

# Leader *to* Leader

Nursing Regulation & Education Together

Fall 2006

## Educating Nurses and Physicians in Health Care Teams

Dr. Pamela Boyers, PhD, RN

At Riverside Methodist Hospital in Columbus, Ohio, we are now educating nurses, physicians and allied health care professionals in the *team care* of patients. To accomplish the goal of improving patient safety, the medical and nursing educators have collaborated to create a Virtual Hospital — a place where nurses and doctors can practice using equipment, doing procedures, managing patients and applying clinical judgment to almost any patient care scenario in *complete safety*. Replicating the hospital environment, the Virtual Care Unit (VCU™) contains a trauma suite, operating room, regular patient unit and an intensive care unit, all built around a central control room. The rooms are joined by walls that can fold into the ceiling, creating one large triage area for practicing a mass casualty scenario. Each room is equipped exactly like its counterpart in the hospital, except each of these rooms contains a human patient simulator. The VCU has

*To accomplish the goal of improving patient safety, the medical and nursing educators have collaborated to create a Virtual Hospital.*

been designed to practice the team care of patients, including the hand over of care, because this action can create a particularly vulnerable time for patients.

The creation of this VCU represents a change in the way that we are teaching our nurses and doctors, in that this revolutionary new space offers the opportunity to implement the vision of the Institute of Medicine that “*all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team*” (Greiner & Knebel, 2003).

To learn how to effectively work as a team in the VCU, the attending physicians and nurse managers have consulted with training experts from the aviation industry and conducted several practice exercises using a variety of real-life scenarios. The intent is to apply invaluable lessons learned from the aviation industry’s crew resource management concept to the training of health care teams in a simulated medical environment.

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## Q&A

Ask NCSBN

**Q:** I know that NCSBN does research that examines a variety of issues including practice analyses, but do they ever fund projects being conducted by researchers outside the organization?

**A:** **Yes!** The National Council of State Boards of Nursing (NCSBN) is the first nursing organization to provide external funding for research that is specifically related to the advancement of nursing regulation and is establishing a \$5,000,000 grant program that will provide funding to investigators wishing to promote the mission and vision of the organization.

Although a productive research program already exists within NCSBN, expanding the opportunities for research to the membership, external individuals and organizations allows for growth in the number of projects, decreases the time frame in which projects can be initiated and increases the diversity of ideas that can be explored. Data generated by investigators will augment the work of all state boards of nursing and, consequently, evidence-based regulation will benefit all nurses in the U.S.

Boards of nursing, professional organizations, state agencies and individuals interested in the advancement of nursing regulation are eligible for funding. Research grants will also be provided to teams of researchers wishing to pursue research related to nursing regulation. Research projects should be innovative, have measurable impact and contain the potential to create meaningful change. Research priorities include, but are not limited to, continued competence, patient safety, prevention of errors, licensure, discipline, regulation of nursing education, integration of the internationally educated nurse into the U.S. workforce, and nursing regulation issues outside the U.S. Awards will range from \$2,500 to a maximum of \$300,000. Proposals are due by Dec. 1, 2006, and awards will be announced on Jan. 15, 2007.

**For more information on applying for a research grant, visit NCSBN’s Web site at [www.ncsbn.org](http://www.ncsbn.org) or contact Maryann Alexander, PhD, RN, associate executive director of regulatory programs at 312.525.3695 or [malexander@ncsbn.org](mailto:malexander@ncsbn.org).**

*We invite your questions. Please send your questions to Nancy Spector, DNSc, RN, director of education, at [nspector@ncsbn.org](mailto:nspector@ncsbn.org).*

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## Interdisciplinary Collaboration in Regulation

In these times of increased medical errors, complex health care systems and shortages of health care practitioners, health-related regulatory bodies benefit from close working relationships and the sharing of ideas with each other. In most states and territories, the boards of nursing work very closely with other health care regulatory agencies.

On a national level, NCSBN values interdisciplinary regulatory collaboration and in an effort to enhance the relationship between executive officers from boards of nursing and medical boards, a joint seminar with these representatives was held at NCSBN's Midyear Meeting. Since both boards of nursing and medicine are charged with ensuring safe practice, the lively discussion that ensued allowed participants to discuss pertinent issues about the regulation of health care practitioners in today's evolving health care environment. The success of this endeavor has led to discussions about providing other opportunities for these two groups to meet and work together.

NCSBN also facilitated a collaborative initiative that resulted in the publication of the "Legislative Considerations for Assessing Changes in Healthcare Professions' Scope of Practice" document. Along with NCSBN, the Association of Social Work Boards, Federation of State Boards of Physical Therapy, Federation of Medical Boards, National Board for Certification in Occupational Therapy and National Association of Boards of Pharmacy designed this paper to assist legislators and regulatory bodies with making decisions about changes to health care professions' scopes of practice.

As IOM has called for more interdisciplinary practice across health care professions, NCSBN continues to seek out opportunities to collaborate with peer organizations and other regulatory bodies, both domestically and internationally, to expand its knowledge base and provide input and guidance in support of its mission.



For example, experts researching major aviation accidents found that crew members often did not alert their team as soon as they became aware of dangerous circumstances because they did not feel empowered to do so. It is also noted that there was a high incidence of major accidents the initial time that the crew flew together due to inadequate preflight briefing.

The first trial exercise involved the Family Medicine faculty, residents and nurses conducting an ambulatory code in the Virtual Hospital with a virtual patient. It is rare for a patient to experience cardiac arrest in a doctor's office, but when this does occur, it can catch everyone unprepared. The nursing staff and residents all felt reassured after practicing for this event with a simulated patient in a totally safe environment.

The second exercise was very ambitious, focusing on the transfer of patients from one area of the hospital to another. The average length of stay in teaching hospitals in the U.S. is approximately four days, with patients moving between levels of care an average of four times during their stay. Therefore, developing protocols and procedures for the hand over of care is paramount.

In this practice exercise, three teams were involved: the emergency medicine team, the cardiology team and the intensive care unit team. In the simulated ER, a male patient, accompanied by his spouse, presented with chest pain and experienced cardiac arrest. He was resuscitated, transferred to the Cath Lab for a catheterization and stent placement, and then handed over to the ICU where he was put on a respirator. At each level, special attention was paid to the communication with the patient's spouse and to the actual point of hand over from one team to another. This exercise yielded tremendous insights into the ability of the Virtual Hospital to identify and safely manage those segments of the patient experience that present significant risks.

A third, and perhaps the most relevant and interesting, team training involved managing a code with the house staff without nurses present. This particular exercise was especially revealing to the house staff and the attending physicians because they realized how much the house staff depend on having skilled and experienced nurses to support them. There were significant educational opportunities

**...developing protocols and procedures for the hand over of care is paramount.**

gleaned from this particular training exercise.

The value of health care team training and its potential impact on patient safety are only just now becoming known, but early experiences are very exciting.

We are enthusiastic about the future of our Center for Medical Education and Innovation™ and the potential for the Virtual Care Unit™ as they relate to health care team training. The opportunity to educate physicians, nurses and allied health care providers side by side for the benefit of the patient is clearly before us. With the help of a VHA Foundation Grant, we are learning to lay down the parameters that will help us assess and measure educational and clinical outcomes. This is where we hope to demonstrate that simulation does indeed positively affect the way physicians and nurses learn patient care skills.

**Dr. Pamela Boyers, PhD, RN, is the designated institutional officer and executive director/academic officer at the Center for Medical Education and Innovation at Riverside Methodist Hospitals in Columbus, Ohio.**

*Please contact Nancy Spector at [nspector@ncsbn.org](mailto:nspector@ncsbn.org) if you have any questions about this article.*

**Reference:**

Greiner, A. & Knebel, E. (2003). *Health Professions Education: A Bridge to Quality*. Washington, D.C.: The National Academic Press.



## Panel of Experts Completes 2006 Practice Analysis for the NCLEX-PN® Examination



In December 2005, a panel of experts consisting of licensed practical/vocational nurses (LPN/VNs) from around the country met in Chicago to assist in development of the triennial LPN/VN practice analysis. These nurses came together to develop a comprehensive list of nursing activity statements that can be used to describe the entry-level practice of the LPN/VNs. They also assisted in the development of a practice analysis survey instrument that was used to survey entry-level LPN/VNs throughout the U.S. and its territories.

The professionals responding to the surveys were asked to determine a priority rating for each of the listed LPN/VN activities, as well as the frequency with which the activities were performed. Data collection for the LPN/VN survey was initiated in June 2006 and completed in August 2006. The results of this survey will be reviewed by NCSBN's Examination Committee in October 2006 in order to evaluate the current 2005 NCLEX-PN® Test Plan. To keep abreast of changes related to the NCLEX examinations be sure to access our Web site at [www.ncsbn.org](http://www.ncsbn.org). If you have any questions about the NCLEX examinations, contact Anne Wendt, director, NCLEX® Examinations, at 312.525.3616 or [awendt@ncsbn.org](mailto:awendt@ncsbn.org). If you have questions about the NCLEX-PN® Test Plan you may contact Lorraine Kenny at 312.525.3630 or [lkenny@ncsbn.org](mailto:lkenny@ncsbn.org).

# Evidence-Based Nursing Education for Regulation

At NCSBN's Annual Meeting in Salt Lake City in August 2006, the Practice, Regulation and Education (PR&E) committee members presented their report on "Evidence-Based Nursing Education for Regulation," or what has become known as EBNER. The full report can be accessed at [www.ncsbn.org](http://www.ncsbn.org).

Because most of the boards of nursing are mandated to approve nursing programs, the boards are interested in knowing the evidence-based elements of nursing education that are essential for preparing new nurses for safe entry-level practice. While boards' rules address minimum educational standards, they should also be fair and consistent. Boards have no interest in overburdening programs with needless requirements. In this time of nursing and faculty shortages, the legislators are asking boards of nursing for evidence to support their rules and regulations. Therefore, NCSBN has begun to study evidence-based nursing education that will provide for safe and effective entry into practice.

In 2002, NCSBN initiated a variety of studies of new nurses and nursing employers to identify evidence-based education. More recently, NCSBN researchers conducted a study on the elements of nursing education in which researchers separately surveyed newly licensed nurses and nursing programs and then merged that data, obtaining some very interesting results. "A National Study on Elements of Nursing Education," along with all other NCSBN studies, is available on the Research page of [www.ncsbn.org](http://www.ncsbn.org).

The PR&E Committee members conducted a systematic review of all outcomes studies in nursing education (available on the Education page of NCSBN's Web site), and those data were also used to develop our recommendations for evidence-based nursing education for regulation. The EBNER final report includes the recommendations, the sources that supported them, the level of evidence for each source and a discussion of the implementation of the recommendations.

## The EBNER recommendations include:

- Adjunctive Teaching Methods
  - Promote faculty-student interaction with online learning
  - Facilitate learning simulation
  - Combine online strategies with traditional strategies
- Assimilation to the Role of Nursing
  - Provide experiences for relationship-building with professionals
  - Provide experiences for students to gain comfort in the nursing role
  - Provide experiences for students to work effectively in a team
  - Provide transition programs
- Deliberate Practice with Actual Patients
  - Provide experiences for relationship-building with patients
  - Provide clinical experiences with actual patients
  - Provide experiences for gaining confidence
  - Provide opportunities for reflection
  - Provide feedback
- Faculty-Student Relationships
  - Faculty teach clinical and didactic courses
  - Faculty are available to demonstrate and assist with skills in clinical activities
  - Faculty assist with classroom projects
  - Faculty are available to answer questions during clinical and didactic activities
  - Faculty provide current information
- Teaching Methodologies
  - Integrate critical thinking into the curriculum
  - Use critical thinking strategies
  - Integrate evidence-based practice into the curriculum
  - Integrate information technology into the curriculum
  - Integrate pathophysiology into the curriculum
  - Teach population courses separately
  - Require students to demonstrate skills before performing them on patients

The boards of nursing will use these evidence-based recommendations as a resource when they approve nursing education programs. While these recommendations should hold no surprises for nursing faculty, there are areas that suggest some rethinking of nurse education strategies.

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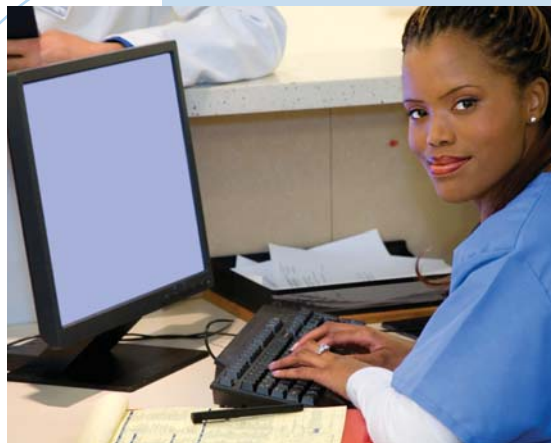
... the legislators are asking boards of nursing for evidence to support their rules and regulations.

## 2007 NCLEX-RN® Test Plan Approved

During the 2006 Annual Meeting, the NCSBN Delegate Assembly adopted the 2007 NCLEX-RN® Test Plan, which will be implemented this coming April. The NCSBN Examination Committee recommended to the boards of nursing that certain minor changes be made to the 2004 NCLEX-RN® Test Plan based upon the committee's practice analysis of entry-level nurses; all feedback from the boards of nursing was then incorporated into the new plan. The percentage of items allocated for each area of the test plan has not changed. You may download the test plan free of charge at the NCSBN Web site or order a printed copy for a nominal charge.

NCSBN's Board of Directors will soon begin evaluating the current NCLEX-RN passing standard using a variety of data, including the results of the September 2006 RN Standard Setting Workshop.

Visit [www.ncsbn.org](http://www.ncsbn.org) for updates on the 2007 NCLEX-RN® Test Plan. If you have questions about the NCLEX-RN® Test Plan contact Lorraine Kenny at [lkenny@ncsbn.org](mailto:lkenny@ncsbn.org); for questions about the NCLEX examinations contact Anne Wendt at [awendt@ncsbn.org](mailto:awendt@ncsbn.org).



## NCLEX® Examination Item Development Writers Needed

NCSBN depends on practicing nurses to assist in the NCLEX item development process. Take advantage of paid travel, on-site training and the chance to earn contact hours, all while networking with other nurses at the national level.

To qualify, you must be a registered nurse (RN) or an LPN/VN in the jurisdiction where you practice. Specific requirements for the volunteer panels also include:

- Item writers must be an RN or LPN/VN for the NCLEX-PN® exam and an RN with a masters degree or higher for the NCLEX-RN® exam; and be responsible for teaching basic/ undergraduate students in the clinical area.
- Item reviewers must be an RN or LPN/VN for the NCLEX-PN® exam and an RN for the NCLEX-RN® exam; and currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.

Panels are held throughout the year. Apply online at [www.ncsbn.org](http://www.ncsbn.org).

## UPDATE: NCSBN APRN Vision Paper

Last February, the NCSBN's APRN Advisory Panel distributed a draft APRN Vision Paper and asked APRN stakeholders, including boards of nursing, APRN educators, and APRN practitioners, for feedback. The Advisory Panel received many thoughtful responses and will spend the upcoming year reviewing this feedback with APRN stakeholders. The Advisory Panel will also be working with the APN Consensus Group to resolve conflicting concepts between the APN Consensus Work Group Report and the APRN Vision Paper with the intent of producing two concordant papers. It is anticipated that the APRN Vision Paper will be submitted to the NCSBN Board of Directors for their review in May 2007. For questions about the vision paper, contact Nancy Chornick, PhD, RN, at [nchornick@ncsbn.org](mailto:nchornick@ncsbn.org).

The EBNER recommendations and the systematic review of nursing education outcomes will be updated annually as more research becomes available. Research proves that qualified faculty members are very important to the education of nursing students, and yet with the complexity of health care systems and the faculty shortage we may need to think differently about how we teach students. In collaboration with nursing education and practice, the NCSBN Board of Directors has charged the PR&E Committee to explore, for the boards of nursing, faculty qualifications and educational resources such as simulation centers and clinical spaces. *We would welcome your feedback on this new charge; you can e-mail Nancy Spector, DNSc, RN, at [nspector@ncsbn.org](mailto:nspector@ncsbn.org).*

## NCSBN Research Related to Nursing Education

NCSBN's Research Department aims to conduct and present studies that address both the present and future needs of NCSBN and its members. Among its many studies are two that relate to nursing education.

### Research on transition experiences, clinical competency and practice safety of graduate nurses.

Successfully transitioning graduate nurses into entry-level practice is a long-standing issue. Graduate nurses continue to struggle with mastery of clinical skills, managing and organizing an increasingly complex patient care assignment, communicating with physicians and delegating tasks. The PR&E committee is establishing a regulatory model on transitioning graduate nurses into practice. To generate evidence-based information for PR&E to analyze and apply, the NCSBN Research Department is conducting a study to evaluate outcomes of statewide transition initiatives for graduate nurses in comparison with a national sample. This study aims to: (1) describe the transition experiences, clinical competence and risks for practice breakdown of graduate nurses; (2) determine the impact of statewide transition programs on the nurses' clinical competency and risks for practice breakdown; and (3) identify factors that influence transition into practice. Both graduate nurses and corresponding preceptors will provide information on the new nurses' transition experiences, clinical competency and risks for practice breakdown. Along with literature review and information sharing with experts in the area, this study will provide information on program effectiveness and best practices for designing transition programs. The findings of this study will be available in 2007.

**Can high-fidelity simulation training be considered equivalent to actual clinical experience?** Acquisition of clinical knowledge and skills by nursing students is challenging due to the lack of clinical sites and the increasing faculty shortage faced by many nursing programs. Application of various forms of simulation technology to nursing education is growing, thus providing students with opportunities for safe and deliberative practice, as well as boosting their acquisition of clinical skills. Simulation, especially high-fidelity simulation as a structured and controlled educational strategy, may offer more opportunities for nursing students to learn how to manage clients with a wide variety of health care needs. Despite these benefits, however, the role of this technology in

4 nursing education in comparison to actual clinical experience is ambiguous. In addition, little research is available that addresses the translation of its educational value into the clinical domain. Collaborating with Rush University's College of Nursing, NCSBN is studying the effect of high-fidelity simulation alone, and in combination with actual clinical experience on the knowledge acquisition, confidence and clinical performance of nursing students with a randomized controlled trial. Clinical performances of nursing students will be evaluated using standardized patients. NCSBN is also comparing the benefits and limitations of simulation and actual clinical experience as educational modalities. The study is in the data collection phase and the final report will be available in 2007. *If you have any questions, please contact Suling Li, PhD, RN, at [sli@ncsbn.org](mailto:sli@ncsbn.org).*

## NCSBN Forum on the Transition of New Nurses from Education to Practice

**Feb. 22, 2007, in Chicago**

NCSBN's PR&E Committee members have planned an exciting forum on transitioning new nurses to practice and we hope to have nurses from education, practice and regulation in attendance so that we can gain insight from their diverse perspectives. This forum will be held Feb. 22, 2007, at the University of Chicago's Gleacher Center at 450 North Cityfront Plaza Drive, in Chicago. PR&E Committee members will analyze the discussion that occurs at this forum, as well as evidence from the literature and our research findings, when they design a regulatory transition model for the boards of nursing.

### The objectives of this forum are:

- Discuss the vision of transitioning new nurse graduates from a broad health care perspective.
- Examine the national and international perspectives of transitioning new nurses to practice.
- Seek input from stakeholders and participants about models for effectively transitioning new nurses.

David Leach, MD, executive director of the Accrediting Council of Graduate Medical Education (ACGME), will give the keynote address on the vision of transitioning new health

care practitioners for the future, based on his experiences with medical residency programs. Dr. Leach is an inspiring speaker who will set the stage for rich dialogue among participants. Cathy Krsek, MSN, MBA, RN, director, operational benchmarking and nursing leadership, University HealthSystem (UHC) Consortium, will speak about the standards and criteria being developed for the UHC/AACN nurse residency programs in 23 states and will share some of the evaluation data from these programs. As programme director

of Scotland's innovative Flying Start Programme, Carol Dobson, RMN, BA, CPN, Cert Ed, RNT, MAEd (Man), will speak about international concerns of transitioning new graduates to practice. A session titled "A Regulatory Perspective on Transitioning New Nurses to Practice" will feature Suling Li, PhD, RN, associate director of research at NCSBN, talking about NCSBN's research; Patricia Spurr, PhD, RN, speaking on Kentucky's new legislation mandating transition programs; and Susan Boyer, MSN, RN, speaking about the Vermont Nurse Internship (VNIP) program.

A distinguished panel of nurse experts will discuss the transition of new nurses to practice from their unique perspectives. At the end of the day, all participants are invited to gather in small groups to discuss their vision for developing exemplary transition programs for new nurses.

The forum is free to all participants but space is limited. Registration is being taken now and we encourage you to register as soon as possible. The registration is available online on the Events Section of NCSBN's Web site, or you can fax your registration forms to 312.279.1032. *Please contact Nancy Spector, DNSc, RN, director of education at NCSBN, if you have further questions.*

## Leader to Leader

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