the pandemic was projected to continue for months to come. These bright and well-prepared senior nursing students could be the extra eyes, ears and heart during a time of tremendous workload.

The model was later expanded and offered to other universities. The program, "Bridge to Professional Practice," was an elective zero-credit winter intercession offering overseen by faculty from the participating nursing programs. This provided students the opportunity to work with a designated YNHHS preceptor at the bedside to aid their clinical and decision-making skills, and gain confidence in the role of a new nurse.

The program began over the December 2020 winter break with approximately 320 students participating in 60 clinical practice hours with preceptors on various units throughout the YNHHS. Clinical hours counted toward the student's program's required clinical hours or served as a supplement to their clinical hours. University nursing faculty leaders and YNHHS nursing leaders collaborated on the development of the syllabus, including course description, practicum course objectives, learning strategies, methods of assessment and policies. Clinical faculty and preceptors were provided with detailed information on the Bridge to Professional Practice experience from the academic and clinical partner nurse leaders. Each student was paired with a BSN-prepared preceptor while an MSN-prepared faculty employed by the school oversaw learning. After the 60 clinical hours were completed, students had preferential consideration for a paid position as a student nurse intern within YNHHS and the option to complete their remaining clinical hours for the spring semester on the unit or within the facility.

A formative evaluation of the "Bridge to Professional Practice" was conducted from the perspective of the students, preceptors, managers and faculty, using electronic surveys. Student responses to the Bridge program have been very positive. For example, one student wrote, "This program gave me the chance to work with a preceptor one-on-one for the first time. That experience was so beneficial as I had the nurse's full patient load and my nurse preceptor was available to me at all times. This experience made me so much more confident in my nursing ability and I greatly appreciate the opportunity for this program." Students' self-reported competence showed overall improvements in such areas as caring for adult patients with complex care needs, prioritizing care, communicating with the interprofessional team, demonstrating evidence-based clinical skills and adhering to professional behaviors.

Given the success of this program, YNHHS is considering offering it again next winter. Although the situation during the COVID-19 pandemic has been challenging, we have learned that strong partnerships between CLN, BON, academia and practice are essential to both nursing education and high quality patient care. ♦

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# 2021 Virtual NCLEX® Conference



Jason Schwartz, MS

With the NGN launch planned for April 2023, ensuring as many stakeholders as possible have the most current and accurate information is a major priority.



## 2021 NCLEX® Conference Highlights Exam Changes

By Jason Schwartz, MS, Director, Outreach, Marketing & Advocacy, NCSBN

When temperatures dip, sweaters come unpacked and summer turns to fall, you know it's that season of year again: time for our annual NCLEX Conference! For the second year in a row, however, attendees from warmer locales were spared the necessity of tracking down parkas and mittens, as NCSBN once again chose to hold the event virtually.

Attendees gathered online Sept. 30 for a conference agenda focused on the Next Generation NCLEX (NGN). Last year, about 75% of the program featured NGN, and the response was very positive. This year we took the number up even higher. Highlights of staff presentations included a review of [NGN case studies](#) and "[standalone](#)" items, discussion of [NGN item types](#) and [partial credit scoring](#), and analysis of the NGN test design recently approved by NCSBN delegates at the 2021 Annual Meeting.

Having done numerous presentations over the past couple years, I can definitely say that the most common questions were always around how different the new test would be. Educators had typically seen or heard about case studies and an increased emphasis on clinical judgment. However, they didn't have a sense as to whether these additions would comprise incremental changes to the exam versus potentially a complete overhaul. When NCSBN Director of Measurement and Testing Joe Betts, PhD, shared the approved test design at the conference — not only specific numbers but also a rationale for the changes — I believe all those questions were put to rest.

In addition to sessions led by NCSBN staff, the day's program also included guest presentations from the world of education. Professor Lisa Gonzalez, MSN, RN, CNE, CCRN-K, of the University of Maryland and Janet Monagle, PhD, RN, CNE, of the MGH (Massachusetts General Hospital) Institute of Health Professions, drew on their research and professional expertise to share strategies for teaching and testing clinical judgment at the classroom level.

While COVID-19 was the main driver of transitioning the NCLEX Conference online, a side benefit not to be overlooked is the added reach the virtual format provided. For the second year in a row, more than 2,000 educators were able to attend the event,

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**NCLEX Conference Highlights** *continued from page 10*

compared to about 400 for previous in-person conferences. With the NGN launch planned for April 2023, ensuring as many stakeholders as possible have the most current and accurate information is a major priority, and the virtual NCLEX Conference provided a major boost toward that effort.

That said, the current NCLEX-RN and NCLEX-PN exams remain in place for another 18 months, which meant that it was also important for the NCLEX Conference to provide information relevant to our current exams. Fortunately, NCSBN Senior Meetings Manager Colleen Neubauer, CMP, DES, had the perfect strategy to balance sharing as much NGN information as possible while not omitting other important exam topics. Our solution for the 2021 NCLEX Conference was to augment the main agenda with a supplemental library of on-demand video content that attendees could stream. This allowed registrants to enjoy the full program of NGN content while also having up to 60 days to select and view additional sessions on topics such as testing accommodations, the NCLEX test plan, and computerized adaptive testing.

For educators and other interested stakeholders who were not able to attend the 2021 NCLEX Conference, the [NCSBN website](#) remains a viable and current source of information about both today's NCLEX and the NGN coming in April 2023. ♦

## Exciting Opportunities for Graduate Nursing Students and Nursing Faculty

### *Now Accepting Applications for Summer 2022*

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](mailto:regulatoryscholars@ncsbn.org).**



*“Every nurse needs to be aware of the regulatory and policy issues that affect their practice setting, and NCSBN provides a wealth of resources for all nurses to become involved, whether at the micro or macro level.”*

– Dena Hinkle, RN  
(NCSBN's 2019 Graduate Intern)

# Pennsylvania and Ohio Enact the Nurse Licensure Compact



In July the Nurse Licensure Compact (NLC) hit a new milestone of 38 jurisdictions when two states, Ohio and Pennsylvania, enacted the compact on the same day. The NLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in-person or via telehealth, teach via distance education and provide patient consultation in both their primary state of residence and other NLC jurisdictions.

Licensure requirements are uniform across NLC states, so nurses who are issued a multistate license have met the same requirements, which include a federal and state criminal background check. In the event of a disaster (such as the COVID-19 pandemic), nurses from compact states can easily respond to supply vital services. Additionally, many nurses—including primary care nurses, case managers, transport nurses, school and hospice nurses, among many others—need to routinely cross state boundaries to provide the public with access to nursing services, and a multistate license facilitates this process.

The NLC also benefits faculty. In most states, boards of nursing (BONs) require faculty to be licensed wherever they are teaching students, whether it is a clinical or a didactic course. Therefore, if an educator has a multistate license in an NLC state, and their students are located in other NLC states, they do not need an additional license to teach in those states. See the map of [current NLC states](#).

“With Ohio joining other states who are members of the NLC, Ohio employers will be able to cover gaps in staffing more quickly,” said Jacqueline M. Loversidge, PhD, RNC-AWHC, ANEF, associate professor of clinical nursing, The Ohio State University. “Those employers include colleges and schools of nursing, who sometimes struggle to fill gaps left by faculty who are retiring or returning to practice. It is crucial to be able to assure rapid licensure if specialty faculty slots are being filled by nurses coming to us from across state lines. The NLC will facilitate the work of our hard-working BONs to assure seamless nursing education for our students—and the education of our next generation of nurses has never been so imperative.”

Ohio Bill sponsor, Sen. Kristina Roegner said, “There is potentially no greater incentive for nurses to move to the Buckeye State than interstate compacts that expand the flexibility and value of their professional licenses. With the governor’s signature, nurses can have confidence that there is opportunity in Ohio that they may not be able to find in other states.”

Pennsylvania bill sponsor Sen. Lisa Boscola, said, “By not being a part of the nurse compact, Pennsylvania has frankly been at a disadvantage. We are a state with over 12.5 million people—and the proportion of our population over the age of 60 is one of the highest in the country. That number is only going to climb as the baby boomer generation continues to age and need more advanced medical care. Joining the compact is going to benefit Pennsylvania nurses, hospitals and health systems, physicians, nursing homes, home health care services and—above all—patients.”

The NLC will be implemented in Ohio on Jan 1, 2023. Starting on this date, Ohio residents will be able to apply for a multistate license and nurses residing in other states who hold a multistate license will be able to begin practicing in Ohio.

Although the NLC has been enacted in Pennsylvania, an implementation process must be completed before Pennsylvania residents will be able to apply for a multistate license and before nurses in other NLC states who hold a multistate license will be able to practice in Pennsylvania. Once an implementation date is determined, it will be posted on the [Pennsylvania State Board of Nursing website](#).

For more information about NLC, visit [www.nlc.gov](http://www.nlc.gov) or contact [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org). ♦



Sen. Kristina Roegner  
OHIO



Sen. Lisa Boscola  
PENNSYLVANIA

# Debunking Misleading Medical Memes and Potentially Lethal Links with Media Literacy

By Sherri L. Ter Molen, PhD, MA, Associate, Nursing Regulation, NCSBN;  
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People who give credence to these conspiracy theories may generally distrust academic research, government sources and mass media and may instead turn to blogs that reinforce their own beliefs.

**O**n March 16, 2020, just five days after the World Health Organization declared the COVID-19 pandemic, BuzzFeed published “Here’s a Running List of the Latest Hoaxes Spreading about the Coronavirus.” The list included commonplace but unproven solutions, like taking vitamin C, along with seemingly absurd recommendations, such as blowing hot air up one’s nose with a hairdryer to kill the virus living in nasal cavities. Many of these health hoaxes, of course, spread globally through social media, and unfortunately their pervasiveness proved deadly. Before the end of that first month of the pandemic, the Associated Press reported that hundreds had died in Iran after ingesting toxic methanol because social media posts had led them to believe that drinking high-proof alcohol would kill SARS-CoV-2. Society was desperate for a cure and, thankfully, life-saving treatments and vaccines were developed in record time. The cure for the infectious misinformation that continues to threaten the public, on the other hand, has been available all along. The remedy is media literacy.

The National Association of Media Literacy Education (NAMLE) defines media literacy as “the ability to access, analyze, evaluate, create and act using all forms of communication.” This is slightly different than health literacy, the ability to locate and understand the information needed to make good health decisions. To cultivate health literacy, the Health Resources & Services Administration suggests that health professionals should ask patients to explain their instructions back to them to make sure patients truly understand. The problem is that health professionals cannot be by every patient’s bedside 24-hours a day. Media literacy, on the other hand, places the agency in the hands of media consumers who are charged to ask themselves questions, including: *Who made this video? Who paid for this commercial? How might others understand this message differently, and is this post fact or opinion?* With regular practice, media literacy skills can become second nature, and these skills can bolster health literacy.

Media literacy is taught in some K-12 schools in the U.S., but nonetheless, researchers at the University of Chicago found that nearly half of Americans believe in at least one medical conspiracy theory, accepting that natural cancer cures are being suppressed by big pharma, for instance. People who give credence to these conspiracy theories may generally distrust academic research, government sources and mass media and may instead turn to blogs that reinforce their own beliefs. While a blog post discussing turmeric as an alternative to chemotherapy should be questioned, media literate people should not outright dismiss this possibility without thinking about it critically either. Media literate people should instead recognize that they might not have the expertise needed to evaluate some health recommendations and should consult their health care providers for guidance. Clearly, media literacy training must be extended beyond K-12 education and must be integrated into higher education, professional development and other public education initiatives.

Since many of the existing media literacy resources are designed for K-12 settings, additional media literacy materials need to be developed for adult audiences. Nursing

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Health  
misinformation  
spreads through  
the media like  
a disease.



education programs could partner with their universities' communication programs to develop health-specific media literacy materials for students and the general public. Also, nursing regulatory bodies, professional associations, hospital systems and other health care organizations could use their newsletters and social media platforms, not just to debunk health misinformation, but to empower the public to analyze, evaluate, share and create health-related media responsibly.

Health misinformation spreads through the media like a disease. While patients should rely on their health care providers to help them make informed health decisions, people need to develop independent abilities to critically think through the numerous health messages they encounter daily. Thus, media literacy can complement health literacy. If educators, regulators and other health professionals can work in concert to promote media literacy, the public will surely cultivate greater immunity to misleading medical memes and potentially lethal links. ♦

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# Updating the Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs: Evidenced by Knowledge, Clinical Judgments and Behaviors

By Janice I. Hooper, PhD, RN, FRE, CNE, FAAN, ANEF, Nursing Consultant for Education, Texas Board of Nursing and Kristin K. Benton, DNP, RN, Director of Nursing, Texas Board of Nursing



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In Texas there is a legislative mandate for the board of nursing (BON) to develop differentiated essential competencies that are expected of graduates of prelicensure nursing programs. Stakeholders work with the BON to develop these competencies. Here is a glimpse of how that process works.

## Background

The Texas Board of Nursing (TXBON) approved an update of the 2010 differentiated essential competencies (DECs) at the January 2021 meeting. The requirement for Texas prelicensure nursing programs to prepare graduates to perform the state competencies dates back to the original board charge in 1988 following a legislative mandate. Since then, three different versions have been developed by TXBON staff with input from board-appointed stakeholders (nursing educators, professional organizations; practicing nurses, state agencies and consumers):

- ◆ **1993 – First Edition** – Nursing Education Advisory Committee (NEAC)
- ◆ **2002 – Second Edition** – Differentiated Entry Level Competencies of Graduates of Texas Nursing Programs (DELCS)
- ◆ **2010 – Third Edition** – Differentiated Essential Competencies of Graduates of Texas Nursing Programs (DECs)

## Guiding Principles

The guiding principles that were established by the first DECs committee have continued to be sound and useful for revisions:

1. The DECs are client-focused, rather than institution-focused;
2. The DECs would not be developed as a list of tasks or skills;
3. Competencies will provide essential role responsibilities, knowledge and clinical behaviors and judgments in broad terms;
4. Programs will be able to develop and create curricula for their communities, level of education and program outcomes by focusing on the DECs; and
5. The DECs are not all-inclusive of all nursing competencies, but list competencies necessary for the nursing graduate to seek licensure and enter nursing practice.

## Organization

The differentiation across educational levels (vocational nursing education, associate degree nursing education and baccalaureate nursing education) is evident in the progression of scope of practice and in knowledge, skills and abilities based upon increasingly complex content. Twenty-five core competencies are categorized under four main nursing roles:

- ◆ Member of the Profession
- ◆ Provider of Patient-centered Care
- ◆ Patient Safety Advocate
- ◆ Member of the Health Care Team

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Outdated concepts and practices were removed from the DEC, and new concepts were added that included service excellence, self-care, spirituality, social determinants of health, workplace violence, civility and cybersecurity.

Each core competency is further developed into specific knowledge areas and clinical judgments/behaviors for each educational level. The competencies are presented in a table format on the Texas BON website ([www.bon.texas.gov](http://www.bon.texas.gov)) for easy comparison of differentiated competencies across educational preparation. The DEC is consistent with board position statements, rules and regulations, education guidelines and other board documents.

It is acknowledged that not all competencies can be evaluated upon graduation from a nursing program, but the graduate will have received the educational preparation to demonstrate each competency. As the novice nurse gains practice experience, the entry-level competencies from education will continue to grow as the nurse demonstrates an expanding expertise.

### Process

A team of TXBON staff that included both nursing consultants for education and nursing consultants for practice collaborated on the 2021 Fourth Edition to ensure a focus for both education and practice. Updating the DEC involved several steps over about four months:

- ◆ A comprehensive review of current literature, research, BON documents, accreditation and practice standards, and newer versions of previous documents referenced in the 2010 version;
- ◆ Suggested revisions from a BON team of education and practice consultants;
- ◆ Input from stakeholders (practice and education representatives) in an all-day meeting;
- ◆ Feedback through a survey of practice settings and education programs; and
- ◆ Review and approval by board members.

Outdated concepts and practices were removed from the DEC, and new concepts were added that included service excellence, self-care, spirituality, social determinants of health, workplace violence, civility and cybersecurity. Additionally, a new core competency was added related to global health and pandemics.

### Implications

#### For nursing education:

- ◆ Guideline for curriculum development and revision;
- ◆ Benchmark for measuring program outcomes;
- ◆ Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses.

#### For employers of nurses:

- ◆ Guide for development of employee orientation and internship programs;
- ◆ Baseline for job descriptions and career ladders;
- ◆ Description of entry-level competencies for new nurses;
- ◆ Information helpful for reviewing and revising policies and procedures for nursing care. ◆



# NCSBN's 2020 National Nursing Workforce Survey Reveals Noteworthy Trends for Educators



## NATIONAL NURSING WORKFORCE SURVEY

**S**ince 2012, NCSBN and the National Forum of State Nursing Workforce Centers have conducted a biennial nursing workforce study. These surveys draw a nationally representative sample of more than 5 million registered nurses (RNs) and licensed practical

nurses/licensed vocational nurses (LPNs/LVNs) currently licensed in the U.S. The nurses are sent a survey which asks questions about demographics, education, employment status, practice setting and licensure.

In the most recent survey, data were collected from 42,021 RN respondents and 39,765 LPN/LVN respondents between Feb. 19, 2020, and June 30, 2020. Below are some of the findings that educators may find most interesting.

One of the more alarming trends uncovered is that one-fifth of nurses surveyed plan to retire over the next five years. The survey found that the median age of RNs was 52 years. The median age of the workforce has remained approximately the same since 2013 but the age distribution of the workforce has changed substantially. Nurses who are aged 65 years or older account for 19% of the RN workforce and comprise the largest age category. The proportion of nurses aged 65 years or older increased by 5.1 percentage points from 2013 and by 4.4 percentage points from 2017. This potential exodus of 20% of the nursing workforce has serious implications for the care of an aging population plagued by chronic diseases and comorbidities.

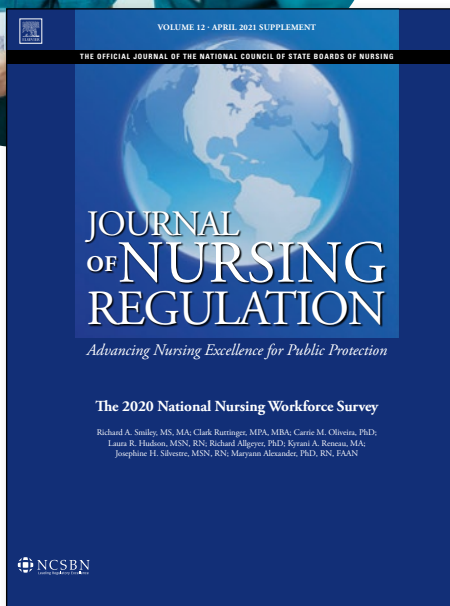
Coupled with nurse retirement and an aging population is the fact that there are not enough new nurses entering the health care system to meet the demand. According to the American Association of Colleges of Nursing (AACN), a 2019 study found that there was 5.1% enrollment increase in entry-level baccalaureate programs in nursing, but this increase likely will be insufficient to meet the future nurse workforce demand.

Additionally, AACN's report on 2019-2020 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, states, "U.S. nursing schools turned away 80,407 qualified applicants from baccalaureate and graduate nursing programs in 2019 due to insufficient number of faculty,

clinical sites, classroom space, and clinical preceptors, as well as budget constraints." While this number is sometimes questioned because it doesn't account for students who have multiple applications to nursing schools, it still suggests that not all qualified students are able to enroll in nursing school, thereby exacerbating future nursing shortage.

Results from the survey also suggest that the nursing workforce is becoming increasingly more educated with approximately 42% of nurses in 2020 reporting a baccalaureate nursing degree as their first U.S. nursing license, an increase of 5.8 percentage points from 2013. The most common highest level of nursing education achieved is a baccalaureate degree across all groups (65.2% of RNs), which increased by 7.8 percentage points between 2013 and 2020. The number of RNs who indicated that a doctorate of nursing practice (DNP) was their highest level of nursing education increased by a full percentage point from 0.4% in 2013 to 1.4% in 2020.

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Coupled with nurse retirement and an aging population is the fact that there are not enough new nurses entering the health care system to meet the demand.

**Nursing Workforce Survey** *continued from page 17*

These are important data for nurse educators as they select practice sites for students and include the use of telehealth into their prelicensure curricula.

While 81.5% of LPN/LVN respondents in 2020 reported a vocational/practical certificate for their first nursing license, the proportion of LPNs/LVNs with an associate or baccalaureate degree increased over the years, the number of those qualifying with a vocational/practical certificate and diploma has decreased. The highest level of nursing education achieved as reported by LPNs/LVNs were vocational/practical certificate (72%), diploma (12.2%), associate degree (12.7%), and baccalaureate degree (3.1%).

The majority of respondents, both RNs and LPN/VNs, reported that they were actively involved in the practice of nursing either full or part-time. For RNs, a hospital was the primary practice setting selected by 54.8% of respondents which is a decrease of 0.9 percentage points from 2017. Ambulatory care was the second most frequently selected response for RNs, at 9.7%. For LPN/VNs, 26.6% selected geriatric/gerontology as the employment specialty that most closely corresponded to their primary nursing practice position, down from 30.5% in 2017. Home health was the second most frequently selected employment specialty (8.4%) for LPNs. Additionally, 50% of LPNs and RNs reported using telehealth technologies when providing nursing services. These are important data for nurse educators as they select practice sites for students and include the use of telehealth into their prelicensure curricula.

The full study, "[The 2020 National Nursing Workforce Survey](#)," was published as a special supplement of the *Journal of Nursing Regulation* and can be accessed free of charge. ♦



## Questions about Nurse Licensure?

**NCSBN's Nurse Licensure Guidance tool** provides resources and direction on becoming a licensed nurse in the U.S.

There are several steps in the process of obtaining registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) licensure in the U.S. Our Nurse Licensure Guidance tool helps international nurses and domestic nurses learn more about state-specific licensure requirements based on their selections of where they want to live and practice in the U.S.

**Try out the Nurse Licensure Guidance tool today!**



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