

LEADER TO LEADER

Practice/Academic Partnership: One Answer to Prelicensure Clinical Placements During a Pandemic

Practice/Academic Partnership During the COVID-19 Crisis

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NCSBN has joined with other national nursing organizations to promote a practice/academic partnership model. This [video](#) looks at the model and the successes two states have had implementing it.

In March 2020, when U.S. hospitals and long-term care facilities began to see outbreaks of COVID-19, most clinics and elective surgeries were shut down, and hospitals either dealt with the onslaught of COVID-19 patients or the uncertainty of what would happen. Often nursing programs were told their students in the U.S., as well as across the world (Bogossian, McKenna & Levett Jones, 2020), were considered “visitors” or nonessential workers and practice facilities shut their doors to clinical experiences for prelicensure nursing students. Nursing programs were forced to go online, and in many states, because of [executive orders](#), nursing programs were allowed to use up to 100% simulation, including virtual simulation, to replace clinical experiences where students provide direct patient care. While there has been a [landmark study](#) on the outcomes of replacing up to 50% of clinical experiences with simulation (this study did not include virtual simulation), there have been no studies on the outcomes of programs that use more than 50% simulation. Likewise, while there have been many studies on the creative use of virtual

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Dear Readers,

Leader to Leader is normally sent to our subscribers in the fall and the spring. However, because of the major effect that the COVID-19 pandemic has had on nursing programs, particularly with clinical placements, we are pleased to send you a special summer issue of *Leader to Leader* to provide you with some ideas and information for moving forward during these uncertain times and to update you on a few other matters. Enjoy!

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simulation when teaching nursing, they are often small and not generalizable.

While these innovative and technological advances in teaching may evolve from our experience with COVID-19, **Beverly Malone, PhD, RN, FAAN**, CEO of the National League for Nursing, emphasizes the value of clinical experiences with actual patients in a recent [article](#), saying, “The connection between the nurse and the patient in face-to-face clinical care is incredibly powerful. You can’t replace that patient who surprises you, who somehow connects with something inside you and makes you want to give more and help in a meaningful way.”

Therefore, U.S. nurse leaders from education, regulation and practice came together virtually in early March to discuss a strategy going forward where students are considered essential workers¹ and where there could be more collaboration between education and practice. A [Policy Brief](#), with consensus of 10 nursing organizations, was developed that outlines a practice/academic partnership between the health care facility and the education institution. Highlights of this partnership are that students are employed in the practice setting, but at the same time they receive academic credit. The educators, perhaps with a joint appointment, would work closely with the health care facility so that students would meet their learning objectives, and faculty would provide oversight of the students. Of course, there could be modifications to this arrangement. [Practice/academic partnerships](#) have been encouraged in nursing, so it is logical to extend this model during a time of crisis. This [video](#) explains the implementation of this practice/academic partnership model. A similar [model](#) was implemented in the U.K. during the pandemic.

When imagining a future where we learned from this pandemic, **Maryann Alexander, PhD, RN, FAAN**, chief officer, Nursing Regulation, NCSBN, asked in an April 2020 *Journal of Nursing Regulation* editorial, “What if education and practice became true academic partners? And, healthcare facilities made a true commitment to participate in the education and mentoring of the next generation of nurses? Instead of shutting their doors to students during an emergency, students and faculty would be integrated into the workforce.” This model is a true reflection of that imagination. ♦

REFERENCE

Bogossian, F., McKenna, L. & Levett-Jones, T. (2020). Mobilising the nursing student workforce in COVID-19: The value proposition. *Collegian*. 27, 147-149

“The connection between the nurse and the patient in face-to-face clinical care is incredibly powerful. You can’t replace that patient who surprises you, who somehow connects with something inside you and makes you want to give more and help in a meaningful way.”

– Beverly Malone, PhD, RN, FAAN



¹NLN and NCSBN make a [statement](#) about student nurses being considered essential workers; the Washington State Nursing Care Quality Assurance Commission released this [statement](#) to their programs, clarifying that students are essential workers.

Free COVID-19 Courses

Clearly, we have met a need with these popular courses, as to date more than 18,000 nurses have taken them.

When the [Practice/Academic Partnership Policy Brief](#) was released in March, we realized that graduating students and new nurses, as well as established nurses, would benefit from free courses on caring for patients with the novel coronavirus. Additionally, many clinical practice sites now are requiring COVID-19 courses for students with clinical experiences in their facilities. Therefore, in collaboration with experts in the field, NCSBN is offering a special COVID-19 series of free, self-paced, online short courses through NCSBN's International Center for Regulatory Scholarship (ICRS). Three of the four courses each provide 1 continuing education credit. Clearly, we have met a need with these popular courses, as to date more than 18,000 nurses have taken them.

Nurses and other health care workers are invited to self-enroll through the [ICRS Connections Catalog](#). Enrollment questions should be directed to icrs@ncsbn.org.



ICRS
International Center
for Regulatory Scholarship

COURSE DESCRIPTIONS:

COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE

In this 50-minute, online short course, participants will come to understand the common epidemiologic terms that are being used when talking about COVID-19, and they will appraise community-level infection control strategies. In addition, participants will learn to identify modes of COVID-19 transmission, evaluate appropriate infection control interventions, describe principles for protecting themselves from SARS-CoV-2 and effectively don and doff of all forms of PPE.

Continuing education credit: 1

COVID-19: Nursing Care

Participants in this 50-minute, online short course will learn how to select proper COVID-19 testing methods and interpret common diagnostic findings, synthesize current clinical data on experimental medications for COVID-19, describe nursing care of the symptomatic patient in the acute care setting and develop the communication techniques necessary to maximize the compassionate care of COVID-19 patients via telehealth.

Continuing education credit: 1

COVID-19: Basic Law and Ethics for Nurses during COVID-19

Participants in this 50-minute, online short course will review emergency declarations and the implications for constitutional rights, examine matters relating to the obligations of licensed health care professionals and address legal and ethical considerations regarding the implementation of crisis standards of care.

Continuing education credit: 1

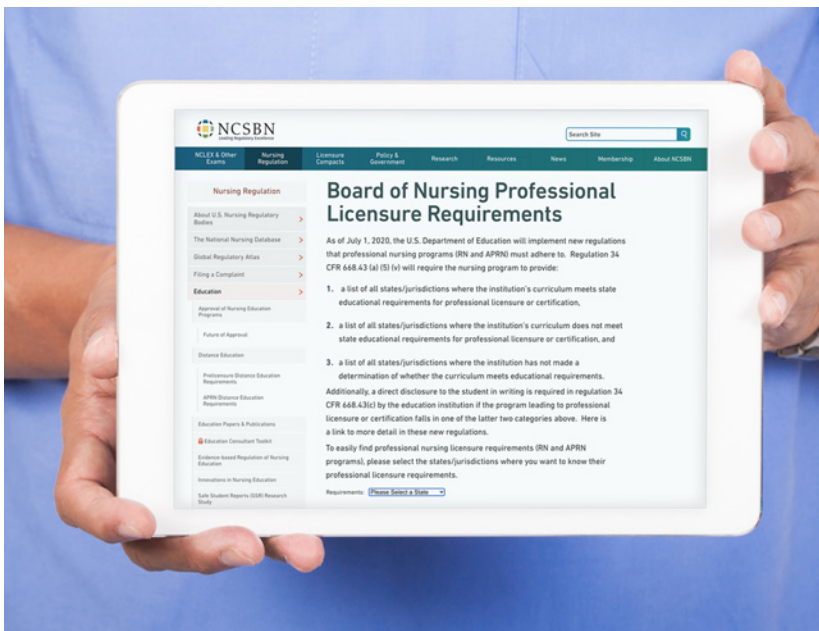
COVID-19: Credible Information, Hoaxes and the Media

In this 25-minute, online short course, participants will learn how the public consumes media during a health crisis and will learn strategies for leveraging the high level of trust the public places in nurses and other health care professionals to communicate credible information that combats life-endangering hoaxes.

Continuing education credits: NA ♦



NCSBN's New Board of Nursing Professional Licensure Requirements Webpage



On July 1, 2020, the U.S. Department of Education's (USDE) [Regulation 34 CFR 668.43 \(a\) \(5\) \(v\)](#) will go into effect. This new USDE regulation requires that professional nursing programs list on their website for students:

1. A list of all states/jurisdictions where the institution's curriculum meets state educational requirements for professional licensure or certification;
2. A list of all states/jurisdictions where the institution's curriculum does not meet state educational requirements for professional licensure or certification; and
3. A list of all states/jurisdictions where the institution has not made a determination of whether the curriculum meets educational requirements.

Users can select any state/jurisdiction to view the applicable licensure requirements and links to relevant information related to this new regulation.

Additionally, a direct disclosure to the student in writing is required in regulation 34 CFR 668.43(c) by the education institution if the program leading to professional licensure or certification falls in one of the latter two categories above.

This new regulation will apply to all nursing programs, including PN, RN and APRN, that participate in Title IV HEA funding, if the program is:

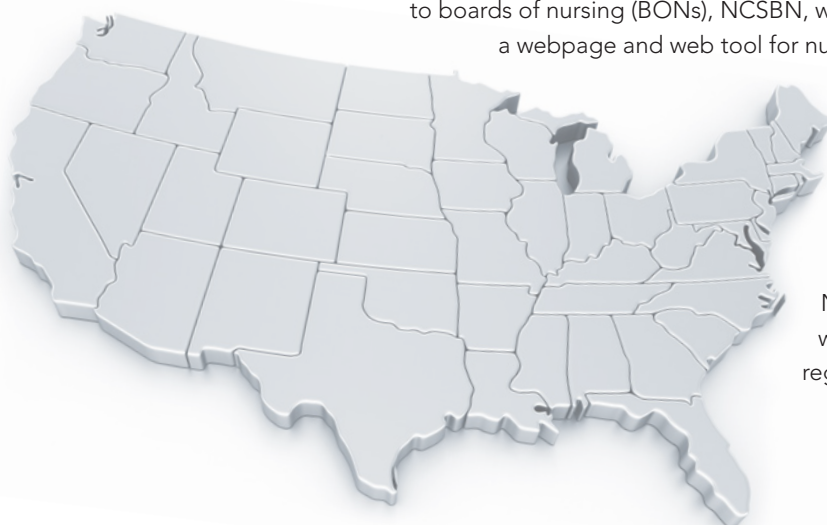
- ◆ Designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation; or
- ◆ Is advertised as meeting such requirements.

It is also important to note that this new regulation applies to programs regardless of their teaching modality; that is, it is a requirement for face-to-face and distance education programs.

To assist nursing programs to meet this new USDE regulation, as well as to limit questions to boards of nursing (BONs), NCSBN, with the help of BONs around the country, developed a webpage and web tool for nurse educators that will give them licensure requirement information for each state/jurisdiction. It is

located on NCSBN's [BON Professional Licensure Requirements webpage](#). Users can select any state/jurisdiction to view the applicable licensure requirements and links to relevant information related to this new regulation.

NCSBN is confident that this new webpage and tool will help nurse educators as they navigate this new regulatory requirement. ◆





NCLEX Update

Ever since the global COVID-19 pandemic caused the immediate closure of all Pearson VUE Testing Centers in mid-March, NCSBN has worked round the clock to reopen centers and expand time slots while still maintaining Centers for Disease Control and Prevention (CDC) guidelines and recommendations. Although sometimes thwarted by state and local regulations, most centers have reopened to testing, albeit with sometimes limited capacity for NCLEX Candidates.

One of the first measures NCSBN took to ensure that maximum number of testing slots could be available and to process the highest number of candidates possible through the center per day, was to shorten the exam to four hours. We have found that in the 10 weeks since the modified exam was implemented, no negative impact on the candidates' testing experience or results has occurred. The psychometric integrity of the NCLEX exams has not been compromised in any way and the difficulty levels and passing standards of the exams have not changed. The original date the shortened exam was due to be utilized was extended from July 4 through Sept. 30, 2020.

Additionally, NCSBN is in constant communication with Pearson VUE working with them to increase testing opportunities especially in areas where the need is greatest. Pearson VUE is continually hiring and training more staff in order to extend testing hours. Eight temporary test centers that can accommodate a larger number of candidates per day but still follow strict social distancing and other CDC recommendations are now open for the exclusive use of NCLEX Candidates.

Following CDC guidelines, NCLEX candidates are screened prior to being allowed to test. Likewise, testing center personnel also undergo screening before being allowed to work. The testing centers are thoroughly cleaned and disinfected between each test taker, including all objects that candidates interact with or encounter. Candidates and testing center personnel also wear masks while in the center.

The psychometric integrity of the NCLEX exams has not been compromised in any way and the difficulty levels and passing standards of the exams have not changed.

Some facts to help your students in scheduling their exam:

- ◆ NCLEX Candidates can change their testing date and testing center as many times as they wish without any fee or repercussion.
- ◆ NCLEX testing dates and times are fluid and new slots open up frequently. Candidates looking to test sooner than they originally scheduled can periodically check to see if they can test at an earlier date.
- ◆ There are eight temporary test centers where all the testing time slots are completely dedicated to NCLEX Candidates:
 - Mesa, Arizona
 - Iowa City, Iowa
 - Bloomington, Minnesota
 - Hoboken, New Jersey
 - Westerville, Ohio
 - Austin, Texas
 - San Antonio, Texas
 - Norfolk, Virginia

FAQs can be found [here](#). Candidates can schedule testing appointments at [Pearsonvue.com/nclex](https://www.pearsonvue.com/nclex). ◆

A Landmark National Nursing Education Program Study

The July 2020 supplement of the *Journal of Nursing Regulation* features a national study conducted over three years by NCSBN to identify quality indicators of approved nursing programs, and warning signs of programs at-risk for approval, for the development of Regulatory Guidelines for Nursing Programs. The study, entitled, "NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs," includes:

These guidelines will enhance collaboration between educators and regulators.

- ◆ A comprehensive literature review;
- ◆ A National Delphi Study identifying quality indicators and warning signs of nursing education program performance;
- ◆ A quantitative analysis of five years of boards of nursing (BONs) annual report documents; and
- ◆ A qualitative analysis of five years of BONs site visits.

The results of the study were then analyzed by a panel of experts, including educators, regulators, researchers and attorneys, to develop evidence-based and legally defensible regulatory guidelines for BONs to use when approving Nursing Education Programs. These guidelines will enhance collaboration between educators and regulators. Together, they will be able to use the quality indicators to guide nursing programs to approval and to identify warning signs when the nursing program is beginning to fall below standards. This early intervention will assist nursing programs to act before BON sanctions or program closures, thus continuing to graduate safe and competent nurses, in adequate numbers, to care for patients.

Site visit and core data annual report templates are included in the guidelines for BONs to use for collecting consistent data across the BONs. NCSBN will collect nursing programs' annual report data from participating BONs. This will provide us with a national database so that we can continually analyze the data and make recommendations regarding the approval of nursing education programs. **You will not want to miss this supplement!** ◆



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