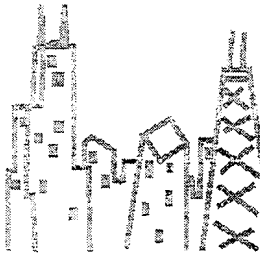

Annual Meeting
August 3-6, 1994
The Fairmont Hotel
Chicago, Illinois

1994 Book of Reports

NATIONAL COUNCIL®

National Council of State Boards of Nursing, Inc.
676 North St. Clair, Suite 550
Chicago, Illinois 60611-2921

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Annual Meeting Schedule

Incidental meeting rooms are available throughout the week and may be reserved by calling Sue Davids at the National Council prior to the meeting or via sign-up sheets located at the registration desk. Incidental meeting rooms will be allocated on a first-come, first-served basis.

Wednesday, August 3

8:00 a.m. - 9:00 a.m.; 11:30 a.m. - 5:00 p.m.
Registration
International Foyer

8:30 a.m. - 11:30 a.m.
Executive Directors' Networking Session
State

11:30 a.m. - 1:00 p.m.
Lunch Break

1:00 p.m. - 2:30 p.m.
Concurrent Educational Sessions
- The Education of Nurses in Advanced Practice: A Collaborative Effort to Develop Curricular Guidelines
- Stipulations for Probation of Licenses
- Enabling the Challenged Student: Facilitation Model of Education and Practice of the Physically Challenged Nursing Student
- Teaching Rural Nursing Students via Telecommunications

Chancellor, Regent, Crystal, State

2:30 p.m. - 3:00 p.m.
Coffee Break
International Foyer

3:00 p.m. - 4:30 p.m.
Concurrent Educational Sessions
- Where Are We Now and Where Are We Headed? Sexual Misconduct in the Nursing Profession
- Delegation: Invasive Procedures - Children with Disabilities
- Kansas Continuing Education: Infrastructure and Process

Chancellor, Regent, Crystal, State

5:00 p.m. - 6:30 p.m.
Early Bird Social
Gold

6:00 p.m. - 8:00 p.m.
CAT Implementation Dialogue
State

Thursday, August 4

7:00 a.m. - 2:00 p.m.
Registration
International Foyer

7:15 a.m. - 8:00 a.m.
The Psychological Corporation Breakfast
Gold

8:00 a.m. - 11:15 a.m.
Informational Forums
- Examination Committee - Team 2
- Parliamentary Review
- Open Forum
- Nursing Practice & Education Committee

International Ballroom

9:45 a.m. - 10:15 a.m.
Coffee Break
International Foyer

11:15 a.m. - 12:30 p.m.
Lunch Break

12:30 p.m. - 3:30 p.m.
Business Forums
- Examination Committee - Team 1
- Bylaws
- Board of Directors

International Ballroom

3:30 p.m. - 4:00 p.m.
Coffee Break
International Foyer

4:00 p.m. - 5:00 p.m.
Guest Speaker
- Barbara Safriet
  Dean, Lecturer of Law
  Yale Law School

International Ballroom

8:00 p.m. - 10:00 p.m.
Future Directions—A Dialogue
Planning National Council's future with Bud Crouch
Gold

Friday, August 5

7:00 a.m. - 10:00 a.m.
Registration
International Foyer

7:15 a.m. - 8:00 a.m.
Breakfast with the Educational Testing Service (ETS)
Moulin Rouge

8:00 a.m. - 9:30 a.m.
Networking Groups
- Executive Directors
- Board members
- Board staff—education
- Board staff—practice/discipline

Regent, State, Ambassador, Chancellor

9:30 a.m. - 9:45 a.m.
Coffee Break
International Foyer

9:45 a.m. - 11:00 a.m.
First Delegate Assembly
International Ballroom

11:00 a.m. - 12:00 p.m.
Candidates' Forum
International Ballroom

12:00 p.m. - 1:30 p.m.
Area Luncheons
Regent, State, Ambassador, Chancellor

1:30 p.m. - 5:30 p.m.
Second Delegate Assembly
International Ballroom

3:00 p.m. - 3:30 p.m.
Coffee Break
International Foyer

5:30 p.m. - 6:30 p.m.
Roundtable with Rose
State

7:00 p.m.
Resolutions Committee Meeting
Location to be Announced

Saturday, August 6

6:45 a.m. - 8:00 a.m.
Registration
International Foyer

7:00 a.m. - 8:00 a.m.
Elections
Regent

8:00 a.m. - 9:30 a.m.
Business Forums
- Committee on Chemical Dependency Issues
- Resolutions

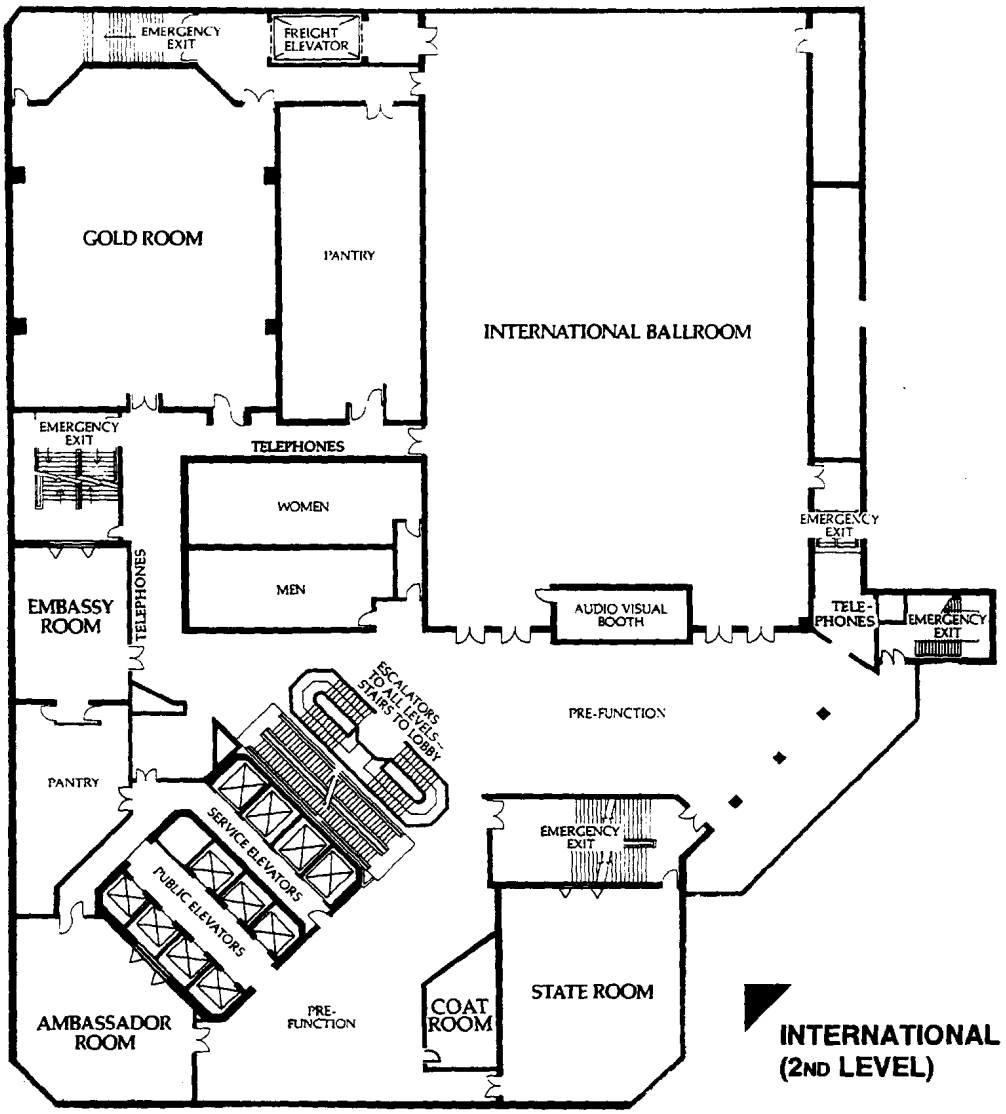
International Ballroom

9:30 a.m. - 12:15 p.m.
Third Delegate Assembly
International Ballroom

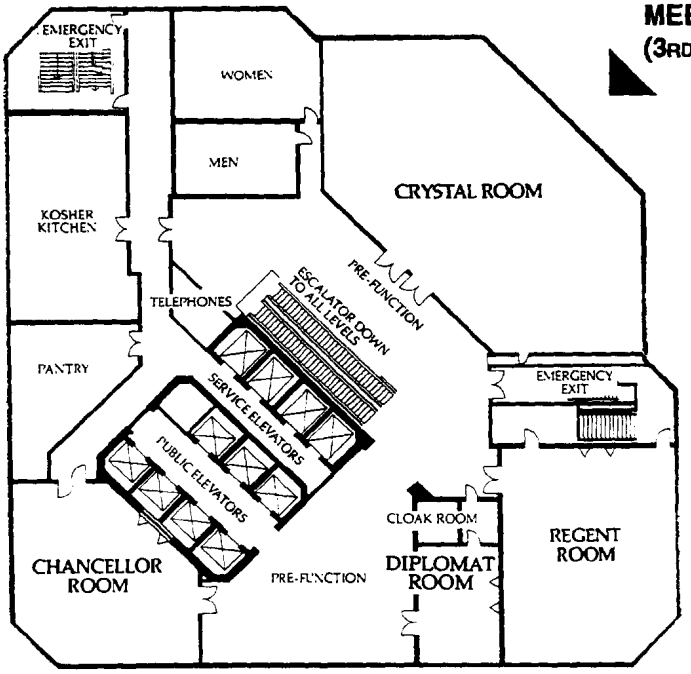
10:30 a.m. - 10:45 a.m.
Coffee Break
International Foyer

12:15 p.m. - 2:15 p.m.
Awards Luncheon
Imperial Ballroom

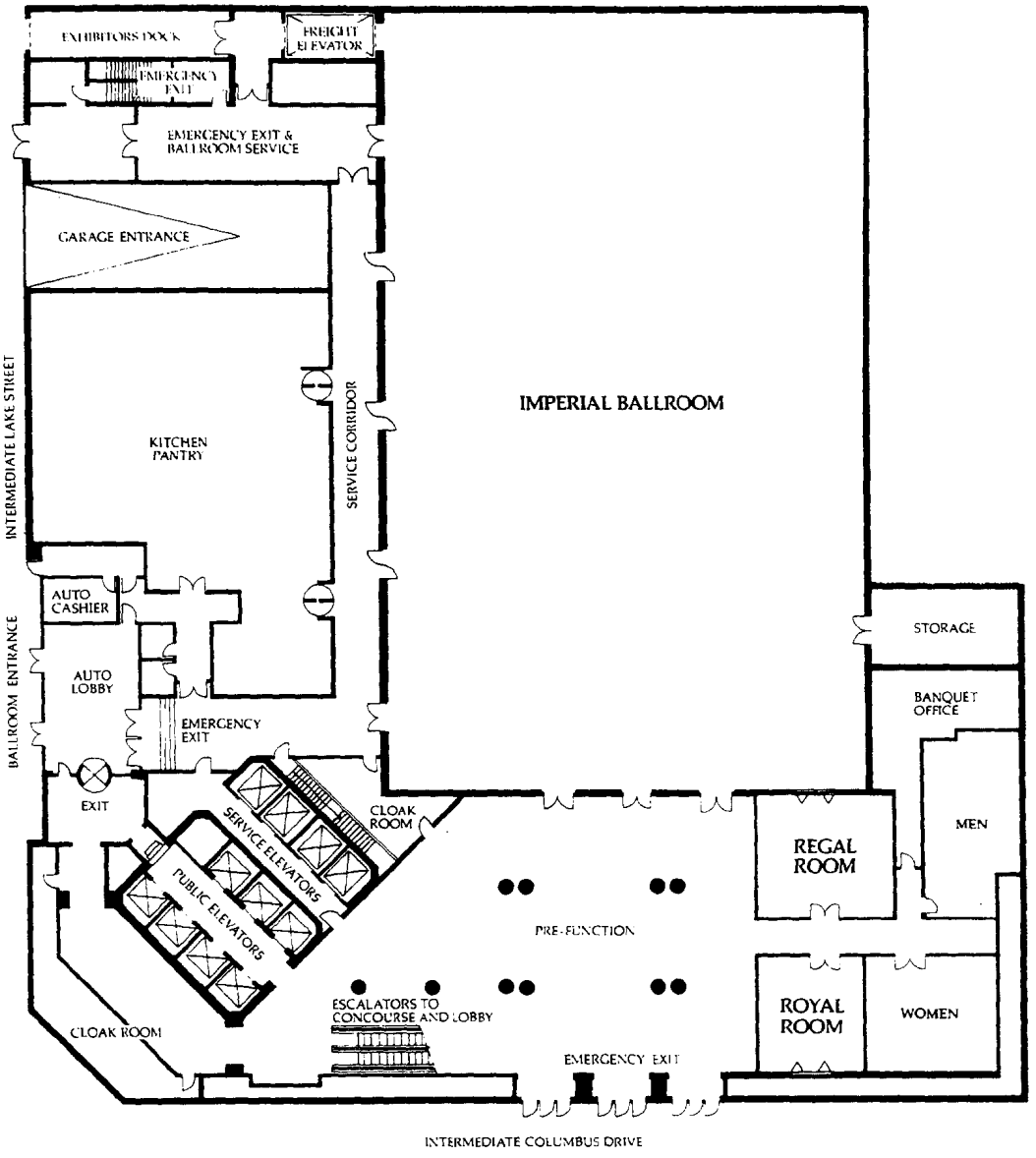
2:15 p.m. - 5:15 p.m.
Fourth Delegate Assembly
International Ballroom



INTERNATIONAL BALLROOM LEVEL (2ND LEVEL)



MEETING ROOM LEVEL (3RD LEVEL)



IMPERIAL BALLROOM LEVEL
(B-2 LEVEL)

Business Agenda of the 1994 Delegate Assembly

Friday, August 5
9:45 am–11:00 am

Resource Materials and Forums

- Opening Ceremonies — Parliamentary Review, Informational Forums, Thursday, 8:00 – 11:15 am
  - Introductions
  - Announcements
- Opening Reports
  - Credentials Committee
  - Rules Committee — Tab 2
  - Adoption of Agenda — Tab 2
- Report of the Committee on Nominations
  - Slate of Candidates — Tab 3
  - Nominations from Floor
- President's Address

Friday, August 5
1:30 pm–5:30 pm

- Officers' Reports — Tab 4
  - Treasurer's Report—Audit — Tab 4, page 6
- Executive Director's Report — Tab 5
- Bylaws Committee Report — Tab 6, Business Forums, Thursday, 12:30 – 3:30 pm
- Long Range Planning Committee Report — Tab 7
- Finance Committee Report — Tab 8
- Communications Committee Report — Tab 9
- Administration of Examination Committee Report — Tab 10
- Examination Committee Report — Tab 11
  - Team 1 — Tab 11, page 1, Business Forums, Thursday, 12:30 – 3:30 pm
  - Team 2 — Tab 11, page 17, Informational Forums, Thursday, 8:00 – 11:15 am
- NCLEX Test Services
  - CTB/McGraw-Hill — Tab 12, page 1
  - Educational Testing Service (ETS) — Tab 12, page 11

Saturday, August 6 **9:30 am–12:15 pm**	**Resource Materials and Forums**
■ Election of Officers & Committee on Nominations	Tab 3 Candidates' Forum, Friday, 11:00 am – 12:00 pm *(Elections: 7:00 – 8:00 am, Saturday, in the Regent Room)*
■ Nursing Practice and Education Committee Report	Tab 13 Informational Forums, Thursday, 8:00 – 11:15 am
■ Nurse Aide Competency Evaluation Program Committee Report	Tab 14
■ NACEP Test Service Report	Tab 15
■ Nurse Information System Committee Report	Tab 16
■ CST Steering Committee Report	Tab 17
■ Committee on Chemical Dependency Issues Report	Tab 18 Business Forums, Saturday, 8:00 – 9:30 am

Saturday, August 6 **2:15 pm–5:15 pm**	
■ Board of Directors' Report	Tabs 19 and 20 Business Forums, Thursday, 12:30 – 3:30 pm *(Includes reports of Task Forces and Focus Groups)*
■ New Business • Resolutions Committee Report	Tab 21 Business Forums, Saturday, 8:00 – 9:30 am
■ Adjournment	

Standing Rules of the Delegate Assembly

1. Procedures

A. The Credentials Committee, directly after the opening ceremonies of the first business meeting, shall report the number of delegates and alternates registered as present with proper credentials, and the number of delegate votes present. The committee shall make a supplementary report after the opening exercises at the beginning of each day that business continues.

B. Upon registration:
   1. Each delegate and alternate shall receive a badge which must be worn at all meetings.
   2. Each delegate shall receive the appropriate number of voting cards. Delegates authorized to cast one vote shall receive one voting card. Delegates authorized to cast two votes shall receive two voting cards. Any transfer of voting cards must be made through the Credentials Committee.

C. A member registered as an alternate may, upon proper clearance of the Credentials Committee, be transferred from alternate to delegate. The initial delegate may resume delegate status upon clearance by the Credentials Committee.

D. Members shall be in their seats at least five minutes before the scheduled meeting time. Delegates shall sit in the section reserved for them.

E. There shall be no smoking in the meeting rooms.

F. The Board of Directors will place items viewed as ready for decision making on a "consent" agenda. An item will be removed from the consent agenda at the request of any delegate. All items remaining on the consent agenda will be acted on by the Delegate Assembly in a single vote.

2. Motions

A. Motions proposed by the Board of Directors, or as recommendations made in reports of officers or committees, shall be presented by the Board or proposing officer or committee directly to the Delegate Assembly.

B. Motions and resolutions submitted prior to Friday, August 5, at 12:00 noon, shall be reviewed by the Resolutions Committee according to its Operating Policies and Procedures. Motions and resolutions submitted after the deadline shall be submitted directly to the Delegate Assembly during New Business. All motions and resolutions so submitted will be presented with written analysis of consistency with the National Council's mission, goals and objectives; assessment of fiscal impact; and potential legal implications. The Resolutions Committee will meet on Friday, August 5, at 7:00 p.m., with the motion maker(s).

C. The Resolutions Committee shall prepare suitable motions to carry into effect resolutions referred to it, and shall submit to the Delegate Assembly, with the committee's own recommendation as to appropriate action accompanied by a fiscal impact statement, these and all other motions referred to the committee.

D. Whenever possible, amendments to the proposed bylaws revision shall be submitted to the Bylaws Committee by August 4, at 10 p.m. The Bylaws Committee shall review the amendments, consolidate them when appropriate, adapt wording to make consistent with the proposed revision, and submit amendments to the Delegate Assembly with the committee's own recommendation. Any amendments submitted after the deadline shall be submitted directly to the Delegate Assembly.

E. All motions and amendments shall be in writing on triplicate motion paper signed by the maker and shall be sent to the chair after they have been placed before the Delegate Assembly.

3. Debate

A. Any representative of a Member Board wishing to speak shall go to the appropriate microphone. For this purpose, specific microphones shall be designated to be used when speaking in the affirmative on the motion on the floor and the others for speaking in the negative.

B. Upon recognition by the chair, the speaker shall state his/her name and Member Board.

C. Debate shall be alternated between the affirmative and negative microphones.

D. No delegate, member of the Board of Directors, or board member shall speak in debate more than twice on the same question on the same day, or longer than four minutes per speech, without permission of the assembly granted by a majority vote without debate. Other representatives of Member Boards may speak only after all delegates and board members who wish to speak on the motion have spoken. Guests may speak upon recognition by the chair. The four-minute time allowance applies to all speakers.

E. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.

F. A timekeeper will signal with a yellow card when three minutes have passed and with a red card when allotted time has expired.

4. Nominations and Elections

A. A delegate making a nomination from the floor shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be permitted.

B. Electioneering for candidates is prohibited in the vicinity of the polling place.

C. The voting strength for the election is determined by those registered by 8:00 a.m. on the day of the election.

D. Election for officers and members of the Committee on Nominations shall be held Saturday, August 6, 1994, from 7:00 a.m.-8:00 a.m.

E. If no candidate receives the required vote for an office and repeated balloting is required, the president shall announce the time for repeated balloting immediately after the original vote is announced.

Summary of Recommendations to the 1994 Delegate Assembly

To provide an overview, the recommendations to be presented to the 1994 Delegate Assembly for consideration are listed below. These recommendations were received by May 6, 1994, the deadline for publication in the 1994 *Book of Reports.* Additional recommendations may be considered during the 1994 Annual Meeting.

Committee on Nominations

1. Adoption of the 1994 Slate of Candidates.

Treasurer

1. The auditor's report for October 1, 1992, through September 30, 1993, be approved as presented.

Bylaws Committee

1. That the Delegate Assembly adopt the proposed revised bylaws with the following provisos:

   Proviso to Article III, Section 5:
   The annual fee shall be $3,000 until determined otherwise by the Delegate Assembly in conjunction with the current contract cycle.

   Proviso to Article IV:
   A. The current secretary shall remain in office until the close of the 1995 Delegate Assembly.
   B. One director-at-large shall be elected at the 1994 Delegate Assembly. Two directors-at-large shall be elected annually beginning at the 1995 Delegate Assembly.

Examination Committee—Team 1

1. That the Delegate Assembly adopt the proposed revisions to the *NCLEX-RN™ Test Plan.*

Nursing Practice and Education Committee

1. That the Delegate Assembly adopt the revised *Model Nursing Administrative Rules.*

2. That the Delegate Assembly adopt the revisions to the *Model Nursing Practice Act.*

Committee on Chemical Dependency Issues

1. That the *Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses* be adopted.

Board of Directors

1. That the Delegate Assembly select one of the three mechanisms described by the Foreign Educated Nurse Credentialing Committee for the monitoring of organizations endorsed by the National Council for performing credentials evaluation of foreign educated nurses.

2. That the Delegate Assembly authorize the establishment of a special services division of the National Council through adoption of an Article of the National Council bylaws.

Resolutions Committee

1. That the Maryland Resolution to develop disciplinary guidelines for managing sexual misconduct cases be adopted.

Report of the Committee on Nominations

Committee Members

Iva Boardman, DE, Area IV, *Chair*
Judy Colligan, OR, Area I *(through February 1994)*
Teresa Bello-Jones, CA-VN, Area I *(beginning February 1994)*
Gregory Howard, AL, Area III
Barbara Jean McClaskey, KS, Area II

Relationship to Organization Plan

Goal V ..... Implement an organizational structure that uses human and fiscal resources efficiently.

Objective C..... Maintain a system of governance that facilitates leadership and decision making.

Recommendation(s)

No recommendations.

Highlights of Activities

- ***Preparation of Slate***

  By the February 18, 1994, deadline, a total of 10 individuals had submitted completed nomination forms for consideration for the 1994 slate of candidates. The committee extended the deadline to March 11, 1994, to allow time for additional nominations to be submitted. The committee finalized the slate during its April 7, 1994, telephone conference call. The slate was published in the April 22, 1994, *Newsletter* in addition to being included within this report.

- ***Policies and Procedures Amendments***

  In answer to questions raised by candidates prior to the 1993 Annual Meeting, the committee made amendments and additions to its policies and procedures regarding candidate campaigning. The committee decided that the mailing addresses of the Member Boards shall be furnished to any candidate who requests them for use in mailing letters of support or flyers. Campaigning via videotape or similar electronic methods shall not be permitted. To ensure fairness to all candidates, a candidate unable to attend the Delegate Assembly shall, at his or her request, be granted the right to have his or her personal statement read during the Candidates' Forum by a selected representative or a member of the Committee on Nominations. To further ensure fairness to all candidates, videotaped personal statements shall not be permitted. The amendments and additions to the committee's policies and procedures were submitted to the Board of Directors for approval at its June 1994 meeting.

- ***Dissemination of Call for Nominations***

  In November 1993, the Member Boards were requested to supply the National Council with the mailing addresses of their board members and were asked to indicate the types of National Council mailings that could be sent to those addresses. In an effort to increase nominations, the Committee on Nominations sent a Call for Nominations directly to the board members of Member Boards permitting such direct mailing. This effort was designed to facilitate the committee's efforts to increase nominations through direct contact with board members. The Call for Nominations was also disseminated via five National Council *Newsletters* sent to the Member Boards.

  The committee expresses its gratitude to the Member Boards for their efficient and enthusiastic response to the request for regular updates of board member mailing lists.

- ***Self-evaluation Process***

  In order to assist future Committee on Nominations members in more rapidly understanding their role of preparing a slate of qualified candidates, the committee decided to initiate a self-evaluation process. Each member of this year's committee will prepare a document delineating his or her perspective on the committee process and its actions throughout the member's term. The documents will be offered to next year's members of the Committee on Nominations as adjuncts to orientation materials.

Meeting Dates

- October 8-9, 1993
- December 2, 1993, *telephone conference call*
- March 2, 1994, *telephone conference call*
- March 19-20, 1994
- April 7, 1994, *telephone conference call*

Future Activities

- ***Board Member Call for Nominations***

  The Committee on Nominations should continue to request updates of board member mailing addresses from the Member Boards in order to facilitate the direct mailing of the Call for Nominations to board members.

Recommendation(s)

No recommendations.

Staff

Christopher T. Handzlik, *Editor*

Slate of Candidates

The following is an overview of the slate developed and adopted by the Committee on Nominations. More-detailed information on each candidate is provided in the subsequent pages of this report. This detailed information is taken directly from candidates' nomination forms. Each candidate will have an opportunity to expand on this information during the Candidates' Forum, scheduled to be held Friday, August 5, 1994, from 11:00 a.m. to 12:00 p.m.

President

Marcia Rachel	Mississippi	Area III
Rosa Lee Weinert	Ohio	Area II

Vice-President

Judy L. Colligan	Oregon	Area I
Thomas Neumann	Wisconsin	Area II

Area II Director

Patricia McKillip	Kansas	Area II
Linda Peterson Seppanen	Minnesota	Area II

Area IV Director

Marie Hilliard	Connecticut	Area IV
Doris Nuttelman	New Hampshire	Area IV

Director-at-Large

Judi Crume	Alabama	Area III
Roselyn Holloway	Texas-RN	Area III

Committee on Nominations

Area I

Charles Bennett	California-VN	Area I

Area II

(Barbara) Jean McClaskey	Kansas	Area II
LaRée L. Rowan	Minnesota	Area II

Area III

Gregory Howard	Alabama	Area III
Amy Jabcon	Georgia-PN	Area III

Area IV

Iva Boardman	Delaware	Area IV
Cheryl K. Tom-Nelson	Maryland	Area IV

Detailed information, as taken directly from nomination forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board position, board name
3. Present employer
4. Educational preparation
5. Offices held or committee membership, including National Council activity
6. Professional organizations
7. Date of term expiration and eligibility for reappointment
8. Personal statement

President

1. **Marcia Rachel, Mississippi, Area III**

2. Executive Director, Mississippi Board of Nursing

3. Mississippi Board of Nursing, Jackson, MS

4. University of Mississippi, Student Personnel & Higher Education, PhD
   University of Southern Mississippi, Mental Health Nursing, MS
   Mississippi College, Nursing, BSN

5. National Council
   Bylaws Committee, Member, 1992-Present
   Long Range Planning Committee, Chair, 1988-Present
   EMS
   Pre-hospital Nursing Advisory Committee
   Mississippi Department of Health
   Temporary Agency Standards Committee
   Mississippi Nurses' Association
   Professional Practice Committee
   Sigma Theta Tau
   Secretary, Theta Beta Chapter, 1990-1992

6. American Nurses' Association
   Kappa Delta Pi
   Mississippi Nurses' Association
   Phi Kappa Phi
   Sigma Theta Tau

7. Date of expiration of term: (NA)
   Eligible for reappointment: (NA)

8. Although I was not "present at the creation," I have been associated with National Council since 1985. I have volunteered my time and talents through the committee structure and believe that I have demonstrated a commitment and work ethic beneficial to the mission and goals of the organization. I would consider it an honor to make these same contributions as President of National Council.

   I believe the Council should continue to do what it does best and should do it well. Therefore, I believe that a priority of the Council must continue to be development of valid, reliable and legally defensible examinations which measure entry-level performance. I also believe that we cannot function effectively in a vacuum—we must be aware of, responsive to, and anticipative of issues that will impact the regulatory community.

President

1. **Rosa Lee Weinert, Ohio, Area II**

2. Executive Director, Ohio Board of Nursing

3. Ohio Board of Nursing, Columbus, OH

4. Ohio State University, Nursing, MS, 1975
   Ohio State University, Nursing, BSN, 1972
   Good Samaritan Hospital, Nursing, Diploma, 1949

5. National Council
   Board of Directors, President, 1992-1994
   Committee on Nominations, 1990-1992
   Delegate, 1982-1992
   Examination Committee, Member/Alternate, 1984-1992
   Michigan Nurses' Association
   Board/Committees, 1975-1980
   Ohio Nurses' Association
   M.O.D. District President, 1972-1975
   District #10 President, 1960-1964

6. American Nurses' Association
   Ohio Nurses' Association
   Ohio State University College of Nursing Alumnae Association
   Sigma Theta Tau

7. Date of expiration of term: (NA)
   Eligible for reappointment: (NA)

8. My interest in seeking re-election is two-fold. First, several changes in the functioning of the National Council have recently been initiated, which I believe require consistent leadership to promote sound implementation. Consistency will also be of particular importance in carrying out the bylaws revisions, since many of the changes were originally suggested by the Board.

   Secondly, having been an integral part of the ideas generated about future directions, I have first-hand knowledge about the original intent and, therefore, can provide the leadership necessary to carry the ideas to fruition. An example of this is the concept of a special services division.

   I believe the top priorities are: smooth transition to CAT; effective implementation of the revised bylaws; efficient management of a special services division, if approved; and close monitoring of the health care reform movement.

Vice-President

1. **Judy L. Colligan, Oregon, Area I**

2. Member, Oregon State Board of Nursing

3. Good Samaritan Hospital & Medical Center, Portland, OR

4. Portland State University, Health Administration, MPA, 1991
   Oregon Health Sciences University, Nursing, MN, 1984
   Oregon Health Sciences University, Nursing, BSN, 1972
   St. Luke's Hospital, Fargo, ND, Nursing, Diploma, 1969

5. National Council
   Subcommittee to Study the Regulation of Advanced Nursing Practice, 1990-1993
   Literature Review Focus Group, 1994
   Committee on Nominations, 1992-1994
   Delegate, 1991-1992
   Oregon State Board of Nursing
   Chair, Advanced Practice Task Force, current
   Chair, Nurse Monitoring Task Force, current
   Chair, NP Prescriptive Council, current
   Past President, 1991-1993
   Oregon Nurses' Association
   Chair, Cabinet on Human Rights and Ethics, 1989-1991
   Sigma Theta Tau
   Chair, Nominations Committee, 1992-1994

6. Oregon Nurses' Association
   Sigma Theta Tau

7. Date of expiration of term: 12/95
   Eligible for reappointment: No (I will be requesting a 6-month extension from the Governor if elected.)

8. My past nursing experience has included multiple nursing positions in primary and tertiary care settings. I believe this broad experience has been invaluable in my position as a board member and in my participation with the National Council.

   The work of National Council in the development of CAT is a success for nursing boards and an example for other professional licensing boards to follow. Continued monitoring and upgrading will be essential for maintaining this standard of excellence.

   In addition to excellence in testing, I will support and promote the Council's work as a clearinghouse of health care regulatory trends. Given the multiple changes in our nation's health care reform movement, dissemination of information regarding nursing practice and regulation is essential.

   I believe the future strength of National Council lies in its ongoing service of providing and synthesizing relevant information for Member Boards in this dynamic health care environment.

Vice-President

1. **Thomas Neumann, Wisconsin, Area II**

2. Administrative Officer, Wisconsin Department of Regulation and Licensing

3. Wisconsin Department of Regulation and Licensing, Madison, WI

4. University of Minnesota, Nursing, MS, 1982
   University of Wisconsin-Madison, Nursing, BS, 1977
   University of Wisconsin-Madison, Education, BS, 1972

5. National Council
   Board of Directors, Area II Director, 1992-1994
   Delegate, 1986-1992
   Nursing Practice & Education Committee, Member, 1988-1992
   Nursing Practice & Education Committee, Chair, 1989-1992
   Resolutions Committee, 1988

Wisconsin Department of Regulation and Licensing
Education & Licensure Committee, 1986-Present
Practice Committee, 1986-Present
Wisconsin Governor's Nursing Education Coordinating Council, 1989-1991

6. National League for Nursing
Phi Kappa Phi
Sigma Theta Tau

7. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

8. For the past two years I have had the honor and challenge of serving on the Board of Directors. I would appreciate the opportunity to continue to serve Member Boards and the National Council on the Board of Directors. I continue to believe that the National Council must first and foremost meet the ongoing needs of its Member Boards, and move at the direction of its Member Boards. The heart of the National Council is its mission statement, and maintenance of a regulatory focus is essential to the organization. I wish to continue my service on the Board as the National Council addresses the regulatory impact of health care reform, implements CAT for nurse licensure, and proactively confronts the myriad of issues related to nursing education, practice and discipline. I would continue to approach the Member Boards with openness, commitment, flexibility, candor and timely humor.

Area II Director

1. **Patricia McKillip, Kansas, Area II**

2. Education Specialist, Kansas State Board of Nursing

3. Kansas State Board of Nursing, Topeka, KS

4. Kansas State University, Adult Continuing & Community Education, PhD, 1992
University of Kansas, Medical/Surgical Nursing, MN, 1983
University of Missouri-KC, Psychology, BA, 1977
Sisters of Charity School of Nursing, Providence Hospital, Kansas City, Diploma, Nursing, 1957

5. National Council
Communications Committee, 1992-Present
American Association of Adult Educators, 1992-Present
Kansas Association of Nursing Continuing Education Providers, 1990-Present
Kansas Opera Theater Board Member, 1993-Present
Kansas University Nurses' Alumni Association, 1983-Present
Board Member, 1987-1989
Sigma Theta Tau, 1990-Present
Women's Resource Network of Johnson County, 1992-Present

6. None

7. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

8. My affiliation with the Kansas State Board of Nursing, participation at NCSBN Area, Annual and Communications Committee meetings have illustrated to me the National Council's commitment to its mission and goals. This dedication precipitated my pursuit of the Area II Director position in order to actively promote NCSBN's goals achievement.

I exhibit leadership skills in nursing administration and education and hold aptitudes for critical analysis, communication and innovation. These characteristics are influenced by a spirit for challenge and progress. My KSBN responsibilities provide regulatory knowledge transferable to regional and national levels.

Subsequent to national health care trends, nursing practice is experiencing expansion and restructuring. Member Boards are continually challenged to respond with directives that ensure competent nursing practice. I possess the leadership ability to facilitate such decision-making at the Area II level for safe and effective nursing practice, ultimately public health and safety.

Area II Director

1. **Linda Peterson Seppanen, Minnesota, Area II**

2. Member, Minnesota Board of Nursing

3. Winona State University, Winona, MN

4. University of Alabama, Administration of Higher Education, PhD, 1981
   Catholic University of America, Maternal-Infant Health Nursing, MSN, 1969
   St. Olaf College, Nursing, BSN, 1966

5. Kappa Mu, Sigma Theta Tau
   Treasurer, 1992-Present
   Minnesota Association of Colleges of Nursing
   President, 1985-1987
   Minnesota League for Nursing
   Board of Directors, 1986-1993
   National League for Nursing Council of Baccalaureate & Higher Degree Programs
   Accreditation Site Visitor, 1984-1988, 1991-Present
   Winona Arms, Inc.
   President, Board of Directors, 1987-Present
   Winona RN Association
   Board of Directors, 1989-Present
   WSU Inter Faculty Organization
   Faculty Senate, 1992-Present

6. Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
   Minnesota Inter Faculty Organization
   National League for Nursing
   Sigma Theta Tau International

7. Date of expiration of term: 1/97
   Eligible for reappointment: Yes

8. I bring to this position my skills of organization and consensus-building. I have extensive experience in policy-making roles in nursing, university and community organizations. I understand nursing's history and trends, for creatively responding to and guiding change. I have taught and practiced nursing in difference areas of the country for a national perspective. Priorities that I see for the National Council are: 1) examining the definition of nursing in light of technical and professional roles, the growth of and need for advanced practice nurses and articulation with medicine and other licensed and unregulated health care providers; 2) reconciling the concept of minimal safe practice and its regulation to protect the public and quality nursing practice and education; and 3) serving as the major national source of accurate information about nurses, nursing programs, regulations and practice problems in order to facilitate good decision-making for quality improvements.

Area IV Director

1. **Marie Hilliard, Connecticut, Area IV**

2. Executive Officer, Connecticut Board of Examiners for Nursing

3. Connecticut Board of Examiners for Nursing, Hartford, CT

4. University of Connecticut School of Education, Professional Higher Education Administration, PhD, 1986
   Boston University School of Nursing, Maternal Child Nursing, MS, 1973
   Catholic University of America, Nursing, BSN, 1972

5. National Council
   - Nursing Information System Committee, Chair, 1991-Present
   - Nursing Information System Committee, Member, 1988-Present
   - CAT Readiness Criteria Panel, 1992-1993
   - Executive Directors' Conference Group
     - Area IV Representative, 1986-1988
     - Coordinator, 1987-1988
   - Resolutions Committee, 1986

   Connecticut League for Nursing
   - Board of Directors, 1984

   Connecticut Nurses' Association
   - Ethics Committee, 1982-1985
   - Connecticut Council for Humanities Funded Ethics Grant, Project Director, 1983-1985

   American Cancer Society - Connecticut Division
   - Nursing Committee, 1984-Present

   US Army Reserve
   - LPN Exportable Program, Springfield Site Director, 1993-Present

6. American Nurses' Association/Connecticut Nurses' Association
   National Federation of Licensed Practical Nurses, Associate Member
   National League for Nursing/Connecticut League for Nursing
   Phi Delta Kappa
   Sigma Theta Tau

7. Date of expiration of term: (NA)
   Eligible for reappointment: (NA)

8. As an experienced Board executive, I have had tremendous opportunity to develop skills fostering one primary goal, public safety. As an executive without nursing staff, I am responsible for regulatory oversight of nursing in Connecticut. I have utilized the extensive support network of the National Council. Such collegiality prompted me to also serve through my numerous professional involvements. It is this foundation of public service, networking and collegial goal-attainment which I bring to a Council office. As health care reform develops, with its potential for enhancing or threatening quality of care, the Council has tremendous opportunity to foster a regulatory framework, providing quality care for all. At all levels of practice, from unlicensed to advanced, the Council should be guiding policy development and assisting jurisdictions to foster public safety as health care is reformed. I can be a positive contributor to this effort.

Area IV Director

1. **Doris Nuttelman, New Hampshire, Area IV**

2. Executive Director, New Hampshire Board of Nursing

3. New Hampshire Board of Nursing, New London, NH

4. Vanderbilt University, Education Administration, EdD, 1989
University of Massachusetts, Nursing, MS, 1975
University of Massachusetts, Public Health Education, MAT, 1973

5. National Council
Steering Committee, Computerized Clinical Simulation Testing, Member, 1993-Present
Committee on Nominations, 1991-1993
Subcommittee to Study Regulatory Implications of Changing Models of Nursing Education, Member, 1991
New Hampshire Nurses' Association
Commission on Education, 1984-1990
Edwards Church
Board of Directors, 1973-1977
Leadership Institute
Chamber of Commerce, 1976-1977
YMCA
Board of Directors, 1973-1977

6. American Nurses' Association
American Public Health Association
National League for Nursing
New Hampshire Nurses' Association
Sigma Theta Tau

7. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

8. My experiences with the Committee on Nominations and Computerized Clinical Simulation Testing Steering Committee, health care, education and community agencies, and my roles in nursing education and regulation have provided me with a broad, intellectual perspective regarding the Council's goals pursuant to current and future issues that challenge the Council.

My work with the New Hampshire Board, the practice community, professional organizations and the legislature has enhanced my organizational, communicative and collaborative skills. My qualities of thoroughness and intellectual curiosity, as well as the ability to remain focused and effect closure, will aid the Board of Directors as it promotes policy for public safety and welfare.

I seek your support for Area IV Director to assist the Council as it addresses rapid advances in technology, the deluge of information, the demand for quality, and the need for balancing consistency with flexibility.

Director-at-Large

1. **Judi Crume, Alabama, Area III**

2. Executive Officer, Alabama Board of Nursing

3. Alabama Board of Nursing, Montgomery, AL

4. University of Kentucky, Nursing, MSN, 1980
Murray State University, Nursing, BSN, 1973

5. National Council
Board of Directors, Director-at-Large, 1992-Present
Communications Committee, 1989-1992

6. Alabama State Nurses' Association
   American Nurses' Association
   American Society of Public Administration
   Sigma Theta Tau

7. Date of expiration of term: (NA)
   Eligible for reappointment: (NA)

8. Over the past two years, it has been my experience to serve within the leadership of this vital organization. I have participated with the most esteemed of colleagues in dialogue regarding the most controversial of issues and the weighty decisions that have followed those discussions. My perspective and experience as an effective group member can assist the Member Boards in representing the most crucial concern or perhaps a most futuristic idea. I have enjoyed most talking with so many of you in various states about what you see as state licensing and regulatory concerns and how National Council can assist us in our common goal of public protection. Having spent a considerable investment of time and energy in learning the inner workings and the broad range of activities of the National Council, I would like to continue to serve you as your Director-at-Large on the Board of Directors.

Director-at-Large

1. **Roselyn Holloway, Texas-RN, Area III**

2. Member, Texas Board of Nurse Examiners

3. Methodist Hospital School of Nursing, Lubbock, TX

4. University of Texas-El Paso, Nursing, MSN, 1984
   Methodist Hospital School of Nursing, Lubbock, TX, Basic Nursing, Diploma, 1980
   Huntingdon College, Montgomery, AL, Biology/Teaching, BA, 1962

5. Texas Nurses' Association
   Education Council, 1992-1994
   Nominations Committee, District 18, 1991-1992
   Budget Committee, District 18, 1989
   Arthritis Board of Lubbock
   Medical Committee, 1990-1994
   Methodist Hospital School of Nursing Faculty Organization
   Nominations Committee Secretary, 1990-1991
   Transcultural Nursing Society
   Madeliene Leininger Award Committee, 1992
   National Treasurer, 1992-1994

6. American Nurses' Association
   Texas Nurses' Association
   Transcultural Nursing Society
   Emergency Nurses

7. Date of expiration of term: 1/99
   Eligible for reappointment: Yes

8. The Director-at-Large presents challenges and opportunities to accomplish the mission of the National Council. Our mission charges us to ensure all state regulatory boards have a voice at the table. I will strive to be that voice, to empower all areas in the NCSBN and promote collaboration-building in my liaison capacity. As Director-at-Large I will bring the skills of innovative idea-building or 'thinking from the outside in.'

My contributions to the achievement of the NCSBN's goals would be previous experience on a state board and my concern to protect the public health and welfare.

As I envision it, the emerging issues are:
1) Health Care Reform;
2) The changing demographic trends of expanding culturally diverse populations in the United States and their access to health care delivery;
3) Americans with Disabilities Act: the need to redesign health care for their needs.

Committee on Nominations

Area I

1. **Charles Bennett, California-VN, Area I**

2. President, Board of Vocational Nurse and Psychiatric Technical Examiners

3. State Department of Corrections, Sacramento, CA

4. Pineville School for Practical Nurses, Vocational Nursing, 1964

5. Board of Vocational Nurse and Psychiatric Technical Examiners
   President, 1993-Present
   Vice-President, 1991-1992
   Chairperson, Legislative Committee, 1991-Present
   Member, Executive Committee, 1991-Present
   Member, Disciplinary Committee, 1991-Present
   Member, Psychiatric Technician Examination Subcommittee,
   Education/Practice Committee, 1991-Present
   California Correctional Peace Officers' Association
   President, Medical Technical Assistant Statewide Chapter, 1989-1991
   Vice-President, Medical Technical Assistant Statewide Chapter, 1988-1989

6. California Correctional Peace Officers' Association

7. Date of expiration of term: 6/95
   Eligible for reappointment: Yes

8. As an LVN and Board member, I am committed to nursing. I am the current president of my board and have served as president of the California Correctional Peace Officers' Association - Licensed Vocational Nurse/Medical Technical Assistant Statewide Chapter. Therefore, I am aware of the time involved and diligence required to serve on this committee. If I am elected, I will do my best to seek individuals who will continue to promote the goals of the NCSBN.

Area II

1. **(Barbara) Jean McClaskey**

2. Vice-President, Kansas State Board of Nursing

3. Pittsburg State University, Pittsburg, KS

4. University of Kansas, Nursing, MSN, 1981
   Pittsburg State University, Sociology, MS, 1972
   Pittsburg State University, Biology, BS, 1951
   Mt. Carmel Hospital School of Nursing, Diploma, 1947

5. National Council
   Committee on Nominations, 1993-1994
   Kansas State Nurses' Association
   Finance Committee, 1988-1989
   Economic and General Welfare Committee, 1986-1988
   Editorial Board, 1985-1987
   Council on Education, 1984-1986
   Board of Directors, 1981-1987
   Parent-Child Conference Group
   President, 1979-1981
   Vice-President, 1991-Present
   Sigma Theta Tau, Gamma Upsilon Chapter
   President, 1992-1994
   Counselor, 1989-1991, 1985-1987
   Kansas State Nurses' Association, District 20
   President, 1982-1984, 1978-1980
   St. John's Regional Medical Center, Joplin, MO
   Board of Directors, 1992-Present

6. Delta Kappa Gamma
   Kansas State Nurses' Association
   Perinatal Association of Kansas
   Sigma Theta Tau

7. Date of expiration of term: 7/95
   Eligible for reappointment: Yes

8. The members of the Committee on Nominations play a critical role in meeting organizational goals as they select candidates for the ballot that can best meet the responsibilities of the designated office. My professional background, activities in numerous organizations and previous committee participation have provided the essential experience to contribute to the attainment of the committee goals. A positive reputation for working effectively on committees has been developed as I will express myself while listening to and considering the beliefs of others.

   I would contribute to the goals and objectives of the National Council by cooperatively selecting candidates who best meet the criteria for each office and who have the ability to facilitate the purposes of the organization.

   Priorities include evaluating the implementation of CAT, maintenance of standards retention of fiscal responsibility and preparation for the important leadership role as health care issues change.

Area II

1. **LaRée L. Rowan, Minnesota, Area II**

2. Secretary/Treasurer, Minnesota Board of Nursing

3. River Valley Clinic, Lakeville, MN

4. Madison Area Technical College, Practical Nursing, Diploma, 1977
   Inve Hills Community College, Professional Nursing, current

5. Minnesota Board of Nursing
   Secretary/Treasurer, 1994-Present
   Task Force on Health Reform, 1994-Present
   American Cancer Association
   Member/Educator, 1988-Present

American Heart Association
CPR instructor, 1992-Present
Nurse Employee Facilitator
CQI facilitator, 1992-Present
Nurse Guidelines Committee
Adult nurse, 1994-Present

6. Business and Professional Women

7. Date of expiration of term: 1/96
Eligible for reappointment: Yes

8. It is with great anticipation that I'm applying for a position on the National Council. I feel my strong organizational skills, good people skills, sound judgment and broad nursing base could be advantageous to the Council. I'm a fairly new member of the board, however, I feel this is an asset; I can see things with new eyes and ask the difficult questions.

Protecting the public by ensuring proper licensing and establishing standards, as well as providing education and support to members are goals I'm committed to. I look forward to the challenges facing the Council which could include the health care reform plan, the changing scope of practice for advanced practice nurses and the role of nonmedical personnel in the medical setting.

An anonymous writer wrote, "The brush is in our hands; the picture is ours to finish." I would be honored to be part of that picture.

Area III

1. **Gregory Howard, Alabama, Area III**

2. Member, Alabama Board of Nursing

3. Tuscaloosa VA Medical Center, Tuscaloosa, AL

4. Shelton State Technical College, Tuscaloosa, AL, Practical Nursing, Diploma, 1982

5. National Council
Committee on Nominations, 1993-1994
Alabama Federation of Licensed Practical Nurses
Member, 1982-Present
Treasurer, 1988-Present
Tuscaloosa VA Medical Center
LPN Board Member, 1992-Present

6. Alabama Federation of Licensed Practical Nurses, Inc.
National Federation of Licensed Practical Nurses, Inc.

7. Date of expiration of term: 12/95
Eligible for reappointment: Yes

8. As a nurse and a member of a regulatory board, I know how important it is to have good, hard-working, competent people in place. With the intent of the mission statement of National Council, it becomes even more clear what is expected of me as a member of the committee for which I am applying and how I might fit into the scheme of things to enhance National Council. I believe I am the man for the job and I have all of the qualifications I have mentioned. A plus to all of this is that I have already served you in this position. So let me once again help you choose the best of the best to fill the positions for the coming year's slate of officers.

Area III

1. **Amy Jabcon, Georgia, Area III**

2. Member, Georgia State Board of Licensed Practical Nurses

3. Central Home Health Care, Cartersville, GA

4. West Georgia College, Carrollton, GA, 1991
   Morris County School of Practical Nursing, Denville, NJ, Diploma, 1977

5. American Heart Association
   Education Chair, 1993
   Bartow County Chamber of Commerce
   Goodwill Ambassador, 1993-Present
   Georgia Health Decisions
   Vision Statement Committee, 1992-1993
   North Georgia Association for Continuity of Care
   Program Chair, 1993
   President, 1994

6. American Heart BCLS
   North Georgia Association for Continuity of Care
   Toastmaster - CIM

7. Date of expiration of term: 6/95
   Eligible for reappointment: Yes

8. Do not be mistaken. Health care reform issues will affect us all. Downsizing, restructuring, trimming the fat or any politically correct jargon of the day - political jockeying for position among all health care providers has already touched the nursing profession. The use of unlicensed personnel vs. LPNs, development of a BSN exam, advanced practice issues, monitoring the implementation of CAT, and disciplinary problems on the increase; these are issues that state boards will be dealing with nationwide and need to be addressed by the National Council.

   Assisting in developing the slate of candidates to be presented to the Delegate Assembly is a position I take seriously. With a background in public relations and community education, I request your support and ask you to elect me to the Committee on Nominations.

Area IV

1. **Iva Boardman, Delaware, Area IV**

2. Executive Director, Delaware Board of Nursing

3. Delaware Board of Nursing, Dover, DE

4. Widener University, Nursing Administration, MSN, 1989
   Rutgers University, Nursing, BSN, 1964
   Rutgers University, Nursing, AS, 1962

5. National Council
   Committee on Nominations, Chair, 1993-Present
   Subcommittee to Study the Regulation of Advanced Practice, 1991-1993

Claymont Community Council
Nominating Committee, Secretary, 1987
Personnel, Chair, 1990-Present
Second Vice-President, 1993-Present

6. American Nurses' Association
Delaware Association of Public Administration
Delaware Nurses' Association
Delaware Organization of Nurse Executives

7. Date of expiration of term: (NA)
Eligible for reappointment: (NA)

8. I have enjoyed multiple opportunities within the nursing profession through staff and administrative positions in acute care, home health care and long term care, as well as experiences in education, quality assurance and utilization review. This board exposure has helped me develop a genuine appreciation for differences and the need to be flexible, open-minded and above all, maintain a sense of humor. I have always enjoyed being a part of the action and believe that I have the energy and commitment to contribute toward the achievement of the Council's goals and objectives. National Council must continue to take the lead in the regulatory arena, while continuing to provide and facilitate the exchange of information related to the regulation of nursing practice and education.

Area IV

1. **Cheryl K. Tom-Nelson, Maryland, Area IV**

2. Member, Maryland Board of Nursing

3. Doctors' Community Hospital, Lanham, MD

4. University of Illinois, Nursing, MSN, 1972
University of Michigan, Nursing, BSN, 1967

5. American Nurses' Association
Congressional District Liaison, 1992-present
Council of Advanced Practice, 1982-present
N-PAC, 1990-present
Maryland Nurses' Association
M-PAC, 1990-present

6. None

7. Date of expiration of term: 7/96
Eligible for reappointment: Yes

8. I have been an active member and leader in my profession for over 26 years, holding multiple practice and educational positions during that time. I have also worked in many volunteer positions for the benefit of the community and my profession, most recently choosing the political arena as an avenue to influence what happens in nursing. I have always believed that one gets benefit from an organization only if one is willing to put one's own effort and time into the purposes and objectives of that organization. It is with these beliefs and commitments that I would work on the Committee on Nominations to find and select those candidates who will provide vision, leadership and hard work for the National Council in this critical time of change for our profession.

Report of the President

Rosa Lee Weinert, RN, MS, President
Executive Director, Ohio Board of Nursing

On behalf of the Board of Directors, I welcome you to the Sixteenth Annual Meeting of the National Council of State Boards of Nursing, Inc. A theme for this particular annual meeting could be that of the popular designation "Sweet Sixteen" which carries with it the connotation of the adolescent period of life. While the National Council has already developed way beyond the expected growth of organizational life, with the constant infusion of new ideas and suggested enhancements, it continues to grow and gain strength in its responsiveness to the ever-changing regulatory environment. In years of existence, the National Council is only in its adolescent period, but in the quality of its functioning and accomplishments, the National Council is rapidly assuming the stature of a stable and mature organization. This remarkable progress can be duly credited to the outstanding participation of the volunteers, who have served or are currently serving in elected or appointed positions, working in partnership with the highly qualified staff under the capable direction of the Executive Director, Jennifer Bosma.

The Board joins me in extending to each of you an invitation to seek every opportunity available to discuss with us, individually or collectively, any issue in which the National Council has been or is involved. We are most sincere in our effort to be available to you and to be as open as we can be to your comments, questions, suggestions and criticisms. You elected us to facilitate the work toward accomplishing the goals of the National Council and in our effort to fulfill our accountability to you, we welcome the opportunity to clarify the actions taken by the Board.

To me, by far the greatest accomplishment this past year stemmed from the action taken by the Board of Directors on Monday, October 25, 1993, at 2:05 p.m. EST. The action was the motion to proceed with the implementation of computerized adaptive testing (CAT) for NCLEX™ on April 1, 1994. It's incredible to remember that just a few years ago the concept of this futuristic methodology of testing was merely presented to the Delegate Assembly for study and that just a short year ago we were busy recruiting candidates for the Beta Test. Now in May 1994 (when this report was written), CAT is fully implemented and is successfully proceeding according to the comprehensive plan projected and developed by the various committees of the National Council and skillfully coordinated by the staff. While the staff of the National Council, the testing service and the test administration centers have done a yeoman's job of putting it all together, it was in fact us, the Member Boards, who made it happen smoothly. I want to take this opportunity now to extend to all Board Members and staff of Member Boards my deepest appreciation for all the time and effort expended in complying with the overwhelming number of requests imposed on you by this project. You truly deserve a large share of the credit for the trouble-free transition to CAT. Yes, I am aware that there remain a few "glitches" and some minor problems are being experienced by candidates and Member Boards, but let me assure you that the three major players are in very frequent communication and have an excellent working relationship in which problems are analyzed and resolved rather than a relationship that is focused on determining who is to blame. As President of the National Council, I am kept informed of the progress toward resolution of the problems, and as Executive Director of one of the largest jurisdictions, I have an additional interest in quick solutions to the problems. I am firmly convinced that as long as we maintain the open communication system and the effective working relationship we now enjoy with the Educational Testing Service and the Sylvan Learning Systems, we do have a good mechanism in place to resolve problems.

As you might recall when I was initially seeking election to the office of President, one of my promises was to solicit from the jurisdictions their identified needs and to respond to those needs to the best of my ability. I believe I have made a good beginning to fulfill this promise. Requests and suggestions made at the "Roundtable with Rose" session of the 1993 Delegate Assembly were all considered and, as a result, several changes were implemented. Among these, an electronic mail network (NCNET) linking all Member Boards and the National Council was installed, using WordPerfect office software, with no subscription fee charged; a topical index of National Council documents was published and distributed at the Area Meetings; electronic access to the Disciplinary Data Bank is now available and electronic entry is in the development stage; and as you participate in the 1994 Delegate Assembly, you will notice several changes in the conduct of the forums and the format of the general sessions including the business meetings. We do listen to your requests and try to respond appropriately.

Another promise I made was to focus on the evaluation process the National Council uses in determining activities so that we would be more readily available to meet the demands of the membership as the Member Boards wrestle with the many problems in the regulatory arena. One aspect of evaluation that I have used this past year was to frequently apply four questions to current and proposed activities. Those questions are: Is what we are doing meeting the needs of Member Boards? Is what we are doing in compliance with the mission and goals of the National Council? Is there a more effective or efficient way to do what we are doing? Are changes in what we are doing needed to accommodate changes in the environment? Another aspect of evaluation that the Board has been using is to always question if in fact we are only dealing with governance issues or are we getting bogged down in management/administration issues? Additionally, time is set aside at each Board meeting to "de-brief" and to determine if the most time was spent on the most important issues; if the items on the agenda were appropriate for the Board to be addressing; and if there are any suggestions on how the Board might function more efficiently. I believe we have made great strides in trying to be an effective Board and it has truly been a very fulfilling experience for me to have facilitated these discussions.

It is my sincere hope that this Board under my leadership has performed according to your expectations and that you have been able to witness progress and a growing positive image of the National Council.

Organization literature notes that one of the most important responsibilities for a Board of a non-profit organization is to understand its relationship with the staff, and in particular with the chief executive. Important organizational issues require a "partnership" of the Board and staff. I believe the current Board enjoys such a relationship with the staff and with the Executive Director. In my opinion, the National Council would not be where it is today if it were not for the commitment and dedication of the exceptionally well-qualified staff functioning under the dynamic leadership of Jennifer Bosma.

I want to publicly express my personal thanks to each member of the National Council staff, and especially to Jenni, for all you have done to make the organization what it is today. Thank you also for all the help you have given me personally, for this past year has truly been a most rewarding and enjoyable one.

Report of the Vice-President

Gail McGuill, RN, MS, Vice-President
Executive Director, Alaska Board of Nursing

During this second year of my term as the National Council of State Boards of Nursing Vice-President, I participated in the Board meetings and conference calls beginning August 8, 1993, and ending with the March 7-9, 1994, meeting.

The issues which I actively pursued as a member of the leadership of the organization included health care reform, disciplinary data bank matters, the revenue generation concept and advanced practice.

In September, I participated in Nursing Management Congress 1993, speaking on regulating advanced practice and the National Council's position on this matter. I continued to represent nursing regulation on the American Nurses' Association (ANA) Adhoc Committee on Advanced Nursing Practice which concluded its activities in January 1994, with the ANA State Advisory on Regulation of Advanced Practice of which each Board of Nursing received a copy.

At the March 7-9, 1994, Board of Directors' meeting, I concluded my activities with the National Council as I resigned from the Alaska Board of Nursing to pursue an opportunity in health care administration with Columbia/HCA in Anchorage. The years I spent in nursing regulation and active in the National Council leadership were filled with opportunities, challenges and many accomplishments. I thank all of you for adding to my rich experience in nursing regulation as teachers, colleagues and friends. I wish you well as you continue to bring the issues of nursing regulation to forums around the country.

Report of the Secretary

Cynthia Van Wingerden, RN, MS, Secretary
Board Member, Virgin Islands Board of Nurse Licensure

As the Secretary of the National Council of State Boards of Nursing, I have participated in the following activities since the 1993 Annual Meeting:

- Attended all Board of Director's meetings
- Participated in all Board telephone conference calls
- Attended the National Council Leadership Conference and Board Retreat in Chicago, Illinois, in October 1993
- Reviewed all minutes of the Board of Directors' meetings
- Represented the National Council at the NLN Council of Practical Nursing Programs in Leesburg, Virginia, in April 1994
- Attended the Area IV Meeting in Annapolis, Maryland, in April 1994

This year serving on the Board of Directors has been a dynamic challenge for me and a wonderful opportunity to network and grow professionally while serving the organization of the National Council. The diverse issues which confronted us included of course, the implementation of CAT on April 1, 1994, as well as Health Care Reform, NAFTA, advanced practice, use of unlicensed assistive personnel, practice issues including chemical dependency, disciplinary approaches, and the changing demographic and economic employment picture for nursing across the country and its territories. Looking at the list of issues can be overwhelming, but the National Council is definitely up to the task.

I have been continually impressed by the dedication, level of expertise, and the productive outcomes of the National Council's committees. I would like to commend the staff as well as my colleagues on the Board of Directors for their commitment to excellence and their singular focus on the goals of the National Council. It is a privilege to have been part of this history-making year, and I look forward to another year of challenges and changes as we move into 1995.

I thank you for the opportunity to have represented you on the Board.

Report of the Treasurer

Charlene Kelly, PhD, RN, Treasurer and Chair, Finance Committee
Associate Director, Nebraska Department of Health

Recommendation(s)

1. The auditor's report for October 1, 1992, through September 30, 1993, be approved as presented.

Rationale

The audit was completed in December 1993, and reviewed by the Finance Committee in February 1994. The auditors found no irregularities in the financial statements and expressed an unqualified opinion.

The National Council of State Boards of Nursing, Inc., currently maintains a strong financial position. Revenue continues to exceed expenditures primarily due to an increased number of examination candidates. The current financial status is in large part due to careful management and monitoring by staff, the Finance Committee, and the Board of Directors. In order to maintain a strong financial position, careful assessment and planning for the financial viability of this organization needs to be a current priority for the Delegate Assembly and the Board of Directors.

We continue to maintain a conservative approach throughout the budget process. All requests for adjustments are reviewed in terms of their impact on the approved budget as well as other financial resources. The requests, accompanied by a recommendation and pertinent specific information, were presented to the Board of Directors for consideration and action. Quarterly financial reports were reviewed by the Finance Committee and the Board of Directors. Following the review by the Board of Directors, the reports were sent to Member Boards.

During the past year, I attended all meetings of the Board of Directors and participated in all but one of the telephone conference calls. I also chaired the Finance Committee. Throughout the year, I communicated regularly with Thomas Vicek, Director of Operations, on all financial matters. His expertise has contributed to the fiscal soundness and stability of the National Council.

I would like to thank Jennifer Bosma, Thomas Vicek and each member of the Finance Committee for the support they have provided me.

Report of Independent Auditors

Board of Directors
National Council of State Boards of Nursing, Inc.

We have audited the accompanying balance sheets of National Council of State Boards of Nursing, Inc. as of September 30, 1993 and 1992, and the related statements of revenue and expenses, changes in fund balances, and cash flows for the years then ended. These financial statements are the responsibility of management of National Council of State Boards of Nursing, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of National Council of State Boards of Nursing, Inc. at September 30, 1993 and 1992, the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Ernst & Young
December 15, 1993

National Council of State Boards of Nursing, Inc.
Balance Sheets

	September 30 1993	1992
Assets		
Current assets:		
Cash and cash equivalents	$ 809,322	$ 1,451,068
Accounts receivable	92,016	116,111
Examination fees due from Member Boards	192,333	494,802
Inventories	13,414	8,825
Accrued interest, prepaid expenses, and other	309,361	514,426
Total current assets	1,416,446	2,585,232
Investments, at cost	9,512,367	7,148,879
Property and equipment:		
Furniture, fixtures, and leasehold improvements	207,740	196,788
Equipment and computer software	900,929	708,447
	1,108,669	905,235
Less: Accumulated depreciation	518,220	563,803
	590,449	341,432
	$11,519,262	$10,075,543

	September 30 1993	1992
Liabilities and fund balances		
Current liabilities:		
Accounts payable	$ 2,670,751	$ 1,896,455
Examination fees due to Member Boards	236,281	12,204
Accrued salaries and payroll taxes	257,492	204,083
Total current liabilities	3,164,524	2,112,742
Deferred revenue:		
Examination fees collected in advance (net of prepaid processing fees of $128,745 in 1993 and $137,914 in 1992)	1,257,405	1,186,326
Fund balances:		
Unrestricted:		
Undesignated	2,801,952	2,110,775
Designated	4,119,263	4,643,970
	6,921,215	6,754,745
Restricted	176,118	21,730
Total fund balances	7,097,333	6,776,475
	$11,519,262	$10,075,543

See notes to financial statements.

National Council of State Boards of Nursing, Inc.
Statements of Revenue and Expenses

	Year ended September 30	
	1993	1992
Revenue—Unrestricted funds		
Examination fees	$8,086,107	$7,871,943
Less: Cost of development, application, and processing	4,570,087	4,620,943
Net examination fees	3,516,020	3,251,000
Member Board contracts	187,500	186,500
Publications	219,039	223,852
Annual Meeting	69,626	62,515
Honoraria and other	60,215	4,969
Computerized adaptive testing (CAT) income	102,993	—
Nurse aide competency evaluation program (NACEP)	414,129	442,889
Investment income	452,924	485,254
Total revenue—Unrestricted funds	5,022,446	4,656,979
Program and organizational expenses—Unrestricted funds		
Member Board contracts	38,811	15,890
Publications	78,908	162,209
Annual Meeting	111,496	59,327
Nurse aide competency evaluation program (NACEP)	19,513	25,260
Job analysis studies	59,369	61,929
Computerized adaptive testing (CAT)	1,630,082	843,549
Role delineation study	39,618	66,061
Computerized clinical simulation testing (CST)	104,936	106,914
Board meetings and travel	104,684	120,782
Public relations and communications	53,531	38,851
Other committee expenses	243,354	168,741
Total program and organizational expenses—Unrestricted funds	2,484,302	1,669,513
Administrative expenses—Unrestricted funds		
Staff salaries and benefits	1,627,935	1,506,027
Professional fees	58,962	89,171
Office supplies	173,586	152,307
Insurance35,151	31,164	
Rent and utilities	304,805	271,235
Equipment maintenance and rental	46,133	42,856
Depreciation	113,949	88,391
Miscellaneous	11,153	8,787
Total administrative expenses—Unrestricted funds	2,371,674	2,189,938
Total expenses—Unrestricted funds	4,855,976	3,859,451
Revenue in excess of expenses—Unrestricted funds	166,470	797,528
Restricted grant revenue		
Computerized clinical simulation testing (CST)	100,000	81,233
Nurse information system (NIS)	292,609	—
	392,609	81,233
Expenses related to restricted grants		
Computerized clinical simulation testing (CST)	119,980	153,138
Nurse information system (NIS)	118,241	—
	238,221	153,138
Revenue less than expenses—Restricted funds	154,388	(71,905)
Revenue in excess of expenses	$320,858	$725,623

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Statements Of Changes In Fund Balance

	Unrestricted											Restricted		
	Undesignated	Designated for Computerized Adaptive Testing (CAT)	Designated For Crisis Mgmt.	Designated for Working Capital Reserve	Designated for Role Delineation	Designated for Computerized Clinical Simulation Testing (CST)	Designated for Self-Insurance	Designated for CAT Member Boards Computers	Designated for Computer Acquisition	Designated for Nurse Information System (NIS)	Total Unrestricted Fund	Computerized Clinical Simulation Testing (CST)	Nurse Information System (NIS)	Total
Fund balance at October 1, 1991	$3,045,836	$1,363,183	$121,836	$956,387	$248,100	$-	$-	$-	$221,875	$-	$5,957,217	$93,635	$-	$6,050,852
Transfer to Board-designated funds	(2,970,988)	2,441,542	-	-	-	144,646	50,000	334,800	-	-	-	-	-	-
Transfer to undesignated funds	221,875	-	-	-	-	-	-	-	(221,975)	-	-	81,233	-	81,233
Revenue in excess of (less than) expenses	1,814,052	(843,549)	-	-	(66,061)	(106,914)	-	-	-	-	797,528	(153,138)	-	644,390
Fund balances at September 30, 1992	2,110,775	2,961,176	121,836	956,387	182,039	37,732	50,000	334,800	-	-	6,754,745	21,730	-	6,776,475
Transfer to Board-designated funds	(1,610,136)	248,948	-	138,338	-	922,196	50,000	-	-	250,654	-	-	-	-
Transfer to undesignated funds	472,250	-	-	-	-	-	-	(334,800)	-	(137,450)	-	-	-	-
Revenue in excess of (less than) expenses	1,829,063	(1,527,089)	-	-	(30,568)	(104,936)	-	-	-	-	166,470	(19,980)	174,368	320,858
Fund balances at September 30, 1993	$2,801,952	$1,683,035	$121,836	$1,094,725	$151,471	$854,992	$100,000	$-	$-	$113,204	$6,921,215	$1,750	$174,368	$7,097,333

See notes to financial statements.

National Council of State Boards of Nursing, Inc.
Statements of Cash Flows

	Year ended September 30 1993	1992
Operating activities		
Revenue in excess of expense	$ 320,858	$ 725,623
Adjustments to reconcile revenue in excess of expenses to net cash provided by operating activities:		
Depreciation	113,949	88,391
Decrease (increase) in accounts receivable and examination fees due from Member Boards	326,564	(427,563)
Decrease (increase) in accrued interest, prepaid expenses, inventories, and other	200,476	(91,425)
Increase in accounts payable	774,296	1,643,320
Increase in due to Member Boards	224,077	12,204
Increase in accrued salaries and payroll taxes	53,409	16,699
Increase (decrease) in deferred revenue	71,079	(46,332)
Net cash provided by operating activities	2,084,708	1,920,917
Investing activities		
Net additions to property and equipment	(362,966)	(295,795)
Increase in investments, net	(2,363,488)	(695,345)
Net cash used in investing activities	(2,726,454)	(991,140)
Decrease (increase) in cash and cash equivalents	(641,746)	929,777
Cash and cash equivalents at beginning of year	1,451,068	521,291
Cash and cash equivalents at end of year	$ 809,322	$1,451,068

See notes to financial statements.

National Council of State Boards of Nursing, Inc.

Notes To Financial Statements
September 30, 1993 and 1992

1. Organization and Operation

National Council of State Boards of Nursing, Inc. (National Council) is a not-for-profit corporation organized under the statutes of the Commonwealth of Pennsylvania. The primary purpose of the National Council is to serve as a charitable and educational organization through which state boards of nursing act on matters of common interest and concern affecting the public health, safety, and welfare, including the development of licensing examinations in nursing. The National Council is a tax-exempt organization under Internal Revenue Code section 501(c)(3).

2. Summary of Significant Accounting Policies

Examination fees—Examination fees collected in advance net of processing costs incurred are deferred and recognized as revenue at the date of the examination.

Cash Equivalents—Cash equivalents consist of money market funds.

Services of Volunteers—Officers, committee members, the Board of Directors, and other nonstaff associates assist the National Council, without remuneration, in various program and administrative functions. No value has been ascribed for such voluntary services.

Pension Plan—The National Council maintains a defined-contribution pension plan covering all employees who complete six months of employment. Contributions are based on employee compensation. The National Council's policy is to fund pension costs accrued. Pension expense was $129,325 and $105,714 for the years ended September 30, 1993 and 1992, respectively.

Property and Equipment—Property and equipment are stated on the basis of cost. Provisions for depreciation are computed using the straight-line method over the estimated useful lives of the assets.

Investments—Investments are carried at cost. Investments consist of the following at September 30:

	1993		1992	
	Cost	Market Value	Cost	Market Value
U.S. government and government-backed obligations	$6,112,367	$6,167,514	$5,648,879	$5,759,966
Certificates of deposit and other	3,400,000	3,400,000	1,500,000	1,500,000
	$9,512,367	$9,567,514	$7,148,879	$7,259,966

Board-Designated Funds—The Board of Directors has designated certain funds to be used for specific projects. These projects include the development of computerized adaptive testing (CAT) for licensure examinations, the purchase of paper and printing materials to be used in the event of a security break occurring directly prior to a scheduled examination (crisis management), working capital reserve, role delineation research study, computerized clinical simulation testing (CST), self-insurance, and nursing information system (NIS). These funds are reflected as designated unrestricted funds in the accompanying financial statements.

Restricted Funds—In 1993, the National Council received a restricted grant from the Robert Wood Johnson Foundation to support the establishment of a national nurse information system. The grant, amounting to $530,110 will be received in two installments through December 1994. Of this amount, $292,609 was received in fiscal year 1993. Also in 1993, the National Council received a transition grant from the Kellogg Foundation to supplement the computerized clinical simulation testing fund as the Foundation was unable to award a full grant to the National Council in 1993. The transition grant amounted to $100,000 and was received in 1993.

3. Commitments

On September 1, 1989, the National Council entered into a lease agreement for office space. Under this agreement, the National Council has the option to terminate the lease after five years or continue under the lease agreement through August 31, 1999.

On May 19, 1992, the National Council entered into a lease agreement for additional office space, subject to the same terms as the original lease.

Future noncancelable rental commitments as of September 30, 1993, are as follows:

1993	$327,529
1994	334,093

During fiscal 1990, the National Council entered into a software license and maintenance agreement with the National Board of Medical Examiners. In consideration for the provision of this agreement, the National Council is obligated to pay a base annual fee of $50,000, subject to inflation adjustments. The National Council has the option of terminating this agreement provided that notice is given 18 months prior to termination.

4. Subsequent Events

Effective April 1994, the National Council Licensure Examination (NCLEX™) will be administered using computerized adaptive testing (CAT). Educational Testing Service is the organization that will provide test development and administration services for the NCLEX™ using CAT.

Report of the Area I Director

Fran Roberts, RN, PhD, Area I Director
Executive Director, Arizona State Board of Nursing

As Area I Director of the National Council of State Boards of Nursing, I have attended and have been active in a majority of all Board of Directors' meetings and conference calls. Additionally, I have represented the National Council at the American Organization of Nurse Executives' Nursing/Consumer Summit held in Washington, D.C., in February; the Nursing Management conference, "Restructuring Care: What Works...What Doesn't," held in Philadelphia in July; and the American Nurses' Association 1994 Biennial Convention, held in San Antonio, Texas, in June.

The 1994 Regulatory Day of Dialogue and Area I Meeting was held, to the delight of all attendees, in sunny Seattle, Washington, on March 23, 24 and 25. The agenda was comprised of topics of importance to all jurisdictions and many issues specific to Area I concerns, including:

- Health Care Reform: Regulatory Impact
- Revenue Generation Concept
- CAT Implementation Update
- Chemical Dependency: Model Guidelines
- Competency Circles: An Innovative Approach from the Nevada Board of Nursing
- Oregon's Health Care Plan: Implications for Nursing Regulation
- Litigation with Respect to Revocation of Accreditation of a School of Nursing
- Advanced Nursing Practice
- Unlicensed Personnel

Thanks to the Washington Board of Nursing for the gracious accommodations and wonderful weather. The 1995 Area I Meeting will be hosted by the Idaho Board of Nursing in beautiful Coeur d' Alene, Idaho, in late April.

It has been a pleasure serving as the Area I Director for the past two years, and I anticipate an additional year of challenge and stimulation.

Report of the Area II Director

Tom Neumann, RN, BSN, Area II Director
Administrative Officer, Wisconsin Board of Nursing

As Area II Director of the National Council of State Boards of Nursing, I participated in all Board of Directors meetings and conference calls during this past year. I represented the National Council at the American Association of Colleges of Nursing (AACN) Fall Meeting in Washington, D.C., and at the CLEAR Annual Meeting in San Diego.

The Area II Meeting was held in Des Moines, Iowa, on April 22-23, 1994. There were 55 participants and all Area II jurisdictions were represented except Michigan. Members and staff of the Iowa Board of Nursing warmly welcomed all attendees and provided true Iowa hospitality throughout the meeting. Issues and topics discussed at the Area II meeting included:

- Revenue generation ideas
- Regulatory impact of health care reform
- Proposed bylaws revisions
- RN test plan modifications
- NCLEX Manual content
- CAT implementation
- NCLEX Diagnostic Profiles
- Trend Analysis survey
- NIS update
- Chemical dependency model guidelines

Presenters at the meeting included Marcia Rachel (Long Range Planning Committee); Libby Lund (Bylaws Committee); Paulette Worcester (Examination Committee-Team 1); Susan Boone (Examination Committee-Team 2); Vicky Burbach (NIS Committee); Marsha Straus (Committee on Chemical Dependency Issues); and Linda Waters (ETS). Rosa Lee Weinert, President, and Jennifer Bosma, Executive Director, were also in attendance to present their reports and provide additional information about National Council issues.

The 1995 Area II Spring Meeting will be hosted by the Indiana Board of Nursing.

The Area II Regulatory Day of Dialogue was held on April 21, 1994, in Des Moines, prior to the Area II Meeting. The entire day was spent discussing the use of assistive personnel in the practice of nursing. There were 36 persons in attendance.

I wish to again thank all of the Area II board members, staff and others who have participated in National Council activities this year, whether on committees, panels, or in meetings addressing National Council issues. Your commitment and enthusiasm contribute to the vitality and achievements of the organization.

Thank you for the opportunity to serve you during the past two years as Area II Director. I have appreciated your openness and interest in discussing Area II and National Council issues.

Report of Area III Director

Nancy K. Durrett, RN, MSN, Area III Director
Assistant Executive Director, Virginia Board of Nursing

As Area III Director of the National Council of State Boards of Nursing, I have participated in Board of Directors' meetings and conference calls. I also had the honor to represent the National Council at the 1994 Annual Meeting of the National League for Nursing, Council of Associate Degree Programs, in Crystal City, Virginia.

The Area III Meeting was held in Raleigh, North Carolina, on April 18-19, 1994. There were 78 participants with all Area Member Boards represented. Reports were presented by Rosa Lee Weinert, President; Jennifer Bosma, Executive Director; and Linda Waters, Educational Testing Service. Members of several National Council committees also presented reports of committee activities including Marcia Rachel (Long Range Planning), Lynn Norman (Examination Committee-Team 1), Renatta Loquist (Examination Committee-Team 2), Maggie Johnson (Chemical Dependency Issues) and Libby Lund (Bylaws). A lively discussion of a lengthy list of Area-specific concerns and issues followed. Written reports of activities of the past year by each Member Board were submitted in advance and distributed to all participants.

The Regulatory Day of Dialogue was held on April 17, 1994, immediately preceding the Area Meeting. Barbara Hayman, member of the Mississippi Board of Nursing, served as the facilitator, and all the presenters were from Area III jurisdictions. Linda Heffernan, National Council staff, was a valuable resource. The topic, "Unlicensed Personnel," elicited many questions and issues to be considered, but few solutions at this time. Evaluations of this first Area Regulatory Day of Dialogue were very positive, and participants indicated that they would like to see it continued.

The planning and hard work by the North Carolina Board of Nursing members and staff were very apparent throughout the meeting. Their hospitality made our visit to Raleigh a pleasure.

The 1995 Area III Spring Meeting will be hosted by the Tennessee Board of Nursing and will be held in Nashville, Tennessee.

Area III Board members and staff have continued to make valuable contributions to the National Council through their participation in committees and other activities. Your willingness to volunteer your time and expertise are much appreciated.

Thank you for the opportunity to serve as your Area Director this year. Please continue to share your ideas and concerns with me so that I can convey them to the Board of Directors.

Report of Area IV Director

Sister Teresa L. Harris, MSN, RN
Executive Director, New Jersey Board of Nursing

As Area IV Director of the National Council of State Boards of Nursing, I participated in all Board of Directors' meetings and conference calls. I represented the National Council at the American Organization of Nurse Executives Annual Meeting in Houston, Texas.

The Area IV meeting was held in Annapolis, Maryland, April 28-29, 1994. There were 51 participants representing all but one jurisdiction, Puerto Rico. The Maryland Board of Nursing as well as the National Council staff were most helpful in providing assistance in the preparation of and facilitating the meeting.

The agenda items included:

- Report of President and Executive Director; updates on Trend Analysis Survey; proposed bylaws revisions; Chemical dependence model guidelines; CAT implementation; diagnostic profile; NCLEX-RN™ test plan modifications; Sylvan and ETS testing services; NIS; Concept of revenue generation; and discipline task force.

- Issues and concerns discussed were: Temporary Work Permits; how sexual abuse cases are handled; multipurpose workers; comparable education, that is, comparable to BSN, but not completion of the entire program.

The Regulatory Day of Dialogue was held April 30, 1994. Health Care Reform was the topic, including discussion on its impact on nursing education and practice.

I thank each of you for providing me the opportunity to serve as your representative for these two years.

I urge you to continue to volunteer for committees, task forces, etc.—and to remain actively involved.

The 1995 meeting will be hosted by Maine.

Report of the Director-At-Large

Judi Crume, RN, MSN, Director-At-Large
Executive Officer, Alabama Board of Nursing

Since the 1993 Annual Meeting, as Director-At-Large, I have had the opportunity to participate in the following activities:

- Attended all meetings of the Board of Directors and participated in all but one of the Board conferences calls.
- Represented National Council at the 44th Annual Convention of the National Federation of Licensed Practical Nurses in Birmingham, Alabama, on September 25-30, 1993.
- Participated in the Leadership Conference at the Sheraton in Chicago, Illinois, in October 1993.
- Served on the Board of Directors task force to address a revenue generating arm of the organization.
- Participated in program planning and presentation for the Federation of Associations of Regulatory Boards (FARB) at the 1994 FARB Forum in Seattle, Washington, on February 24-27, 1994.
- Served on Board review panel for the Annual Meeting's standing rules.

One of the activities that I participated in this year for the National Council was the "revenue generation focus group" that addressed how the National Council could best position itself financially to support the increasing needs of the membership for additional support services. The proposal before the delegates this year is the culmination of hard work and the futuristic vision of so many members of this organization. To take such a concept and proceed through the design and development has been such a personal pleasure and opportunity for me. I look forward to the membership discussion and decision on this proposal.

Regulatory boards of our discipline and others continue to gather and talk. Those of us in licensing and regulation are working hard through National Council, CLEAR, and FARB to stay abreast of the changes and demands we all seem to be experiencing. This was reinforced when I attended FARB's 1st Annual Attorney Certification Course in Atlanta, Georgia, on October 29-30, 1993, and heard from the various Board attorneys the concerns and issues we share and the ideas for resolution we can all utilize.

I continue to appreciate your support for National Council and your willingness to expend the hours it takes to provide me with opinions and perspectives so that I can best represent you, the National Council membership, on the Board of Directors.

Report of Staff Activities

Jennifer Bosma, PhD, CAE, Executive Director

In order to fulfill the goals and objectives of the National Council's Organization Plan, the Board of Directors has assigned a number of tactics to staff. Under Goal V, Objective C, one of these tactics states: *"Manage National Council resources to effect the goals of the organization."*

This report to the delegates is the staff's accounting for that responsibility for the period May 1993 through April 1994. In addition, work related to other tactics is reflected within the appropriate program area. A staff list (Attachment A) and the organization charts (Attachment B) accompany this report. A description of staff responsibilities is found behind Tab 24, Orientation Manual, in this *Book of Reports*.

TESTING PROGRAMS

National Council Licensure Examinations (NCLEX™)

Program Purpose: To provide legally defensible, psychometrically sound and progressive entry-level licensure examinations with timely and appropriate information flow.

Supporting activities:

- Successfully coordinated the April 1, 1994, transition to computerized adaptive testing (CAT) for NCLEX with the Member Boards, testing-related committees, Educational Testing Service (ETS) and Sylvan Learning Systems (SLS), including:
  - CAT beta testing, retesting, reporting and dissemination of results
  - analysis of readiness criteria
  - preparation of numerous communications to a variety of audiences regarding NCLEX using CAT
  - ETS' and SLS' work on Member Board Office Software (MBOS) training, test center development, test center and staff certification, interorganizational communication planning, and candidate demonstration disk
  - preparation of policies and procedures
  - plans for educational program reports
  - multiple presentations on CAT for Member Boards and other requesting groups
- Recruited, screened, and confirmed the attendance of 165 item writers and 30 item reviewers
- Worked with the Examination Committee to develop modifications to the RN test plan based on the 1993 job analysis
- Conducted a review course/review book investigation, concluding that there is no evidence of dissemination of secure NCLEX test items
- Coordinated with CTB processes for transferring operations related to NCLEX

Nurse Aide Competency Evaluation Program (NACEP)

Program Purpose: To provide a legally defensible, psychometrically sound nurse aide competency evaluation.

Supporting activities:

- With The Psychological Corporation and the NACEP Committee, provided the NACEP to 23 states and territories, including nine boards of nursing, for the testing of more than 36,000 nurse aides annually in primarily long term care, and also home health care and acute care
- Published *"Insight: NACEP News and Issues"* three times annually, with circulation increased from 500 to 700
- Continued to provide directory of nurse aide registries

Other services:

- Provided to the Maine State Board of Nursing descriptive materials and pricing for the development of a licensure examination for graduates of baccalaureate nursing programs, based on the 1993 logical job analysis performed for the Maine Board

PUBLIC POLICY, NURSING PRACTICE AND EDUCATION PROGRAMS

Models and Positions

Program Purpose: To provide guidelines, resources, and statements of position to assist Member Boards regarding regulation of nursing practice and education.

Supporting activities:

- Supported the Nursing Practice and Education Committee in drafting model administrative rules

Essential Competencies

Program purpose: To provide Member Boards with data and research that may inform jurisdictions' policy decisions regarding essential competencies for nursing practice.

Supporting activities:

- With the Nursing Practice and Education Committee's competence paradigm as the basis, policy and research staff planned and produced a series of related analyses addressing readability levels of clinical nursing documents and identification of non-nursing competencies required of nurses (e.g., reading, psychomotor, etc.)

Legislative Analyses

Program purpose: To provide Member Boards information, analyses and education about the actions of state and federal governments having implications for regulation of nursing practice and education.

Supporting activities:

- Produced a self-assessment checklist for use by Member Boards to determine appropriate preparation for health care reform impact
- Provided ongoing information via the *Newsletter* on federal and state initiatives for health care reform
- Contacted lawmakers and administration officials to provide comments from a nursing regulation perspective on various aspects of health care reform proposals, e.g., federal preemption of state law
- Provided information on the North American Free Trade Agreement (NAFTA) during congressional consideration and following passage, regarding impact on regulation of professionals by states; gathered and disseminated information on nursing education systems of NAFTA countries

Licensure Issues (FY94: Foreign Educated Nurses, Nurses with Disabilities, Advanced Practice)

Program Purpose: To provide Member Boards with support and information to assist in their licensure and credentialing activities.

Supporting activities:

- Coordinated application of foreign-educated nurse credentials evaluation agencies and informed agencies of endorsement
- Responded to agencies' and boards' questions as needed
- Monitored claims related to health professionals under the Americans with Disabilities Act and shared information with Member Boards
- Provided advanced practice certifying program data (see "Research Programs" below)
- Hosted fourth annual Advanced Practice Leadership Roundtable

Nursing Education

Program Purpose: To provide resources to assist Member Boards regarding regulation of nursing education.

Supporting activities:

- Supported task force in development of modules for education of nursing education program surveyors
- Arranged meeting with National League for Nursing representative to gather information about NLN's self-study report computer software

Discipline-related Services

Program purpose: To provide Member Boards data, analyses and education regarding disciplinary issues.

Supporting activities:

- Provided a new form for reporting to the Disciplinary Data Bank (DDB); maintained phone/fax query service for Member Boards and the Public Health Service; introduced on-line access for Member Boards
- Worked with individual non-reporting boards to attempt to overcome obstacles to participation
- Coordinated contact with CLEAR regarding joint offering of a nursing/health professions module for education of nursing discipline investigators
- Supported committees in the development of literature reviews, a case analysis example, and collaborative prevention strategies related to common nursing practice deficiencies
- Proposed a study and obtained funding from the Health Resources and Services Administration which will create a lexicon of terminology for disciplinary violations and sanctions used across all boards of nursing, and retrospectively study the effectiveness of various sanctions for violations

RESEARCH PROGRAMS

Job Analysis Research

Program purpose: To support the validity of NCLEX-RN™, NCLEX-PN™, and NACEP.

Supporting activities:

- Completed the triennial newly licensed RN job analysis and assisted the Examination Committee in interpreting results pertaining to the NCLEX-RN test plan
- Conducted the triennial PN job analysis
- Conducted state-level job analyses for CA-RN Board (1993 and 1994); conducted augmented LPN role delineation studies for TX-VN, MD, and MS
- Planned for changes to nurse aide job analysis study methodology for 1994-95

Computerized Clinical Simulation Testing (CST)

Program purpose: To research and develop a means of assessing problem solving/critical thinking abilities that has increased fidelity to clinical nursing and may be a future component of state-of-the-art licensure/credentialing examinations.

Supporting activities:

- Conducted field testing for changes to CST model
- Participated with the National Board of Medical Examiners in a comprehensive revision of the simulation software for increased accuracy and efficiency and enhanced examinee interaction
- Negotiated an amendment to the agreement regarding CST with the National Board of Medical Examiners to allow greater flexibility for future possibilities and a reasonable cost structure
- Continued to expand and refine the nursing activity database, the default patient response database, and the nursing diagnosis database
- Finalized specifications for a performance feedback mechanism for CST and began planning for collaborative relationships with schools for exploring educational applications of this software
- Worked with a market analysis consultant to evaluate potential interest by nursing education and certification-related groups in using CST for education and evaluation purposes

Nurse Information System (NIS)

Program purpose: To establish an unduplicated master list of all nurse licensees.

Supporting activities:

- Continued working with Member Boards to negotiate acceptable agreements for transfer of licensee data to the NIS
- Received and edited data from 25 jurisdictions
- Created, tested, and produced a scannable form for use as an option by jurisdictions for collection of additional licensee data

- Coordinated planning for the linkage of the NIS and Disciplinary Data Bank
- Developed and planned database programming which unduplicates licensees within and across jurisdictions
- Obtained market research to determine strategies for the NIS to be a self-supporting service

Advanced Practice Certification Clearinghouse

Program purpose: To provide Member Boards with valuable, readily accessible information related to certification programs for advanced practice nurses.

Supporting activities:

- Reports on 14 certification programs from five certifying bodies were compiled and sent for verification to the respective programs
- Reports were made available to Member Boards in May

Chemical Dependency Regulatory Research

Program purpose: To provide Member Boards with data and analyses that may inform jurisdictional decisions regarding the regulatory management of chemically dependent nurses.

Supporting activities:

- Surveyed Member Boards on regulatory management of chemically dependent nurses and reported findings to all Member Boards
- Supported committee in producing guidelines for non-disciplinary alternative programs and obtaining Member Board feedback
- With the input of the committee and a consultant, drafted the methodology for a research project to compare and evaluate the effectiveness of regulatory approaches for the management of chemically dependent nurses

Other services:

- Supported task force in development of a literature review clearinghouse
- Published annual licensure and examination statistics
- Maintained and promoted use of survey database for Member Board surveys
- Collected biennial Member Board Profiles update data for future publication
- Collaborated with the focus group on Board structures in creating, disseminating and compiling data from a survey of Member Boards on a variety of dimensions potentially related to Board structure
- Consulted with staff in other departments to plan research projects

COMMUNICATIONS PROGRAMS

Publications and Interorganizational Communications

Program purpose: To provide communications which establish the National Council and its members as prime sources of information and expertise regarding nursing regulation.

Supporting activities:

- Analyzed, recommended, and implemented a change in the *State Nursing Legislation Quarterly* from a quarterly subscription journal to a bimonthly on-line synopsis of current nursing-related legislation available to Member Boards on NCNET (National Council [electronic] Network) as a membership benefit
- Published the *Newsletter* on a biweekly basis, incorporating regular features on CAT, Board of Directors' and committee meetings, NCLEX, NCNET, and NIS
- Published four editions of *Issues*, focusing in turn on communications/annual meeting, testing, research, and nursing practice and education; produced four *Emerging Issues* on timely topics
- Produced and disseminated two videos about NCLEX using CAT to a nationwide audience
- Produced CAT-related communications including brochures, flyers, fact sheets, postcards, reference guides, newsreleases, calendars, journal articles, booklets, communiques, sample article on CAT, media kits and *NCLEX Process* book
- Exhibited National Council services at over 14 meetings of nursing and regulatory groups
- Provided over 55,000 copies of a brochure on nursing licensure as a "Master Key" for use by Member Boards

Meetings

Program purpose: To provide opportunities for Member Boards to act and counsel together on matters of common interest regarding the role of nursing regulation in public protection.

Supporting activities:

- Planned and implemented the logistics for the Annual Meeting, Leadership Conference, four NCLEX Beta Test conferences, a nurse aide conference, four Regulatory Days of Dialogue, and four Area Meetings
- Coordinated eight educational sessions for the 1993 Annual Meeting, and disseminated a Call for Papers to Member Boards and educators nationwide for the 1994 sessions
- Coordinated communications among National Council volunteers, travel agency, corporate hotel and office staff regarding committee meetings
- Provided analyses of potential Area IV meeting sites to support the Board of Directors' selection of Baltimore for the 1996 Annual Meeting

Public Relations

Program purpose: To communicate the mission and activities of the National Council and its members to a broad audience in order to enhance the public image of nursing regulation.

Supporting activities:

- Represented National Council at meetings of nursing practice, education, and research organizations, as well as organizations concerned with regulatory, testing and consumer matters
- Organized ten interorganizational liaison meetings and promoted the inclusion of National Council viewpoints in relevant issues
- Published articles in several nursing-related journals and made invited presentations to a variety of related professional groups
- Represented National Council by invitation to several task forces and panels studying issues related to nursing regulation

Other services:

- Responded to requests from five Member Boards for services of the Resource Network
- Facilitated opportunities for new executive directors to make visits to other boards or the National Council for orientation purposes
- Developed and disseminated a comprehensive topical index to all editions of *Issues* (1980 through 1993), and a topical index of National Council documents
- Obtained trademark protection for NCLEX-related names
- Responded to requests from other departments for communication related services

OPERATIONAL AND ADMINISTRATIVE PROGRAMS

Management Information Systems

Program purpose: To provide electronic data and communications systems to facilitate the work of the National Council and its members.

Supporting activities:

- Implemented an electronic mail system between Member Boards and National Council
- Developed and implemented a communications system based on Internet for transferring Electronic Irregularity Reports (EIRs) from Sylvan to ETS to National Council to Member Boards, and for supporting electronic mail from ETS and Sylvan to National Council
- Provided support and acted as liaison between Member Boards and ETS technical staff for the Member Board Office System (MBOS) technical problems and other questions
- Created a master plan for the development of an electronic clearinghouse of information on nursing regulation

Physical Facilities

Program purpose: To provide an office environment which facilitates the work of the National Council, including Member Board representatives and staff.

Supporting activities:

- Negotiated a lease amendment with a significantly reduced rental rate and provision of additional office space
- Planned for telecommunications needs of National Council to support a high level of service to Member Boards, candidates, and others interested in communicating with the National Council

Program Budgeting

Program purpose: To provide accurate accounting for the funds of the organization as related to its goals and objectives.

Supporting activities:

- Revamped program budgeting approach to tie the budget more closely to Organization Plan objectives
- Supported the exploration of non-dues, non-NCLEX revenue generation possibilities
- Submitted to the annual audit and received an "unqualified opinion" from the certified public accounting firm

Human Resources

Program purpose: To assure qualified, competent, and productive personnel to support accomplishment of the National Council's goals.

Supporting activities:

- Supported Area Directors and Board of Directors in the process of obtaining committee volunteers and making appointments
- Employed and provided development opportunities for 47 staff members
- Made an Employee Assistance Resource available to all staff

Planning and Evaluation

Program purpose: To support the governance of the National Council in identification and accomplishment of significant ends related to public protection through nursing regulation.

Supporting activities:

- Planned and implemented delphi methodology for Long Range Planning Committee's trend analysis study
- Maintained records of progress toward accomplishment of all FY94 tactics for the Organization Plan
- Coordinated short-term planning with the aim of maintaining congruence with the Organization Plan, vision, and projected availability of resources
- Obtained an evaluation of the organization from an association management perspective, through a peer review program of the American Society of Association Executives (Attachment C)

Attachments

Attachment A

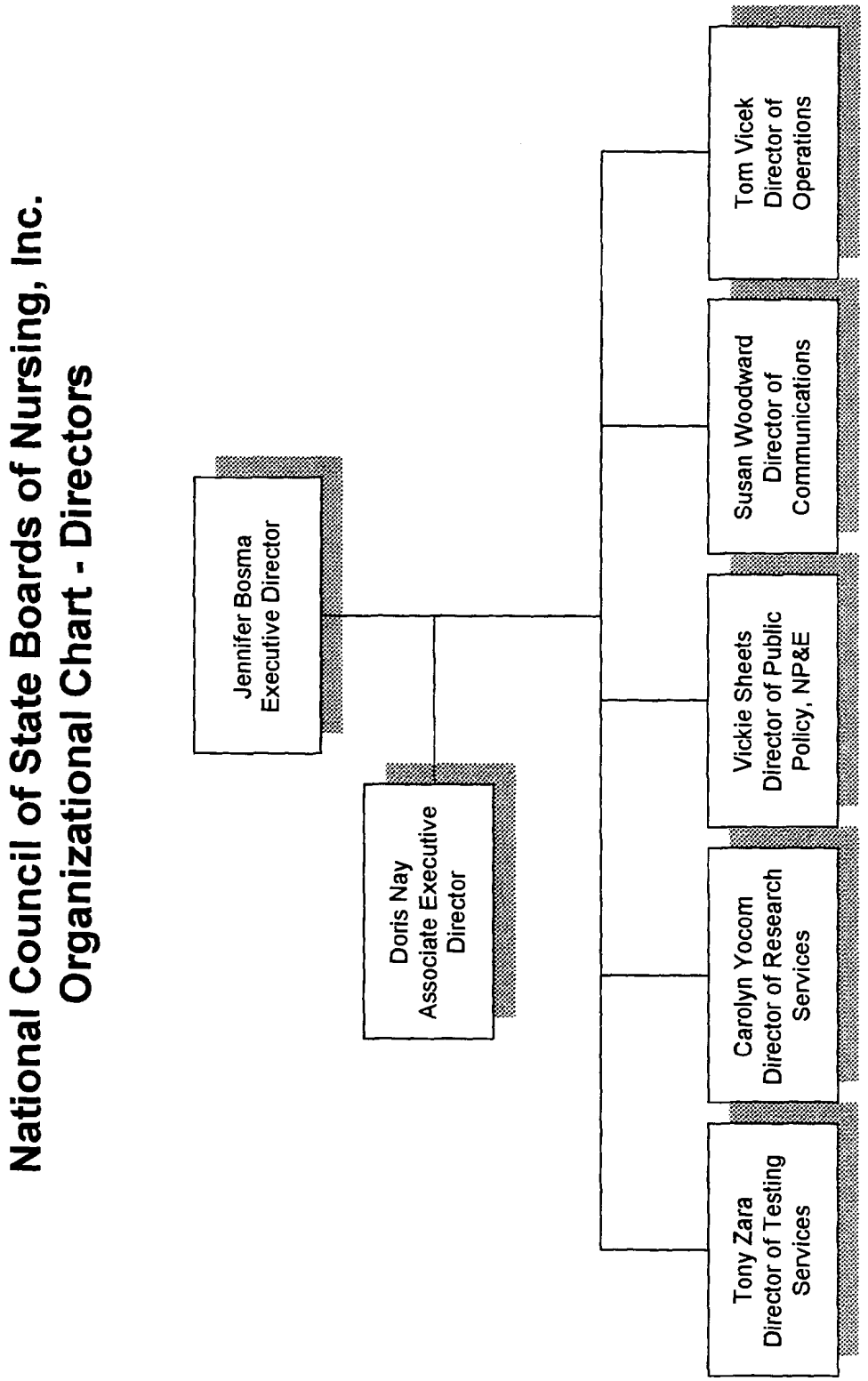
National Council Administrative Staff

Jennifer Bosma, Ph.D., C.A.E. ..... Executive Director
Doris E. Nay, M.A., R.N. ..... Associate Executive Director

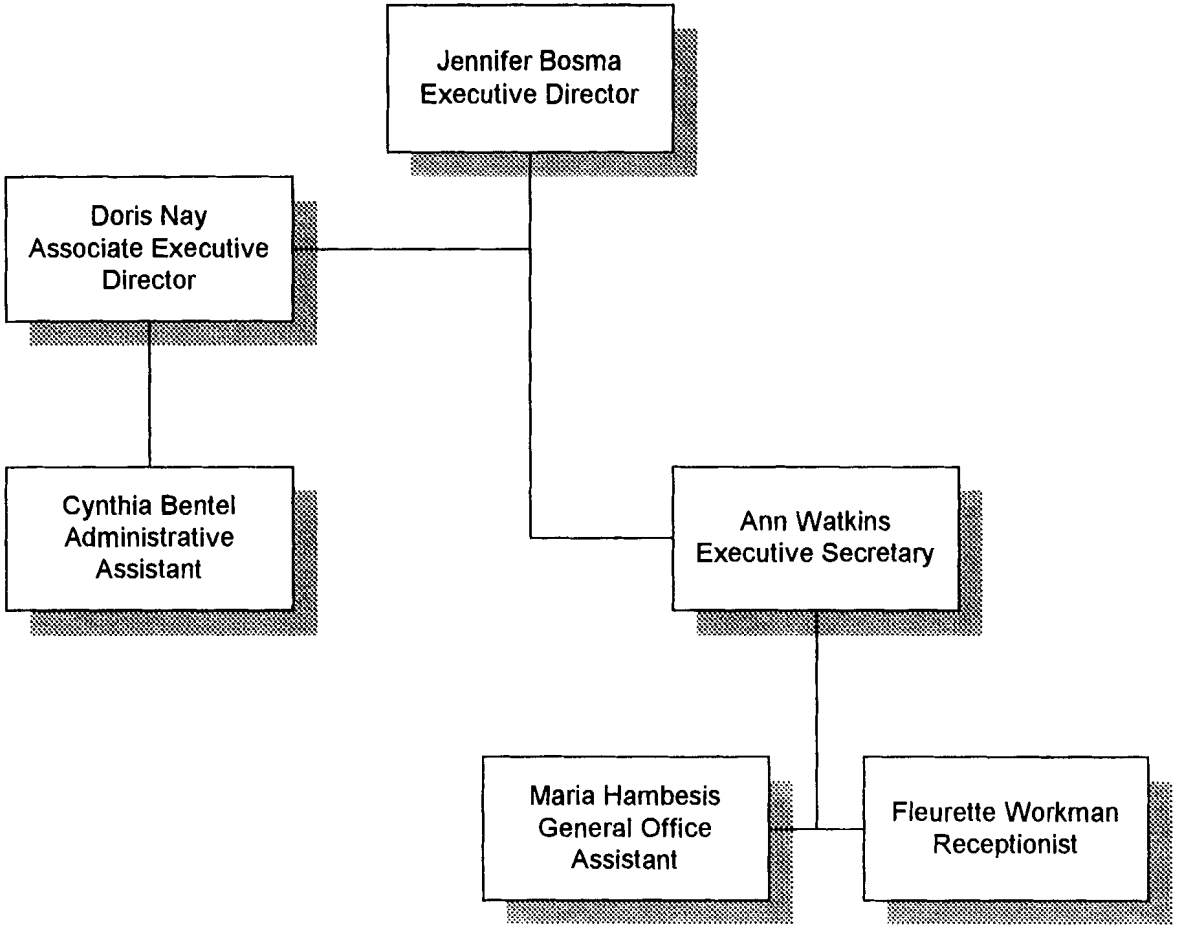
Cynthia Bentel ..... Administrative Assistant *(beginning January 1994)*
Anna Bersky, Ph.D., R.N. ..... CST Project Director
Jodi Borger ..... NCLEX™ Administrative Assistant
Delores Caruso ..... Staff Accountant
Nancy Chornick, Ph.D., R.N. ..... Research Associate
Susan Davids, C.M.P. ..... Meetings Manager
Ellen Gleason, M.S.I.R. ..... NACEP Program Manager
Barbara Halsey, M.B.A. ..... NCLEX™ Administration Manager
Christopher T. Handzlik ..... Editor
Carol Hartigan, M.A. ..... NCLEX™ Contract Manager
Kathleen J. Hayden, B.B.A. ..... Financial Manager *(through September 1993)*
Linda Heffernan, J.D., M.S.N., R.N. ..... Nursing Practice and Education Associate
Ellyn Hirsch ..... CAT Administrative Assistant *(through March 1994)*
Ellen Julian, Ph.D. ..... Psychometrician
June Krawczak, M.S.N., R.N. ..... CST Project Associate
Nancy Miller, M.S., R.N. ..... NCLEX™ Program Manager *(through March 1994)*
Craig S. Moore ..... Network Administrator
Melanie Neal, M.A. ..... NIS Program Manager
Bryan M. Newson ..... Computer Programmer
Kerry Nowicki ..... Publications Manager
Larry Sankey ..... Information Resource Manager
Vickie Sheets, J.D., R.N. ..... Director for Public Policy, Nursing Practice and Education
Ruth Bernstein Spiro, M.B.A. ..... Testing Administative Coordinator
Tom Vicek, M.B.A., C.P.A. ..... Director of Operations
Ann Watkins ..... Executive Secretary
Anne Wendt, Ph.D., R.N. ..... NCLEX™ Content Manager
Susan Woodward ..... Director of Communications
Carolyn J. Yocom, Ph.D., R.N. ..... Director of Research Services
Anthony R. Zara, Ph.D. ..... Director of Testing Services

Attachment B

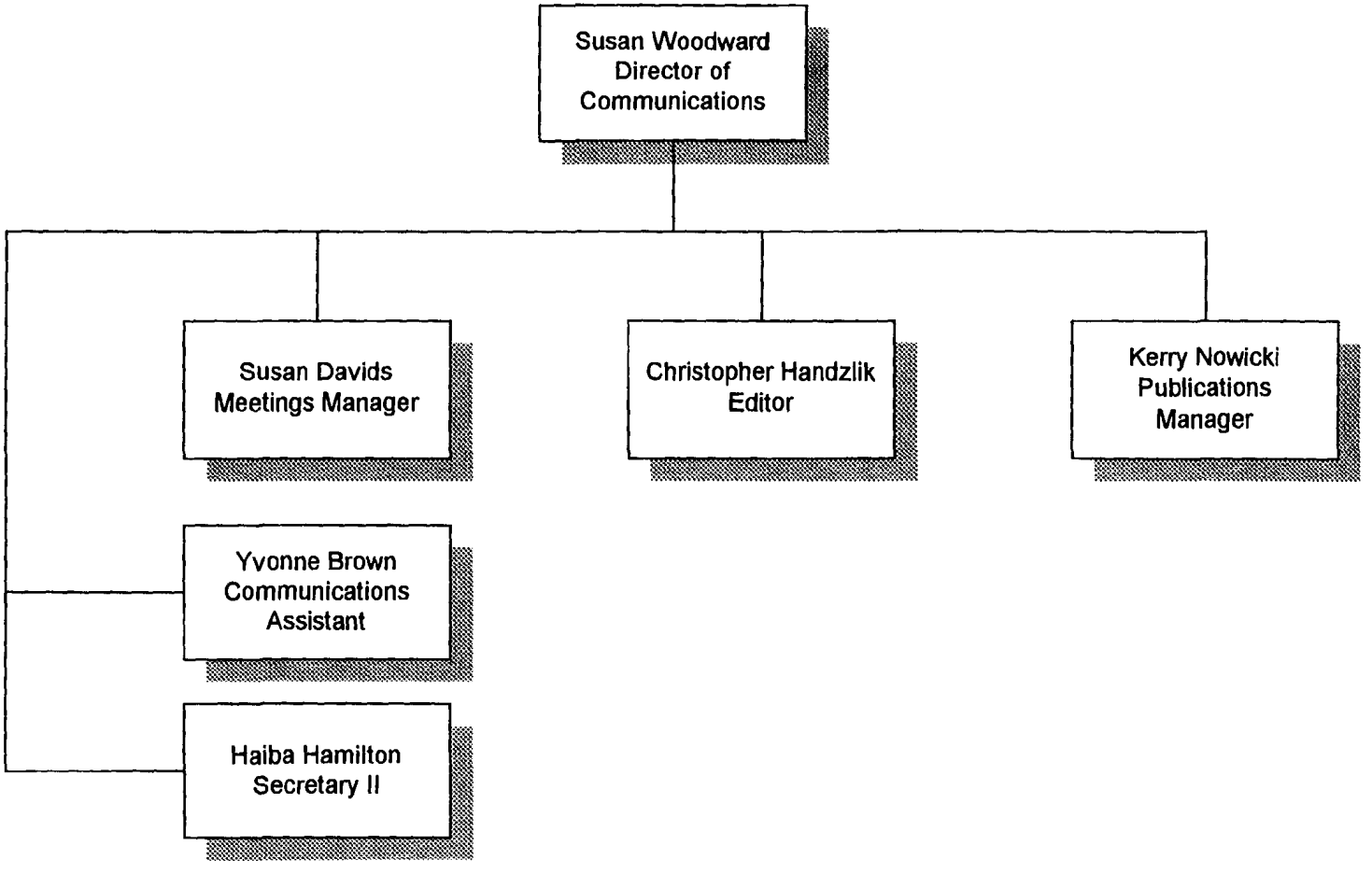
Organization Charts



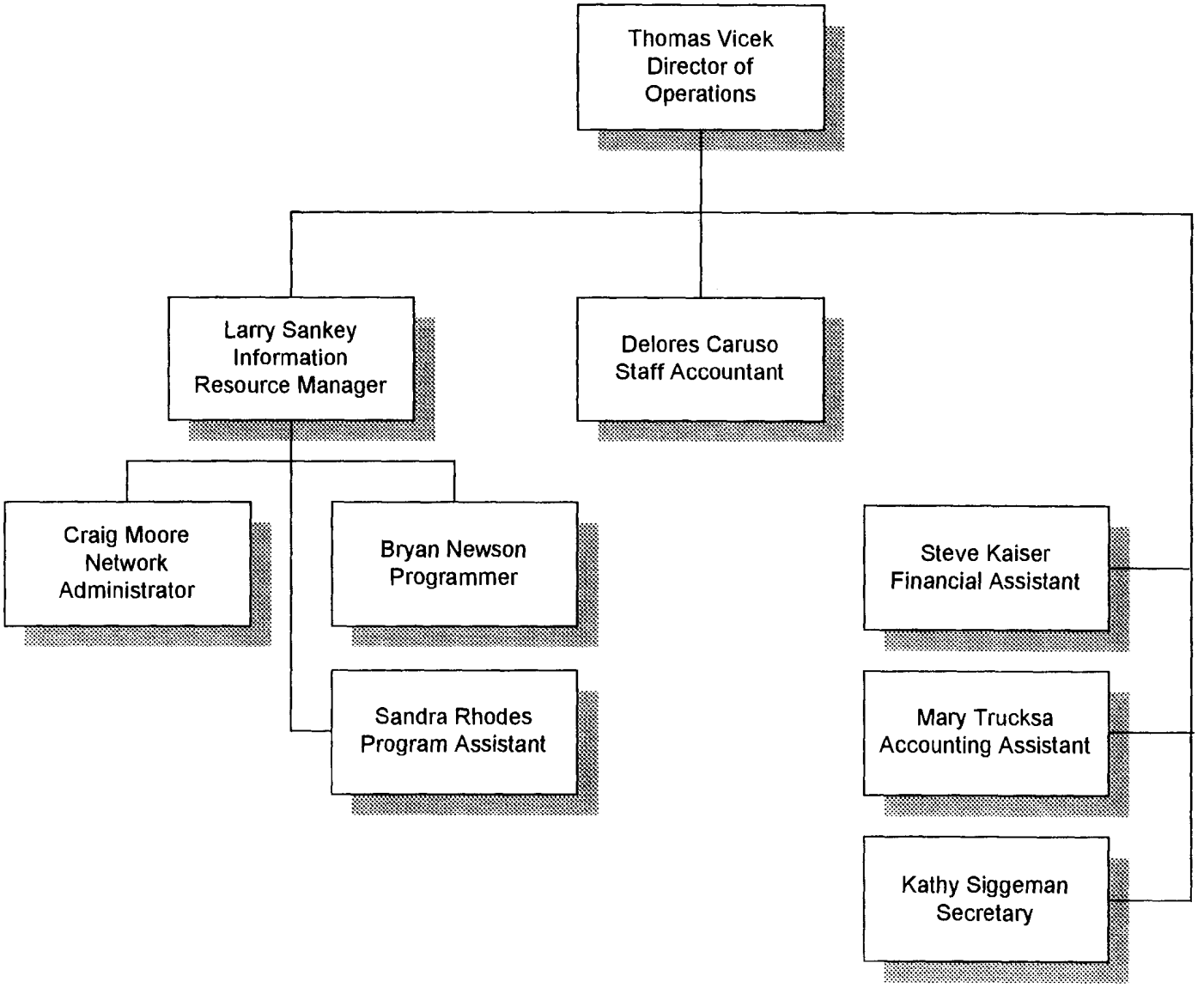
National Council of State Boards of Nursing, Inc.
Organizational Chart - Administration



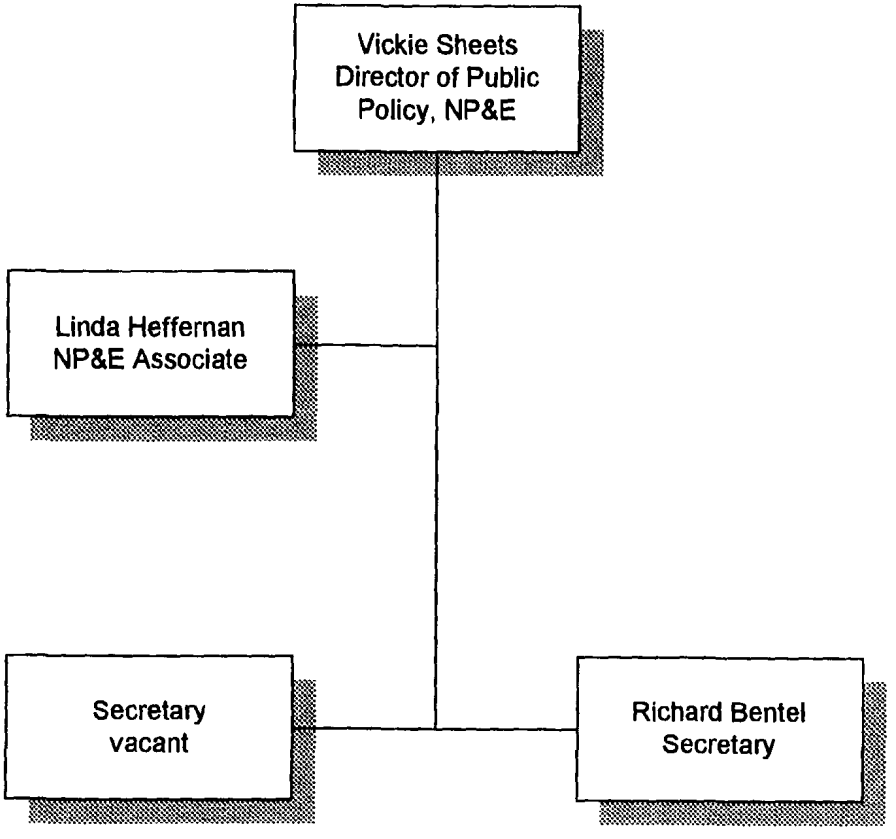
National Council of State Boards of Nursing, Inc.
Organizational Chart - Communications



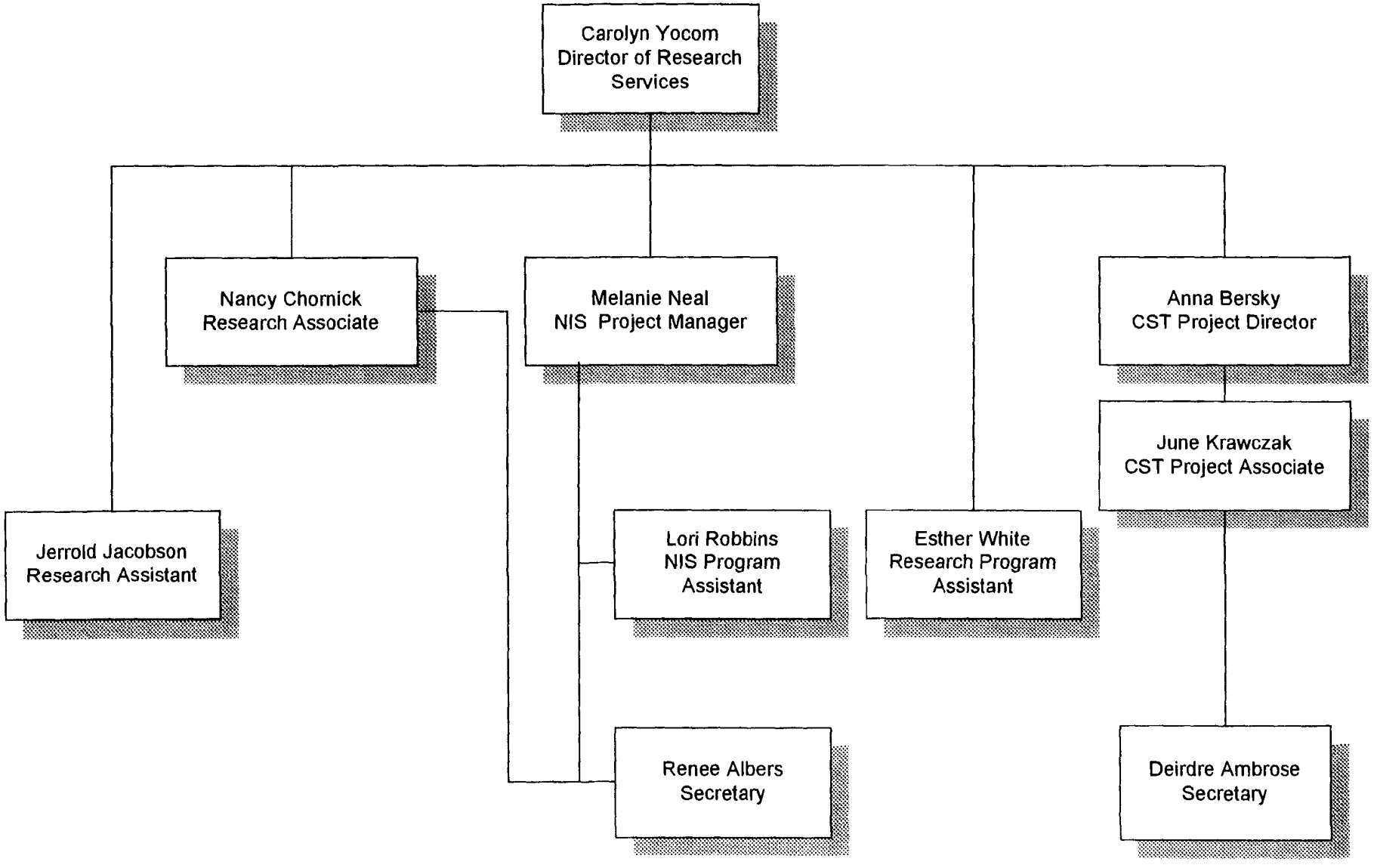
National Council of State Boards of Nursing, Inc.
Organizational Chart - Operations



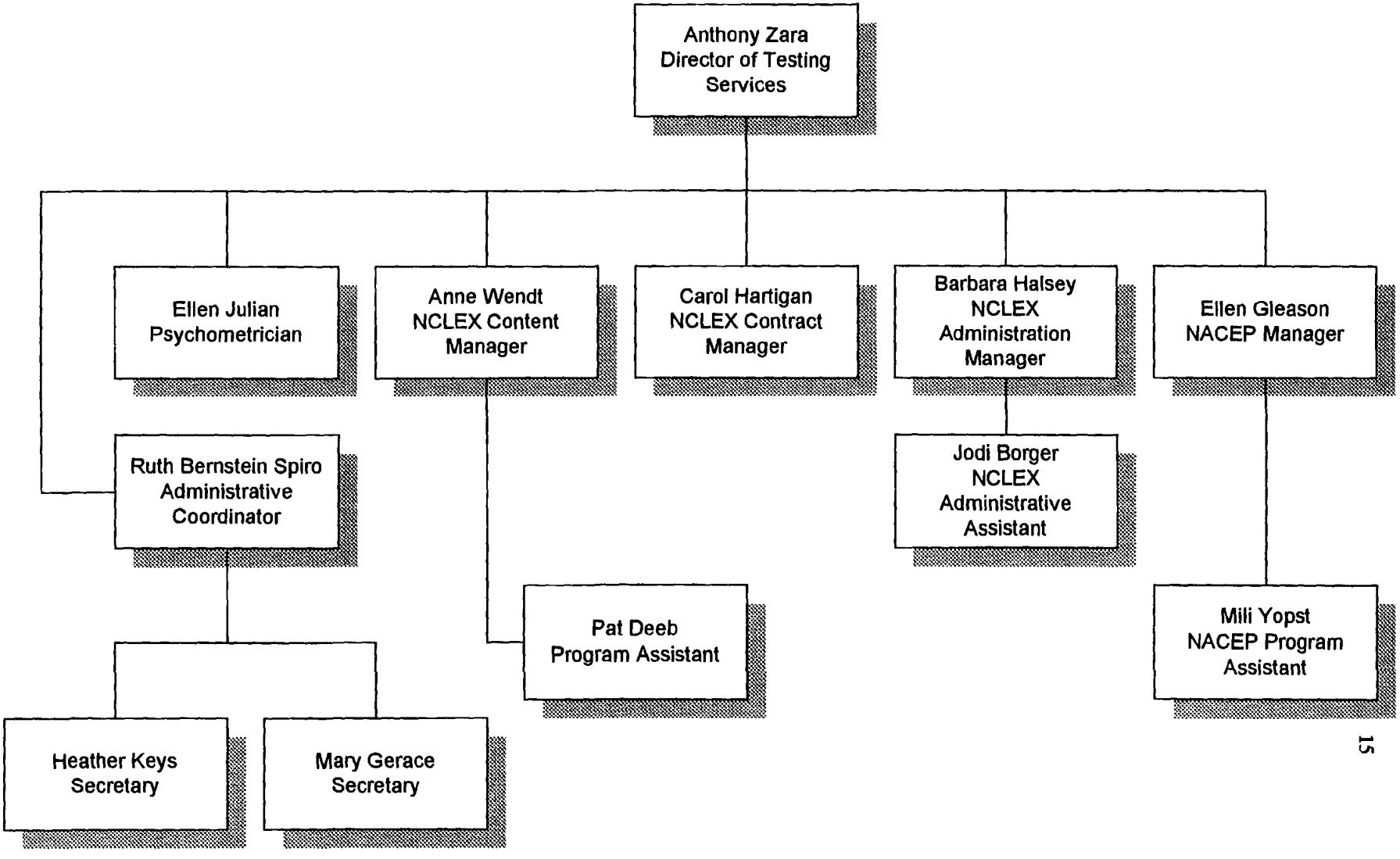
National Council of State Boards of Nursing, Inc.
Organizational Chart - Public Policy, NP&E



National Council of State Boards of Nursing, Inc.
Organizational Chart - Research



National Council of State Boards of Nursing, Inc.
Organizational Chart - Testing



Attachment C

Report of American Society of Association Executives

THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES
EVALUATION REPORT FOR THE
NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

January 26-27, 1994
Chicago, Illinois

OVERVIEW

The mission of the National Council of State Boards of Nursing (NCSBN) is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare.

Because of NCSBN's expanding role in policy development as it relates to public welfare, the expanding role of nursing practice and health care reform, the elected leadership and staff executives undertook steps to evaluate its current operations and future directions. A part of this ongoing evaluation included an audit of current operations (programs and activities), management (governance, organizational structure) and a look at future directions. To accomplish this, NCSBN contacted the American Society of Association Executives (ASAE) to conduct an evaluation to cover ten areas of association management. ASAE assembled a peer review team of three experienced association executives with relevant but diverse backgrounds to review NCSBN documents, publications, manuals, audits, programs and other significant data. The materials supplied to the ASAE Evaluation Team were prepared by NCSBN's leadership, its Executive Director and professional staff.

The survey team met at NCSBN's headquarters and interviewed in person or by phone, two officers and seven senior staff.

Before concluding the site visit, the team members met to reach consensus about their findings, in preparation for their exit interview with the Executive Director and senior staff. This provided an opportunity to share some of the key findings and to clarify any unresolved issues.

It would be inappropriate to conclude this overview without noting the extraordinary commitment to the National Council of State Boards of Nursing, by both its leadership and its staff. The level of mutual respect and trust

and their shared belief in the mission and values of NCSBN, bodes well for the future of the organization.

ASAE Survey Team Members included:

Team Leader

Bradford W. Claxton, CAE, Executive Director, American Academy of Dermatology, Schaumburg, Illinois

TEAM MEMBERS

Dona Flory, CAE, Director of Chapter Affairs, American Academy of Family Physicians, Kansas City, Missouri

Jeffry W. Raynes, CAE, Executive Vice President, North American Die Casting Association, Rosemont, Illinois

OBJECTIVES

The purpose of the ASAE evaluation program is to assist the association's executive and elected leadership in determining the effectiveness and efficiency of their association operations, programs and services, measured against predetermined, defensible criteria. In keeping with this format, the team audited NCSBN's performance within ten broad categories:

1 - Mission, Purpose and Goals

2 - Governing Body, Officers and Directors

3 - Organizational Structure and Documents

4 - Programs, Services and Activities

5 - Association Staff

6 - Financial Planning and Reporting

7 - Membership Develop and Retention

8 - Communications

9 - Government Affairs

10 - Office Automation and Information Management

To facilitate utilization of this report, each criterion is listed on a separate page. The criterion is followed by guidelines which direct attention to major elements that must be measured to fairly evaluate the association's ability to meet the criterion. Ratings for these guidelines can fall anywhere between two extremes: the highest rating - 5 (superior); to the lowest rating - 1 (needs improvement).

The report for each criterion will identify the guidelines and provide a numerical rating which represents a consensus of the survey team. In some instances, a comment will be provided; in other instances, the rating will stand by itself with the overall impressions included in the team's comments and recommendations for each criterion. The symbol "N/A" stands for "Not Applicable to the operations of NCSBN".

A copy of the Criteria and guidelines is appended.

CRITERION ONE: *MISSION AND OBJECTIVES*

The association must have adopted a current clear and positive mission statement and statement of purposes. The association must be able to demonstrate how it presently fulfills its mission and meets its goals and general objectives as articulated in its long range plan. It must be able to show how it plans to achieve its general and specific objectives in the future.

	GUIDELINES	*RATINGS*				
1.	There is a mission statement that is clear, positive, and includes concern for the public interest.	5	4	3	2	1
2.	There is a set of general objectives which reflects the current direction of the association and the anticipated needs of its members.	5	4	3	2	1
3.	The mission and general objectives are contained in the Articles of Incorporation and Bylaws.	5	4	3	2	1
4.	The mission of the association is effectively communicated to members.	5	4	3	2	1

CRITERION ONE: *MISSION AND OBJECTIVES*

5.	The responsibilities of the governing bodies, committees, and staff reflect the mission and general objectives of the association and its related subsidiary corporations, if any.	5	4	3	2	1
6.	The association has developed a long-range plan that recognizes future membership and all other stakeholders' needs; the plan relates to the association's mission and includes goals, objectives, and a general implementation schedule.	5	4	3	2	1
7.	The association periodically evaluates its mission and general objectives in light of external and internal changes in the environment that may affect its members in the future, revising its plan as needed.	5	4	3	2	1
8.	There is evidence of periodic evaluation by the governing bodies, committees and staff of progress made toward achievement of the association's current mission and general objectives.	5	4	3	2	1
9.	For each general objective, there are written specific objectives, programs, justified operational assignments, and target dates for implementation.	5	4	3	2	1

CRITERION ONE: ***MISSION AND OBJECTIVES***

10.	The association uses its long range plans as a guide to a yearly plan of work and the annual budget.	5	4	3	2	1
11.	The association demonstrates an ability to adapt to change.	5	4	3	2	1

CRITERION ONE: ***MISSION AND OBJECTIVES***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION ONE: MISSION AND OBJECTIVES

****

The association must have adopted a clear and positive statement of purposes which defines its current mission. The association must be able to demonstrate the manner in which it presently fulfills its mission and meets its goals. It must be able to show it plans to fulfill its objectives in the future.

****

Interview Participants:

NCSBN

Rosa Lee Weinert	President
Jennifer Bosma	Executive Director

ASAE

Bradford Claxton, CAE

Guideline	Rating	Comments
1	4	The mission statement clearly identifies that NCSBN is to promote public policy related to the safe and effective practice of nursing and in the interest of public welfare. The statement provides NCSBN with a mandate to actively participate in public policy that reflects the best interest of the nursing profession and public welfare.
2	5	No specific comment.
3	3	The mission and general objectives, although similar, need refinement. Clearly, the development of public policy has not been the main mission of NCSBN, but rather the testing of competency for the practicing nurse. The mission statement should be revisited in light of the major objectives of the organization, with the aim of bringing the two documents into greater congruency.
4	3	It is the consensus of the survey team that the mission as currently written is not effectively communicated to the members. The members are acutely aware of the testing component of NCSBN, but not the public policy component.

Guideline	Rating	Comments
5	4	It is the opinion of the survey team that although there is a planning process, it is more short-term oriented (two-three years) than future-directed. The planning process is good; it should be expanded.
6	4	No specific comment.
7	5	The yearly planning process is excellent and it ties financial resources to planning objectives. However, as previously stated, it is desirable to develop a long-range vision for the organization.
8	5	See item 9, below.
9	5	Both guidelines 8 and 9 show superior documentation of written objectives for specific programs and evaluation of the programs.
10	3	The documentation provided the surveyors indicated that the association evaluates its mission every six years, and general objectives every three years. In the view of the survey team, the changes in the health care field (of which nursing is a major component) are so dynamic and dramatic, that it would behoove the NCSBN leadership to review its objectives on a shorter cycle (every one or two years).
11	4	NCSBN has shown an ability to adapt to change, particularly the technological components of tests and measurements, the adaptation and use of computer technology, and innovative funding mechanisms. It is the strong recommendation of the survey team that the same innovation to adapt to technological change be applied to the public policy arena.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion One.

The survey team is cognizant that the component membership of NCSBN are state government agencies. The survey team also acknowledges the uniqueness of the governmental status of the membership which, in some instances, restricts the state agency from participating in a political advocacy role; nevertheless, a national policy on behalf of the public you serve should be

addressed by the highest levels of leadership. Perhaps a definition of public policy as it relates to the activities of NCSBN may help clarify what seems to be a disparity between the current mission statement and the objectives of the organization.

If the statement "to promote public policy" is interpreted to mean that NCSBN's public trust is to insure a minimum level of competency of nurses entering the profession, then it should be so stated, thus eliminating the disparity between pronouncement and action. On the other hand, if the term "to promote public policy" means assuring safe and effective nursing care for the public, then the programs and activities of NCSBN need to be expanded to embrace the broader policy.

The aforementioned can only be addressed by the leadership and governing bodies of NCSBN and not by an outside group of peer evaluators.

As previously stated, NCSBN meets the requirements for Criterion One and the commentary provides for guidance for possible future directions.

CRITERION TWO: *GOVERNING BODY, OFFICERS, AND DIRECTORS*

The governing body of the association must represent all major interests of the membership. Provision for periodic rotation of officers and directors is desirable. The roles of the officers must be clearly defined and the manner in which they are fulfilling their functions must be demonstrated.

	GUIDELINES	*RATINGS*				
1.	The election procedures provide for a rotating governing body.	5	4	3	2	1
2.	The election procedures provide for a representative governing body.	5	4	3	2	1
3.	The association has a system to provide opportunities for new leaders to emerge through committee and other service.	5	4	3	2	1
4.	Responsibility for volunteer and staff management functions is clearly delineated within the association bylaws and policies.	5	4	3	2	1

CRITERION TWO: *GOVERNING BODY, OFFICERS, AND DIRECTORS*

5.	The governing body is specifically vested with the responsibility for policy development, planning, evaluation, member liaison, and financial integrity of the association.	5	4	3	2	1
6.	The governing body, or executive committee, meets often enough to provide direction to the staff and to monitor association operations.	5	4	3	2	1
7.	Agendas, including appropriate source materials, are distributed sufficiently in advance of meetings.	5	4	3	2	1
8.	The minutes of governing body and committee meetings are concise and distributed promptly.	5	4	3	2	1
9.	The membership is made aware of pending meetings of the governing body.	5	4	3	2	1

CRITERION TWO: *GOVERNING BODY, OFFICERS, AND DIRECTORS*

10.	The membership is informed promptly of policy decisions and related actions after governing body meetings.	5	4	3	2	1
11.	Officers, directors, and other representatives of the association are indemnified.	5	4	3	2	1
12.	The duties and responsibilities of the voluntary leadership are in written form and appropriately communicated.	5	4	3	2	1
13.	Appropriate legal counsel is provided to protect the association.	5	4	3	2	1

CRITERION TWO: ***GOVERNING BODY, OFFICERS, AND DIRECTORS***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION TWO: GOVERNING BODY, OFFICERS, AND DIRECTORS

****

The governing body of the association must represent all major interests of the membership. Provision for periodic rotation of officers and directors is desirable. The roles of the officers must be clearly defined and the manner in which they are fulfilling their functions must be demonstrated.

****

Interview Participants:

NCSBN

Rosa Lee Weinert	President
Dr. Charlene Kelly	Treasurer
Jennifer Bosma	Executive Director

ASAE

Bradford Claxton, CAE

Guideline	Rating	Comments
1	5	No specific comment.
2	5	No specific comment.
3	4	No specific comment.
4	3	In reviewing the various governance documents (bylaws), and through extended discussions with the leadership and senior staff, it is apparent to the survey team that there is a sharing of governance between the Delegate Assembly and the Board of Directors. The bylaws add a bit of confusion to this state, and it is recommended that a more definitive document be developed, delineating Board authority and Delegate Assembly authority with respect to goals, objectives and programs. All components of the governing bodies must have a clear understanding of their respective roles of responsibility and authority. The survey team understands that there are a series of bylaw revisions addressing this concern, and if approved by the Delegate Assembly, should streamline the decision-making process.

Guideline	Rating	Comments
5	5	No specific comment.
6	4	No specific comment.
7	5	No specific comment.
8	3	The survey team felt that the narrative portion of the minutes was too extensive. The survey team recommends that the minutes be written to record actions taken and only the narrative pertinent to the decision.
9	4	Although there is a calendar of meetings, it was the surveyors opinion that notification of pending meetings could be better emphasized and disseminated to the membership.
10	5	Members are kept informed through publications of board's decisions and activities.
11	5	No specific comment.
12	4	The duties of the voluntary leadership have been prepared and are contained in the Board of Directors' Handbook. However, the delineation of responsibility and authority vis-a-vis the Delegate Assembly and the Board of Directors, needs to be resolved in order to more accurately delineate the responsibilities of the officers.
13	5	No specific comment.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Two.

The survey team recommends that the bylaws be amended (the process is already underway) to delineate the respective roles of the Delegate Assembly and the Board of Directors. Misunderstandings over the scope of authority can have a deleterious effect upon the governance of the organization. Delineation of authority is an evolutionary process and it takes time for both units of governance to feel comfortable with one another. However, misunderstandings will occur unless there is a consensus on operations and the consensus is committed to writing, with the approval of both governing units.

The survey team commends NCSBN for their self-analysis in identifying problems associated with shared governance and taking appropriate steps to address the issue.

CRITERION THREE: *ORGANIZATIONAL STRUCTURE & DOCUMENTS*

The association must have a constitution and bylaws, code of regulations, or equivalent documents and demonstrate that it operates in conformance with these documents. It must show that its documents are periodically reviewed, are consistent with one another, revised when necessary and that the association's design is in keeping with its constitution and bylaws.

	GUIDELINES	*RATINGS*				
1.	The organizational structure reflects the mission and general objectives of the association.	5	4	3	2	1
2.	There is documentation of adherence to membership requirements, dues setting authority, and other basic standards of operation as set forth in the bylaws.	5	4	3	2	1
3.	There is evidence that the constitution and bylaws of the association have been reviewed at regular intervals.	5	4	3	2	1
4.	There is a practical procedure for amending the bylaws.	5	4	3	2	1

CRITERION THREE: *ORGANIZATIONAL STRUCTURE AND DOCUMENTS*

5.	The roles and functions of membership elements of the association (geographic, product, special interest) and the relationships among them are specifically delineated.	5	4	3	2	1
6.	Organizational documents clearly delineate the duties of governing bodies, officers, and staff, minimizing the possibility of conflicts of authority.	5	4	3	2	1
7.	There are organization charts and/or other documentation which clearly show functional relationships between volunteers and staff, and among staff.	5	4	3	2	1
8.	The responsibilities of committees, their composition, specific charges, appointment procedures, and reporting relationships are in written form and updated periodically.	5	4	3	2	1
9.	Responsibility for review and maintenance of existing policy documents is clearly delineated and operational.	5	4	3	2	1

CRITERION THREE: ***ORGANIZATION, STRUCTURE, AND DOCUMENTS***

10.	The association encourages high operational and ethical standards among its membership.	5	4	3	2	1
11.	Committee and other volunteer leader reports are communicated effectively.	5	4	3	2	1

CRITERION THREE: ***ORGANIZATION, STRUCTURE, AND DOCUMENTS***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION THREE: ORGANIZATIONAL STRUCTURE AND DOCUMENTS

****

The association must have a constitution and bylaws, code of regulations, or equivalent documents and demonstrate that it operates in conformance with these documents. It must show that its documents are periodically reviewed, are consistent with one another, revised when necessary and that the association's design is in keeping with its constitution and bylaws.

****

Interview Participants:

NCSBN

Doris Nay	Associate Executive Director
Thomas Vicek	Director of Operations

ASAE

Bradford Claxton, CAE

Guideline	Rating	Comments
1	5	No specific comment.
2	5	No specific comment.
3	5	No specific comment.
4	5	No specific comment.
5	5	No specific comment.
6	3	The inter-relationships of Delegate Assembly, Board of Directors, committees and staff are not always clear. The proposed bylaw revisions should minimize the possibility of conflicts of authority.
7	3	The Executive Director has conceptually developed a staff model organizational chart, delineating areas of responsibility and reporting authority. The survey team recommends that the conceptual vision be reproduced in schematic form and distributed to staff and officers.

Guideline	Rating	Comments
8	5	No specific comment.
9	5	No specific comment.
10	N/A	There is no published "Code of Ethics" or standards of conduct. Situations come to mind where an individual in authority (at the National or State level) may have access to confidential information (disciplinary procedures, test scores, etc.) and it would be appropriate for that individual to acknowledge that he or she has an ethical obligation not to reveal that information. The assumption that there are state laws prohibiting disclosure of this information by elected or appointed members of the component organizations should be revisited. If in fact all state laws do not prohibit disclosure of information, then it may be appropriate for NCSBN to establish their own Code of Ethics.
11	5	No specific comment.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Three.

The team believes that the Delegate Assembly is a representative body of the constituency and provides evidence of NCSBN's commitment to assuring equity of its members. The election of officers and Board members incorporates the good components of a representative democracy. However, the delineation of responsibility of the two governing bodies remains a major concern.

If not currently in place, it is recommended that consideration be given to regular utilization of a sunset provision for committees, so that committees can be retired as the need for them shifts. Provisions are available for the establishment of new committees to address new issues and needs.

The team also recommends the continuation and strengthening of the formal training program for all committee chairs so that they know exactly what is expected and what resources are available to them, the servicing and reporting mechanism, the scope of their responsibility and authority, and how and when they relate with each other and to staff liaisons.

CRITERION FOUR: *PROGRAMS, SERVICES, AND ACTIVITIES*

There must be evidence that the association's programs, services, and activities meet member needs, are formally planned, funded, coordinated, implemented, monitored, and evaluated.

	GUIDELINES	*RATINGS*				
1.	The association develops an annual written plan of action based on its long range goals and objectives; the plan sets forth programs, services, and activities and includes target dates and responsibility assignments.	5	4	3	2	1
2.	The association has taken into consideration the fiscal, staff, time available and membership resources necessary to implement its programs, services, and activities.	5	4	3	2	1
3.	The association demonstrates that its organizational structure permits operation of its programs, services, and activities under the most favorable tax structure.	5	4	3	2	1
4.	There is evidence that the committees and staff submit recommendations and the governing body approves programs, services, and activities and determines the allocation of resources.	5	4	3	2	1

CRITERION FOUR: *PROGRAMS, SERVICES, AND ACTIVITIES*

5.	Volunteer leadership is primarily involved in planning, approving, evaluating, and acting on the evaluation of programs, and staff is responsible for management and implementation.	5	4	3	2	1
6.	There is evidence that *only* the board or its designate has ultimate authority to initiate or discontinue programs (*not* committees, members at large, or staff.)	5	4	3	2	1
7.	There is evidence that responsibility is defined and commensurate authority given for implementation of programs, services, and activities.	5	4	3	2	1
8.	There is evidence that the leadership involves members and staff in the development and planning of programs, services and activities (i.e., member surveys, committee service, etc.).	5	4	3	2	1
9.	The association adequately markets its programs, services, and activities.	5	4	3	2	1

CRITERION FOUR: *PROGRAMS, SERVICES, AND ACTIVITIES*

10.	The association conducts member needs assessments on a regular basis to evaluate the programs and services it delivers to members and to ask members what they want in the future.	5	4	3	2	1
11.	There is evidence that the association considers its environment, its community's needs, its stakeholders' interests, and its committees' suggestions in the appraisal and conduct of its programs and services.	5	4	3	2	1
12.	The association provides opportunities for members to exchange experiences, expertise, and opinions.	5	4	3	2	1
13.	The association utilizes its volunteers effectively.	5	4	3	2	1
14.	There is a mechanism in place to effectively deal with unexpected developments and crises.	5	4	3	2	1

CRITERION FOUR: *PROGRAMS, SERVICES, AND ACTIVITIES*

15.	There is evidence that the annual meeting and convention meets the needs of the association membership.	5	4	3	2	1

CRITERION FOUR: ***PROGRAMS, SERVICES, AND ACTIVITIES***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION FOUR: PROGRAMS, SERVICES, AND ACTIVITIES

****

There must be evidence that the association's programs, services, and activities meet member needs, are formally planned, funded, coordinated, implemented, monitored, and evaluated.

****

Interview Participants:

NCSBN

Doris Nay	Associate Executive Director
Anthony Zara	Director of Testing Services

ASAE

Dona Flory, CAE

Guideline	Rating	Comments
1	5	These are detailed annually in the Organization Plan.
2	5	The Long Range Planning Committee makes projections; fiscal implications are reviewed by the Finance Committee; Board of Directors reviews/approves goals, objectives, tactics and makes assignments to committees, staff or Board of Directors for accomplishment.
3	5	The organization is a 501(c)(3) and is considering a separate division or unit for future unrelated business activities.
4	4	The procedures are clear, but because of the organizational structure, clarity would be facilitated by delineating exactly which governing body has what authority (i.e., Board of Directors and/or Delegate Assembly).
5	4	This is primarily true, but because the volunteer leadership was historically involved in management details, this continues to evolve.

Guideline	Rating	Comments
6	4	Again, this is more clearly defined than in the past, but the volunteers could divest themselves of even more of the management details.
7	4	Survey data of member surveys/evaluations are reviewed by the Long Range Planning Committee, which makes recommendations for action. An enhancement being implemented will tie objectives of the organization more closely to the budget, by assuring that budget supports most those goals perceived as most important.
8	3	While the marketing vehicles are effective, the messages are not reaching the entire market because access to the lists of board members of the component organizations are not accessible. There is opportunity for greater contact if ways can be found to obtain more complete lists.
9	4	The effectiveness survey is a good vehicle for obtaining information about current programs and perceived needs.
10	5	No specific comment.
11	5	The organization makes excellent use of volunteers, assigning them appropriate duties and providing good job descriptions and directives.
12	4	The procedures for dealing with unexpected events are comprehensive. The only suggestions would be to consolidate all in a crisis procedures manual and to consider steps to allow for greater speed in addressing unexpected events more quickly. It is not clear that the Board of Directors has the authority to establish policies or organizational positions between meetings of the Delegate Assembly.

Guideline	Rating	Comments
13	5	Evaluation mechanisms, both formal and informal, indicate that this is viewed positively by the membership.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Four.

The organization regularly assesses needs, evaluates activities and carefully plans goals, objectives and tactics. Assignment of responsibility for action to the Board of Directors, committees and staff is explicit. Procedures for moving recommendations through the governance structure are in place and member satisfaction with activities is monitored.

The team would suggest:

1. Attempt to create a more comprehensive record of members serving on member boards to allow for more extensive communication.

2. Extend marketing activities by reaching more of those who are served: members of the member boards.

3. Consolidate all crisis procedures in one manual.

CRITERION FIVE: *ASSOCIATION STAFF*

The association must be effectively staffed. The size, skills, and reporting relationships of the staff are directly related to the scope of services provided by the association. There must be evidence of stability in staff, a clear organizational structure, and appropriate personnel practices. The association must provide opportunities for professional development of staff.

	GUIDELINES	*RATINGS*				
1.	There is an effective organizational chart that reflects the staff structure, and relates to the defined program needs of the association.	5	4	3	2	1
2.	The *size* of the staff permits efficient operations and fulfillment of defined objectives.	5	4	3	2	1
3.	The *structure* of the staff permits efficient operations and fulfillment of defined objectives.	5	4	3	2	1
4.	The experience and skills of the staff are sufficient to meet program requirements.	5	4	3	2	1

CRITERION FIVE: ***ASSOCIATION STAFF***

5.	Contemporary salary administration policies and compensation programs are established and utilized.	5	4	3	2	1
6.	Base salaries reflect market standards and are adequate to obtain and retain the appropriate person for each staff position.	5	4	3	2	1
7.	Employee benefits reflect market standards and are sufficiently competitive to attract talented staff.	5	4	3	2	1
8.	Personnel policies and practices are in full compliance with the letter and spirit of the law.	5	4	3	2	1
9.	Position descriptions have been written, based upon thorough job analyses, and are regularly updated.	5	4	3	2	1

CRITERION FIVE: *ASSOCIATION STAFF*

10.	Office operations and procedure manuals including each staff position are maintained and updated regularly.	5	4	3	2	1
11.	The personnel policy manual is adequate for staff size and complexity, and is distributed to staff.	5	4	3	2	1
12.	Individual staff performance is evaluated periodically, at least annually, against predetermined performance standards, and procedures are established to insure individual understanding of these standards as they apply to each staff member. Changes in compensation are reflective of these evaluations.	5	4	3	2	1
13.	The association has a plan and allocates financial resources for professional and skill development for the staff.	5	4	3	2	1
14.	The association has appropriate cross-training and/or back-up training to provide for uninterrupted performance of program responsibilities when staff changes occur.	5	4	3	2	1

CRITERION FIVE: ***ASSOCIATION STAFF***

15.	Exit interviews are conducted in order to identify conditions which might improve staff stability.	5	4	3	2	1
16.	The association uses outside professional support services prudently (e.g., legal, accounting, investment management, convention planning, membership development, fund raising, public relations, computer) attaining a cost effective balance between staff and outside resources as measured by program objectives.	5	4	3	2	1
17.	The association's office space and layout facilitates productive staff performance and is a credit to the association and its membership.	5	4	3	2	1

CRITERION FIVE: ***ASSOCIATION STAFF***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION FIVE: ASSOCIATION STAFF

****

The association must demonstrate that the size, skills, and reporting relationships of the staff are directly related to the scope of services provided by the association. There must be evidence of stability in staff, in organizational structure, and in personnel practices. The association must provide opportunities for professional development of staff.

****

Interview Participants:

NCSBN

Doris Nay — Associate Executive Director

ASAE

Dona Flory, CAE

Guideline	Rating	Comments
1	3	In concept, this is true but the organizational chart exists only in draft form. This needs to be finalized.
2	4	It appears that the staff is growing at a nice rate, but how this relates to efficient operations and fulfillment of objectives is not clearly defined.
3	4	This appears to be true and a final staff organizational chart will clarify this.
4	5	Experience and skills of staff appear to be exceptional and there is sufficient specialization to assure program requirements are met.
5	5	These are excellent and are clearly delineated in the Employee Handbook and Personnel Policy Manual.
6	5	Base salaries reflect market standards; salary range midpoints are targeted to the market average range of pay to facilitate management of individual salaries at or near the market average.

Guideline	Rating	Comments
7	5	This is a particularly strong point for the Council. We commend the Council for its generous expenditures to assure maintenance of the highest standards of staff performance.
8	5	It is of particular note that staff input is solicited regarding changes in the position at the time of the annual performance appraisal. A minor suggestion: consistency of format would facilitate comparison of the descriptions and assure that all major areas of accountability are addressed.
10	5	It appears that the Employee Handbook and Personnel Policy Manual are revised annually, as are the position descriptions.
11	5	Excellent. This is a comprehensive document.
12	5	Procedures for performance appraisal are explicit, appraisals are based on identifiable areas of accountability for the position and merit increases are tied to both performance and position in the salary range for the position.
13	5	Outstanding. The Council should be congratulated for its foresight in providing such excellent staff development benefits and for creating a plan with sufficient flexibility to assure relevance to the individual and the organization.
14	4	This appears to be very good in general, but better in some areas than in others. We encourage continuing efforts in this regard to meet the demands of personnel changes.
15	5	No specific comment.
16	5	The Council uses outside expertise appropriately. To assure quality control, it is essential to continually evaluate performance results.
17	5	The Council's office space is pleasant, professional and appears to be well organized.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Five.

The Employee Handbook and Personnel Policy Manual are well organized and comprehensive. Position descriptions are based on job analysis, performance appraisals measure job areas of accountability and merit increases are tied to the performance appraisal. Compensation is competitive and benefits are exceptional.

The team recommends:

1. Continual assessment of needs as they relate to the size and structure of staff are important as the functions of the Council evolve.

2. Because of the recent concentration of activity related to the new testing mechanisms, and the relatively rapid increase in staff, care must be taken in assuring that the staff structure is appropriate and that relationships are clarified.

3. A staff organizational chart will help clarify areas of responsibility and reporting relationships. This should be made available to both staff and volunteers.

The Council exhibits excellence in the majority of the guidelines for this criterion. Particular areas of strength include the expertise of staff, the comprehensive personnel policies and procedures manuals, competitive compensation policies and outstanding benefits. Development of a staff organizational chart, clarifying relationships of responsibility and reporting, would address the area of perceived weakness.

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

Financial planning must relate directly to association programming. The association must have realistic plans for developing income and controlling costs. It must present evidence of fiscal controls, a full-disclosure reporting system and an annual audit. ***(Italicized guidelines apply especially to Sec. 501(c)(3)-exempt organizations rather than Sec. 501(c)(6) groups.)***

	GUIDELINES	*RATINGS*				
1.	Dues, fees, and rates are annually reviewed and adjusted to the short-term and long-term needs of the membership and fluctuations in the economic cycle.	5	4	3	2	1
2.	There is adequate documentation when the budget is presented to the governing body to justify programs and staffing.	5	4	3	2	1
3.	The governing body approves annual program and budget plans, modifying them as required.	5	4	3	2	1
4.	Income and expense budgeting is done by principal function or activity as defined in the strategic plan.	5	4	3	2	1

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

5.	In addition to the next year, income and expense budgeting is done for a three-year period.	5	4	3	2	1
6.	The budget is used as a guide to measure the financial performance of the organization, and the association has a mechanism for periodic adjustment of financial projections and operating plans.	5	4	3	2	1
7.	Key staff, the governing body, and the membership receive appropriate financial statements at regular intervals.	5	4	3	2	1
8.	Periodic income/expense statements, including comparisons to current budget, are analyzed by appropriate association leaders and managerial staff.	5	4	3	2	1
9.	Budget requirements beyond one year take into consideration strategic and long-range planning and program-mix decisions of the association.	5	4	3	2	1

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

10.	There are sound short-term and long-term investment procedures which are periodically reviewed, and the association is in compliance with those procedures.	5	4	3	2	1
11.	There is presently an adequate reserve and/or contingency fund which is a pre-established percentage of the annual operating budget.	5	4	3	2	1
12.	Projection of reserve and contingency funds includes an appropriate reserve goal and adequate procedures to achieve it.	5	4	3	2	1
13.	There is evidence of prudent internal fiscal controls such as purchase orders; competitive bidding; separation of financial responsibility.	5	4	3	2	1
14.	The accounting system is adequate for the size and complexity of the association.	5	4	3	2	1

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

15.	The governing body receives an annual audit prepared by an independent outside firm, selected in accordance with association policy. With the annual audit, the CEO receives a management letter.	5	4	3	2	1
16.	The association utilizes a formalized method to insure that all appropriate government reports (Forms 990, etc.) are filed on a timely basis.	5	4	3	2	1
17.	There is evidence that the organization exercises due diligence in reporting and accounting for public and private resources beyond the traditional sources of revenue.	5	4	3	2	1
18.	There is adequate documentation of adherence to public disclosure and UBIT (unrelated business income tax) regulations.	5	4	3	2	1
19.	***The association is in compliance with its Articles of Incorporation and Bylaws with respect to its Sec. 501(c)(3) restrictions.***	***5***	***4***	***3***	***2***	***1***

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

20.	***The association has a plan for endowment/planned giving fund development.***	*5*	*4*	*3*	*2*	*1*
21.	***Where appropriate, special events are used for fund development to the extent possible.***	*5*	*4*	*3*	*2*	*1*

CRITERION SIX: *FINANCIAL PLANNING AND REPORTING*

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION SIX: FINANCIAL PLANNING AND REPORTING

****

Financial planning must relate directly to association programming. The association must have realistic plans for developing income and controlling costs. It must present evidence of fiscal controls, a full-disclosure reporting system and an annual audit.

****

Interview Participants:

NCSBN

Charlene Kelly	Treasurer
Thomas Vicek	Director of Operations

ASAE

Jeffry Raynes, CAE

Guideline	Rating	Comments
1	5	While NCSBN meets this criterion, the team expressed concern that the organization might be understating the value of membership by maintaining the same dues rate that was put in place when the association was incorporated. Further, the team raised the issue of the appropriateness of a "flat dues structure" for all members, regardless of member size (see "Summary Comments and Recommendations, page 19).
2	5	The team recognizes that this is an ongoing process and noted that NCSBN has made good progress in this area in the past two years.
3	5	No specific comments.
4	5	No specific comments.
5	3	The team recognizes that in lieu of an "advance" three-year income and expense budget, NCSBN uses a five-year cash flow forecast. While the team finds this method appropriate, we would suggest the addition of several "if/then scenarios" to the forecast. (Note item #9.)

Guideline	Rating	Comments
6	5	No specific comments.
7	4	The team recognizes that this is an ongoing process and noted that NCSBN is making good progress in this area.
8	5	Recognizing that many NCSBN members may not come to leadership with a strong financial background, the team suggests offering the officers and finance committee members the opportunity to participate in a seminar or workshop on "Financial Management for Non-Financial Managers" as offered by a number of organizations such as the American Management Association.
9	4	The team refers to item #5.
10	5	It is noted that the investment policies and procedures are currently under review for possible revision.
11	5	No specific comments.
12	5	With regard to items 11 and 12, the team congratulates NCSBN on its reserve balance. The team recognizes that plans are underway for new programs and services that will affect a scheduled draw down of the reserve to an appropriate level. We strongly suggest that NCSBN continue to monitor its reserve balance with its auditors and legal counsel.
13	5	No specific comments.
14	5	No specific comments.
15	5	No specific comments.
16	5	The team suggests that a master list for government reports be prepared, with a filing calendar identifying the deadlines and responsible individuals for distribution to the NCSBN management team.

Summary Comments and Recommendations

NCSBN meets and surpasses the requirements for Criterion Six.

The team recommends:

1. A review of the dues structure to assure the organization is not understating the value of membership and is providing an equitable fee structure for all member boards regardless of their size. The survey team is cognizant that NCSBN has in effect a de facto graduated dues structure. Although states pay a flat $3,000 fee, the candidate fees are in direct proportion to the size of their population of new candidates. Thus, it is argued that the candidate fee represents a type of dues. However, we suggest NCSBN periodically reassess its dues structure.

2. The addition of several "if/then scenarios" to the five-year cash flow forecast in order to effectively anticipate the impact of changes in programs, revenue sources or the operating environment.

3. Consider offering the officers and finance committee members the opportunity to participate in a seminar on financial management for non-financial managers.

The team recognizes that plans are underway for a review and scheduled draw down of the substantial reserves of the organization.

It is noted that the investment policies and procedures were recently reviewed, revised and adopted.

CRITERION SEVEN: *MEMBERSHIP DEVELOPMENT AND RETENTION*

The association must demonstrate that its current membership/potential membership ratio is reasonable. It must have an effective and continuing program of membership retention and recruitment when appropriate.

	GUIDELINES	*RATINGS*				
1.	A system is in place for maintaining member records which is responsive to member needs as well as staff and leadership.	5	4	3	2	1
2.	The association has a realistic appraisal of its potential for membership growth over the next five years.	5	4	3	2	1
3.	The association maintains and updates a prospect list of potential members.	5	4	3	2	1
4.	There is a membership development/retention plan, including specific strategies and goals.	5	4	3	2	1

CRITERION SEVEN: ***MEMBERSHIP DEVELOPMENT AND RETENTION***

5.	There is a follow-up procedure to determine why members drop from the roster, and an attempt is made to re-recruit members.	5	4	3	2	1
6.	There are adequate funds for membership development and retention contained within the budget and the association maintains an active membership promotion program.	5	4	3	2	1
7.	Periodic progress reports on the objectives and the effectiveness of membership development/ retention programs are prepared and analyzed.	5	4	3	2	1
8.	Association programs, services, and activities are appropriately communicated to the membership so there is continued awareness of the benefits of association membership.	5	4	3	2	1
9.	Changes in membership attitudes, needs, and interests are monitored (i.e., surveys, evaluation forms, etc.) and considered in future planning.	5	4	3	2	1

CRITERION SEVEN: *MEMBERSHIP DEVELOPMENT AND RETENTION*

10.	Member interest in association activities is demonstrated through volunteer service, meeting attendance, contributions to programs and publications, etc.	5	4	3	2	1
11.	An executive of the association is specifically assigned to handle membership development.	5	4	3	2	1
12.	The responsibility for member relations is clearly understood to be shared by all staff.	5	4	3	2	1
13.	There are established procedures for the proper and timely handling of routine membership inquiries and/or requests.	5	4	3	2	1
14.	Volunteer members as well as staff resources are utilized in membership development and retention efforts.	5	4	3	2	1

CRITERION SEVEN: ***MEMBERSHIP DEVELOPMENT AND RETENTION***

15.	An appeal procedure (due process) is available which can be utilized by a member or a non-member of the association when appropriate.	5	4	3	2	1

CRITERION SEVEN: ***MEMBERSHIP DEVELOPMENT AND RETENTION***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION SEVEN: MEMBERSHIP DEVELOPMENT AND RETENTION

****

The association must demonstrate that its current membership/potential membership ratio is reasonable. It must have an effective and continuing program of membership retention and recruitment when appropriate.

****

Interview Participants:

NCSBN

Jennifer Bosma — Executive Director

ASAE

Dona Flory, CAE

Guideline	Rating	Comments
1	3	Member records are excellent as they relate to the member boards. What is lacking is a comprehensive record of the individual members of the member boards. These individuals could turn to other organizations, such as the Center for Non-Profit Boards, for services to fulfill their perceived needs, including services that the Council provides but which may not be known to the individuals. If possible, use influence with satisfied member boards to persuade them to provide the names of the individual board members for NCSBN membership files.
2	5	This is true because the membership encompasses 100% of the potential membership universe.
3	N/A	
4	5	This is apparent from the assessment and planning activities.
5	N/A	
6	N/A	
7	N/A	

Guideline	Rating	Comments
8	5	There is excellent communication via publications, training programs and continuing telephone contact.
9	5	Planning is based on specific data, such as that derived from the effectiveness survey.
10	5	This is evident from volunteer activity, rising attendance at Delegate Assembly and contributions to NCSBN publications.
11	N/A	
12	4	This is clearly a Council objective, but could be emphasized more effectively to support staff.
13	5	This is evident from the satisfaction of the member boards and their continual need for information on a timely basis.
14	N/A	
15	5	Addressed in the Bylaws.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Seven.

The Council very effectively meets those member needs necessary to assure retention. Membership development in the traditional sense is unnecessary because all state boards of nursing are members.

Although the Council is in an enviable position, enrollment of 100% of poetntial members, this is not taken for granted and efforts are made to continually assess and satisfy member needs.

CRITERION EIGHT: *COMMUNICATIONS*

The association must demonstrate that its external and internal communications are commensurate with membership and staff needs.

	GUIDELINES	*RATINGS*				
1.	There is evidence that there is a long range and strategic operational communications plan in place consistent with the association's mission and general objectives.	5	4	3	2	1
2.	The membership has been analyzed to identify specific interest segments and the appropriate media for each.	5	4	3	2	1
3.	The association has defined its outside publics and devised effective means for maintaining credibility and a favorable image with each.	5	4	3	2	1
4.	The association works with allied groups and maintains liaison with associations and organizations in related fields to enhance mutual understanding.	5	4	3	2	1

CRITERION EIGHT: *COMMUNICATIONS*

5.	The association cooperates with consumer groups and public agencies acting on behalf of related public interests.	5	4	3	2	1
6.	When appropriate, the general public is aware of the association and its programs.	5	4	3	2	1
7.	The association communicates frequently and fully to the association leadership on current activities and developments.	5	4	3	2	1
8.	The association communicates frequently and fully to the association membership on current activities.	5	4	3	2	1
9.	The association has effective systems for orienting volunteer leaders to the association's history, structure, functions, and policies and their proper roles and responsibilities.	5	4	3	2	1

CRITERION EIGHT: *COMMUNICATIONS*

10.	The quality and timeliness of publications and other communication tools reflect a professional, quality oriented image and are appropriate to the composition, size, and financing of the association.	5	4	3	2	1
11.	The association has communication channels--such as publications, memos, supervisory briefings, and staff meetings--to adequately inform staff about the association's activities, policies, concerns, and progress toward goals as well as other events pertinent to the business, profession, industry, or group served by the association.	5	4	3	2	1
12.	The association provides adequate direction, staffing, and funding to effectively carry out its communication programs.	5	4	3	2	1
13.	The association prepares, publishes, and distributes its action plan for the year ahead.	5	4	3	2	1
14.	The association has established a mechanism to elicit feedback on the quality, content, and relevance of its communications with members.	5	4	3	2	1

CRITERION EIGHT: *COMMUNICATIONS*

15.	The association uses appropriate communication media--print, radio, TV, etc.--effectively.	5	4	3	2	1
16.	In the event of a crisis, there is a mechanism in place to effectively deal with the various publics.	5	4	3	2	1
17.	The association logo reflects a modern and constructive image of the association.	5	4	3	2	1

CRITERION EIGHT: ***COMMUNICATIONS***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION EIGHT: COMMUNICATIONS

****

The association must demonstrate that its external and internal communications are commensurate with membership and staff needs.

****

Interview Participants:

NCSBN

Susan Woodward — Director of Communications

ASAE

Jeffry Raynes, CAE

Guideline	Rating	Comments
1	3	The team recommends that the current communications strategy be formulated more in line with the advocacy role of the organization and in the format of the long range plan.
2	5	No specific comments.
3	3	The team believes that NCSBN has a clear understanding and definition of its outside publics. However, as an organization, it needs to improve the frequency and reach of its communications to them.
4	4	The team acknowledges the existence of relationships with other associations and organizations. However, we want to take this opportunity to impress upon NCSBN the importance of partnering with other groups to better meet the goals and objectives of the association. In these times of dramatic change, it will be those organizations that effectively recognize and utilize partnerships (both short-term and long-term) that will enjoy the most success in the future.

Guideline	Rating	Comments
5	5	The make-up of NCSBN's membership makes this all but automatic.
6	2	It is the opinion of the team that NCSBN is missing opportunities to fulfill its "public trust" and "public relations" role on behalf of its members. NCSBN represents the assurance to the public of the competence of the nursing profession and it is the opinion of the team that each and every opportunity to broaden the public's perception of that fact is too important to be missed. The team hopes that NCSBN will take a careful look as to how that activity can be incorporated into the activities and programs of the association.
7	5	No specific comments.
8	5	No specific comments.
9	4	No specific comments.
10	5	No specific comments.
11	5	No specific comments.
12	4	The team refers to item #6.
13	4	No specific comments.
14	5	No specific comments.
15	3	The team again refers to items 6 and 12, and suggests that it is incumbent on NCSBN to establish policy to address the issue of "public trust" and confidence, and utilize its resources to enhance the public's perception and understanding of the good and important work of the members.
16	5	No specific comments.
17	N/A	No specific comment.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Eight.

The team recommends:

1. The organization's communications strategy be articulated in a format similar to the long range plan and be tied closely with the mission and general objectives of the association.

2. That NCSBN take an aggressive step to improve the frequency and reach of communications with all of its outside publics. Organizations must make every reasonable effort to be the prime and direct source of information to its members and outside publics. For an organization to rely on, or allow others to describe and translate the association's message to interested parties, the organization must be willing to accept whatever results those translated messages bring.

3. The team acknowledges the existence of relationships with other associations and organizations, however, it is the recommendation of the team that NCSBN must explore formal "partnering relationships" with these groups to meet the needs and objectives of the members of NCSBN.

4. It is the opinion of the team that NCSBN is missing opportunities to fulfill its "public trust" and "public relations" role on behalf of its members. NCSBN represents the assurance to the public of the competence of the nursing profession and it is the opinion of the team that each and every opportunity to broaden the public's perception of that fact is too important to be missed. It is the team's hope that NCSBN will take a careful look as to how that activity can be incorporated into the activities and programs of the association. See recommendations under Criterion One, page 6.

CRITERION NINE: *GOVERNMENT AFFAIRS*

The association must demonstrate that it has established a list of clearly defined issues which are monitored regularly through analysis and reporting and whose findings are communicated to the members and the outside public in a timely way. The association must show that there is adequate funding for a government affairs program at all levels, that it is successful in gaining access to key decision makers, and that it has shown success in achieving its goals.

	GUIDELINES	*RATINGS*				
1.	There is evidence that the association leadership regularly evaluates current issues and establishes policy which may require initiation of legislative or regulatory activity, in addition to acting as a resource to various government agencies.	5	4	3	2	1
2.	There is evidence that the association is visionary in identifying future issues which may impact the membership.	5	4	3	2	1
3.	Member surveys are conducted periodically to obtain member views and priorities on public policy issues to insure the government affairs program serves the industry accurately.	5	4	3	2	1
4.	The association has developed back-up channels to primary monitoring systems at all appropriate levels.	5	4	3	2	1

CRITERION NINE: *GOVERNMENT AFFAIRS*

5.	The staff has established a pattern of accurate analysis of pending issues which is comprehensible to members.	5	4	3	2	1
6.	A clearly defined process is used to develop public policy positions for the association.	5	4	3	2	1
7.	The staff has a regular mechanism for timely dissemination of current information to key government decision-makers, and to members in the legislative action system.	5	4	3	2	1
8.	There is an effective communication system which adequately informs and activates the general membership; e.g. key contact or legislative action program.	5	4	3	2	1
9.	There is evidence that the appropriate lawmakers (i.e., selected committee chairmen, party leaders, agency officials, etc.) are aware of the association, its key issues, and key contacts.	5	4	3	2	1

CRITERION NINE: *GOVERNMENT AFFAIRS*

10.	The association has established specific procedures and contact points to facilitate prompt responses to inquiries from lawmakers, legislative staffs, and agency officials.	5	4	3	2	1
11.	The association has demonstrated an ability to use a range of techniques in presenting its views, including formal testimony, informal contacts, member contacts and other appropriate means.	5	4	3	2	1
12.	The association staff and/or retained lobbyist is generally respected and seen as an effective influence by lawmakers, their staffs, and the lobbying community.	5	4	3	2	1
13.	There is evidence that the association and its members are actively and appropriately involved in political campaigns if permitted by organizational structure. If applicable, there is evidence of the effectiveness of the association's PAC and/or political education fund that meets the letter and spirit of the FEC and state law.	5	4	3	2	1
14.	The association has been effective in securing support and/or sponsorship of legislation or regulation it favors and is instrumental in organizing opposition to legislation it opposes.	5	4	3	2	1

CRITERION NINE: ***GOVERNMENT AFFAIRS***

15.	The association has been successful in forming or participating in coalitions.	5	4	3	2	1
16.	Staff is authorized to take emergency action concerning public policy issues (with or without consultation with elected leaders) beyond formal Board-approved policies but consistent with association goals.	5	4	3	2	1
17.	The association utilizes a formalized method to insure that all appropriate reports are filed in a timely manner.	5	4	3	2	1

CRITERION NINE: ***GOVERNMENT AFFAIRS***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION NINE: GOVERNMENT AFFAIRS

****

The association must demonstrate that it has established a list of clearly defined issues which are monitored regularly through analysis and reporting and whose findings are communicated to the members and the outside public in a timely way. The association must show that there is adequate funding for a government affairs program at all levels, that it is successful in gaining access to key decision makers, and that it has shown success in achieving its goals.

****

Interview Participants:

NCSBN

Rosa Lee Weinert	President
Vickie Sheets	Director for Public Policy, Nursing Practice and Education

ASAE

Jeffry Raynes, CAE

It was the consensus of the team to forego a ranking of the items in this criterion and proceed with a narrative report.

While there is no identifiable government affairs program in place at NCSBN, there is clearly government affairs "activity" taking place (nearly all of it under the heading of public policy). Further, the action that is occurring does not include any type of "advocacy" activity.

In a review of NCSBN history, a few related issues may point to reasons why the organization has not developed an identifiable government affairs program.

1. Composition of the membership. As the members consist of state agencies, there has been, historically, a hesitation on the part of NCSBN to initiate any kind of state government affairs programs due to the concerns for government affairs activity prohibitions faced by many member agencies and their employees, as well as the intensive national resource requirements and the political implications for national coordination of state government affairs programs in member states. The team recognizes the legitimacy of this issue.

2. Changes in the political and regulatory environment. Until very recently, regulation of the nursing profession has been limited almost exclusively to the states and, as a result, there was no perceived need for a formal national government affairs program. With current

discussions on health system reform emanating from Washington, it is the opinion of the team that this situation is very much in the process of change.

3. A third issue is what appears to be long-standing misconceptions of the organization that government affairs activities may or may not be conducted by a 501(c)(3) organization, particularly in the area of "advocacy".

As noted earlier in this report, while there is an absence of an identifiable government affairs program, there is government affairs activity occurring in the areas of reporting, analysis and policy development, and it is the consensus of the team that the work that is being done is good and offers opportunities for the development of a formal government affairs program.

Summary Comments and Recommendations

The team suggests the following for NCSBN consideration:

1. Identify the specific parameters and regulatory requirements for legitimate and allowable government affairs activities of 501(c)(3) organizations.

2. Identify those issues of importance and concern to the membership that can, and will, be effected on the federal level.

3. Identify those issues of importance and concern to the membership that are occurring in certain "bellwether" states that may have national implications.

4. Use the information developed from the three exercises listed above and determine the appropriateness and structure for a proactive "advocacy-based" government affairs program or an identifiable and articulated alternative.

CRITERION TEN: *OFFICE AUTOMATION & INFORMATION MANAGEMENT*

The association must demonstrate that it has in place a cohesive office automation plan, taking into account current as well as anticipated future needs. Such a plan should include provisions for data base management, word processing, accounting, and telecommunications, and must be appropriate for the size and scope of operation. Additionally, system procedures should be fully documented, secure from unauthorized access, and the automation plan should be periodically reviewed for consistency with the organization's overall strategic objectives.

	GUIDELINES	*RATINGS*				
1.	The office automation and information management system is adequate for the scope and size of the association.	5	4	3	2	1
2.	Authority to obtain office automation hardware and software is centralized to assure compatibility between products.	5	4	3	2	1
3.	An assigned staff person, responsible for training, managing and maintaining the system, works with all users.	5	4	3	2	1
4.	The organization conducts a feasibility and cost/benefit analysis prior to purchasing any office automation hardware or software.	5	4	3	2	1

CRITERION TEN: *OFFICE AUTOMATION AND INFORMATION MANAGEMENT*

5.	All procurement of office automation products is conducted through competitive bidding with objective criteria used in the evaluation of alternative solutions.	5	4	3	2	1
6.	The association has carefully planned the distribution of equipment to provide the maximum access by users and has facilitated is efficient use.	5	4	3	2	1
7.	All software applications have a built-in security system, prohibiting unauthorized access to data files.	5	4	3	2	1
8.	There is a plan for dealing with disasters such as fire or theft, and adequate insurance is carried to cover the replacement cost of all hardware and software in the event of a catastrophe.	5	4	3	2	1
9.	All software and operating procedures are fully documented including: file descriptions, file layouts, system and data flows and users procedures.	5	4	3	2	1

CRITERION TEN: *OFFICE AUTOMATION AND INFORMATION MANAGEMENT*

10.	The association has a written training program to instruct all new staff users and upgrade the skills of present staff users in office automation products.	5	4	3	2	1
11.	Back-up of data files takes place on a daily basis for internal, on-site storage and there is regular back-up for off-site storage (at least weekly).	5	4	3	2	1
12.	Back-up for the primary operator is available to operate the system.	5	4	3	2	1
13.	There is periodic analysis to verify that the office automation and information management equipment is meeting organizational expectations and objectives.	5	4	3	2	1
14.	Cost effective service contracts are maintained on all office automation and information management equipment.	5	4	3	2	1

CRITERION TEN: ***OFFICE AUTOMATION AND INFORMATION MANAGEMENT***

DOES THE ASSOCIATION MEET THIS CRITERION? YES_____NO_____

Please Explain:

Recommendations:

CRITERION TEN: OFFICE AUTOMATION AND INFORMATION MANAGEMENT

****

The association must demonstrate that it has in place a cohesive office automation plan, taking into account current as well as anticipated future needs. Such a plan should include provisions for data base management, word processing, accounting, and telecommunications, and must be appropriate for the size and scope of operation. Additionally, system procedures should be fully documented, secure from unauthorized access, and the automation plan should be periodically reviewed for consistency with the organization's overall strategic objectives.

****

Interview Participants:

NCSBN

Doris Nay	Associate Executive Director
Thomas Vicek	Director of Operations

ASAE

Jeffry Raynes, CAE

Guideline	Rating	Comments
1	4	The team recognizes the evolving nature of NCSBN's recent and proposed activity for improvement in this area.
2	5	No specific comments.
3	5	No specific comments.
4	5	No specific comments.
5	5	No specific comments.
6	5	No specific comments.
7	5	No specific comments.
8	4	The team recognizes that appropriate measures have been taken in this area and would suggest the development of a comprehensive office automation and information management disaster plan document.

Guideline	Rating	Comments
9	4	The team understands the recent and evolving nature of this activity and would recommend a consolidation of all software and operating procedures documentation.
10	3	The team recognizes that while components of a training program exist for new staff and current users, the team would recommend the development of a written training program for all office automation and information management activities.
11	5	No specific comments.
12	5	No specific recommendations
13	5	No specific comments.
14	5	No specific comments.

Summary Comments and Recommendations

NCSBN meets the requirements for Criterion Ten.

The team recognizes the evolving nature of NCSBN's recent and proposed activity for improvement in the area of office automation and information management.

1. The team recognizes that measures have been taken for disaster planning with regard to the office automation and information management systems and the team would suggest the development of a comprehensive disaster plan document.

2. The team recognizes the recent and evolving nature of documenting software and operating procedures and would recommend a consolidation of all software and operating procedures documentation.

3. The team recommends the continued development of a written and hands-on training program for all automation and information management activities for both new and current users.

Report of the Bylaws Committee

Committee Members

Elizabeth J. Lund, TN, Area III, *Chair*
Lanette Lewis Anderson, WV-PN, Area II
Joan Bouchard, OR, Area I
Harriett Wedgewood Clark, CA-RN, Area I
Timothy M. McBrady, ME, Area IV
Marcia Rachel, MS, Area III
Larry Stump, MI, Area II

Relationship to Organization Plan

Goal IV ..... Implement an organizational structure that uses human and fiscal resources efficiently.
Objective C..... Maintain a system of governance that facilitates leadership and decision-making.

Recommendation(s)

1. That the Delegate Assembly adopt the proposed revised bylaws with the following provisos:

Proviso to Article III, Section 5:

The annual fee shall be $3,000 until determined otherwise by the Delegate Assembly in conjunction with the current contract cycle.

Proviso to Article IV:

A. The current secretary shall remain in office until the close of the 1995 Delegate Assembly.
B. One director-at-large shall be elected at the 1994 Delegate Assembly. Two directors-at-large shall be elected annually beginning at the 1995 Delegate Assembly.

Rationale

Bylaws contain the basic rules by which an organization relates to itself as an organization. The bylaws describe the primary characteristics of the organization, prescribe how the organization functions, and include those rules so important that they cannot be changed without previous notice to the members and a two-thirds majority vote of the members.

The 1992 National Council Delegate Assembly authorized a revision of the National Council's bylaws. A comprehensive review was begun in order to identify any changes needed for the implementation of computerized adaptive testing (CAT) and to evaluate the congruency of the bylaws with the Organization Plan adopted in August 1992. The committee gathered input for the bylaws revision from the National Council's Board of Directors, various National Council committees, legal counsel, the parliamentarian, and staff. The committee also reviewed bylaws of other organizations. The following principles guided the committee in developing the draft revised National Council bylaws:

Principle #1 ..... The bylaws must accommodate computerized adaptive testing (CAT).
Principle #2 ..... The purpose in the bylaws should reflect the organizational purpose in the Articles of Incorporation, and should reference licensing examinations because this is the major way the National Council helps Member Boards with their burden.
Principle #3 ..... The purpose should also reflect other services through which the National Council can serve its Member Boards.
Principle #4 ..... Bylaws should define parameters of authority, the boundaries within which the organization can function on a day-to-day basis.
Principle #5 ..... Bylaws should be written broadly enough to allow organizational flexibility, but clearly identifying those rules so important that they can only be changed with notice and by vote of a large majority of the membership.
Principle #6 ..... When bylaws are too specific, it implies something not listed is restricted.
Principle #7 ..... Increased volunteer participation and rotating leadership benefits the organization.
Principle #8 ..... It is better to provide increased opportunity than to attempt to provide limited guarantees.

The Bylaws Committee believes that the proposed bylaws revision, presented in Attachment A, proposes positive changes, supports the guiding principles, and reflects the feedback the committee received. The proposed bylaws are congruent with the Organization Plan and Articles of Incorporation. The proposed bylaws provide flexibility to allow the organization to respond to a changing regulatory and health care environment. The proposed bylaws will enhance the opportunity for a wide base of volunteer participation and reflect the strong traditions of the National Council.

Highlights of Activities

- Teams of Bylaws Committee members visited other committees at the 1993 Fall Leadership Conference. Input was also received from National Council staff, the parliamentarian and legal counsel. The Bylaws Committee used this information to identify the elements and approaches to be used in the drafting of the revision.

- A draft of the revision was prepared at the January Bylaws Committee meeting. After additional parliamentary and legal review, the draft bylaws were distributed to Member Boards.

- The Bylaws Committee Chair presented the process, principles, and major changes at each Spring Area Meeting. The comments of Member Board representatives at the Area Meetings were shared with the Bylaws Committee at its May meeting. Many of the suggestions from the Area Meeting discussions were incorporated.

- The Bylaws Committee reviewed the proposed new article for a "Special Services Division." The committee determined that the proposed article does not conflict with other articles in the proposed revised bylaws and is consistent with the principles that guided the bylaws revision. This proposed amendment will be considered under the Report from the Board of Directors following the report of the Bylaws Committee. If the comprehensive revision of the Bylaws is adopted, this article will be an amendment to the newly revised bylaws, or if the revision is not adopted, to the current bylaws.

Meeting Dates

- October 10-11, 1993
- January 21-22, 1994
- May 1-2, 1994

Recommendation(s)

1. That the Delegate Assembly adopt the proposed revised bylaws with the following provisos:

Proviso to Article III, Section 5:

The annual fee shall be $3,000 until determined otherwise by the Delegate Assembly in conjunction with the current contract cycle.

Proviso to Article IV:

A. The current secretary shall remain in office until the close of the 1995 Delegate Assembly.
B. One director-at-large shall be elected at the 1994 Delegate Assembly. Two directors-at-large shall be elected annually beginning at the 1995 Delegate Assembly.

Staff

Vickie Sheets, *Director for Public Policy, Nursing Practice and Education*

Attachments

Attachment A

Proposed Revised Bylaws

NOTE: Page numbers for this document appear at the bottom of each page.

ARTICLE I
Name

The name of this organization shall be the National Council of State Boards of Nursing, Inc., hereinafter referred to as the National Council.

ARTICLE II
Purpose and Functions

Section 1. *Purpose.* The purpose of the National Council is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

Section 2. *Functions.* The National Council's functions shall include but not be limited to providing services and guidance to its members in performing their regulatory functions regarding entry into nursing practice, continued safe nursing practice and nursing education programs. The National Council provides Member Boards with examinations and standards for licensure and credentialing; promotes uniformity in standards and expected outcomes in nursing practice and education as they relate to the protection of the public health, safety and welfare; provides information, analyses and standards regarding the regulation of nursing practice and nursing education; promotes the exchange of information and serves as a clearinghouse for matters related to nursing regulation.

ARTICLE III
Members

Section 1. *Definition.* A state board of nursing is the governmental agency empowered to license and regulate nursing practice in any state, territory, or political subdivision of the United States of America.

Section 2. *Qualifications.* Any state board of nursing that agrees to use one or more National Council Licensing Examinations, here-in-after referred to as NCLEX, under the terms and conditions specified by the National Council and pays the required fees may be a member of the National Council.

Section 3. *Admission.* A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the Delegate Assembly, as described in Article VII, payment of the required fees and execution of a contract for using NCLEX.

Section 4. *Areas.* The Delegate Assembly shall divide the membership into numbered geographical Areas. At no time shall the number of Areas be less than three nor more than six. New members shall be assigned to existing Areas by the Board of Directors. The purpose of this division is to facilitate communication, encourage regional dialogue on National Council issues, and provide diversity of representation on the Board of Directors and on committees.

Section 5. *Fees.* The annual fee, as set by the Delegate Assembly, shall be payable each July 1.

Section 6. *Privileges.* Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of NCLEX, except that a Member Board that uses both NCLEX and another examination leading to the same license shall not participate in the development of NCLEX to the extent that such participation would jeopardize the integrity of the NCLEX.

Section 7. *Noncompliance.* Any Member Board whose fees remain unpaid after October 15 is not in good standing. Any Member Board which does not comply with the provisions of the bylaws and contracts of the National Council shall be subject to immediate review and possible termination by the Board of Directors.

Section 8. *Appeal.* Any termination of membership by the Board of Directors is subject to appeal to the Delegate Assembly.

Section 9. *Reinstatement.* A Member Board in good standing that chooses to terminate membership shall be required to pay only the current fee as a condition of future reinstatement. Any membership which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fee and any delinquent fees.

ARTICLE IV
Officers

Section 1. *Enumeration.* The elected officers shall be a president, a vice-president, a treasurer, two directors-at-large, and a director from each Area.

Section 2. *Qualifications.* Members and employees of Member Boards shall be eligible to serve as National Council officers until their term or their employment with a Member Board ends. Members of a Member Board who become permanent employees of a Member Board will continue their eligibility to serve.

Section 3. *Qualifications for President.* The president shall have served as a delegate or a committee member or an officer prior to being elected to the office of President.

Section 4. *Directors.* Each Area shall elect a director. Two directors-at-large shall be elected by the Delegate Assembly.

Section 5. *Terms of Office.* The president, vice-president, treasurer and Area directors shall be elected for a term of two years or until their successors are elected. Directors-at-large shall be elected for a term of one year or until their successors are elected. The president, vice-president, and treasurer shall be elected in even-numbered years. The Area directors shall be elected in odd-numbered years. Officers shall assume duties at the close of the Annual Meeting of the Delegate Assembly at which they are elected. No person shall serve more than four years in the same officer position.

Section 6. *Limitations.* No person may hold more than one elected office at one time. No officer shall hold elected or appointed office or a salaried position in a state, regional or national association or body if such office or position might result in a potential or actual, or the appearance of, a conflict of interest with the National Council, as determined by the Committee on Nominations before election to office and as determined by the Board of Directors after election to office. If a current officer agrees to be presented on the ballot for another office, the term of the current office shall terminate at the close of the Annual Meeting at which the election is held.

Section 7. *Vacancies.* A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment. The person filling the vacancy shall serve until the next Annual Meeting.

Section 8. *Removal from Office.* A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly. The Board of Directors shall remove any member of the Board of Directors from office upon conviction of a felony. A member of the Board of Directors may be removed by a two-thirds vote of the Board of Directors for failure to perform duties of the office. The individual shall be given 30 days written notice of the proposed removal.

Section 9. *Appeal.* An individual removed from office by the Board of Directors may appeal to the Delegate Assembly at its next Annual Meeting. Such individual may be reinstated by a two-thirds vote of the Delegate Assembly.

Section 10. *Responsibilities of the President.* The president shall preside at all meetings of the Delegate Assembly and the Board of Directors, assume all powers and duties customarily incident to the office of president, and act as the chief spokesperson for the National Council. The president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 11. *Responsibilities of the Vice President.* The vice president shall assist the president, perform the duties of the president in the president's absence, and fill any vacancy in the office of the president until the next Annual Meeting. The vice-president shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 12. *Responsibilities of the Treasurer.* The treasurer shall serve as the chair of the Finance Committee and shall assure that quarterly reports are presented to the Board of Directors and Member Boards, and that annual financial reports are presented to the Delegate Assembly. The treasurer shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 13. *Duties of Area Directors.* The directors elected from Areas shall preside at Area Meetings of the Member Boards, and shall serve as liaison and resource persons to Member Board members and employees in their respective Areas. The Area directors shall act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

Section 14. *Duties of Directors-at-Large.* Directors-at-large shall perform such duties as shall be assigned to them by the Board of Directors, and act in conformity with these bylaws and as directed by the Delegate Assembly or Board of Directors.

ARTICLE V
Nominations and Elections

Section 1. *Committee on Nominations*

a. *Composition.* The Committee on Nominations shall be comprised of one person from each Area. Committee members shall be members or employees of Member Boards within the Area.

b. *Term.* The term of office shall be one year. Members shall assume duties at the close of the Annual Meeting at which they are elected.

c. *Election.* The committee shall be elected by ballot of the Delegate Assembly at the Annual Meeting. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chair.

d. *Limitation.* A member elected or appointed to the Committee on Nominations may not be nominated for an officer position during the term for which that member was elected or appointed.

e. *Vacancy.* A vacancy occurring in the committee shall be filled from the remaining candidates from the Area in which the vacancy occurs, in order of votes received. If no remaining candidates from an Area can serve, the Board of Directors shall fill the vacancy with an individual from the Area who meets the qualifications of Section 1 of this Article.

f. *Duties.* The Committee on Nominations shall consider the qualifications of all nominees for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations, and present a qualified slate of candidates for vote at the Annual Meeting. The committee's report shall be read at the first session of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.

Section 2. *Election of Officers.* Election of officers shall be by ballot of the Delegate Assembly during the Annual Meeting. Write-in votes shall be prohibited. If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two nominees receiving the highest numbers of votes. In case of a tie on the re-balloting, the choice shall be determined by lot.

ARTICLE VI
Meetings

Section 1. *Open Meetings.* All meetings called under the auspices of the National Council shall be open to the public with the following exceptions: (a) meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and (b) executive sessions of the Delegate Assembly, Board of Directors and committees, provided that the minutes of each such session reflect the purpose of and action taken in executive session.

Section 2. *Participation.*

a. *Right to Speak.* Members and employees of Member Boards shall be given the right to speak at all meetings called under the auspices of the National Council. Only delegates to the Delegate Assembly, members of the Board of Directors and members of National Council committees shall be entitled to make motions and vote in their respective meetings; provided, however, that the Board of Directors, committees and Member Boards may make motions at the Delegate Assembly.

b. Interactive Communications. Meetings held with one or more participants attending by telephone conference call, video conference or other interactive means of conducting conference communications constitute meetings where valid decisions may be made. A written record documenting that each member was given notice of the meeting, minutes reflecting the names of participating members and a report of the roll call on each vote shall be distributed to all members of the group and maintained at the National Council Office.

c. *Electronic Communication and Mail.* To the extent permitted by law, business may be transacted by electronic communication or by mail, in which case a report of such action shall be made part of the minutes of the next meeting.

d. *Committees.* Committees may establish such methods of conducting their business as they find convenient and appropriate.

ARTICLE VII
Delegate Assembly

Section 1. *Composition and Term.* The Delegate Assembly shall be comprised of delegates designated by each Member Board. An alternate duly appointed by a Member Board may replace a delegate and assume all delegate privileges. A National Council officer may not represent a Member Board as a delegate. Delegates and alternates serve from the time of appointment until replaced.

Section 2. *Voting.* Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates. There shall be no proxy or absentee voting at the Annual Meeting. A Member Board may choose to vote by proxy at any special session of the Delegate Assembly. A proxy vote shall be conducted by distributing to Member Boards a proxy ballot listing a proposal requiring either a yes or no vote. A Member Board may authorize the secretary of the National Council or a delegate of another Member Board to cast its votes.

Section 3. *Authority.* The Delegate Assembly, the legislative body of the National Council, shall provide direction for the National Council through adoption of the mission, goals and objectives, adoption of position statements, and actions at any Annual Meeting or special session. The Delegate Assembly shall approve all new National Council memberships; approve the substance of all NCLEX contracts between the National Council and Member Boards; adopt test plans to be used for the development of NCLEX; select the NCLEX test service; and establish the fee for NCLEX.

Section 4. *Annual Meeting.* The National Council Annual Meeting shall be held at a time and place as determined by the Board of Directors. The Delegate Assembly shall meet each year during the Annual Meeting. The official call to that meeting, giving the time and place, shall be conveyed to each Member Board at least 90 days prior to the Annual Meeting. In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the Annual Meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the National Council.

Section 5. *Special Session.* A special session of the Delegate Assembly shall be called upon written petition of at least ten Member Boards made to the Board of Directors. A special session may be called by the Board of Directors. Notice containing the general nature of business to be transacted and date and place of said session shall be sent to each Member Board at least ten days prior to the date for which such a session is called.

Section 6. *Quorum.* The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers present in person or, in the case of a special session, by proxy.

ARTICLE VIII
Board of Directors

Section 1. *Composition.* The Board of Directors shall consist of the elected officers.

Section 2. *Authority.* The Board of Directors shall have general supervision of the affairs of the National Council between the meetings of the Delegate Assembly and shall perform such other duties as are specified in these bylaws. The Board shall be subject to the orders of the Delegate Assembly, and none of its acts shall conflict with action taken by the Delegate Assembly. The Board of Directors shall report annually to the Delegate Assembly.

Section 3. *Meetings of the Board of Directors.* The Board of Directors shall meet in the Annual Meeting city immediately prior to, and following, the Annual Meeting, and at other times as necessary to accomplish the work of the Board. Special meetings of the Board of Directors shall be called by the president upon written request of at least three members of the Board of Directors. Special meetings may be called by the president. Twenty-four hours or more notice shall be given to each member of the Board of Directors of a special meeting. The notice shall include a description of the business to be transacted.

ARTICLE IX
Executive Director

Section 1. *Appointment.* The Executive Director shall be appointed by the Board of Directors. The selection or termination of the Executive Director shall be by a majority vote of the Board of Directors.

Section 2. *Authority.* The Executive Director shall serve as the chief staff officer of the organization and shall possess the authority conferred by, and be subject to the limitations imposed by the Board of Directors. The Executive Director shall manage and direct the programs and services of the National Council, supervise all administrative services, serve as corporate secretary, and shall oversee maintenance of all documents and records of the National Council.

Section 3. *Evaluation.* The Board of Directors shall conduct an annual written performance appraisal of the Executive Director, and shall set the Executive Director's annual salary.

ARTICLE X
Committees

Section 1. *Standing Committees.* Members of standing committees shall be appointed by the Board of Directors.

a. *Examination Committee.* The Examination Committee shall be comprised of at least six members, including one member from each Area. At least six alternates shall be appointed, and an alternate may be called on at any time to serve temporarily as a member of the committee and have all the responsibilities and rights of full membership when called to serve as a member. The committee chair shall have served as a member of the committee prior to being appointed as chair. The Examination Committee shall provide general oversight of the NCLEX process, including examination item development, security, administration, and quality assurance to ensure consistency with the Member

Boards' need for examinations. The Examination Committee shall approve item development panels and recommend test plans to the Delegate Assembly.

b. *Finance Committee.* The Finance Committee shall be comprised of one member from each Area and the treasurer, who shall serve as chair. The Finance Committee shall provide general oversight of the use of the National Council's assets to assure prudence and integrity of fiscal management and responsiveness to Member Board needs. The Finance Committee shall maintain financial policies which provide guidelines for fiscal management, and shall review and revise financial forecast assumptions.

c. *Nursing Practice and Education Committee.* The Nursing Practice and Education Committee shall be comprised of at least one member from each Area. The Nursing Practice and Education Committee shall provide general oversight of nursing practice and education regulatory issues by coordinating related subcommittees. The membership of each related subcommittee shall include a member of the Nursing Practice and Education Committee.

Section 2. *Special Committees.* The Board of Directors shall appoint special committees as needed to accomplish the mission of the National Council. Special committees may be subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board of Directors.

Section 3. *Committee Membership*

a. *Composition.* Standing committees shall include only current members and employees of Member Boards. Special committees shall include current members and employees of Member Boards, and may include consultants or other individuals selected for their special expertise to accomplish a committee's charge. In appointing committees, consideration shall be given to expertise needed for the committee work, Area representation and the composition of Member Boards. The president, or president's delegatee, shall be an ex-officio member of all committees except the Committee on Nominations.

b. *Term.* The standing committee members shall be appointed for two years or until their successors are appointed. Standing committee members may apply for re-appointment to the committee. Members of Special Committees shall serve at the discretion of the Board of Directors.

c. *Vacancy.* A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the Board of Directors. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.

d. *Committee Functions*

(1) *Budget.* Standing committees shall submit a budget request for activities prior to the beginning of the fiscal year. Special committees will be assigned a budget to use in accomplishing the charge. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the Board of Directors.

(2) *Policies.* Each standing committee shall establish policies to expedite the work of the committee, subject to review and modification by the Board of Directors. Special committees shall comply with general policies established by the Board of Directors.

(3) *Records and Reports.* Each committee shall keep minutes. Special committees shall provide regular updates to the Board of Directors regarding progress toward meeting their charge. Standing committees shall submit quarterly reports to, and report on proposed plans as requested by, the Board of Directors. Special committees shall submit a report and standing committees shall submit annual reports to the Delegate Assembly.

ARTICLE XI
Finance

Section 1. *Audit.* The financial records of the National Council shall be audited annually by a certified public accountant appointed by the Board of Directors. The audit report shall be presented to the Delegate Assembly.

Section 2. *Fiscal Year.* The fiscal year shall be from October 1 to September 30.

ARTICLE XII
Indemnification

Section 1. *Direct Indemnification.* To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 5741 through 5750 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.

Section 2. *Insurance.* To the full extent permitted by Section 5747 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is, or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section 1 of this Article.

Section 3. *Additional Rights.* Pursuant to Section 5746 of the Pennsylvania Nonprofit Corporation Law of 1988 or the corresponding provisions of any future Pennsylvania statute, any indemnification provided pursuant to Sections 1 or 2 of this Article shall:

a. Not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote of members or disinterested directors or otherwise,

both as to action in his or her official capacity and as to action in another capacity while holding such official position; and

b. Shall continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.

ARTICLE XIII
Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the National Council in all cases not provided for in the articles of incorporation, bylaws and any special rules of order adopted by the National Council.

ARTICLE XIV
Amendment of Bylaws

Section 1. *Amendment.* These bylaws may be amended at any Annual Meeting or special session of the Delegate Assembly. A two-thirds vote of the delegates present and voting is required to amend the bylaws, providing that copies of the proposed amendments have been presented in writing to the Member Boards at least 45 days prior to the session. Without previous 45 day notice, the bylaws may be amended by a three-quarters vote of the delegates eligible to vote if, at least five days prior to the meeting, notice is given that amendments may be considered at the Annual Meeting or special session.

Section 2. *Revision.* These bylaws may undergo revision only upon authorization and adoption by the Delegate Assembly. A committee for revision, authorized by the Delegate Assembly, shall prepare and present the proposed revision. A two-thirds vote of the delegates present and voting is required to adopt the revision, provided that copies of the proposed revision shall have been submitted in writing to the Member Boards at least 45 days prior to the Annual Meeting or special session at which the action is to be taken.

Attachment B

Summary of Recommended Changes in Proposed Revised Bylaws

NOTE: Page numbers for this document appear at the bottom of each page.

Summary of Recommended Changes in Proposed Revised Bylaws

The proposed bylaws revision includes a change in format, a change in how the bylaws are organized and the following substantive changes.

Recommended Change	Rationale for Change
Article III, Members	
1. Section 4, Areas. The proposed language adds that the Board of Directors makes assignment of jurisdictions to Areas.	*The statement of who makes assignments to Areas is a codification of actual practice of assigning individual new boards to Areas (Delegate Assembly approved initially the four Areas and their configuration).*
2. Section 7, Noncompliance. The current bylaws require delinquent fees if membership fees are not paid by September 30 of each year. This requirement is removed in the proposed bylaws. The provision that Boards which fail to pay by October 15 may be subject to termination by the Board of Directors remains. *This section will require proviso language, so that it takes effect in FY98, after the current contract cycle.*	*The delinquent fee is problematic for many Boards. The Bylaws Committee considered an "early bird rebate" for Member Boards which paid fees before September 30, but that approach had problems, too. Therefore, the Bylaws Committee decided that the immediacy of implementation of a "no results" penalty for falling out of good standing could provide sufficient incentive for compliance without monetary incentive.*
Article IV, Officers	
3. Section 1, Enumeration and Section 4, Directors. In the proposed bylaws, the secretary position has been replaced by a second Director-at-Large position. (Secretary duties are to be performed by the Executive Director who serves as a corporate secretary, which is not a Board of Directors position, merely a corporate function.) *This is the other section where proviso language will be required, to allow persons currently serving terms upon the Board of Directors to complete those terms.*	*The Executive Director currently is responsible for the majority of secretary functions. The extra Director-at-Large position maintains the Board size at nine members.*
4. Section 5, Terms of Office. The officers and Area Directors continue to be elected for two-year terms. The Directors-at-Large will be elected for one-year terms. The election schedule is that President, Vice-president and Treasurer would be elected in even-numbered years, the Area Directors in odd-numbered years, and the Director-at-Large elected annually.	*The Bylaws Committees expects that one-year terms for the Directors-at-Large positions will increase opportunity for Member Board members to run for National Council office. The election schedule is designed to correct the current situation where Area I and Area III Directors have to resign their offices, or sit out a year, in order to run for President, Vice-President or Director-at-Large, but Area II and IV Directors do not.*

Recommended Change	Rationale for Change
5. Section 6, Limitations. The current six year limit for serving on the Board is replaced with a four consecutive year in a single position limit, with no limit of time on the Board.	*This provision reflects a compromise between those persons who believe that the ballot is the best term limit and those that feel that popular incumbents can become entrenched in their Board position. This provision allows for individuals to continue to serve on the Board beyond the four years in a specific office, yet assures a turnover in a given office every four years.*
6. Section 7, Vacancies. The proposal adds to the current vacancy language, requiring that a vacancy on the Board be filled only until the next Delegate Assembly, not for an entire term.	*This provision allows for Board appointed replacements to serve only until the Delegate Assembly can choose who should serve on the Board.*
7. Sections 10 through 14, Officer Responsibilities. The proposed bylaws define the parameters of authority instead of listing specific functions for each officer.	*This provision reflects the Bylaws Committee's principle that parameters that outline the boundaries for day-to-day operation of the organization provide more flexibility for the dealing with unanticipated situations and ability to change to meet the challenges of the times and the future.*
Article V, Nominations and Elections	
8. Section 1d, Committee on Nominations, Limitations. The proposed bylaws provide that Committee on Nominations members cannot run for office during the year that they are elected to or appointed to the Committee on Nominations.	*Members of the Committee on Nominations, the only elected committee, are chosen to perform an important function for the organization. Committee members have access to "inside information" that other candidates do not have, which could create the appearance of unfairness. Individuals given this responsibility should undertake it with the understanding that this is their work for the year.*
Article VI, Meetings	
9. Section 2b, Participation, Interactive Communications. Titles are given to the subsections, for purposes of clarification and format. Current language addresses telephone conference calls, the proposed language expands this to interactive communications.	*"Interactive communications" would allow use of expanded technology (such as video conferencing) in addition to telephone conferencing, as it becomes available.*
10. Section 2d, Electronic Communications and Mail. This section in the proposed bylaws states that, as allowed in these bylaws and by law, business may be conducted by electronic mail or mail.	*This section reflects the proposed reorganization of the bylaws. Specific statements regarding who can hold mail and electronic votes has been moved to the sections describing those entities.*

Recommended Change	Rationale for Change
Article VII, Delegate Assembly	
11. Section 2, Voting. Language is added to specify that the proxy lists an identically stated proposal requiring either a yes or no vote.	*This section reflects the advice of the parliamentarian to specify how the proxy vote would be conducted. This is the procedure that was used in the past when a special session was convened.*
12. Section 3, Authority. In the proposed bylaws, the parameters of the authority of the Delegate Assembly are set forth.	*The Delegate Assembly continues to serve as the organizational authority for the mission and direction of the National Council. Some essential functions are listed, other decision-making, particularly regarding original direction, is inherent in the Delegate Assembly's determination of organizational goals and objectives.*
13. Section 4, Annual Meeting. This language is moved from the current Article VI, Meetings, to this section describing the Delegate Assembly.	*This change reflects the proposed change in format and bylaws organization.*
Article VIII, Board of Directors	
14. Section 2, Authority. The parameters of authority are described, with the specification that no action taken by the Board of Directors shall conflict with action taken by the Delegate Assembly. The Board shall continue to report annually to the Delegate Assembly.	*The role of the Board of Directors is to oversee the affairs of the National Council, in its members' best interests, carrying out the directives of the Delegate Assembly. The proposed authority defines the boundaries of the Board's authority, allowing flexibility to deal with issues that arise throughout the year yet emphasizing that Board action cannot conflict with Delegate Assembly action.*
Article IX, Executive Director	
15. Article IX is a new article describing the role of the organization's Executive Director, which includes serving as [chief executive officer] and as corporate secretary.	*The Bylaws Committee believe that a description of the parameters of authority for this important and highly visible organizational role properly belong in a separate article.*

Recommended Change	Rationale for Change
Article X, Committees	
16. Section 1, Standing Committees. The proposed bylaws provides for three standing committees, Examination, Finance and Nursing Practice and Education.	*The change in the committee structure is intended to provide standing committees for those continuing organizational functions likely to receive outside scrutiny and represent significant ongoing areas important to the organization.*
17. Section 1a, Examination Committee. The current Administration of Examination Committee and Examination Committee are combined to form the Examinations Committee in the proposed bylaws. The parameters of authority for this committee include general oversight of the NCLEX process, including examination item development, security, administration and quality assurance as well as approval of item development panels and recommendation of test plans to the Delegate Assembly.	*The proposed description of the Examination Committee emphasizes the parameters of the committee's authority rather than particular tasks. This continues to be a large committee, with alternates available to assure completion of the committee's many work activities.*
18. Section 1b, Finance Committee. The current description of this committee calls for at least three members, including the Treasurer as chair. The current section states that the committee's duties include general supervision of the finances of the organization, subject to Board approval; present a proposed annual budget to the Board; and present a fiscal impact statement to the authorizing body. The proposed description calls for a representative from each Area and the Treasurer as chair. The committee's charge is to oversee the National Council's assets to assure prudence and integrity of fiscal management and responsiveness to Member Board needs, to maintain financial policies which provide guidelines for fiscal management and to review and revise financial forecast assumptions.	*The Bylaws Committee recommends that each Area be represented on the Finance Committee, and that the Treasurer continue to serve as chair. The revised charge emphasizes the Finance Committee oversight role as it has evolved, again defining the parameters of the committee's authority rather than particular tasks.*

	Recommended Change	Rationale for Change
19.	Section 1c, Nursing Practice and Education Committee. The Bylaws Committee, in response to concerns discussed at Area Meetings regarding the growing need for resources in the area of nursing practice and education, proposed that the Nursing Practice and Education Committee serve as oversight group to assure congruence, coordination, and collaboration when needed of related subcommittees. Each Nursing Practice and Education member would serve on at least one related subcommittee.	*The Bylaws Committee recommends that the NP&E Committee schedule its first meeting at, or immediately after the Delegate Assembly to coordinate subcommittee activities for the coming year. Additional meetings mid-year and in the late spring could be held by conference calls to receive reports on subcommittee progress and to determine Nursing Practice and Education Committee recommendations.*
20.	Section 2, Special Committees. Bylaws, Communications and Long Range Planning Committees are not included as standing committees in the proposed bylaws. Instead, the Board of Directors is authorized to appoint special committees as needed to accomplish the mission of the National Council. Other committees could be subcommittees, task forces, focus groups, advisory panels or other groups designated by the Board.	*The use of special committees will allow volunteers to concentrate in-depth study on focused topics. Volunteers' specific expertise to work on a specific project can be considered. Groups will have the flexibility of meeting as many or as few times as needed to complete a project. Individuals who may not be able to make the time commitment for a standing committee might be able to volunteer for a shorter time.* *The Bylaws Committee believes that this proposed committee structure will provide a structure that more effectively employs the volunteer resources available within our membership and will offer more people the opportunity to serve on National Council committees. The Bylaws Committee believes that the proposed structure will enhance production of timely, high quality analyses and services to Member Boards.*

Recommended Change	Rationale for Change
	Just because a topic is not assigned to a standing committee does not mean that there would be no committee work on the topic. It is anticipated, for example, that a Bylaws Committee would be appointed as needed to review proposed bylaws amendments, perhaps as a committee selected to serve the Delegate Assembly (as the Resolutions Committee functions). Special committees would be appointed as needed to deal with specific nursing practice, nursing education and communication topics. Similarly, a committee would be appointed periodically to assist in the maintenance of the planning system for the National Council.
21. Section 3, Committee Membership. In the proposed bylaws, "standing committees" continue to include only current members or employees of Member Boards. "Special committees" shall include current members or employees of Member Boards and may include consultants or other individuals selected for special expertise. Standing committee appointments continue to be two years, and members may apply for re-appointment. The six year limitation for standing committees is removed. Standing committees would continue to submit a budget request, other committees would be assigned a budget when given their charge.	*The committee membership provision as proposed allows for flexibility and diversity as well as the use of outside expertise when needed. The section allows for the widest possible pool of potential committee appointees, so that the Board can select the right person for the right job at the right time. The removal of the six year limitations of service on a standing committee is intended to remove the "six year expectation" of appointment that currently seems to exist.*
Article XII, Indemnification	
22. In Article XII, the citations to Pennsylvania corporation law are changed to reflect the current statute.	*This change was provided by legal counsel.*
Article XIV, Amendment of Bylaws	
23. Section 1, Amendment. The current bylaws require a 95% vote of the delegates to amend the bylaws without the 45 day notice. The proposed bylaw would require a three-quarters vote without the 45 day notice.	*The Parliamentarian recommended this to the Bylaws Committee because in our small organization, requiring 95% of the vote would mean that only six votes could control a Delegate Assembly decision.*

Attachment C

Bylaws—Page Number Cross Reference

NOTE: Page numbers for this document appear at the bottom of each page.

BYLAWS - PAGE NUMBER CROSS REFERENCE

Attachment D

Current Bylaws Indexed to Proposed Bylaws

NOTE: Page numbers for this document appear at the bottom of each page.

Current Bylaws	Where to find in Proposed Bylaws
I. NAME	
The name of this organization shall be the National Council of State Boards of Nursing, Inc., hereinafter referred to as the Council.	Article I, p.1.
II. PURPOSE AND FUNCTIONS	
A. PURPOSE	Article II, section 1, p.1.
The purpose of the National Council of State Boards of Nursing, Inc. is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety, and welfare including the development of licensing examinations in nursing.	
B. FUNCTIONS	Article II, section 2, p.1.
The Council's functions shall include, but not be limited to the following:	
1. Develop, establish policy and procedure for and regulate the use of the licensing examinations for nursing;	
2. Identify and promote desirable and reasonable uniformity in standards and expected outcomes in nursing education and practice as they relate to the protection of the public health, safety, and welfare;	
3. Assess trends and issues affecting nursing education and nursing practice as they affect the licensure of nurses;	
4. Identify mechanisms for measuring the continuing competence of licensed nurses and assist in efforts to promote the same;	

Current Bylaws	**Where to find in Proposed Bylaws**
5. Collect, analyze and disseminate data and statistics relating to the licensure of nurses;	Article II, section 2, p.1
6. Conduct studies and research pertinent to the purposes of the Council;	
7. Provide consultative services for Council members, groups, agencies, and individuals concerned with the protection of the health and welfare of the public;	
8. Plan and promote educational programs for its members;	
9. Promote and facilitate effective communications with related organizations, groups, and individuals.	
III. MEMBERSHIP AND FEES	
A. Definition and Qualifications	
1. Definition	Article III, section 1, p.1.
State board of nursing is the governmental agency empowered to license and regulate nursing in any state, territory or political subdivision of the United States of America.	
2. Qualifications	
Any state board of nursing that agrees to use, under the terms and conditions specified by the Council, one or more licensing examinations developed by the Council and pays the required fees may be a member of the Council.	

Current Bylaws	**Where to find in Proposed Bylaws**
B. Admission Section 3. Admission. A state board of nursing shall become a member of the National Council and be known as a Member Board upon approval by the voting body of the National Council, hereinafter referred to as the Delegate Assembly, payment of the required fees and execution of a contract for using a National Council examination. A Member Board which has paid the current fee and which complies with the provisions of contracts with the National Council is a member in good standing.	Article III, section 3, p.1.
C. Fees Fee Schedule for Member Boards 1. The annual fee payable each July 1 shall be $3000.00 for each member board. 2. In addition to membership fees, delinquent fees shall be assessed as follows: a. Any membership fee not paid by September 30 of each year shall be subject to a delinquent fee of $500.00. b. A member whose annual fee is not paid by October 15 shall be subject to review and possible termination by the Board of Directors at its next regular meeting. 1. The annual fee payable each July 1 shall be $3000.00 for each Member Board.	Article III, section 5, p.1.

Current Bylaws	**Where to find in Proposed Bylaws**
2. In addition to membership fees, delinquent fees shall be assessed as follows: a. Any membership fee not paid by September 30 of each year shall be subject to a delinquent fee of $500.00. b. A member whose annual fee is not paid by October 15 shall be subject to review and possible termination by the Board of Directors at its next regular meeting.	Article III, section 5, p.1.
D. Good Standing A Member Board in good standing is one which has paid the current fee and which complies with the provisions of bylaws, standing rules, and contracts.	Article III, section 7, p.1, and section 9, p.2.
E. Privileges Membership privileges include but are not limited to the right to vote as prescribed in these bylaws and the right to assist in the development of licensing examinations in nursing except that a Member Board using a licensing examination in addition to a Council examination shall not participate in the development of the Council's licensing examinations.	Article III, section 6, p.2.
F. Termination and Reinstatement 1. Any Member Board whose fees remain unpaid after October 15, or who does not comply with the provisions of the bylaws, standing rules or contracts shall be subject to termination after review by the Board of Directors. Such board action is subject to appeal to the voting body of the Council, hereinafter referred to as the Delegate Assembly.	Article III, section 7, pp 2. Article III, section 8, p.2.

Current Bylaws			Where to find in Proposed Bylaws
		2. Any Member Board which has been terminated for nonpayment of fees shall be eligible for reinstatement to membership upon payment of the current fees and the delinquent fees.	Article III, section 9, p.2.
		3. Member Boards in good standing that terminate membership shall not be required to pay the delinquent fees as a condition of reinstatement.	
IV.	**AREAS**		
	A.	The Delegate Assembly shall divide the membership of the Council into a number of geographical areas. At no time shall the number of areas be less than three nor more than six.	Article III, section 4, p.1.
	B.	The purpose of this division is to facilitate communication, encourage regional dialogue on Council issues, and provide diversity of representation on the Board of Directors and on committees.	Article III, section 4, p.1.
	C.	Each Area shall elect a director.	Article IV, section 4, p.2.
V.	**OFFICERS**		
	A.	Enumeration	Article IV, section 1, p.2.
		The officers of the Council shall be a president, a vice-president, a secretary, a treasurer, a director representing each Area, and one director-at-large.	
	B.	Qualifications	
		1. Members and employees of Member Boards shall be eligible to serve as officers until their term or their employment with the Board ends. Members of the Board who become permanent employees of the Board will continue their eligibility to serve.	Article IV, section 2, p.2.

Current Bylaws			Where to find in Proposed Bylaws
	2.	No person may hold more than one elected office at the same time.	Article IV, section 6, p.2.
	3.	The president shall have served as a delegate or a committee member or an officer prior to being elected to office.	Article IV, section 3, p.2.
	4.	An officer shall serve no more than six consecutive years on the Board of Directors in addition to filling an unexpired term.	Article IV, section 6, p.2.
	5.	No officer shall hold elected or appointed office or a salaried position in a state, regional or national association or body if such an office or position might result in the potential, actual or appearance of conflict of interest to the Council, as determined by the Board	
C.	Term of Office		
	1.	The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president shall be elected in the even-numbered years and the secretary and treasurer shall be elected in odd-numbered years.	Article IV, section 5, p.2.
	2.	The directors shall be elected for a term of two years or until their successors are elected. Directors from odd-numbered areas shall be elected in odd-numbered calendar years. Directors from even-numbered Areas and the director-at-large shall be elected in even-numbered calendar years.	Article IV, section 5, p.2.

Current Bylaws	**Where to find in Proposed Bylaws**
3. If a current officer agrees to be presented on the ballot for another office, the term of the current office shall terminate at the close of the session at which the election is held.	Article IV, section 6, p.2.
D. Vacancies and Removal from Office	
1. Vacancies	Article IV, section 7, p.3.
a. A vacancy in the office of president shall be filled by the vice-president. The Board of Directors shall fill all other vacancies by appointment.	
b. The person filling the vacancy shall serve the remainder of the term.	
2. Removal from office	Article IV, section 8, p.3.
a. A member of the Board of Directors may be removed with or without cause by a two-thirds vote of the Delegate Assembly.	
b. A member of the Board of Directors may be removed by a two-thirds vote of the Board of Directors for a conviction of a felony, failure to perform duties of the office or other cause as may be specified in the board policies and procedures.	Article IV, section 8, p.3.
c. The officer shall be given written notice 30 days prior to consideration of removal.	

Current Bylaws	Where to find in Proposed Bylaws
d. An individual removed from office by the Board of Directors may be reinstated by a two-thirds vote of the Delegate Assembly at its next annual meeting.	Article IV, section 9, p.3.
E. Duties of Officers All officers shall perform duties as usually pertain to their offices and prescribed in the bylaws.	Article IV, sections 10-14, p.3.
1. President The president shall:	Article IV, section 10, p.3.
a. preside at all meetings of the Delegate Assembly and Board of Directors;	
b. prepare, in consultation with the Board of Directors and the executive director, the agenda for any session of the Delegate Assembly;	
c. appoint a parliamentarian;	
d. appoint committees of the Board of Directors and, to the extent authorized by the Board of Directors, other committees not otherwise provided for in the bylaws;	
e. appoint committees and other personnel to serve the Delegate Assembly;	
f. fill all vacancies otherwise not provided for;	
g. sign all contracts as authorized by the Board of Directors except those contracts between the Member Boards and the Council and except those contracts of a routine type authorized by the Board of Directors, which shall be signed by the executive director;	

Current Bylaws	Where to find in Proposed Bylaws
h. retain the right to vote on all matters before the Board of Directors, casting that vote at the same time all voters cast their votes;	Article IV, section 10, p.3.
i. serve or delegate a qualified representative of a Member Board or staff of the Council to serve as the official representative of the Council in its contacts with governmental, civic, business and other organizations;	
j. have the authority to authorize payment in the absence or inability of the treasurer to do so.	
2. Vice-President The vice-president shall:	Article IV, section 11, p.3.
a. preside in the absence of the president;	
b. succeed to the office of president for the unexpired term in the event of a vacancy in the office of president;	
c. assume all such functions or responsibilities as may be delegated by the president or the board.	
3. Secretary The secretary shall:	In proposed bylaws, board secretary responsibilities are assumed by the Executive Director, who serves as the corporate secretary. See Article IX, section 2, p.6.
a. record the minutes of all meetings of the Delegate Assembly and the Board of Directors;	
b. maintain the master copy of the articles of incorporation, the bylaws and the board's policies and procedures and the minutes of any meeting of the Delegate Assembly and the Board of Directors;	Article IX, section 2, p.6.

Current Bylaws	Where to find in Proposed Bylaws
c. supervise the conduct of mail votes of the Delegate Assembly and the Board of Directors.	Article IX, section 2, p.6.
4. Treasurer	Article IV, section 12, p.3.
The treasurer shall:	
a. be custodian of all funds;	
b. serve as chairperson of the finance committee;	
c. present quarterly reports to the Board of Directors and Member Boards and an annual report to the Delegate Assembly.	
5. Directors	Article IV, section 13, p.3.
a. The directors shall assume such responsibilities as may be delegated by the Board of Directors.	
b. The area directors shall preside at area meetings of the Member Boards and maintain a written record of those meetings.	
c. The area directors shall serve as liaison and resource persons to employees and members of Member Boards in their respective areas.	
d. The director-at-large shall preside at an area meeting in the absence of the area director.	Article IV, Section 14, p.3.

Current Bylaws	Where to find in Proposed Bylaws
VI. NOMINATIONS AND ELECTIONS	
A. Committee on Nominations	Article V, section 1, p.3.
1. Composition and Term	
a. The Committee on Nominations shall be comprised of one person from each area. Committee members shall be either members of Member Boards or employees of Member Boards.	Article V, section 1a, p.3.
b. The term of office shall be one year. Members shall assume duties at the close of the session at which they are elected.	Article V, section 1b, p.3.
2. Election of Committee on Nominations	Article V, section 1c, p.4.
The committee shall be elected by ballot at the annual session of the Delegate Assembly. A plurality vote shall elect. The member receiving the highest number of votes shall serve as chair.	
3. A Member Who Consents to Be Nominated	Article V, section 1d, p.4.
A member of the committee who consents to be nominated to a position on the Board of Directors, shall be required to resign from the committee or withdraw his or her consent to nomination.	
4. Vacancy	Article V, section 1e, p.4.
a. A vacancy occurring in the committee shall be filled from the remaining nominees from the Area in which the vacancy occurs in the order of votes received.	
b. The Board of Directors shall fill a vacancy from the area in which the vacancy occurs if none of the remaining nominees can serve.	

Current Bylaws	**Where to find in Proposed Bylaws**
5. Duties The committee shall: a. consider qualifications of all candidates for officers and the Committee on Nominations as proposed by Member Boards or by members of the Committee on Nominations; b. consider candidates for area director or a position on the Committee on Nominations only if the candidate is proposed from the area involved: c. recommend candidate forum guidelines to be adopted by the Delegate Assembly which remain in effect until rescinded or amended by the Delegate Assembly.	Article V, section 1f, p.4.
6. Report The Committee on Nominations shall submit a slate of candidates for the positions to be filled. The report shall be read on the first day of the meeting of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.	Article V, section 1f, p.4.
B. Election of Officers 1. Election of officers shall be by ballot during the annual session of the Delegate Assembly. Area directors shall be elected by delegates from their respective areas. Write-in votes shall be prohibited. 2. A majority vote shall elect. If a candidate does not receive a majority vote on the first ballot, re-balloting shall be limited to the two nominees receiving the highest number of votes. In case of a tie on the re-balloting the choice shall be determined by lot. 3. Officers shall assume duties at the close of the session at which they are elected.	Article V, section 2, p.4.

Current Bylaws		Where to find in Proposed Bylaws
VII.	**MEETINGS**	
A.	Open Meetings	Article VI, section 1, p.4.
	All meetings called under the auspices of the Council shall be open to the public with the following exceptions:	
1.	meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and	
2.	executive sessions of Delegate Assembly, Board of Directors and committees whenever the body has voted to hold such a session provided that the minutes of such session reflect the purpose of the executive session and an announcement of the action taken in the executive session.	
B.	Participation at Meetings	Article VI, section 2a, p.4.
1.	Members and employees of Member Boards shall be given the right to voice at all meetings called under the auspices of the Council. Only delegates to the Delegate Assembly, members of the Board of Directors and members of committees shall be entitled to make motions and vote in their respective meetings.	
2.	To the extent permitted by law and these bylaws, business may be transacted by telephone conference call, by mail or by proxy, in which case a report of such action shall be made part of the minutes of the next meeting.	Article VI, section 2c, p.5.
3.	Participation in a meeting by telephone conference call shall constitute presence in person at such a meeting.	Article VI, section 2b, p.4.
4.	Any action which may be taken at a meeting of the Board of Directors or the Delegate Assembly, may be taken without a meeting, by the unanimous written consent of all those entitled to vote.	
5.	Committees may establish such methods of conducting their business as they find convenient and appropriate.	Article VI, section 2d, p.5.

Current Bylaws		Where to find in Proposed Bylaws
C.	Annual Meeting Time, Call and Cancellation	Article VII, section 4, p.5.
1.	An annual session of the Council, hereinafter referred to as the annual meeting, shall be held at a time and place as determined by the Board of Directors.	
2.	The official call to the annual meeting, giving the time and place of the session, shall be sent to each Member Board at least 90 days prior to the annual meeting.	
3.	In the event of a national emergency, the Board of Directors by a two-thirds vote may cancel the annual meeting and shall schedule a meeting of the Delegate Assembly as soon as possible to conduct the business of the Council.	
D.	Telephone Conference Calls	Article VI, section 2b, and 2c, p.4-5.
1.	The secretary of the group meeting by telephone conference call shall:	
	a. maintain a written record documenting that each member of the group was notified of the call;	
	b. record minutes of the meeting which shall include the names of members participating and a report of a roll call on each vote;	Article VI, section 2b, p.4.
	c. distribute the minutes of the meeting to all members of the group.	Article VI, section 2c, p.5.
E.	Mail Votes	
1.	Each member of the group conducting a mail vote shall be sent by first class mail an identical proposal worded to allow a Yes or No vote. A deadline for return shall be stated on the ballot.	Article VI, section 2c, p.5.
2.	With respect to the Delegate Assembly or Board of Directors, all delegates or members of the body must vote and the vote must be unanimous in order for the action taken by a mail vote to be valid.	
3.	The secretary of the group conducting a mail vote shall notify all members of the group of the result of the vote	

Current Bylaws	Where to find in Proposed Bylaws
F. Business Conducted By Proxy A Member Board may choose to vote by proxy at any special session of the Delegate Assembly.	Article VII, section 2, p.5.
VIII. DELEGATE ASSEMBLY	
A. Composition, Term and Voting	
1. Composition	Article VII, section 1, p.5.
a. The Delegate Assembly, the voting body of the Council, shall be comprised of delegates designated by each Member Board.	
b. An alternate duly appointed by a Member Board may replace a delegate and assume all privileges of a delegate.	
c. An officer may not represent a Member Board as a delegate.	
2. Term Delegates and alternates serve from the first day of the Delegate Assembly to which they have been designated until replaced by the Member Board.	Article VII, section 1, p.5.
3. Voting	Article VII, section 2, p.5.
a. Each Member Board shall be entitled to two votes. The votes may be cast by either one or two delegates.	
b. There shall be no proxy or absentee voting at the annual session of the Delegate Assembly.	
c. A member board may choose to vote by proxy at any special session of the Delegate Assembly and may authorize the secretary or a delegate of another Member Board to cast its votes.	

Current Bylaws		Where to find in Proposed Bylaws
B.	Duties of the Delegate Assembly	Article VII, section 2, p.5.
	The Delegate Assembly shall be the legislative body of the Council and shall:	
1.	approve new Council memberships;	
2.	elect officers and members of the Committee on Nominations;	
3.	receive reports of officers and committees and take action as appropriate;	
4.	approve any examination fee to charged by the Council;	
5.	approve the auditor's report;	
6.	approve policy and position statements and strategies that give direction to the Council;	
7.	approve the substance of all contracts between the Council and Member Boards and the Council and the test service;	
8.	establish the criteria for and select the test service to be utilized by the Council unless the Council provides such services itself;	
9.	adopt test plans to be used for the development of licensing examinations in nursing;	
10.	transact any other business as may come before it.	
C.	Sessions of the Delegate Assembly	Article VII, section 4, p.5.
1.	The Delegate Assembly shall meet annually during the annual meeting of the Council.	
2.	Special sessions of the Delegate Assembly may be called by the Board of Directors and shall be called by petition of ten Member Boards made to the Board of Directors. Notice containing the agenda, stated reasons, supporting information and the date and place of said sessions shall be mailed to each Member Board at least thirty days prior to the date for which such a session is called.	Article VII, section 5, p.5.

Current Bylaws		Where to find in Proposed Bylaws
D.	Quorum The quorum for conducting business at any session of the Delegate Assembly shall be at least one delegate from a majority of the Member Boards and two officers.	Article VII, section 6, p.5.
IX.	**BOARD OF DIRECTORS**	
A.	Composition The Board of Directors shall consist of elected officers.	Article VIII, section 1, p.6.
B.	Duties of the Board of Directors The Board of Directors shall be the administrative body of the Council and shall:	Article VIII, section 2, p.6.
1.	conduct the business of the Council between sessions of the Delegate Assembly;	
2.	authorize the signing of contracts between the Council and Member Boards and the Council and the test service and other major contracts;	
3.	permit such variations from the standard contract between the Council and the Member Boards as it shall in its discretion determine may be desirable in a case where such variations are required to conform to laws generally applicable to agencies of the state of a Member Board and such variations do not affect examination security and integrity;	
4.	review and act on the membership status of Member Boards who are not in compliance with the bylaws or contracts;	
5.	set the time and place for each annual meeting and session of the Delegate Assembly;	
6.	engage the services of legal counsel;	
7.	present an evaluation of the test service and data center to Member Boards prior to consideration of contract extension or termination;	

Current Bylaws		Where to find in Proposed Bylaws
8.	authorize dissemination of written information about the licensing examinations;	Article VIII, section 2, p.6.
9.	set fees unless otherwise specified in these bylaws;	
10.	approve, adopt and direct the management of the annual budget;	
11.	provide for all accounts of the Council to be audited annually by a certified public accountant;	
12.	cause to be bonded any officer or employee of the Council who is entrusted with Council funds or property;	
13.	appoint the Council's representatives to serve on committees or task forces of other organizations;	
14.	approve studies and research pertinent to the purposes of the Council and consistent with actions of the Delegate Assembly;	
15.	appoint committee members, subcommittee members, and chairs unless otherwise specified in these bylaws;	
16.	monitor the progress of committee activities;	
17.	appoint and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities;	
18.	conduct an annual written performance appraisal of the executive director;	
19.	determine the number and categories of staff employed by the Council and adopt personnel policies for all staff;	
20.	publish an annual report of the Council;	
21.	adopt such rules and organizational structure of the Board of Directors to carry on the functions of the board as specified in the bylaws;	
22.	establish an awards program for the Council.	

Current Bylaws		Where to find in Proposed Bylaws
C.	Sessions of the Board of Directors	Article VIII, section 3, p.6.
1.	The Board of Directors, shall meet in the annual meeting city prior to and immediately following the annual meeting of the Council and at other times as necessary to accomplish the work of the board.	
2.	Special sessions of the Board of Directors may be called by the president and shall be called upon written request of three members of the Board of Directors.	
3.	Ten days notice shall be given to each member of the Board of Directors for the calling for a special session. The notice shall include the business to be transacted.	
D.	Quorum	
	A quorum for the conduct of business at any session of the Board of Directors shall be a majority of the members.	Quorum requirements set forth in *Roberts Rules* would apply so not included as, a separate section in the proposed bylaws.
X.	**COMMITTEES**	
A.	Enumeration	Article X, section 1, p.6.
1.	Standing Committees	
	There shall be the following standing committees:	
	a. Administration of Examination	
	b. Bylaws	
	c. Communications	
	d. Examination	
	e. Finance	
	f. Long Range Planning	
	g. Nursing Practice and Education	

Current Bylaws			Where to find in Proposed Bylaws
2.	Special Committees Special committees may be appointed by the Board of Directors at any time for the purpose of performing any duties not otherwise assigned by these bylaws.		Article X, section 2, p.7.
3.	Subcommittees A committee may recommend the appointment of one or more subcommittees, each of which shall be responsible for reporting to the committee.		Article X, section 2, p.7.
B.	Membership		
1.	Composition		Article X, section 3a, p.7.
	a.	Committees shall include current members and employees of Member Boards.	
	b.	No person shall serve more than six consecutive years on the same committee except persons serving as members or alternates on the Examination Committee. These persons may serve a total of twelve consecutive years with a maximum of six consecutive years as a committee member.	Article X, section 3b, p.7.
	c.	In the selection of members for committees, consideration shall be given to area representation and the composition of Member Boards.	Article X, section 3a, p.7.
	d.	Subcommittees may include nonmembers of a committee and individuals who are not current members or employees of Member Boards and who are recommended by the committee chair.	Article X, section 3a, p.7.
	e.	The president shall be an ex-officio member without vote of all committees except the committee on nominations.	Article X, section 3a, p.7.
	f.	The chairperson of each committee shall be an ex-officio member without vote of all subcommittees within the respective committee.	

Current Bylaws	Where to find in Proposed Bylaws
2. Term	
a. Unless specified to the contrary elsewhere in these bylaws, the term of all standing and subcommittee members shall be no more than two years or until their successors are appointed.	Article X, section 3b, p.7.
b. A term shall begin after the annual meeting. The Board of Directors shall appoint as nearly as possible one-half the members of each committee to terms expiring in even and odd numbered years.	
c. The length of terms for members of special committees shall be established when the committee is appointed.	Term of office for committees assigned to specific projects is addressed in *Roberts Rules*.
3. Vacancy	
a. A vacancy may occur when a committee member resigns or fails to meet the responsibilities of the committee as determined by the board.	Article X, section 3c, p.7.
b. The vacancy may be filled by appointment by the Board of Directors for the remainder of the term.	
C. Functions	
1. Budget	Article X, section 3d(1), p.7.
Committees shall submit a budget request for activities prior to the beginning of the fiscal year. Committees shall not incur expenses in addition to the approved budgeted amount without prior authorization of the board.	
2. Records and Reports	Article X, section 3d(3), p.8.
a. Each committee shall keep a written record of its proceedings.	

Current Bylaws	Where to find in Proposed Bylaws
b. Each committee shall submit an annual report at least 60 days before the annual meeting for presentation to the Delegate Assembly. The report shall include a review of the past year and all activities or programs proposed for the succeeding year. The proposed plan shall include: (1) specific goals and objectives; and (2) number of meeting and/or workshop days anticipated	Article X, section 3d(3), p.8.
3. Operating Procedures Each committee shall establish procedures to expedite the work of the committee, subject to review and modification by the Board of Directors.	Article X, section 3d(2), p.7.
D. Administration of Examination Committee	Article X, section 1a, p.6-7.
1. Composition The Administration of Examination Committee shall be composed of at least six members.	
2. Duties The committee shall: a. adopt criteria and procedures to be used by Member Boards for maintaining the security of the licensing examinations; b. evaluate proposed and actual compliance of Member Boards, test service, and others with established criteria and procedures for maintaining the security of licensing examinations;	

Current Bylaws	Where to find in Proposed Bylaws
c. conduct an investigation for each alleged failure to maintain the security of the licensing examinations and/or loss of a test booklet and submit a written report to the president and executive director; d. report to the Board of Directors possible violations of the contract between a Member Board and the Council; e. conduct educational conferences as authorized by the Board of Directors or Delegate Assembly; f. establish dates for the administration of the examinations.	Article X, section 1a, p.6-7.
E. Bylaws Committee 1. Composition The Bylaws Committee shall be composed of at least three members. 2. Duties The committee shall: a. receive, consider, edit, and/or correlate proposed amendments to the articles of incorporation and the bylaws submitted by Member Boards, the Board of Directors, and committees. The committee may originate amendments; b. consult with parliamentarian and legal counsel before proposing amendments to the articles of incorporation or the bylaws;	Bylaws Committee is not included as a standing committee in the proposed bylaws. It is anticipated that a committee, would be appointed as needed to review proposed amendments to the bylaws.

Current Bylaws	**Where to find in Proposed Bylaws**
c. submit all proposed amendments to the articles of incorporation and the bylaws, to the Delegate Assembly together with the committee's recommendations for action.	
F. Communications Committee	Communication Committee is not included as a standing committee. Other committees would be appointed as needed to deal with communication related topics.
1. Composition	
The Communications Committee shall be composed of at least five members	
2. Duties	
The committee shall:	
a. provide recommendations for the types and frequency of Council publications;	
b. analyze implications of and coordinate planning for computer based information systems for the Council;	
c. monitor effectiveness of publications and computer based information systems;	
d. administer an awards program as authorized by the Board of Directors;	
e. plan the Council's annual meeting;	
f. coordinate education conferences as authorized by the Board of Directors or Delegate Assembly.	

Current Bylaws	**Where to find in Proposed Bylaws**
G. Examination Committee 1. Composition a. The Examination Committee shall consist of at least six members. At least six alternates shall be appointed and an alternate may be called on at any time to serve temporarily as a member of the committee and have all the responsibilities and rights of full membership when they are called to serve as a member. One of the committee members shall represent Member Boards licensing practical/vocational nurses. b. The chairperson shall have served as a member of the committee prior to being appointed as chairperson. 2. Duties The committee shall: a. review and evaluate procedures for producing licensing examinations in nursing; b. review and adopt licensing examinations in nursing; c. evaluate licensing examinations which have been administered; d. assist with evaluation of the test service in accordance with responsibilities of the Board of Directors; e. make recommendations to the Board of Directors and provide direction for investigation, study and research concerning development of the licensing examinations in nursing;	Article X, section 1a, p.6-7.

Current Bylaws	Where to find in Proposed Bylaws
f. select appropriate persons to write and review test items for the licensing examinations based on criteria established by the Board of Directors;	Article X, section 1a, p.6-7.
g. recommend to the Delegate Assembly test plans to be used for the development of licensing examinations in nursing;	
h. prepare written information about the licensing examinations for dissemination to Member Boards and other interested parties;	
i. conduct educational conferences as authorized by the Board of Directors or Delegate Assembly.	
H. Finance Committee	Article X, section 1b, p.7.
1. Composition	
The Finance Committee shall be composed of at least three members, including the treasurer as chairperson.	
2. Duties	
The committee shall:	
a. provide general supervision of the finances of the Council, subject to the approval of the Board of Directors;	
b. present a proposed annual budget for the Council to the Board of Directors prior to the beginning of each fiscal year;	
c. present a fiscal impact statement on proposed activities of the Council to the authorizing body.	

Current Bylaws	Where to find in Proposed Bylaws
I. Long Range Planning Committee 1. Composition The Long Range Planning Committee shall be composed of at least five members. 2. Duties The committee shall: a. review periodically the structure of the National Council and its effectiveness in meeting the purpose and functions of the Council; b. review and evaluate periodically the mission statement of the Council for continuity with the purpose and functions of the Council; c. periodically review goals, objectives, and strategies for the Council and propose revisions; d. prepare written information about the goals, objectives and strategies for dissemination to Member Boards and other interested parties.	Long Range Planning Committee is not included as a standing committee. A committee would be appointed periodically to assist in the maintenance of the planning system for the National Council.
J. Nursing Practice and Education Committee 1. Composition The Nursing Practice and Education Committee shall be composed of at least five members. 2. Duties The committee shall: a. direct the monitoring, periodic review, and evaluation of nursing practice and education standards and trends and issues related to the regulation of nursing practice;	Article X, section 1c, p.7.

Current Bylaws	Where to find in Proposed Bylaws
b. prepare and disseminate information about nursing practice and education standards and about trends and issues related to the regulation of nursing practice;	Article X, section 1c, p.7.
c. utilize subcommittees to:	
1) propose and periodically review model laws and regulations pertaining to the definitions of the practice and roles of nursing, standards for initial and ongoing licensure, disciplinary action and approval of nursing education programs;	
2) recommend responses to issues and trends related to legal scope of nursing practice;	
3) recommend responses to legislative initiatives at the state and national level that impact standards related to nursing practice and nursing education;	
4) recommend responses to any related issue, trend or significant data that impacts the legal definition, scope, and standards for nursing practice and nursing education.	
XI. FINANCE	
A. Audit	Article XI, section 1, p.8.
The financial records of the Council shall be audited annually be a certified public accountant. The audit report shall be presented to the Delegate Assembly for action.	
B. Fiscal Year	Article XI, section 2, p.8.
The fiscal year shall be from October 1 to September 30.	

Current Bylaws		Where to find in Proposed Bylaws
XII.	**INDEMNIFICATION**	Article XII, section 1, p.8.
A.	Direct Indemnification To the full extent permitted by, and in accordance with the standards and procedures prescribed by Sections 7741 through 7745 of the Pennsylvania Nonprofit Corporation Law of 1972 or the corresponding provision of any future Pennsylvania statute, the corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he or she is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including but not limited to attorney's fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by the person in connection with such action, suit or proceeding.	
B.	Insurance To the full extent permitted by Section 7747 of the Pennsylvania Nonprofit Corporation Law of 1972 or the corresponding provision of any future Pennsylvania statute, the corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, agent or representative of the corporation, or performs or has performed volunteer services for or on behalf of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, agent or representative of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him or her and incurred by him or her in any such capacity, whether or not the corporation would have the power to indemnify him or her against such liability under the provisions of Section A of the Article XII.	Article XII, section 2, p.8.

Current Bylaws		Where to find in Proposed Bylaws
C.	Additional Rights Pursuant to Section 7746 of the Pennsylvania Nonprofit Corporation Law of 1972 or the corresponding provision of any future Pennsylvania statute, any indemnification provided pursuant to Sections A and/or B of this Article XII shall:	Article XII, section 3, p.8.
1.	Not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any future bylaw, agreement, vote or members or disinterested directors or otherwise, both as to action in his or her official capacity while holding such official position; and	Article XII, seciton 3a, p.8-9.
2.	Shall continue as to a person who has ceased to be a director, officer, employee, agent or representative of, or provider of volunteer services for or on behalf of, the corporation and shall inure to the benefit of the heirs, executors and administrators of such a person.	Article XII, section 3b, p.9.
XIII.	**PARLIAMENTARY AUTHORITY** **ROBERT'S RULES OF ORDER NEWLY REVISED** (Current Edition) shall govern the proceedings of the Council in all cases not provided for in the articles of incorporation, bylaws or standing rules.	Article XIII, p.9.
XIV. A.	**AMENDMENT AND REVISION** Amendment These bylaws may be amended at any annual or special session of the Delegate Assembly as follows: 1. by a two-thirds vote of the delegates present and voting provided copies of the proposed amendments shall have been presented in writing to the member boards at least 45 days prior to the session; or	Article XIV, section 1 and 2, p.9.

Current Bylaws			Where to find in Proposed Bylaws
	2.	without the previous notice described in paragraph 1 above, by a ninety-five percent vote of the delegates present and voting if, at least five days prior to the session, notice is given that amendments to the bylaws may be considered at the session.	Article XIV, section 1, p.8.
B.	Revision		Article XIV, section 2, p.8.
	These bylaws may undergo comprehensive revision only upon authorization by the Delegate Assembly as follows:		
	1.	a special committee for revision, authorized by the delegate assembly, shall prepare and present the proposed revision; and	
	2.	by two-thirds vote of the delegates present and voting, provided copies of the proposed revision shall have been submitted in writing to the Member Boards at least 45 days prior to the session at which action is to be taken.	Article XIV, section 2, p.3.

Report of the Long Range Planning Committee

Committee Members

Marcia Rachel, MS, Area III, *Chair*
Jean Caron, ME, Area IV
Leola Daniels, ID, Area I
Lorinda Inman, IA, Area II
Judie Ritter, FL, Area III
Nancy Smart, IL, Area II

Relationship to Organization Plan

Goal V ..... Implement an organizational structure that uses human and fiscal resources effectively.
Objective A ..... Implement a planning system to guide the National Council.

Recommendation(s)

No recommendations.

Highlights of Activities

- ***Conduct a Trend Analysis Study***

  The tactic assigned to the Long Range Planning Committee by the Board of Directors states, *"Develop and evaluate the Organization Plan for the National Council."* The committee conducted a Trend Analysis Study to determine: 1) the trends/issues Member Boards may need to address over the next five years, and 2) the perceived need for assistance from the National Council. The report, Trend Analysis Study: Preliminary Results (Attachment A), is designed to identify the purpose of the trend analysis study, describe the methodology used, and to present the preliminary statistical data. A more detailed and complete report will be presented upon completion of the analysis of data in FY95.

Meeting Dates

- October 8-9, 1993
- December 16, 1993
- March 9-10, 1994
- May 2, 1994
- May 18-19, 1994

Future Activities

The information and additional descriptive, statistical information will be reviewed by the Long Range Planning Committee during FY95 in preparation for evaluating the National Council's Organization Plan. A revised Organization Plan will be presented to the 1995 Delegate Assembly, if indicated.

Staff

Doris E. Nay, *Associate Executive Director*

Attachments

A ..... Trend Analysis Study: Preliminary Results, *page 3*

Attachment A

Trend Analysis Study: Preliminary Results

During FY94, the Long Range Planning Committee (LRPC) conducted a Trend Analysis Study. This report is designed to identify the purpose of the trend analysis study, describe the methodology used, and to present the preliminary statistical data. A more detailed and complete report will be presented upon completion of the analysis of data in FY95.

The purpose of this study was to determine: 1) the trends/issues Member Boards of Nursing may need to address over the next five years relative to (a) the regulation of nursing and (b) board operations/structure, and (2) the perceived need for assistance from the National Council.

The study was performed using a Delphi Technique. This approach incorporates the use of iterative, phased mailings to study participants who, collectively, engage in consensus building as members of a panel of experts. Major advantages of the approach include: 1) the potential for collection of data from a large number of "experts" and 2) affords each panel member equal opportunity to express an opinion and identify a preferred outcome. This study was conducted in three phases: 1) issue identification, 2) initial consensus assessment, and (3) consensus building. The following sections describe the methodology and results of each phase of the study.

PHASE ONE: Issue Identification

This phase of the study focused on obtaining input from individual representatives of each Member Board regarding 1) the issues which their Board may be facing within the next five years and 2) how the National Council could assist them. Information obtained in this phase of the study was used to construct a survey tool designed to determine levels of agreement regarding the impact of the identified issues and the desire/need for National Council services.

Methodology

Study participants:

All members and the professional staff of the 62 Member Boards of Nursing were invited to participate in this phase of the study.

Data collection instrument:

The survey instrument, developed by project staff in collaboration with the Long Range Planning Committee, contained three open-ended questions and a section requesting demographic data about the respondent. The open ended questions were as follows:

1. Within the next five years, what trends or issues relevant to the regulation of nursing do you expect will have the greatest impact on your Board of Nursing?

2. Within the next five years, what trends or issues relevant to board structure and operations do you expect will have the greatest impact on your Board of Nursing?

3. How can the National Council of State Boards of Nursing assist your Board of Nursing to address these trends and issues?

The demographic data section requested the following information: Board name, type of board staff (executive officer or other professional staff) or type of board member (LPN/VN, RN, consumer, other) and, if a board member, employment setting.

Prior to dissemination, drafts of the instrument were reviewed for clarity, content, and format by the LRPC chair and selected National Council staff.

Data collection:

The survey instrument, cover letter explaining the study, and a pre-addressed return envelope were mailed directly to 789 members of boards of nursing following receipt of names and addresses from board offices. When direct mailing information could not be provided for board members, the executive officers of those boards were

provided with a sufficient number of pre-packaged survey materials which could be addressed and sent by board office staff. Each board executive officer was also provided with sufficient copies of the survey materials for her own use and for distribution to other members of the board's professional staff. Survey materials were mailed October 27, 1993; the announced response deadline was November 19, 1993.

The confidentiality of participants' responses was promoted via two mechanisms: 1) requesting each respondent to individually return the completed questionnaire and 2) only using the provided demographic information, in its aggregate form, to describe the respondents.

Data analysis:

Responses were received from a total of 244 respondents. Collectively, the respondents represented 50 boards of nursing. One hundred seventeen respondents were board members, 35 were board executive officers, and 88 were other board professional staff. An additional four respondents did not indicate their status. Demographic information regarding Phase One respondents is reported in Table 1. Included are the distribution of respondents by geographic area and type of board member and board staff.

A total of 1,760 statements were available for content analysis. These statements were provided by the 204 respondents who met the November 1993 submission deadline. Of these 1,760 statements, 839 addressed regulatory issues, 501 addressed board structure and operations, and 420 addressed desired services.

Prior to beginning content analysis, the LRPC and staff jointly refined a statement classification system developed during the 1991 trend analysis study, for use in the current study. The primary classification categories for each of the three analysis areas were as follows:

Trends or issues relevant to the regulation of nursing:

- Practice
- Discipline
- Unlicensed personnel
- Nursing education
- Board of Nursing
- Licensure
- Testing

Trends or issues relevant to board structure and operations:

- Finances
- Board composition
- Threats to board autonomy
- Data automation
- Board structure
- Role delineation
- Orientation
- Workload
- Communication with other entities
- Legislation

Desire/need for National Council services:

- Collaboration/communication
- Research
- Clearinghouse activities
- Development of models and position statements
- Meetings/programs
- Testing services

As many as three additional subdivisions of each major classification area were identified to facilitate the categorization of the submitted statements. Several additional classification subdivisions were identified during this phase of content analysis when a "good fit" was not possible between a respondent's statement and the existing classification categories. Statement classification was performed by the National Council's Associate Executive Director in consultation with the Director of Research Services.

Following classification of each submitted statement, National Council staff reviewed each subgroup of classified statements and, following several iterations, generated a list of 137 new statements reflective of the information received from respondents. The original list of respondent generated statements and the 137 statements developed by staff were also reviewed by the LRPC chair to assure a satisfactory level of congruence between the two lists (i.e., the new list was representative of the submitted statements). To further insure that the 137 statements were representative, they were also compared against statements received on questionnaires received from 40 respondents following the initiation of content analysis procedures. This review revealed no need for any addition or modification of the list.

PHASE TWO: Initial Consensus Assessment

This phase of the study focused on obtaining a measure of the level of agreement among representatives of all Member Boards regarding: 1) the issues having the greatest impact on the regulation of nursing and on board structure and operations within the next five years, and 2) how the National Council could assist them in addressing these trends and issues. Information obtained in this phase of the study was subsequently used to promote consensus building during the final, third stage of the study.

Methodology

Study participants:

All members and the professional staff of the 62 Member Boards of Nursing were invited to participate in this phase of the study.

Data collection instrument:

The Phase Two survey instrument was divided into four sections. The first three sections contained the 137 statements generated as a result of the Phase One content analysis procedure (Item #45 was deleted due to duplication). Sixty-nine statements addressed identified issues/trends that could impact on the regulation of nursing within the next five years; 27 addressed identified issues/trends that could impact board structure/ operations within the next five years; and 42 addressed potential services that could be provided by the National Council. (The text of these statements can be found in Table 2.)

A likert-type scale was constructed to obtain level of agreement information from respondents. The scale, designed for use with all three sets of statements, contained six response options: Completely disagree, Mostly disagree, Slightly disagree, Slightly agree, Mostly agree, and Completely agree.

The fourth section of this survey instrument again requested demographic data from the respondents regarding board affiliation and type of board member or staff. In addition, since the Phase Three survey instrument would only be mailed to those participating in Phase Two, respondents were requested to provide their name and preferred mailing address.

Prior to dissemination, drafts of the instrument were reviewed for clarity, content, and format by the LRPC chair and selected National Council staff.

Data collection:

The same procedure for disseminating the Phase One survey instrument was used in this phase of the study. Survey materials were mailed January 12, 1994, and the requested response deadline was February 4, 1994.

The confidentiality of participants' responses was promoted via three mechanisms: 1) requesting each respondent to individually return the completed questionnaire, 2) only using the provided demographic information, in its aggregate form, to describe the respondents, and 3) assigning and using a unique code number to each returned questionnaire. Data matching the code number with name and address information were maintained in a file separate from that containing the code numbers and individual respondents' level of agreement data.

Data analysis:

All responses (n=253) received by February 14, 1994, were entered into a database management file. Collectively, the respondents represented 56 boards of nursing. One hundred forty-three respondents were board members, 30 were board executive officers, and 80 were other board professional staff. Additional demographic information regarding Phase Two respondents is reported in Table 1.

Descriptive statistics were generated for each of the 137 statements describing potential issues/trends or desired services. A review of this data did not reveal any problems (i.e., restricted range of responses, response bias, etc.) that would invalidate the next phase of the study.

PHASE THREE: Consensus Building

This phase of the study focused on building consensus among the Phase Two respondents regarding 1) the issues having the greatest impact on the regulation of nursing and on board structure and operations within the next five years, and 2) how the National Council could assist them in addressing these trends and issues. Information obtained in this phase of the study will be used by the LRPC to guide the future direction of the National Council.

Methodology

Study participants:

All members (n=143) and the professional staff (n=110) of Member Boards of Nursing (n=56) who responded to the Phase Two questionnaire by February 14, 1994, were invited to participate in this phase of the study.

Data collection instrument:

During this phase of the study, an individualized survey instrument was created for each Phase Two study respondent. In addition, the Phase Three instrument represented a modification of the one used in Phase Two. The modifications included the deletion of the demographic data section and the incorporation of several additions to the three sections addressing future trends and issues and the need for National Council assistance. This entailed the addition of columns providing: 1) the modal response of all respondents to each of the 137 statements, 2) the individual study participant's response on the Phase Two survey form, 3) a place to indicate if the respondent did not desire to change his/her original (Phase Two) response, and 4) space for the respondent to comment if his/her final response was two or more likert-points away from the modal response.

Data collection:

An individualized survey instrument was mailed to each Phase Two respondent who responded by February 14, 1994, and who provided mailing information (n= 253). Included in this mailing was the questionnaire and a pre-addressed, postage-paid return envelope. Survey materials were mailed February 25, 1994, and the requested response deadline was March 18, 1994.

The confidentiality of participants' responses was promoted via several mechanisms: 1) requesting each respondent to individually return the completed questionnaire, 2) using the provided demographic information, in its aggregate form, to describe the respondents, 3) coding each questionnaire with the code number assigned in Phase Two, and (4) maintaining data matching the code number with name and address information (used to generate mailing labels) in a file separate from that containing the code numbers and individual respondents' level of agreement data. In addition, only aggregate statistical data will be reported.

Data analysis:

All responses (n=181) received by March 31, 1994, were entered into a database management file. Collectively, the respondents represented 55 boards of nursing. Eighty-six respondents were board members, 25 were board executive officers, and 70 were other board professional staff. Additional demographic information regarding Phase Three respondents is reported in Table 1.

Descriptive statistics were generated for each of the 137 statements describing potential issues/trends or desired services. The mean (average) and modal responses are reported in Table 2, rank ordered within each part, by the mean.

Future Activities

This information and additional descriptive, statistical information will be reviewed by the Long Range Planning Committee during the next fiscal year in preparation for evaluating the National Council's Organization Plan.

Table 1. Demographic Characteristics of Respondents by study phase.

	Phase #1		Phase #2		Phase #3	
	#	%	#	%	#	%
Total Number of Member Boards Represented:	50		56		55	
Member Board repreentation by Area:						
Area I (n=18)	13	26	14	25	13	24
Area II (n=14)	12	29	14	25	14	25
Area III (n=16)	15	30	15	27	15	27
Area IV (n=14)	10	20	13	23	13	24
Respondents by Area:						
Area I	66	27	58	23	39	22
Area II	64	26	70	28	54	30
Area III	75	31	83	33	56	31
Area IV	39	16	42	17	32	18
Total	244	100	253	101	181	101
Type of Respondent:						
Executive Director	35	14	30	12	25	14
Professional Staff	88	36	80	32	70	39
LPN/VN Board Member	17	7	33	13	14	8
RN Board Member	86	35	94	37	61	34
Consumer Board Member	11	5	7	3	4	2
Other Board Member	3	1	9	4	7	4
Undetermined	4	2	-	-	-	-
Total	244	100	253	101	181	101

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean1	Mode1
Part I.	**Issues or trends having the greatest impact on the regulation of nursing within the next five years.**		
1	Increased emphasis on home/community-based nursing care	5.37	6
2	Increased use of unlicensed personnel in institutional settings (e.g., hospitals, nursing homes)	5.35	6
3	Encroachment of other health care providers (e.g., EMTs, paramedics, physicians' assistants, etc.) on the role of nursing	5.34	6
4	Federal initiatives for health care reform	5.34	6
5	Increased use of unlicensed personnel in non-institutional settings (e.g., home health, etc.)	5.31	6
6	Increased use of advanced nurse practitioners in non-traditional roles and settings	5.30	6
7	Increased use of registered nurses in non-traditional roles and settings	5.21	6
8	Standardization of educational requirements for advanced nursing practice	5.21	5
9	Independent practice of advanced nurse practitioners	5.21	6
10	Delineation of the role of unlicensed health care providers	5.20	6
11	Delegation of nursing activities to unlicensed personnel	5.20	6
12	Independent prescriptive authority for advanced nurse practitioners	5.20	6
13	Expanded roles and responsibilities of unlicensed personnel	5.20	6
14	Inter-state consistency in the regulation of and the definition of the legal scope of practice of advanced nurse practitioners	5.20	6
15	Increased complexity of disciplinary issues	5.18	5
16	Authority of the board of nursing versus that of other regulatory agencies relative to the regulation of nursing practice	5.18	6
17	Legal authority of the board of nursing	5.16	6
18	Regulation of advanced nurse practitioners solely by the board of nursing	5.14	6
19	Psychometric and legal soundness of advanced nursing practice certification examinations	5.13	5,6
20	Increased use of unlicensed personnel in settings with little or no direct nursing supervision	5.12	6
21	Regulation of nurses functioning in expanded roles	5.08	5
22	Delegation of nursing activities to other licensed nursing personnel	5.02	6
23	Impact of the growing need for advanced nurse practitioners on the regulation of nursing education and practice	4.97	5
24	Congruence between advanced nurse practitioner curricula and their responsibilities in the delivery of health care	4.93	5
25	Medication administration by nursing assistants and unlicensed personnel	4.90	5

1Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean[1]	Mode[1]
Part I.	**Issues or trends having the greatest impact on the regulation of nursing within the next five years.**		
26	Regulatory language to reflect full scope of nursing practice	4.87	5
27	Autonomy of the board of nursing	4.85	5
28	Licensure of individuals protected by the Americans with Disabilities Act	4.79	5
29	Delegation of nursing care to unlicensed personnel in school settings	4.79	5
30	Development of means to assure/measure the continued competence of nurses (e.g., computerized clinical simulation testing - CST)	4.79	5
31	Increasing independent practice of RNs and LPN/VNs	4.78	5
32	Competition among nursing education programs for qualified faculty	4.76	5
33	Congruence between nursing education curricula and responsibilities of health care providers	4.74	5
34	Increasing numbers of impaired nurses	4.74	5
35	Impact of the Americans with Disabilities Act (ADA)	4.71	5
36	Regulation of nurses employed in non-traditional roles and settings	4.70	5
37	Certification versus licensure of advanced nurse practitioners.	4.67	5
38	Conflicts between state/federal facility regulations and nurse practice acts due to increased health care delivery in non-acute care settings	4.66	5
39	Increased use of LPN/VNs in non-traditional roles and settings	4.62	5
40	Delineation of role and responsibilities of certified nurse aides	4.59	5
41	Use of internships and preceptorships	4.57	5
42	Federal pre-emption of state-level regulation of nursing practice	4.57	5
43	Alternative clinical learning experiences (e.g., simulations) in lieu of traditional clinical learning experiences	4.53	5
44	Non-disciplinary alternatives for impaired nurses	4.49	5
45	Identification of nurse role in school health care	4.47	5
46	General lack of knowledge about nursing regulation and the roles/responsibilities of the board of nursing	4.42	4
47	Regulation of certified nurse aides	4.40	4
48	Revision of regulatory language to support changing nursing education curricula	4.38	4
49	Increased recidivism rates among disciplined nurses	4.35	5
50	Articulation between entry-level nursing education programs (e.g., LPN/VN to ADN, ADN to BSN, etc.)	4.33	4

[1]Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean[1]	Mode[1]
Part I.	**Issues or trends having the greatest impact on the regulation of nursing within the next five years.**		
51	Competition among nursing education programs for students, clinical learning sites, and placement of graduates	4.33	4
52	Licensure and practice of nurses with infectious diseases (e.g., HIV, HBV, AIDS)	4.32	4
53	Challenge to board of nursing role in reviewing and approving education programs	4.28	4
54	Differentiated role of LPN/VN-, ADN-, Diploma-, and BSN-prepared RNs in community/home health care settings	4.27	4
55	Changing role of the board of nursing	4.25	3
56	Direct faculty supervision of students providing care in non-institutional settings	4.24	4
57	Standardization of educational requirements for entry into nursing practice	4.18	4
58	Re-evaluation of the educational requirements for entry into nursing practice	4.16	4
59	Increased patient abuse and sexual misconduct charges against nurses	4.11	4
60	Greater consumer input to and participation on boards of nursing	4.11	4
61	Difference in practice of associate degree and baccalaureate degree nursing program graduates	4.09	4
62	Impact of the North American Free Trade Agreement (NAFTA) on endorsement	4.05	4
63	Need for and quality of educational programs to retrain displaced licensees	4.04	4
64	Increased non-compliance with board orders/stipulations	4.02	4
65	Impact of the North American Free Trade Agreement (NAFTA) on licensure decisions	3.98	4
66	Need for re-structuring the levels of nurse licensure (e.g., diploma ADN, BSN, APN)	3.88	4
67	Nurse role in assisted suicide decisions and/or euthanasia	3.31	4
68	Institutional licensure of nurses	3.19	3
69	Item deleted due to duplication.	0.00	-

[1]Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean1	Mode1
Part II.	**Issues or trends having the greatest impact on board structure and operations within the next five years.**		
1	Increased workload relative to disciplinary complaints/investigations/monitoring	5.47	6
2	Increased need to monitor legislative issues/action	5.43	6
3	Need for streamlining disciplinary processes	5.19	6
4	Budgetary constraints on board operations	5.10	6
5	Electronic exchange of nurse licensure information	5.10	6
6	Ability to remain responsive and flexible within the regulatory environment	4.93	5
7	Budgetary constraints on travel to regional/national meetings	4.90	5,6
8	Time commitment required of board members	4.81	5
9	Movement toward "super-boards" (umbrella boards) for the regulation of health care providers	4.79	6
10	Development and maintenance of liaison relationships with other health-related boards	4.79	5
11	Diverse and/or conflicting requests of special interest groups, legislators and organizations	4.77	5
12	Lack of public understanding of the purpose and functions of the board of nursing	4.73	5
13	Employment and training of qualified board staff	4.71	5
14	Accessibility to national electronic communications	4.68	5
15	Generating revenue to support board operations	4.56	4,5
16	Technological advancements affecting office operations	4.54	4
17	Decreasing human resources to develop and implement the policies and regulations of the board	4.49	4
18	Board composition to represent different regulatory perspectives	4.43	5
19	Orientation/education of board members	4.35	4
20	Liability of board members	4.15	4
21	Greater need for external resources to achieve board goals and mission (e.g., non-board members)	4.07	4
22	Sunset of free-standing boards	3.96	4
23	Board appointments dependent upon political appointment process	3.93	4
24	Consolidation of RN and LPN/VN boards	3.89	6
25	Appointment of non-nursing health care providers to the board of nursing	3.88	4
26	Delineation of board member role and board staff role	3.88	4
27	Privatization of board functions and services	3.43	3

1Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean[1]	Mode[1]
Part III.	**National Council activities that can assist Board of Nursing in addressing issues or trends within the next five years.**		
1	Provide electronic access to National Council's disciplinary databank, including read and report functions	5.56	6
2	Engage in activities/research to ensure the legal and psychometric soundness of the licensure examinations (NCLEX)	5.53	6
3	Communicate information regarding regulatory issues	5.45	6
4	Obtain 100 percent participation of boards of nursing in nursing disciplinary data bank	5.43	6
5	Analyze federal legislation/policy on state-level regulation of nursing	5.42	6
6	Influence development of federal regulations that impact nursing regulation	5.41	6
7	Provide a comprehensive database regarding information on discipline, disciplinary action, recidivism rates	5.38	6
8	Monitor trends related to the delivery of nursing care by unlicensed and licensed personnel	5.36	6
9	Monitor and report state and federal court cases affecting nursing regulation	5.36	6
10	Provide information clearinghouse services on nursing regulation issues, trends and activities	5.34	6
11	Represent and speak for nursing regulation on a national level.	5.33	6
12	Gather and report national-, regional-, and state-level nursing statistics related to nursing regulation	5.31	6
13	Facilitate electronic data exchange between and among boards of nursing and other entities	5.28	6
14	Provide position statements resulting from national and international trends in regulation	5.26	6
15	Influence development of national/federal policy that impacts nursing regulation	5.26	6
16	Promote better understanding of the roles of regulatory boards	5.23	6
17	Perform research studies delineating the roles of licensed and unlicensed nursing personnel employed in all types of health care delivery settings	5.20	6
18	Provide data from Nurse Information System (NIS)	5.11	6
19	Monitor trends in nursing education/education reform	5.06	5
20	Provide guidelines and models for the regulatory management of impaired nurses	5.00	6
21	Perform services upon request of an individual board of nursing (e.g., surveys, data analysis, brochures, etc.)	4.98	5,6
22	Provide opportunities for face-to-face networking and discussion among boards of nursing	4.95	5
23	Engage in activities/research to ensure the legal and psychometric soundness of the Nurse Aide Competency Evaluation Program (NACEP)	4.90	6

[1]Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Table 2. Preliminary descriptive statistics: Phase three respondents, rank ordered by mean.

	Statement	Mean1	Mode1
Part III.	**National Council activities that can assist Board of Nursing in addressing issues or trends within the next five years.**		
24	Provide information regarding the restructuring of health care delivery and work settings	4.89	5
25	Provide computer software programs to support board operations	4.88	5
26	Provide continuing education programs for board members and staff	4.88	5
27	Facilitate inter-board communications	4.84	5
28	Provide workshops to discuss and develop regulatory guidelines and standards	4.83	5
29	Develop assessment tools to evaluate continued competence for nurses	4.83	5
30	Expand revenue sources to support National Council programs and services to boards of nursing	4.81	5
31	Provide assistance in the evaluation of new models of board structures needed to protect public health, safety, and welfare	4.80	5
32	Serve as a resource on the credentialling of advance practice nurses	4.79	5
33	Develop initiatives for greater involvement of board members in National Council activities	4.72	5
34	Provide guidelines for imposing disciplinary action, by type of infraction	4.67	5
35	Provide oversight of credentials evaluation services for foreign-educated nurses	4.67	5
36	Provide information regarding nursing education issues	4.58	4
37	Provide advanced practice certification examinations	4.51	6
38	Provide workshops to educate nurses and the public regarding regulatory issues	4.49	4
39	Provide assistance to board staff regarding administrative operations	4.47	5
40	Develop resource databank of expert witnesses who can provide testimony	4.17	4
41	Develop a baccalaureate-level examination	4.14	6
42	Develop strategies for promoting the BSN as the minimum educational requirement for entry into RN practice	2.89	1

1Key: 1 = Completely Disagree, 2 = Mostly Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Mostly Agree, 6 = Completely Agree

Report of the Finance Committee

Committee Members

Charlene Kelly, NE, Area II, *Treasurer and Chair*
Lucille Baldwin, AZ, Area I *(through October 1993)*
Sulinda Moffett, OK, Area III
Barbara Morvant, LA-RN, Area III
Jo Elizabeth Ridenour, AZ, Area I *(beginning October 1993)*
Richard Sheehan, ME, Area IV

Relationship to Organization Plan

Goal V ..... Implement an organizational structure that uses human and fiscal resources efficiently.
Objective B ..... Implement a fiscal resource management system.

Recommendation(s)

(Recommendations are made throughout the year to the Board of Directors regarding fiscal impact of proposed activities.)

Highlights of Activities

- Reviewed adjustments to the FY94 budget resulting from Delegate Assembly action.
- Developed FY95 Budget Assumptions.
- Reviewed the FY95 budget by responsibility center and by Organization Plan objectives including capital acquisitions, and presented a tentative budget to the Board at its June meeting. The final budget, with any budget adjustments resulting from Delegate Assembly action, will be approved by the Board for implementation October 1, 1994.
- Met with Ernst & Young audit firm to discuss the FY93 audit. The committee reviewed the management letter and recommended to the Board of Directors that the FY93 audit be approved.
- Reviewed the progress report on implementation of management letter recommendations.
- Reviewed quarterly financial reports.
- Reviewed all funding proposals, provided feedback, and recommended designated funds as deemed appropriate.
- Reviewed budget requests and analyzed the impact on FY94 budget and the five-year financial forecasts, and proposed revisions.
- Reviewed Organization Plan tactics.
- Met with representatives from the ByLaws Committee.
- Accepted resignation of Lucille Baldwin and welcomed Jo Elizabeth Ridenour to the committee.
- After discussion with three consultants, developed financial policies for proposed Special Services Division and recommended $600,000 be designated as an initial investment fund for the division.

Meeting Dates

- September 22, 1993, *telephone conference*
- October 8, 1993
- November 9-10, 1993
- February 10, 1994
- May 5-6, 1994

Recommendation(s)
(Recommendations are made throughout the year to the Board of Directors regarding fiscal impact of proposed activities.)

Staff
Thomas Vicek, *Director of Operations*

Report of the Communications Committee

Committee Members

Margaret Howard, NJ, Area IV, *Chair*
Faith Fields, AR, Area III *(beginning January 1994)*
Peggy Hawkins, NE, Area II
Barbara Hayman, MS, Area III
Patricia McKillip, KS, Area II
Cassie Vander Wegen, WA-PN, Area I *(through January 1994)*

Relationship to Organization Plan

Goal IV .....Promote the exchange of information and serve as a clearinghouse for matters related to nursing regulation.
Objective D.....Facilitate communication between National Council, Member Boards and related entities.

Recommendation(s)

No recommendations.

Highlights of Activities

■ 1994 Educational/Research Session at Annual Meeting

The Communications Committee reviewed the evaluations gathered from the 1993 educational session. A total of 188 individuals attended an educational program (total attendance at the Annual Meeting was 283, including guests, all test service staffs and National Council staff). From the evaluations received (n=102), 70 percent of the attendees supported the committee's decision to continue a half-day educational/research session in the afternoon preceding the start of the Annual Meeting. Eighty-three percent of the attendees agreed that four concurrent sessions with a total of eight programs should be continued. With this information, the committee decided to retain the four tracks: credentialing, public policy, education and practice.

The committee reviewed and made final revisions to the Call for Papers. Based on attendee evaluations, the committee decided to emphasize in the Call for Papers the search for creative and interactive presentations as well as to include an offer to previous presenters to share their updated information or final conclusions. The Call for Papers also included a call for research-oriented papers, and the session was therefore renamed the "Educational/Research Session."

The committee expanded the dissemination of the Call for Papers to include educators at accredited schools (in past years, the Call for Papers was distributed only to Member Boards via the *Newsletter*). This first-time mailing to educators resulted in a total of 26 abstracts, with eight received from Member Boards and 18 from educators. The committee reviewed and selected eight presentations and one alternate to complete the 1994 Educational/Research Session; for those abstracts not selected, an offer was extended to participate in a poster session. In planning for 1995, and to promote continued interest, the committee agreed that the Call for Papers should be made available during the Annual Meeting and should continue to be mailed to educators at accredited schools of nursing.

The committee also worked to develop the role of a volunteer moderator. Committee members agreed that a moderator could assist by fielding and repeating questions, serving as a facilitator, generating discussion, monitoring time, collecting evaluation forms, and serving as a hostess. Invitations to serve as a moderator were extended in the spring, early enough so that the moderator and presenter could make contact prior to their arrival at the Annual Meeting.

■ Communications Dialogue

The committee discussed various communications issues, examining current publications and brainstorming on future directions. The committee focused on two current publications: *Issues* and *State Nursing Legislation Quarterly (SNLQ)*. Regarding *Issues*, committee members agreed that the publication is a newsletter, not a journal. Its purpose is to communicate National Council activities and policies to Member Boards and the nursing education community. *Issues* must include essential information of National Council activities, and the National Council content is assumed by the reader to be official, accurate and endorsed by the National Council. While the committee agreed that articles

from outside the National Council may be accepted for publication, those articles should be related to nursing regulation, within the purview of National Council's mission and vision, and/or of common interest to boards of nursing. The committee believed there was no need for an editorial board, agreeing that the staff review process is sufficient to ensure accuracy and appropriateness. Should an article be submitted that falls outside of the purpose of *Issues*, the committee agreed that the editor should suggest to the author that the article instead be submitted to an appropriate journal. Committee members concurred that the fairly recent practice of including a contact name for more information at the end of articles should continue; this practice, it was noted, facilitates easier information gathering. The committee suggested that the masthead be modified to include a descriptor that adds, "a newsletter of the National Council," to further describe the publication and remove the possible appearance of a journal.

In discussing the possible development of a journal, in light of the fact that *Issues* was determined to be a newsletter, the committee agreed that such development would not be beneficial at this time. The committee cited the difficulty of soliciting quality articles in a timely fashion, the difficulty and expense of initial production and promotion, the presence of numerous nursing journals already in the marketplace and competing for readers' dollars, the tightening budgets at schools that do not encourage the purchase of journals since they are an ongoing expense (as opposed to the single purchase of a book), and the concern that a journal would be a financial drain rather than a break-even venture for the National Council.

Regarding *SNLQ*, the committee reviewed a staff report that included the results of a readership survey and a suggestion to move to an electronic mode of publication, should it be decided to continue its publication. Committee members agreed that Member Boards look to *SNLQ* as the most comprehensive source of nursing legislation and, therefore, publication of *SNLQ* should continue. The committee encouraged staff to continue exploring development of an electronic publication of *SNLQ*.

Finally, the committee suggested numerous ideas for future communications including a compendium of position papers, greater electronic reference guides (since storage space is limited at Member Board offices), generic or stock newsletter articles provided for Member Board use, brochures/information on the discipline process and how to renew a license, and slide shows on various board of nursing functions, among many other ideas.

■ Regulatory Day of Dialogue

The committee met with the Area Directors in October 1993 to discuss plans for the 1994 Regulatory Day of Dialogue. All agreed that it is important to plan a program that does not duplicate information shared during the regularly scheduled Area Meeting. The group therefore concluded that planning for this program is best done by the Area Directors, with support from the communications department for promotion and meeting planning services. Responsibility for planning this activity, as stated in the Organization Plan under Goal IV, Objective D, Tactic 5, was thereby transferred from the Communications Committee to the Area Directors.

■ Bylaws

The Communications Committee provided input to the Bylaws Committee as it worked toward the comprehensive revision of National Council's bylaws.

Meeting Dates

- October 8-9, 1993
- February 28-March 1, 1994

Future Considerations for the National Council

■ National Council Educational Programs

The National Council should continue and possibly expand its offering of planned educational programs that include Member Board participation in program development and instructor selection/evaluation.

Recommendation(s)

No recommendations.

Staff

Susan Davids, CMP, *Meetings Manager*
Susan Woodward, *Director of Communications*

Report of the Administration of Examination Committee

Committee Members

Alta Haunsz, KY, Area III, *Chair*
Sheila Exstrom, NE, Area II
Deborah Feldman, MD, Area IV
Claire LeFrancois, VT, Area IV
Toma Nisbet, WY, Area I
Kara Schmitt, MI, Area II

Relationship to Organization Plan

Goal I ..... Provide Member Boards with examinations and standards for licensure and credentialing.
Objective B ..... Provide examinations that are based on current accepted psychometric principles and legal considerations.

Recommendation(s)

No recommendations.

Highlights of Activities

- ***Candidates with Disabilities***

  Tactic 4 of Objective B states, *"Review and revise policies and procedures for examination administration as necessary."* The committee reviewed and ratified National Council staff authorizations for modifications issued to 376 candidates with disabilities for the NCLEX-RN 793, 294; NCLEX-PN 093; Beta re-test; and NCLEX using computerized adaptive testing (CAT). Conditions included: 267 learning/reading disabilities, 24 developmental disorders, 20 attention deficit disorders, 24 visual impairments, 20 physical disabilities, and three hearing disabilities. Extended time was granted to 350 candidates; readers were granted to 79 candidates; recorders were granted to 13 candidates; large print exams were granted to seven candidates; black and white booklets were granted to four candidates; and aids were approved in conjunction with other modifications for 72 candidates.

  Research on modifications for candidates with disabilities continued until implementation of NCLEX using CAT. Data were obtained from surveys of candidates who sat for the NCLEX-RN 793, 294 and NCLEX-PN 093. Seventy-three complete data sets (Member Board, candidate and candidate's nursing program surveys) were obtained from a pool of 325 candidates. National Council staff will be evaluating outcomes of this research.

- ***Failure Candidate Review and Challenge***

  Tactic 5 of Objective B states, *"Assure examinations are administered according to approved security measures."* Fifty-four requests for failure candidate reviews for NCLEX-RN 793, 294 and NCLEX-PN 093 were authorized by National Council staff. These failure candidate review requests were reviewed and ratified by the committee. No failure candidate challenges were issued.

- ***Security Measures***

  The current status of security measures and procedures to implement security measures were reviewed periodically by the committee. Procedures were received and approved for all Member Boards prior to implementation of computerized adaptive testing for the NCLEX on April 1, 1994.

  Security breaks occurred during the NCLEX-PN 093 and the NCLEX-RN 294. The Board of Directors determined that no widespread dissemination of examination content could have occurred based on the timing of events.

  The committee recommended to the Board of Directors that a letter of reprimand be sent to a Member Board and the test service for violations of security procedures which led to the NCLEX-PN 093. The committee recommended to the Board of Directors that a letter of reprimand be sent to a Member Board for violations of security procedures which led to the NCLEX-RN 294 security break.

  The Delaware Board of Nursing decided not to administer the NCLEX-PN 093 in Germany.

- ***Site Visits***

  All six members of the committee observed administration of the CAT Beta Test and Beta retest within their jurisdictions and completed Checklists For Test Center Site Visits. Concerns raised from these visits were discussed with the Educational Testing Service (ETS) and Sylvan staff for resolution.

  The committee will review a summary of site visits to Sylvan test centers made by National Council staff and Member Boards at its June conference call. Concerns identified will be forwarded to ETS and Sylvan for resolution.

- ***Examination Administration Issues***

  Reports of problems with examinations and scoring and tracking reports for NCLEX-RN 793, 294 and NCLEX-PN 093 were reviewed and appropriate actions taken.

  The committee will review a summary of electronic irregularity reports filed during administration of NCLEX using CAT at its June conference call. The committee will identify trends in irregularities and give suggestions for improvement of administration issues observed.

- ***Implementation of Computerized Adaptive Testing (CAT) for the NCLEX***

  Objective C states *"Implement computerized adaptive testing for the licensure examinations."* The committee approved the *Sylvan Security Plan and Disaster Recovery Plan*, the *ETS Security Procedures, Crisis Management Plan, Local Area Network Recovery Plan*, and the *Criteria for Non-Compliance of Testing Centers*. The committee approved modifications to the requirements for test center configuration. Based on outcomes from the Beta Test, the committee approved revisions to the *Test Center Administrator's Manual.*

  The committee approved language for the *NCLEX-RN and NCLEX-PN Candidate Bulletins*, the Authorization to Test, and the acknowledgement postcard. The committee approved the procedure for candidate name/address changes/corrections.

  The committee developed Procedures for Test Center Visitor Authorization, Procedures for Review and Challenge of NCLEX by Failure Candidates, Procedure for Member Board Review of Newly Developed NCLEX Items or Simulated Computerized Adaptive Examinations, Procedures for Requesting Testing Modifications for NCLEX Candidates with Disabilities, and Procedures for Requesting Testing Modifications for NCLEX for Religious Reasons. These procedures were included in the new *NCLEX™ Manual* for Member Boards.

  The committee held a joint conference call with the Examination Committee Teams 1 and 2 to discuss the proposed bylaws revision and plans for evaluating CAT implementation.

Meeting Dates

- October 8-11, 1993
- November 3, 1993, *telephone conference call*
- November 16, 1993, *telephone conference call*
- November 19, 1993, *telephone conference call*
- December 6-7, 1993
- February 9 and 10, 1994, *joint conference calls with Examination Committee Teams 1 and 2*
- March 3, 1994, *telephone conference call*
- March 22, 1994, *telephone conference call*
- April 7, 1994, *telephone conference call*

Future Considerations for the National Council

The responsibilities of test administration and security will need to continue. The outcome of the bylaws revision will determine what specific organizational group will be charged with these responsibilities.

Recommendation(s)

No recommendations.

Staff

Jodi Borger, *NCLEX™ Administrative Assistant*
Nancy Miller, *NCLEX™ Program Manager (through March 1994)*
Barbara Halsey, *NCLEX™ Administration Manager (from April 1994)*

Report of the Examination Committee-Team 1

Committee Members

Paulette Worcester, IN, Area II, *Chair*
Betty Clark, ME, Area IV
Cora Clay, TX, Area III
Constance Connell, Area I
Lynn Norman, AL, Area III
Carol Silveira, MA, Area IV

Committee Alternates

Joan Bouchard, OR, Area I
Karen Brumley, CO, Area I
Terry DeMarcay, LA-PN, Area III
Faith Fields, AR, Area III
Harriet Johnson, NJ, Area IV
Sandra MacKenzie, MN, Area II
Cynthia Purvis, SC, Area III
Richard Sheehan, ME, Area IV

Relationship to Organization Plan

Goal I ..... Licensure and Credentialing
Objective B ..... Provide examinations that are based on current accepted psychometric principles and legal considerations.

Recommendation(s)

1. That the Delegate Assembly adopt the proposed revisions to the *NCLEX-RN™ Test Plan* (Attachment A).

Rationale

The Examination Committee-Team-1 (EC1) and three members from Examination Committee-Team 2 (EC2) reviewed the results of the 1992-93 RN job analysis. Empirical evidence provided by the research department from job incumbents, the professional judgment of the committee members in collaboration with National Council and Educational Testing Service (ETS) staff, and feedback from Member Boards, supports revisions in the *NCLEX-RN™ Test Plan* (Attachment A).

Implementation Timing

After consulting with ETS and with legal counsel, the committee determined that the new *NCLEX-RN™ Test Plan* could be implemented no sooner than July 1, 1995. This timeline would enable the National Council, Member Boards and ETS to effectively plan for and communicate the *NCLEX-RN™ Test Plan* changes to all appropriate individuals and agencies. In addition, this timeline will enable a Panel of Judges to use the newly approved *NCLEX-RN™ Test Plan* in its criterion-referenced standard setting process in February 1995. Any changes in the RN passing standard will be implemented with the test plan change. This timeline will allow information about a new RN passing standard to be communicated to all the relevant individuals and agencies.

Highlights of Activities

- ***Provided Licensure Examinations***

The EC1 was responsible for providing a paper-and-pencil contingency NCLEX-PN™ for 494. The committee updated the Examination Committtee Policies and Procedures to reflect the transition from paper-and-pencil to computerized adaptive testing for NCLEX™.

The committee also monitored the process for the configuration of two parallel RN and PN item pools, and provided information to the Board of Directors regarding the Readiness Criteria. In addition, the committee reviewed and approved the format and text for the Diagnostic Profiles and Interpretation Sheet.

- ***Monitored Licensure Examinations***

The committee evaluated the licensure examinations following each paper-and-pencil administration by reviewing reports on item performance, reliability, mean discrimination index and deleted items. These reports confirmed that the NCLEX™ meets National Council and industry-wide quality standards. By reviewing these reports on average percent correct, standard deviation, mean difficulty level, mean ability estimates, passing score and passing rate, it was determined that the examination was appropriately equated for the difficulty of the examination. The following examinations were evaluated: NCLEX-RN 793 and 294; and NCLEX-PN 493 and 093. In addition, the committee evaluated the examination items for potential bias. To accomplish this task, the committee reviewed a report from the Bias Sensitivity Review Panel and Ethnicity-Gender Reports for NCLEX-RN 293 and 793, and NCLEX-PN 493, and approved items revised for potential bias. The committee will review Ethnicity-Gender Reports and a final report from the Bias Sensitivity Review Panel in August 1994 on items from NCLEX-PN 093 and NCLEX-RN 294. Also, the committee reviewed the Person-Fit Reports for NCLEX-RN 793 and NCLEX-PN 093. Based on the report of person-fit for NCLEX-RN 793, the committee directed ETS to monitor a subset of the 793 items for potential changes in item performance. Finally, the committee made decisions regarding the disposition of NCLEX-PN 093 items involved in the security breaks. The committee decided to hold the items until October 1994.

- ***Monitored Item Development***

The committee evaluated the ETS Item Writing and Item Review sessions for process and productivity. From August through December 1993, RN item writers produced 2,444 items and PN item writers produced 2,656 items. From November 1993 to April 15, 1994, RN item reviewers approved 943 items and PN item reviewers approved 963 items. Although the number of items produced by panel members is somewhat less than estimated by ETS, the committee noted improvement in the quality of tryout items over the course of the year. Committee representatives monitored 15 of the 20 item development sessions. Feedback was provided to ETS and improvement in the item development sessions was noted.

In preparation for computerized adaptive testing, the committee conducted a large-scale item review of 1,030 RN tryout items and 1,092 PN tryout items, including item validations, and gave feedback to ETS. EC1 and various members of the EC2 will continue to review tryout items at May and August meetings.

From August 1993, the committee made 235 appointments to the NCLEX test development panels. This is the largest number of appointments made to item development panels since the inception of the current item development process in 1985. To improve the recruitment of NCLEX panel members and reduce the workload of Member Boards, the National Council continues to process NCLEX panel applicants and solicit Member Board approval of applicants prior to contacting the applicant to serve at a session. Methods of streamlining this process further will be discussed at future Examination Committee meetings.

To facilitate the item development process, the committee reviewed the results of the ETS Textbook Survey and approved sources for item validations; approved revised *Guidelines for RN Item Writers* and *Guidelines for PN Item Writers;* approved additions to the Operational Definitions; and wrote the Job Analysis Operational Definitions. In addition, the committee reviewed the results of CTB's Item Difficulty Study and Item Classification Study.

- ***Responded to Member Boards and Candidates***

As part of its activities, the committee responded to Member Boards' questions and concerns regarding NCLEX items and examinations. For example, the committee reviewed RN and PN items that were designated by Member Boards as inconsistent with state statutes and/or not reflective of entry-level practice. The committee directed ETS to develop a cumulative list of those concepts which were designated as inconsistent with state statutes.

- ***Recommended Bylaws Revisions***

As requested by the Bylaws Committee, the committee reviewed and discussed its duties as stated in the current bylaws and recommended a revision to the Bylaws Committee.

Meeting Dates

- October 7-11, 1993
- October 18-22, 1993

- November 16, 1993, *telephone conference*
- December 6-11, 1993
- February 6-10, 1994
- March 1, 1994, *telephone conference*
- April 11, 1994, *telephone conference*
- May 3, 1994, *telephone conference*
- May 5-6, 1994
- June 21, 1994, *telephone conference*
- August 21-25, 1994

Future Considerations for the National Council

- The committee will review a report of the 1994 PN job analysis and make recommendations regarding the results of the PN job analysis during FY95. Large-scale item development will continue for FY95 to increase the size and quality of the NCLEX-RN and NCLEX-PN item pools.

Recommendation(s)

1. That the Delegate Assembly adopt the proposed revisions to the *NCLEX-RN™ Test Plan* (Attachment A).

Staff

Anne Wendt, *NCLEX™ Content Manager*

Attachment

A ..... *NCLEX-RN™ Test Plan, page 5*

Attachment A

Draft NCLEX-RN™ Test Plan

Please note: Underlining denotes additions; strike-out denotes deletions.

TEST PLAN FOR THE NATIONAL COUNCIL LICENSURE EXAMINATION FOR REGISTERED NURSES (NCLEX-RN™)

Entry into the practice of nursing in the United States and its territories is regulated by the licensing authorities in the jurisdictions. Each jurisdiction requires a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse. Developed by the National Council of State Boards of Nursing, Inc., *The National Council Licensure Examination for Registered Nurses (NCLEX-RN™)* is the examination used by those jurisdictions whose boards of nursing are National Council members.

The initial step in developing the examination for registered nurse licensure is preparation of a test plan to guide selection of content and behaviors to be tested. In the plan, provision is made for an examination reflecting entry-level nursing practice as identified ~~*by Kane and others[1] in A Study of Nursing Practice and Role Delineation and Job Analysis of Entry-Level Performance of Registered Nurses*~~ in the *1992-1993 Job Analysis Study of Newly Licensed, Entry-Level Registered Nurses* (Chornick, Yocom & Jacobson, 1993). The activities identified in ~~*the job analysis component of*~~ this study were analyzed in relation to the frequency of their performance, their impact on maintaining client safety, and the various settings ~~*in which*~~ where they were performed. This analysis resulted in the identification of a framework for entry-level performance that incorporates the nursing process and specific client needs. The test plan ~~*which*~~ that was derived from this framework provides a concise summary of the content and scope of the examination and serves as a guide for candidates preparing to ~~*write*~~ take the examination and for those who develop it. Based on the test plan, each assembled NCLEX-RN examination reflects the knowledge, skills, and abilities essential for application of the phases of the nursing process to meet the needs of clients with commonly occurring health problems. The following sections describe the levels of cognitive ability which will be tested in the examination, beliefs about nursing and clients which are basic to the examination, and the specific components of the NCLEX-RN test plan.

LEVELS OF COGNITIVE ABILITY

The examination includes ~~*test items*~~ questions at the cognitive levels of knowledge, comprehension, application and analysis.[2] ~~*Weighting (i.e., the number of items assigned to each level) is not specified for the levels of cognitive ability; however, most items in the examination are at the application and analysis levels.*~~ Most questions in the examination are written at the application and analysis levels of cognitive ability (Bloom, et al., 1956).

BELIEFS

Beliefs about the nature of people and nursing underlie the test plan. The profession of nursing has a unique concern toward helping clients to achieve an optimal state of health. ~~*Recipients of nursing care are viewed as finite beings with varying capacities to function in society. These recipients are unique persons defining their own systems of daily living which reflect values, motives, and life styles. Additionally, they are viewed as having the right to determine what kind of health care should be available to meet present and future needs. The consumer of nursing is an individual or group of individuals in need of assistance that involves the maintenance of life and promotion of health, coping with health problems, adapting to or recovering from the effects of disease or injury, or assisting in death with dignity.*~~ The client is an individual or group of individuals in need of assistance that involves the maintenance of life and promotion of health, coping with health problems, adapting to or recovering from the effects of disease or injury, and/or assisting in death with dignity. People are viewed as finite beings with varying capacities to function in society. They are unique persons defining their own systems of daily living which reflect values, motives, and lifestyles. Additionally, they are viewed as having the right to participate in decision-making regarding their health care needs.

The nature of nursing is dynamic and evolving. ~~*It*~~ Nursing is perceived as deliberate action of a personal and assisting nature. The goal of nursing is to promote health and to assist individuals in attaining an optimal level of functioning. To assist individuals in attaining an optimal level of health, nurses respond to the needs, conditions, or events that result from actual or potential health problems ~~*and which provide the focus for the nurse's plan of care*~~ (American Nurses' Association, 1981).

Upon entry into nursing practice, the registered nurse ~~*is expected to*~~ provides care for the client and/or assists the client's significant others in the provision of care. The registered nurse ~~*is expected to*~~ identifies the health needs~~/~~ and/or problems of clients throughout their life ~~*cycle*~~ spans and in a variety of settings; ~~*to*~~ plans and ~~*to*~~ initiates appropriate actions based upon nursing diagnoses derived from these assessments; and ~~*to*~~ evaluates the extent to which expected outcomes of the plan are achieved.

Nursing is both an art and a science which integrates concepts from the biological, psychological and social sciences. The practice of nursing requires knowledge of: 1) phases of the nursing process, 2) management and coordination of a safe, effective care environment, 3) ~~*client's physiological needs*~~ the physiological integrity needs of clients, 4) ~~*client's psychosocial needs*~~ the psychosocial integrity needs of clients, and 5) ~~*maintenance*~~ promotion and ~~*promotion*~~ maintenance of health. ~~*The following elements, embodied in the five categories of nursing knowledge, are integrated throughout the National Council Licensure Examination: accountability, mental health concepts, pharmacology, nutrition, body structure and function, pathophysiology, principles of asepsis, growth and development, documentation, communication and teaching. Concepts from the biological/psychological/social sciences are integrated throughout the National Council Licensure Examination.*~~

COMPONENTS OF THE TEST PLAN

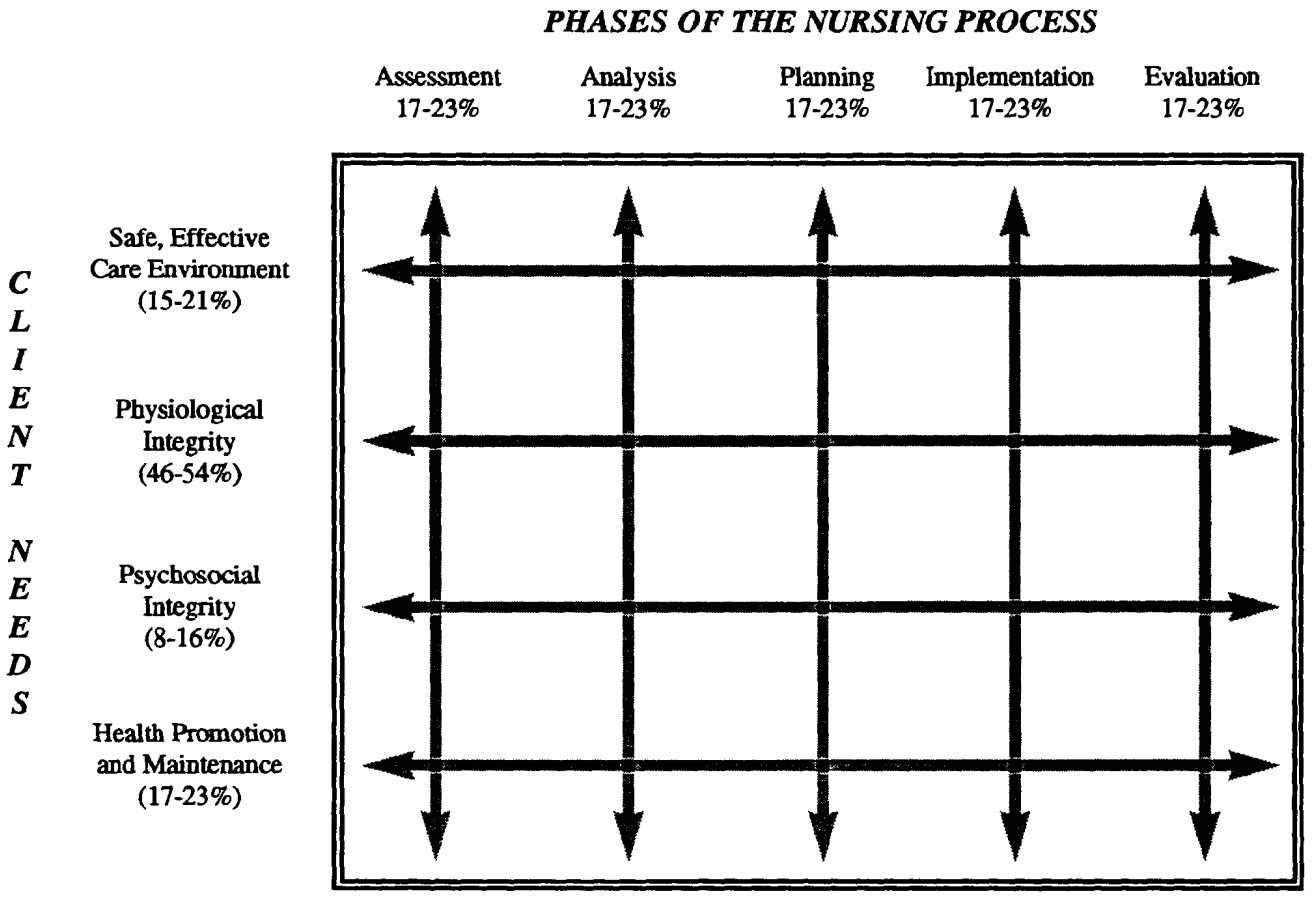
Within the framework of the test plan, two components are addressed:

1) Phases of the Nursing Process
2) Client Needs

These two components are detailed in this publication.

STRUCTURE OF TEST PLAN

The following figure illustrates the interrelatedness of the two test plan components. Each examination question represents a phase of the nursing process (component #1) and a client needs category (component #2).



The representation of the client needs and phases of the nursing process categories is based on an analysis of the results of a job analysis study completed in 1993 (Chornick, Yocom & Jacobson, 1993).

PHASES OF THE NURSING PROCESS

~~The phases of the nursing process to be measured in the licensure examination are grouped under the broad categories of:~~

~~Assessment~~ ~~Implementation~~
~~Analysis~~ ~~Evaluation~~
~~Planning~~

~~The nurse collects data about the client and health care system, identifies specific needs, plans with clients, significant others and/or health team members to meet those needs, implements a plan of action and evaluates the outcomes of the interventions.[4,5,6,7,8] Because the five phases have equal importance, each one is represented by an equal percentage of items in the examination.[+]~~

The phases of the nursing process ~~*are described as follows*~~ include:

I. Assessment: Establishing a database.

A. Gather objective and subjective information relative to the client:

- Collect ~~*verbal and nonverbal*~~ information from the client significant others and/or health care team members; current and prior health records; and other pertinent resources.
- ~~*Review standard data sources for information.*~~ Utilize assessment skills appropriate to client's condition.
- Recognize symptoms and significant findings.
- Determine client's ability to assume care of daily health needs.
- Determine health team member's ability to provide care.
- Assess environment of client.
- Identify own or staff reactions to client, significant others and/or health care team members.

B. ~~*Verify*~~ Confirm data:

- ~~*Confirm*~~ Verify observation or perception by obtaining additional information.
- Question ~~*orders*~~ prescriptions and decisions by other health care team members when indicated.
- ~~*Check*~~ Observe condition of client ~~*personally instead of relying upon equipment.*~~ directly when indicated.
- ~~*Check*~~ Validate that an appropriate client assessment has been made.

C. Communicate information gained in assessment:

- Document assessment findings thoroughly and accurately.
- Report assessment findings to relevant members of the health care team.

II. Analysis: Identifying actual or potential health care needs and/or problems based on assessment.

A. Interpret data:

- Validate data.
- Organize related data.
- Determine need for additional data.
- Determine client's unique needs and/or problems.

B. ~~*Collect additional data as indicated.*~~ Formulate client's nursing diagnoses:

- Determine significant relationship between data and client needs and/or problems.
- Utilize standard taxonomy for formulating nursing diagnoses.

C. ~~*Identify and communicate client's nursing diagnoses.*~~ Communicate results of analysis:

- Document client's nursing diagnoses.
- Report results of analysis to relevant members of the health care team.

~~*D. Determine congruency between client's needs/problems and health team member's ability to meet client's needs.*~~

III. Planning: Setting goals for meeting client's needs and designing strategies to achieve these goals.

~~*A. Determine goals of care:*~~

- ~~Involve client, significant others, and/or health team members in setting goals.~~
- ~~Establish priorities among goals.~~
- ~~Anticipate needs/problems on basis of established priorities.~~

A. *Prioritize nursing diagnoses:*

- Involve client, significant others and/or health care team members when establishing nursing diagnoses.
- Establish priorities among nursing diagnoses.
- Anticipate needs and/or problems on the basis of established priorities.

~~*B. Develop and modify plan:*~~

- ~~Involve the client, significant others, and/or health team members in designing strategies.~~
- ~~Include all information needed for managing the client's care, such as age, sex, culture, ethnicity, and religion.~~
- ~~Plan for client's comfort and maintenance of optimal functioning.~~
- ~~Select nursing measures for delivery of client's care.~~

B. *Determine goals of care:*

- Involve client, significant others and/or health care team members in setting goals.
- Establish priorities among goals.
- Anticipate needs and/or problems on the basis of established priorities.

~~*C. Collaborate with other health team members for delivery of client's care:*~~

- ~~Identify health or social resources available to the client and/or significant others.~~
- ~~Coordinate care for benefit of client.~~
- ~~Delegate actions.~~

C. *Formulate outcome criteria for goals of care:*

- Involve client, significant others and/or health care team members in formulating outcome criteria for goals of care.
- Establish priorities among outcome criteria for goals of care.
- Anticipate needs and/or problems on the basis of established priorities.

~~*D. Formulate expected outcomes of nursing interventions.*~~

D. Develop plan of care and modify as necessary:

- Involve the client, significant others and/or health care team members in designing strategies.
- Individualize the plan of care based on such information as age, gender, culture, ethnicity and religion.
- Plan for client's safety, comfort and maintenance of optimal functioning.
- Select nursing interventions for delivery of client's care.
- Select appropriate teaching approaches.

E. Collaborate with other health care team members when planning delivery of client's care:

- Identify health or social resources available to the client and/or significant others.
- Select appropriate health care team members when planning assignments.
- Coordinate care provided by health care team members.

F. Communicate plan of care:

- Document plan of care thoroughly and accurately.
- Report plan of care to relevant members of the health care team.
- Review plan of care with client.

IV. Implementation: Initiating and completing actions necessary to accomplish the defined goals.

A. Organize and manage client's care:

- Implement a plan of care.
- Arrange for a client care conference.

~~*B. Perform or assist in performing activities of daily living:*~~

- ~~Institute measures for client's comfort.~~
- ~~Assist client to maintain optimal functioning.~~

~~*C.*~~ *B. Counsel and teach client, significant others and/or health care team members:*

- Assist client, significant others and/or health care team members to recognize and manage stress.
- Facilitate client relationships with significant others and health care team members.
- Teach correct principles, procedures and techniques for maintenance and promotion of health.
- Provide client with health status information.
- Refer client, significant others and/or health care team members to appropriate resources.

~~*D.*~~ *C. Provide care to achieve established goals of care:*

- Use ~~*correct*~~ safe and appropriate techniques ~~*in*~~ when administering client care.
- Use precautionary and preventive ~~*measures*~~ interventions in providing care to client.
- Prepare client for surgery, delivery or other procedures.
- Institute ~~*action*~~ interventions to compensate for adverse responses.
- Initiate ~~*necessary*~~ life-saving ~~*measures*~~ interventions for emergency situations.

~~*E. Provide care to optimize achievement of the client's health care goals:*~~

- Provide an environment conducive to attainment of ~~*client's health care goals:*~~ goals of care.
- Adjust care in accord with client's expressed or implied needs, problems and/or preferences.
- Stimulate and motivate client to achieve self-care and independence.
- Encourage client to follow a treatment regime.
- ~~*Adapt approaches to compensate for own and health team members' reactions to factors influencing therapeutic relationships with client.*~~
- Assist client to maintain optimal functioning.

~~*F. Supervise, coordinate, and evaluate the delivery of client's care provided by nursing staff.*~~

D. Supervise and coordinate the delivery of client's care provided by nursing personnel:

- Delegate nursing interventions to appropriate nursing personnel.
- Monitor and follow up on delegated interventions.
- Manage health care team members' reactions to factors influencing therapeutic relationships with clients.

E. Communicate nursing interventions:

- Record actual client responses, nursing interventions and other information relevant to implementation of care.
- Provide complete, accurate reports on assigned client(s) to relevant members of the health care team.

~~*G. Record and exchange information:*~~

- ~~*Provide complete, accurate reports on assigned client to other health team members.*~~
- ~~*Record client responses, nursing actions, and other information relevant to implementation of care.*~~

V. **Evaluation:** ~~*Determine*~~ Determining the extent to which goals have been achieved and interventions have been successful.

A. *Compare actual outcomes with expected outcomes of* ~~*therapy*~~ care:

- Evaluate responses (expected and unexpected) in order to determine the degree of success of nursing interventions.
- Determine ~~*need for change in the goals, environment, equipment, procedures, or therapy*~~ impact of therapeutic interventions on the client and significant others.
- Determine need for modifying the plan of care.
- Identify factors that may interfere with the client's ability to implement the plan of care.

B. *Evaluate* ~~*compliance with prescribed and/or proscribed therapy:*~~ *the client's ability to implement self-care:*

- ~~*Determine impact of actions on client, significant others and/or health team members.*~~
- Verify that tests or measurements are performed correctly by the client and/or other care givers.
- Ascertain client's, ~~*and significant others' and/or health teammember's*~~ and/or others' understanding of information given.

C. *Evaluate health care team members' ability to implement client care:*

- Determine impact of teaching on health care team members.
- Identify factors that might alter health care team members' response to teaching.

~~C. *Record and describe client's response to therapy and/or care.*~~

D. *Communicate evaluation findings:*

- Document client's response to therapy, care and/or teaching.
- Report client's response to therapy, care and/or teaching to relevant members of the health care team.
- Report and document others' responses to teaching.
- Document other caregivers' responses to teaching.

~~D. *Modify plan as indicated, and reorder priorities.*~~

CLIENT NEEDS

~~The health needs of clients are grouped under four broad categories:~~

~~Safe, effective environment;~~
~~Physiological integrity;~~
~~Psychosocial integrity; and~~
~~Health promotion/maintenance.~~

~~The weighting of these categories was based on an analysis of the results of a job analysis study completed in 1986.† Thus, the weighting assigned to each category of client needs is as follows:~~

~~A. Safe, effective care environment~~	~~25 to 31 percent~~
~~B. Physiological integrity~~	~~42 to 48 percent~~
~~C. Psychosocial integrity~~	~~9 to 15 percent~~
~~D. Health promotion and maintenance~~	~~12 to 18 percent~~

The categories of client needs are described as follows:

A. *Safe, effective care environment.*

The nurse meets client needs for a safe and effective care environment by providing and directing nursing care that promotes achievement of the following client needs:

~~1. *Coordinated care*~~
~~2. *Quality assurance*~~
~~3. *Goal-oriented care*~~
~~4. *Environmental safety*~~
~~5. *Preparation for treatments and procedures*~~
~~6. *Safe and effective treatments and procedures*~~

- **Coordinated care**--coordinating, supervising and/or collaborating with all other health care team members to facilitate integrated client care, including activities related to ethical and legal issues.
- **Environmental safety**--manipulating the care delivery setting to protect clients, family and/or significant others, and health care personnel.
- **Safe and effective treatment and procedures**--preparing and/or caring for clients undergoing diagnostic procedures and invasive therapies.

Knowledge, Skills and Abilities

~~*In order*~~ To meet client needs for a safe, effective care environment, the nurse should possess knowledge, skills, and abilities ~~*in areas which*~~ that include but are not limited to the following ~~*examples*~~ areas:

~~*Knowledge of bio/psycho/social principles; teaching/learning principles; basic principles of management; principles of group dynamics and interpersonal communication; expected outcomes of various treatment modalities; general and specific protective measures; environmental and personal safety; client rights; confidentiality; cultural and religious influences on health; continuity of care; and spread and control of infectious agents.*~~

- Advance directives
- Basic principles of management
- Client rights
- Confidentiality
- Continuity of care
- Environmental and personal safety
- Expected outcomes of various treatment modalities
- General and specific protective measures
- Informed consent
- Interpersonal communications
- Knowledge and use of special equipment
- Principles of teaching and learning
- Principles of quality improvement
- Principles of group dynamics
- Spread and control of infectious agents
- Staff education

B. *Physiological integrity.*

The nurse meets the physiological integrity needs of clients with potentially life-threatening and/or chronically recurring physiological conditions, and of clients at risk for the development of complications or untoward effects of treatments or management modalities by providing and directing nursing care that promotes achievement of the following client needs:

~~1. *Physiological adaptation*~~
~~2. *Reduction of risk potential*~~
~~3. *Mobility*~~
~~4. *Comfort*~~
~~5. *Provision of basic care*~~

- **Physiological adaptation**--managing and providing care during the acute and chronic phases of existing conditions, including emergency situations.
- **Reduction of risk potential**--reducing the potential of clients to develop complications and/or health problems. Also included are those activities that involve monitoring changes in status and the administration of medications and parenteral fluids.
- **Provision of basic care**--assisting in the performance of activities of daily living including those which have been modified because of health deviations.

Knowledge, Skills and Abilities

~~*In order*~~ To meet client needs for physiological integrity, the nurse should possess knowledge, skills and abilities ~~*in areas which*~~ that include but are not limited to the following ~~*examples*~~ areas:

~~*Normal body structure and function; pathophysiology; drug administration and pharmacological actions; intrusive procedures; routine nursing measures; documentation; nutritional therapies; managing emergencies; expected and unexpected response to therapies; body mechanics; effects of immobility; activities of daily living; comfort measures, and use of special equipment.*~~

- Activities of daily living
- Body mechanics
- Comfort interventions
- Drug administration
- Effects of immobility
- Expected and unexpected response to therapies
- Intrusive procedures
- Managing emergencies
- Normal body structure and function
- Nutritional therapies
- Pathophysiology
- Pharmacological actions
- Skin and wound care
- Use of special equipment

C. *Psychosocial integrity.*

The nurse meets client needs for psychosocial integrity in stress and crisis-related situations throughout the life ~~*cycle*~~ span by providing and directing nursing care that promotes achievement of the following client needs:

~~*1. Psychosocial adaptation*~~
~~*2. Coping and/or Adaptation*~~

- **Psychosocial adaptation**--managing and providing for needs of clients with acute or chronic psychiatric disorders, including chemical dependency.
- **Coping and/or Adaptation**--promoting client's ability to cope, adapt and/or problem solve situations related to illness or stressful events.

Knowledge, Skills and Abilities

~~*In order*~~ To meet client needs for psychosocial integrity, the nurse should possess knowledge, skills and abilities ~~*in areas which*~~ that include but are **not limited** to the following ~~*examples*~~ areas:

~~*Communication skills; mental health concepts; behavioral norms; psychodynamics of behavior; psychopathology; treatment modalities; psychopharmacology; documentation; accountability; principles of teaching and learning; and appropriate community resources.*~~

- Accountability
- Behavior norms
- Chemical dependency
- Communication skills
- Community resources
- Cultural, religious and spiritual influences on health
- Family systems
- Mental health concepts
- Principles of teaching and learning
- Psychodynamics of behavior
- Psychopathology
- Treatment modalities

D. *Health promotion~~/~~and maintenance.*

The nurse meets client needs for health promotion~~/~~and maintenance throughout the life ~~*cycle*~~ span by providing and directing nursing care that promotes achievement within clients and their significant others of the following needs:

~~*1. Continued growth and development*~~
~~*2. Self-care*~~
~~*3. Integrity of support systems*~~
~~*4. Prevention and early treatment of disease*~~

- **Continued growth and development through the life span**—assisting clients through the stages of normal growth and development, from birth to death (includes routine newborn care and normal pre-, intra- and post-partum care).
- **Self-care and support systems**—(1) providing assistance to clients and families and/or significant others to promote client self-care; or (2) supporting families and/or significant others in order to enhance the overall management of client care, including self-care related teaching provided in any care delivery environment.
- **Prevention and early treatment of disease**—managing and providing for needs of clients for prevention and early detection of health problems and disease.

Knowledge, Skills and Abilities

~~*In order*~~ To meet client needs of health promotion~~/~~and maintenance, the nurse should possess knowledge, skills and abilities ~~*in areas which*~~ that include but are not limited to the following ~~*examples*~~ areas:

~~*Communication skills; principles of teaching and learning; documentation; community resources; family systems; concepts of wellness; adaptation to altered health states; reproduction and human sexuality; birthing and parenting; growth and development including dying and death; pathophysiology; body structure and function; and principles of immunity.*~~

- Adaptation to altered health states
- Birthing and parenting
- Communication skills
- Community resources
- Concepts of wellness
- Death and dying
- Disease prevention
- Family systems
- Family planning
- Growth and development including aging
- Health care screening
- Lifestyle choices
- Principles of immunity
- Principles of teaching and learning
- Reproduction and human sexuality

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GLOSSARY OF TERMS

Prescription—orders, interventions, remedies or treatments ordered or directed by an authorized health care provider.

Standard Taxonomy of Nursing Diagnoses—a classification of client needs and/or problems according to presumed natural relationships; i.e., use of North American Nursing Diagnoses Association (NANDA) approved nursing diagnoses.

Report of the Examination Committee-Team 2

Committee Members

Renatta Loquist, SC, Area III, *Chair*
Vada Arrowood, MO, Area II
Susan Boone, OH, Area II
Shirley Brekken, MN, Area II
Rosalyn Cousar, VA, Area III
Teofila Cruz, GU, Area I
Donna Dorsey, MD, Area IV
Linda Huettl, NV, Area I
Carolyn Hutcherson, GA-RN, Area III
Carol McGuire, KY, Area III
Milene Megel, NY, Area IV
Carol Osman, NC, Area III
Julie Campbell-Warnock, CA-RN, Area I

Relationship to Organization Plan

Goal I ..... Provide Member Boards with examinations and standards for licensure and credentialing.
Objective C ..... Implement computerized adaptive testing for the licensure examinations.

Recommendation(s)

No recommendations.

Highlights of Activities

■ **Communications**

The activities under Goal I, Objective C, Tactic 1 are concerned with the development and dissemination of computerized adaptive testing (CAT) communications to Member Boards, educators, candidates and the general public. The committee provided direction to the National Council staff regarding the content of a third video on the topic of establishing competence on the NCLEX™ using CAT. The video was produced and distributed to each Member Board, and is available for purchase by interested individuals and groups. Additionally, the committee provided input and direction for the update of the *CAT Question & Answer Reference Guide*; *The NCLEX™ Process*; the presentation of four NCLEX™ Beta Test Regional Workshops; the ETS Candidate Information Bulletin; a candidate information flyer, a CAT Communique on testing methodology and a candidate demonstration disk.

■ **Policy and Procedure Development**

An activity under Objective C, Tactic 3 of Goal I states, *"Develop CAT-specific policies and procedures, including security measures."* The committee recommended and the Board of Directors considered and approved the following examination policies for the NCLEX™ using CAT:

- *A district is an area 50 miles in a radius around the candidate's examination center of choice.*

The contract with Educational Testing Service (ETS) states in section 4.7, "Scheduling:"

> *"A candidate who has been found eligible and so requests shall be scheduled for an examination within 30 days of the date he or she first requests an appointment for the examination at an examination site in the same Examination District (as defined below) as the examination site of his or her first choice...ETS shall from time-to-time submit proposed testing schedules, rules for determining the reasonableness of offers of appointments and groupings of testing sites into districts ("Examination Districts") to Council for approval, which approval shall not be unreasonably withheld."*

The purpose of defining an examination district is to specify those areas with multiple examination sites which are treated as a single unit for purposes of assigning candidates. At this point in time, it is impossible

to predict shifts in candidate testing patterns which may occur when licensure examinations do not have to be taken in the state in which an individual applies for licensure by examination. The committee feels comfortable with this initial definition of an examination district, while recognizing the fact that future alterations in definition may be necessary after implementation.

- *All 793 NCLEX-RN results will be held until the Beta Test results are ready.*
- *NCLEX results are not to be released at the testing center.*
- *NCLEX candidates who self-terminate their examination for any reason after completion of the first three warmup items, and who do not trigger a stopping rule which would determine that candidate to be deemed competent, will be considered to have failed the examination.*
- *Beta Test participants will be reimbursed at the time of the examination.*

In additional Board action, the Board of Directors approved the committee's request that National Council develop another round of Regional Workshops to educate Member Boards and the nursing community about the results of the Beta Test and plans for CAT implementation. The Board directed that staff and Examination Committee-Team 2 determine the content and format of the workshops but consider a "train-the-trainer" approach to enable Member Boards to fulfill their responsibility to communicate regarding CAT in their states.

The Board of Directors approved that a candidate demonstration disk be developed to be distributed as widely as possible at no cost to the candidate.

Pre-Implementation Testing

An activity in Goal I, Objective C, Tactic 3 states, "*Design, administer and evaluate alpha and beta tests; plan corrective actions based on results.*"

The Alpha Test Report and Problem Fix Plan was delivered to the National Council by April 27, 1993. There were no critical problems encountered during the alpha test; some routine problems were encountered, several were fixed during the test and timelines for fixing the others were established.

The committee reviewed and approved the Beta Test plan. Input was provided by committee members into the development of the registration process and the Member Board Office System (MBOS). The committee viewed a demonstration of a version of MBOS presented by ETS and approved the MBOS design as presented for Beta Testing. The Beta Test was conducted according to the following timeline:

- May 21 .....First candidate sampling wave initiated
- June 4 .....Second candidate sampling wave initiated
- June 15 .....Final (third) candidate sampling wave initiated; Beta Test registration closed; final candidate counts tallied
- June 22 .....Candidate lists faxed to Member Boards and National Council, candidates sent small bulletins and notices
- June 23 .....Begin RN-CAT administration
- July 1 .....Begin PN/VN-CAT administration
- July 6 .....End RN-CAT administration
- July 7 .....Begin regular paper-and-pencil NCLEX-RN 793 testing
- July 7 .....Paper-and-pencil PN/VN testing
- July 8 .....End regular paper-and-pencil NCLEX-RN 793 testing; one-day paper-and-pencil RN testing
- July 12 .....ETS receives all paper-and-pencil PN/VN and RN one-day test booklets and begins processing; CTB begins to receive paper-and-pencil RN793 test booklets and begins processing
- July 14 .....End PN/VN-CAT administration
- July 26 .....Contingency plans for retesting RN and PN candidates are developed and approved (including communications plans for candidates and Member Boards and temporary permits, retesting, timelines for RN administration). PN/VN retesting to take place during October 1993.
- August 6 .....ETS reports operational Beta Test results to the 1993 Delegate Assembly
- August 15 ...ETS releases PN Beta Test results to Member Boards
- August 23 ...ETS receives paper-and-pencil NCLEX-RN 793 data from CTB

- Sept. 13 .....ETS completes Beta Test psychometric analysis
- Sept. 15 .....ETS disseminates RN Beta Test candidate results to Member Boards
- Sept. 15 .....CTB disseminates NCLEX-RN 793 results to Member Boards
- Oct. 1.....National Council receives final Beta Test report from ETS
- Oct. 25-26 ..National Council's Board of Directors applies the Readiness Criteria to project progress to determine the final implementation timeline
- November ..ETS and National Council participate in four regional NCLEX Beta Test results dissemination conferences

The primary activities of the Examination Committee-Team 2 at its October 1993 meeting were to review the ETS NCLEX/CAT Beta Test Report and other source documents, evaluate the results of Beta Testing against the Readiness Criteria, and produce a report on the Beta Test for the Board of Directors. The committee also developed action plans with accompanying timelines to assure that all facets of CAT operations would be tested before implementation.

In other actions, the committee reviewed proposed MBOS modifications and determined which must be accomplished in the December 1993 2.0 revision and the March 1994 2.1 version of MBOS. The committee provided input to the Examination Committee-Team 1 on the diagnostic profile; the committee worked with the Administration of Examination Committee to develop the procedure for candidate name corrections and changes. The committee also reviewed and updated the FY94 NCLEX Communication Plan incorporating various media such as brochures, demonstration disk production, CAT fact sheets, video, and periodic CAT Communiques.

■ Member Board Support

An activity under Goal I, Objective C, Tactic 5 states "*Identify/support legislative change as needed.*" The committee continuously monitored the legislative readiness of Member Boards in making the statutory and administrative rule changes necessitated by the change in testing modality.

The committee also developed a comprehensive *NCLEX™ Manual* for Member Boards, which boards may use as a reference document in addition to the *MBOS User's Manual* and the *Test Center Administrator's Manual.* Draft components of this manual were reviewed at the committee's December meeting, a transition edition was distributed in late January 1994, and the final *NCLEX™ Manual* was sent to Member Boards on May 9, 1994.

Meeting Dates

- October 7-11, 1993
- December 10-11, 1993
- February 9-11, 1994
- May 2-4, 1994

Future Considerations for the National Council

■ Post-Implementation Evaluation and Follow-Up

Using the CAT Master Plan as a guide, the committee plans to evaluate all aspects of NCLEX using computerized adaptive testing.

Staff

Barbara Halsey, *NCLEX™ Administration Manager*
Carol Hartigan, *NCLEX™ Contract Manager*
Anthony Zara, *Director of Testing*

Annual Report of CTB/McGraw-Hill 1993-1994

Introduction

This report provides a summary of CTB/McGraw-Hill's activities with the National Council Licensure Examinations (NCLEX™) from July 1, 1993, through June 30, 1994. During this time, the NCLEX project staff members have provided support for the following major phases of the NCLEX program:

Examination Development

- preparation of quarterly and yearly item pool tallies according to specifications requested by the National Council
- preparation of yearly RN and PN item pool text and statistics diskettes
- coordination and facilitation of the Bias Sensitivity Review Panel (BSRP)
- preparation of the contingency examination NCLEX-PN 494 for Examination Committee review. This included the selection of 204 items from the CTB item bank and 180 tryout items written under ETS supervision

Examination Administration, Scoring, and Reporting

- reporting of examination results and Jurisdiction Summary Reports ("Green Sheets") in a timely manner
- continued work with the Administration of Examination Committee and National Council staff to monitor all shipping and security procedures
- support to Member Boards in tracking the arrival of examination booklets
- distribution of the Candidate Information Brochure and the Scoring Brochure to Member Boards

Research and Technical Support

- technical support in all areas of research, including the monitoring of examination statistics, passing standards, and the performance of special research studies requested by the National Council, its committees, and Member Boards
- provision of a quarterly review of literature related to testing and measurement, published in the NCLEX Quarterly Reports
- implementation of statistical techniques to detect possible ethnic or gender bias in test items and refinement of existing procedures for implementation with small ethnic groups

Examination Development

- ***BSRP Sensitivity Review Panel***

  CTB coordinated two meetings of the Bias Sensitivity Review Panel (BSRP) this year. Panel members represented the four largest minority ethnic groups taking the examination. A linguist also served on the panel.

The BSRP provided the judgmental process that complements the statistical procedures that detect potential bias in NCLEX test items. During sessions, the panel members reviewed selected items for facial bias and culturally bound material. A summary of the items reviewed was sent to the National Council after each session. Items identified by the Panel as requiring revision were reviewed by the Examination Committee for disposition. The BSRP meetings took place October 4-8, 1993, and June 28-30, 1994.

■ *Member Board Review of Experimental Items*

CTB staff completed a review of information provided by Member Boards in their 1993-1994 review of experimental items. Five hundred and forty PN experimental items were available for Member Board review during the late summer/early fall review period. A total of seven Member Boards participated in this review. Items identified as inconsistent with entry-level practice were submitted to the Examination Committee that met in October 1993 for a decision on the review process necessary for these items. The items designated as inconsistent with a state's nurse practice act were submitted with documentation to the National Council for final review in September 1993 and were reviewed by the Examination Committee at its October 1993 meeting.

One-thousand and eight RN experimental items were available for Member Board review during the winter review period. A total of six Member Boards participated in this review. There were no items designated as inconsistent with entry-level practice or with a state's nurse practice act by 15 percent or more of the reviewing boards.

CTB closely monitored the security and packaging procedures for the review draft shipments.

■ *Item Pool Tallies and Diskettes*

CTB provided item pool tally reports, diskettes containing statistics, and diskettes containing text on a quarterly basis, after each examination administration. With each report, CTB also provided a listing of items deleted for content reasons.

■ *Examination Construction*

The Practical Nurse examination, NCLEX-PN 494, was developed according to the PN test plan approved by the Delegate Assembly and the test construction guidelines established by the Examination Committee. The examination was constructed to be equivalent to previous forms of PN examinations from both a content and a statistical perspective. This examination also contained 180 tryout items written under Educational Testing Service (ETS) supervision. The examination was reviewed by CTB's nursing consultant staff, editorial staff, research staff, and the Examination Committee to ensure that all items met the established criteria. This examination was developed as a contingency examination to be used if CAT was not implemented by April of 1994.

■ *Examination Committee Meetings*

The Examination Committee met in Monterey, California, on October 18-21, 1993. Examination Committee Conference Calls were held January 18, 1994; April 11, 1994; and June 21, 1994. During these meetings and conference calls, CTB staff worked in cooperation with committee members to review all NCLEX examination materials and to discuss related issues.

CTB Test Development staff provided information as requested and provided summary reports on all committee-related activities. CTB Technical Coordinators presented research reports analyzing results of the two RN examinations and the two PN examinations. In addition, Person-Fit reports, Ethnicity/Gender reports, and results of various research studies were presented. Additional research studies that were completed and presented in 1993-1994 are described in the Research and Technical Support section of this report. Test development activities presented to the Examination Committee are described in the test development section.

Examination Administration, Scoring, and Reporting

■ *Examination Administration*

Two RN and two PN examinations were administered during the past year. The NCLEX-PN 493 examination was administered to 26,720 candidates. The NCLEX-RN 793 examination was administered to 84,977 candidates. The NCLEX-PN 093 examination was administered to 38,910 candidates. The NCLEX-RN 294 examination was administered to 45,295 candidates.

Examination Materials Retrieval/Scoring

The retrieval and scoring of all examination materials were conducted under secure conditions with one exception. During the scoring of the NCLEX-PN 093 examination, CTB discovered and reported to the Council, a single missing test booklet. The results of the investigation were not conclusive; however, CTB assumed full responsibility.

Candidate information, test materials, and late applications were checked by the CTB scoring staff and the Data Center staff for completeness and accuracy, and test materials were scanned.

The passing scores were set in cooperation with the National Council according to the established standard of entry-level competence.

CTB staff continued to provide the service of automatically handscoring all examinations within a particular range of the passing score. Approximately 1,019 booklets were handscored during the verification process for NCLEX-PN 493 (this figure was not available for the 1992-1993 Annual Report); 2,138 booklets were handscored for NCLEX-RN 793; 1,283 were handscored for NCLEX-PN 093; and 1,436 were handscored for NCLEX-RN 294.

CTB also reviewed booklets for abnormal markings and omitted responses; updated candidate information that was in error; and provided a scoring tracking record to each Member Board to summarize key dates in the scoring cycle and to summarize details of incomplete, duplicate, or inaccurate candidate data.

Handscoring

CTB responded to 88 handscoring requests from candidates for the NCLEX-RN 293, which represents a 24 percent decrease from the previous year; and responded to 21 requests for the NCLEX-PN 493, which is a 58 percent decrease over the previous year. (These figures were not available for the 1992-1993 Annual Report.) Two hundred and twenty-six handscoring requests were received for the NCLEX-RN 793 examination, which represents a 15 percent increase from the previous year, and 48 handscoring requests were received for the NCLEX-PN 093 examination, which is a 17 percent increase from the previous year. At the time this report was written, five handscoring requests had been received for NCLEX-RN 294.

No scoring errors were revealed as a result of the handscoring process. All scores remained as originally reported.

Candidate Information Brochures

The 1993-1994 Candidate Information Brochures were included with candidate applications. Brochures for the NCLEX-RN 294 examination administration were distributed to Member Boards in October 1993.

Scoring Brochures

CTB also sent the scoring brochure to Member Boards. These brochures were distributed to candidates at the test sites, after they completed the NCLEX examination. The brochure describes what happens to the test booklets after they leave the test site and explains the steps taken to ensure accuracy during scoring.

Operational Issues

The following operational issues have been addressed:

Quality Assurance Program

CTB staff continued to ensure quality throughout the NCLEX program by improving procedures and reviewing project issues at regular team meetings.

Research and Technical Support

The research staff continues to provide the National Council with the information needed to monitor the technical performance of each examination. Technical reports have been submitted to the National Council for the NCLEX-PN 493, NCLEX-RN 793, NCLEX-PN 093, and NCLEX-RN 294 examination administrations. In each technical report, CTB test development and research staff have provided a detailed description of the development activities and analyses carried out for each examination. Tables of historical statistics were also included in those reports.

Other Research Activities

- CTB continued to publish a review of literature regarding pertinent measurement issues in CTB's Quarterly Report to the National Council.

- CTB completed one cheating analysis each for the Arizona, Florida, and New Hampshire jurisdictions for the NCLEX-RN 793 examination. The reports for Arizona and New Hampshire were sent in August 1993 and the report for Florida was submitted in October 1993.

- For the NCLEX-RN 294 examination, CTB completed one cheating analyses for the Colorado jurisdiction and the results were reported in March 1994.

- Four NCLEX staff members from CTB attended the annual American Educational Research Association (AERA)/National Council on Measurement and Education (NCME) conference in New Orleans on April 4-8, 1994. CTB research staff presented a paper at the conference, entitled "The Effect of Restricting Ability Distributions in the Estimation of Item Difficulties: Implications for a CAT Implementation."

Research Studies

The CTB research staff has conducted the following research studies during the past year:

- **Person-Fit Analyses**
  Person-fit analyses are studies conducted to assess whether there is any evidence suggesting that candidates have had prior access to items which appeared in previously administered examinations. Such analyses were conducted on NCLEX-RN 793 and NCLEX-PN 093. Reports summarizing these analyses and the obtained results were submitted to the National Council in November 1993 and February 1994.

- **Ethnicity/Gender Bias Analysis**
  Ethnicity/gender bias analyses were conducted on NCLEX-PN 493, NCLEX-RN 793, NCLEX-PN 093, and NCLEX-RN 294. Reports summarizing these analyses and the obtained results were submitted to the National Council after each examination administration.

- **Special Studies on the NCLEX-RN 793 examination**

  1. **Special Person-Fit Analysis on Boston Candidates**
     The administration of the NCLEX-RN 793 examination at Boston was delayed approximately two hours because sufficient booklets had not been requested for the Boston site and booklets had to be transferred from another site. An investigation was conducted to assess the effect of delay on candidate performance. The report was sent to the Massachusetts Board of Registered Nursing in September 1993.

  2. **Special Person-Fit Analysis of a Virginia Candidate**
     Because a fire alarm was triggered during the administration of Part IV, a candidate from Virginia claimed that her performance on Part IV had been negatively affected. CTB conducted a special person-fit analysis to compare her performance on Part IV with that on the first three Parts. A report was presented to the Virginia State Board of Nursing in October 1993.

  3. **Analysis of Candidate Performance at the Lansing, Michigan Site**
     Due to insufficient air conditioning, a concern was raised that the performance of the Lansing candidates might have been adversely affected. An investigation was conducted to compare the performance between Lansing candidates and the other candidates from Michigan. A summary report was submitted to the Michigan Board of Nursing in October 1993.

  4. **Baseline Study of the Arizona Cheating Analysis**
     An investigation was conducted to establish baseline distributions against which the results from a cheating analysis of a pair of Arizona candidates were compared. The baseline report was presented to the Arizona State Board of Nursing in October 1993.

5. **Analyses of New Mexico Candidates**
While candidates in New Mexico were taking the first part of the NCLEX-RN 793 examination, a 15-minute warning was issued approximately 30 minutes before the end of the allotted time for that Part. Two candidates contended that their performance was adversely affected by the premature warning. CTB conducted analyses to assess whether their performance on Part I significantly differed from that on the last three Parts. The results were presented to the New Mexico Board in December 1993.

6. **Analysis of Candidate Group with High-flagging Rate**
When the standard person-fit analysis was conducted for the NCLEX-RN 793 examination, it was noted that approximately half (90) of the candidates flagged (182) by the person-fit analysis for exceptionally good performance on this examination were Philippines-educated. At National Council's request, CTB computed the percent of these flagged candidates who had also taken the NCLEX-RN 292 examination (approximately 54 percent). Also at the National Council's request, CTB supplied the NCLEX-RN 793 passing rates for flagged Philippines-educated versus nonflagged Philippines-educated candidates. Results were reviewed by the Examination Committee in January 1994.

- **Item Difficulty Study**
The item construction techniques that may influence item difficulty in NCLEX-RN and NCLEX-PN items were investigated. This information will be useful in the future for item writers to target item difficultly. A report was presented to the National Council in October 1993.

- **Item Classification Study**
An item classification study was performed to examine the extent to which judges could concordantly classify NCLEX-RN and NCLEX-PN items relative to the nursing process categories, client need categories, and client need subcategories. A combination of items coded by ETS staff and items coded by CTB staff was used for this study. A report was presented to the National Council in October 1993.

- **Candidate Variability Study**
Research staff has been examining the effects of restricted ability ranges on parameter estimates. The first and second parts of this investigation are scheduled to be completed in the second and third quarter of 1994, respectively.

Communications

National Council/CTB Communication Services

CTB provided the following programs and services in the area of communication with Member Boards, educators, and related consumer groups:

- **24-Hour Emergency Telephone Service**
CTB continued to provide an emergency telephone number so that Member Boards could reach CTB personnel 24 hours per day.

- **Direct Toll-Free Access to NCLEX Staff**
CTB continued to provide a toll-free telephone number specifically for NCLEX through April 1994. The number provided recorded information about NCLEX Summary Profiles and access to key NCLEX staff members.

- **Reports**
CTB staff produced four Quarterly Reports and one Annual Report that provided documentation of the activities and accomplishments in the areas of examination development; research; examination administration, scoring, and reporting; and the NCLEX Data Center.

■ *Meetings/Conferences*

- **National Council Annual Meeting**
  The National Council's Fifteenth Annual Meeting was held in Orlando, Florida, August 4-7, 1993. Four staff members from CTB attended all Annual Meeting sessions. CTB hosted a dessert reception on Wednesday evening, following the Candidates' Forum.

- **Contract Evaluation**
  The National Council and CTB staff participated in quarterly conference calls to discuss contract issues on September 24, 1993; January 13, 1994; and March 23, 1994.

Special Requests and Additional Services

In addition to supporting the major phases of the NCLEX program, the CTB project staff members also responded in a timely and effective manner to all requests from the National Council and its Member Boards for additional services and information.

■ CTB provided the following services at no additional cost:

- responded to four requests from Member Boards for special analysis of suspected cheating
- responded to nine requests from Member Boards for review of previously administered examinations: three Member Boards requested a review of NCLEX-PN 092 and six Member Boards requested a review of NCLEX-RN 793
- provided answer keys for each examination administration to the National Council for Member Board reviews
- provided materials for seven Member Boards to review draft tryout items for NCLEX-RN 294
- two Research staff testified at an Administrative Hearing in Arizona related to a NCLEX-RN 793 cheating analysis and baseline study
- held reporting of candidate scores on NCLEX-RN 793 until Beta Test results were released

■ The following services were provided to the National Council and its Member Boards at additional cost:

- provided investigative support for Member Board security breaks occurring in NCLEX-RN 793 and NCLEX-PN 093.
- responded to 104 requests from Member Boards for failure candidate reviews: 37 for NCLEX-RN 293, 6 for NCLEX-PN 493, 48 for NCLEX-RN 793, 12 for NCLEX-PN 093, and 1 (to date) for NCLEX-RN 294
- prepared five large-print NCLEX examination booklets for testing visually impaired candidates for NCLEX-RN 793 and NCLEX-PN 093 examination administrations, and scored one large-print examination for NCLEX-RN 294
- prepared black-and-white print test booklets for testing three visually handicapped candidates for NCLEX-RN 793 and NCLEX-RN 294
- performed thirteen special initial handscoring services for handicapped candidates for NCLEX-RN 793 and NCLEX-RN 294

- provided sample data tape for testing data transfer of NCLEX-RN 793 Beta Test results
- provided data tape to ETS containing information about the performance of the NCLEX-RN 793 Beta Test candidates
- provided rosters of NCLEX-RN 793 candidates for use by National Council and ETS in reimbursing Beta Test candidates.
- created programs to produce revised green sheets that included Beta Test data for NCLEX-RN 793 and NCLEX-PN 093
- provided results for NCLEX-RN 793, NCLEX-RN 294, and NCLEX-PN 093 on diskette for two Member Boards
- prepared the NCLEX-PN 493, NCLEX-RN 793, NCLEX-RN 093 and NCLEX-RN 294 tryout item text and statistics on diskette for the National Council
- provided support for formatting ETS tryout items (for NCLEX-PN contingency examination) for placement in the item bank
- provided a research tape to National League for Nursing of newly licensed passing candidates from NCLEX-RN 793

NCLEX Summary Profiles

- The April 1993 Summary Profiles were shipped to 172 practical nursing programs in July 1993
- The July 1993 Summary Profiles were shipped beginning in mid-October 1993 to 590 registered nursing programs in October 1993
- Summary Profiles for the October 1993 PN examination were shipped in January 1994 to 143 practical nursing programs in January 1994
- Summary Profiles for the February 1994 examination were shipped in mid-May 1994.

Annual Report of the NCLEX Data Center

Introduction

This report provides an overview of CTB's activities in the NCLEX Data Center during the past year and covers NCLEX-RN 793, NCLEX-PN 093 and NCLEX-RN 294 This year, efforts in the NCLEX Data Center have concentrated on being responsive to the needs of all Member Boards as the transition to CAT was carried out and continue to provide the Boards with the necessary support.

Applications Processing

The Data Center shipped a total of 114,350 application packets to Member Boards during the fall 1993 sendout period. These brochures were included as part of the application packet, and an additional 21,000 brochures were sent to tape states.

The three NCLEX examinations covered in this report (NCLEX-RN 793, NCLEX-PN 093, and NCLEX-RN 294) reflect a total of 163,866 applications processed and represent an increase of 7% when compared to the July, October, and February examinations reported in last year's Annual Report. The comparison is made against these three exams only because of the absence of an NCLEX-PN 494 examination in this coverage period.

A summary of applications processed is included below.

Program Code Changes

For any one examination, a maximum of 36 Member Boards sent in program code corrections and/or changes in education or repeat status, for a total of 2,579 candidates. Due to the absence of an April 1994 examination, the three examinations included in this Annual Report (NCLEX-RN 793, NCLEX-PN 093 and NCLEX-RN 294) are compared to the July, October and February examinations of the last year's period, and show a 37 candidate increase over the 2,542 candidates for those three examinations, or an increase of 1.4%.

Candidate Code Change/Correction Process

Starting with NCLEX-RN 791, a pre-examination roster was sent to all Member Boards. These rosters list all candidates, by program/school name, in a given jurisdiction, regardless of where the candidates are testing. Member Boards, in turn, send the rosters to each school listed for verification. A pre-examination roster was included in the deliverables package sent to each Member Board, resulting in deliverables arriving seven to ten days earlier than usual.

Application Packets

The application packet send-outs included inserts for all regions and contain separate pages for PN and RN codes. The typeface on the inserts is now larger and easier to read, making it easier for candidates to identify the correct program codes. School codes for practical nursing are printed on colored paper and school codes for registered nursing are printed on white paper. The Data Center will continue to include both PN and RN information in all packets, except where Boards make a special request for different packaging.

Applications Processed

The following is a summary of the NCLEX-RN 793, NCLEX-PN 093 and NCLEX-RN 294 applications processed.

Table 1. Summary of Applications Processed

Applications Processed:	RN 793	PN 093	RN 294
Including Tape & Late Applications:	90,547	41,600	31,719
Application Returns:	1,950	1,202	2,211
Candidate Code Corrections:			
Number of Candidates:	778	1,091	710
Percentage of Direct Applications:	.9%	2.6%	2.2%
Number of Boards:	36	35	36

As Table 1 illustrates, approximately 163,866 applications were received and processed at the Data Center during 1993-1994.

Additional Applications Received and Returned to Candidates (to date):				
	PN 494	**RN 794**	**PN 094**	**RN 295**
Number of Candidates:	306	425	6	2

Report of Educational Testing Service

Highlights of Activities

The past twelve months have been very busy and active months at Educational Testing Service (ETS) and Sylvan Learning Systems (SLS). During 1993 our activities were focused on planning, implementing and then evaluating the Beta Test. The final Beta Test report was delivered to the National Council on October 7, 1993. From September through November of 1993 we concentrated on the Beta Test Retest period. Our preparations for the operational program have been ongoing and accelerated in the last months of 1993 and the early months of 1994. On February 15, 1994, we began accepting candidate registrations for NCLEX™; on March 1st Sylvan began scheduling candidate appointments, and on April 1, 1994, the operational program to deliver NCLEX via computerized adaptive testing began. This Report from ETS and Sylvan staff summarizes the major activities of the past twelve months including the Beta Test, the Beta Test Retest, preparations for the operational program, and a summary of testing to date.

I. Beta Test

The National Council has been at the forefront of computerized adaptive testing and is the first major organization to offer high-stakes licensure testing on a national basis via CAT. This decision to move from paper-and-pencil testing to CAT followed years of study, software development, and field testing. Three field tests conducted prior to the Beta Test revealed comparable test results regardless of test delivery methodology. However, in all field tests, participating candidates knew that they were part of a research study and that their results would not count for licensure decisions. Thus, a major limitation of these field tests was the impact of motivation on the test takers. For this reason, there was an essential need for a Beta Test to confirm the results of the field tests when licensure decisions would be made.

The Beta Test, or tryout of all systems needed for the operational program, was planned and carried out from April 1993 when registration began through July 1993 when actual testing ended. (The entire Beta Test also encompassed the Retest period, from September through November 1993 which is described later, and the report to the National Council Board of Directors delivered on October 7, 1993.) The NCLEX/CAT Beta Test was a critical part of the strategy of the National Council of State Boards of Nursing and Educational Testing Service to implement computerized adaptive testing. The major purposes of the Beta Test were twofold:

a) To demonstrate that computerized adaptive testing yielded similar results to paper-and-pencil testing, that is, that results would be comparable regardless of the testing methodology and delivery.
b) To demonstrate that a nation-wide testing program could be implemented to allow NCLEX to be administered in test centers throughout the United States and its territories.

The next section summarizes the major components of the Beta Test.

■ *Beta Test Design*

Comparing only CAT and paper-and-pencil testing would have made it difficult to separate potential causes for differences in test performance and passing rates between those conditions, had differences been found in the initial comparison. For this reason, the Beta Test was designed so that candidates were assigned to two additional conditions—a computer-delivered linear test (CLT), and for NCLEX-RN™, a traditional paper-and-pencil test that was administered in a single day instead of two days. The different conditions are described below.

Four conditions were specified for NCLEX-RN:

a) Two-day paper-and-pencil testing. This was the regular 7/93 NCLEX administration.
b) Computerized adaptive testing.
c) Computer-delivered linear testing. This condition was included to test for the effects of computerization, not confounded with the adaptive factor.
d) One-day paper-and-pencil testing. This condition was created to test the fatigue factor without confounding with the computer factor. This examination was administered under the same conditions as (a) above, except that it was administered in one day and excluded pretest items.

Three conditions were specified for NCLEX-PN™:

a) One-day paper-and-pencil testing. This was a regular NCLEX-PN paper-and-pencil test form that was specially administered as part of the NCLEX/CAT Beta Test.
b) Computerized adaptive testing.
c) Computer-delivered linear testing. This condition was included to test for the effects of computerization, not confounded with the adaptive factor.

Table 1 summarizes the NCLEX/CAT Beta Test design, including the number of candidates targeted for each condition and dates administered.

Table 1. NCLEX/CAT Beta Test Conditions

Condition	Targeted Sample Size For Each Group	Scheduled Administration Dates	
		RN	PN/VN
NCLEX-P&P (Traditional paper-and-pencil test)	2,000	July 7-8	July 7
NCLEX/CAT (Computerized adaptive test)	2,000	June 23-July 6*	July 1-14*
NCLEX-CLT (Computer-delivered linear test)	500	July 8	July 7
NCLEX-P&P (One-day administration of the paper-and-pencil test [RN only])	500	July 8	N/A

* NCLEX/CAT testing extended beyond these dates to accommodate scheduling conflicts for a small number of candidates in only a few of the 44 Member Boards participating.

■ *Recruitment*

The design selected for the Beta Test required a large sample of both PN/VN (4,500) and RN (5,000) candidates. In addition, sufficient numbers of candidates were needed to satisfy the study's requirements for critical subgroup membership. There was a particular commitment to obtaining adequate numbers of members of subgroups that were determined by the National Council and Examination Committee Team Two to be critical for comparisons. Those critical subgroups were defined for each group of testing candidates as follows:

RN	PN/VN
African American	African American
Hispanic	Hispanic
Filipino	English as a Second Language (ESL)
ESL	

To accomplish this ambitious goal a sampling design was formulated that asked the 44 participating Member Boards to recruit approximately 12,000 nurse licensure candidates including a designated number of candidates in each critical subgroup.

The Member Boards made extraordinary efforts to recruit candidates and were very successful. A total of 19,073 candidates -- 8,135 PN/VN and 10,938 RN candidates -- volunteered for the Beta Test. From this number 10,805 were selected to participate resulting in 9,219 eligible candidates who comprised the Beta Test sample.

Test Centers

Beta Test candidates could test in 109 Sylvan Technology Centers across the United States and its territories during the three-week testing period. In total, 4,761 NCLEX candidates spent approximately 20,000 hours taking computer-based examinations at 478 workstations.

All 109 Sylvan Technology Centers were required to undergo an extensive certification process by ETS and Sylvan prior to their first day of testing candidates. No test center was permitted to test candidates until it had been fully certified. The certification process was designed to demonstrate the competency level of test center staff in completing critical behaviors required for the administration of NCLEX. Beginning in May 1993, Member Boards were invited to attend Open Houses at test centers. A total of 60 Open Houses were held.

The security reporting mechanisms as outlined by the Administration of Examination Committee and included in the NCLEX Beta Test Administrator's Manual were in place and tested during the Beta Test. These procedures and mechanisms provided a high level of security and no breaches of security occurred. Test Center staff performed their security duties very well and assured that only authorized examinees were allowed to see the computerized NCLEX.

Operational Aspects

In general, the Beta Test was conducted without major operational problems. With the tremendous involvement and effort of the National Council and Member Boards, communication channels to and from Member Boards and the ETS Data Center generally functioned as expected. Member Boards, using the ETS-developed Member Board Office System (MBOS), were able to transmit and receive candidate information. In general, Member Boards evaluated MBOS very favorably.

Candidates Tested

Table 2 provides the numbers of candidates who tested in each of the seven conditions included in the Beta Test design.

Table 2. Summary of Candidates Tested

Candidate Sample	Computerized Adaptive Test	Paper-and-Pencil Test	Computer-Delivered Linear Test	Special 1-day Paper-and-Pencil	Total
RN	2,452	2,562	432	456	5,902
PN/VN	1,566	1,440	311	N/A	3,317

Results Reporting

During the Beta Test the 48-hour turn-around requirement for electronic results reporting was implemented and results for 98 percent of the candidates testing via CAT were reported to the Member Boards within this time period. Reasons for delays in reporting results for the remaining 2 percent included situations in which results were placed on hold for reasons such as awaiting polaroid photos as well as a very few situations in which candidates had to be retested.

Separate comparability analyses were conducted for the PN/VN and RN candidates. No statistically significant differences in passing rates were found across testing conditions. Following consultation with the National Council and their approval to release results, PN/VN results were mailed to Member Boards on August 20, 1993. On thesame day, results were downloaded electronically to the Member Boards' MBOS. RN results were mailed on September 13, 1993, two days ahead of the anticipated release date, and downloaded electronically the same day.

■ *Results*

Tables 3 - 5 present the major summary statistics for each condition of the NCLEX/CAT Beta Test, item exposure rates, average testing time, and percentage of candidates who took the minimum and maximum number of items.

Table 3. Pass Rates by Beta Test Condition

Beta Test Condition	PN/VN	RN
Computerized Adaptive Test	75%	69%
Paper-and-Pencil Test	73%	69%
Computer-delivered Linear Test	78%	70%
One Day Paper-and-Pencil Test	N/A	70%

Table 4. Item Exposure Rates in the Beta Test

	PN/VN	RN
Number of Items in the CAT Pool	1,618	1,863
Number of Items Seen by Less Than 10% of Candidates	1,231	1,443
Number of Items Seen by Greater Than 25% of Candidates	25	27

Table 5. Beta Examination Summary

	PN/VN	RN
Average Testing Time	108 minutes	128 minutes
Percentage of Candidates Who Took Minimum Number of Items	55%	50%
Percentage of Candidates Who Took Maximum Number of items	18%	13%

■ *Discussion of Beta Test Summary Results*

The results of the Beta Test were very favorable in terms of the comparability of CAT with the paper-and-pencil test, and, from a candidate's standpoint, in terms of the efficiency of the CAT to yield reliable pass/fail decisions in the quickest manner possible. From a practical point of view, there were no disadvantages to any of the critical subgroups in terms of significantly lower NCLEX/CAT passing rates compared to paper-and-pencil

passing rates. The strong comparability evidence suggests that the NCLEX passing standards are transferable to the CATs without the need of any statistical equating procedures. Based on the data analyzed in the Beta Test, the NCLEX/CAT psychometric model appears to be sound.

■ *Evaluation of Candidate Comments*

To provide a full evaluation of the Beta Test experience from the candidates' experience, there were three ways by which candidates could provide feedback: Examinee Exit Evaluations, Confidential Comment Sheets, and Post-Beta Test Surveys.

- **Examinee Exit Evaluation**

The Examinee Exit Evaluation was completed by candidates who took either computerized NCLEX. The 14 questions and corresponding responses were formatted to allow candidates to select one option from several possible choices. The questionnaire results were reported by examination taken (RN and PN), by method of computerized delivery (adaptive and linear), and total responses from all candidates. In addition to the summary of all test centers, two other summaries were provided to the National Council and Member Boards:

a) Summary of the results of all test centers within a state or territory.
b) Questionnaire results by individual test center within a state or territory.

In general, the candidates taking the computerized adaptive tests responded more positively to the shortened testing time than candidates taking the computer-delivered linear (CLT) tests.

- **Confidential Comment Sheet**

Candidates who wished to provide free-form narrative comments were provided with Confidential Comment Sheets at the Sylvan Technology Centers. One hundred twenty-three candidates completed these forms. The overwhelming majority of the comments were positive with many candidates indicating their appreciation for allowing them to participate in the Beta Test.

- **Post Beta Test Survey**

A third evaluation method occurred following the Beta Test. One hundred RN candidates and one hundred PN/VN candidates were randomly selected from the population of candidates who completed computerized adaptive testing. These candidates were sent a two-page free-response questionnaire that asked questions about their overall Beta Test experience. A free-response method was purposefully selected since the objective of this evaluation was to examine the candidates' entire experience with the Beta Test, rather than focusing exclusively on the test center. Of the two hundred questionnaires sent, the response rate for returned questionnaires was 36%. Overall, the comments were positive, both about the testing experience via computer-delivery and about participating in the Beta Test.

■ *Summary*

The NCLEX/CAT Beta Test demonstrated that:

a) Computerized adaptive testing and paper-and-pencil testing yielded comparable passing results.
b) No critical subgroup was disadvantaged by taking a computerized adaptive test rather than a paper-and-pencil test.
c) A network of nationwide test centers could be established.
d) High volume, high stakes licensure examinations can be administered securely in test centers throughout the U.S. and its territories.

Through the efforts of Member Boards, the National Council, Sylvan Learning Systems, and Educational Testing Service, the successful use of computerized adaptive testing to deliver NCLEX for PN and RN licensure candidates was demonstrated.

II. Beta Test Retest Report

Candidates who participated in the Beta Test during June-July 1993 and who received a failing result on the NCLEX were offered the opportunity of one free computerized adaptive NCLEX retest during the period from September 7, 1993 through November 30, 1993.[1] The Retest period was established during meetings with the National

Table 9b. NCLEX-PN Items Approved as Tryouts through February, 1994

	Nursing Process				
Client Needs*	Data Collection	Planning	Implementation	Evaluation	TOTAL
A	35	32	86	55	208
B	146	104	207	69	526
C	15	9	46	10	80
D	35	22	113	98	268
TOTAL	231	167	452	232	1082

* Client Needs:
A ..... Safe Effective Care Environment
B ..... Physiological Integrity
C ..... Psychosocial Integrity
D ..... Health Promotion and Maintenance

The total number of new items projected for review by the Examination Committee between May 1994 and February 1995 is approximately 4,050: 1,975 for NCLEX-RN and 2,075 for NCLEX-PN. The items approved at these meetings will be targeted as tryouts for administration between October 1994 and July 1995.

- **Calendar**

A calendar for the item development activities scheduled for the second phase of item writing workshops and item review meetings with Panels of Item Writers and the Examination Committee is presented in Table 10.[4]

Table 10. Calendar for NCLEX Item Development Activities; August 1993 - July 1994

DATE	LOCATION	ACTIVITY
August 15-18, 1993	Princeton	RN Item Writing Workshop
August 22-25, 1993	Atlanta	PN Item Writing Workshop
September 12-15, 1993	Princeton	PN Item Writing Workshop
September 19-22, 1993	San Francisco	PN Item Writing Workshop
September 26-29, 1993	Chicago	RN Item Writing Workshop
October 3-6, 1993	Atlanta	RN Item Writing Workshop
October 8-11, 1993	Chicago	Fall Retreat; Examination Committee - Item Review
October 17-20, 1993	Chicago	PN Item Writing Workshop
October 20-21, 1993	Monterey	Examination Committee - PN 0294
October 27-30, 1993	Atlanta	RN Item Writing Workshop
[illegible]	Princeton	RN Item Review Meeting

■ *Results Reporting*

The majority of the results reports were mailed within 48 hours after the candidate tested. A few candidates had their results put on hold pending receipt of polaroids and resolution of questions about their testing sessions. For those candidates, results reports were printed with the message that the applicant "HAS TAKEN" the NCLEX. When the score hold conditions were released, result reports were printed and mailed to the Member Board.

■ *Statistical Analyses*

To evaluate the CAT results for the Retest period, a number of statistical analyses were conducted. The primary purposes of these analyses were to confirm the reasonableness of the CAT data and to obtain some baseline information about the performance of the CAT retesters compared to their Beta Test performance. The results of the analyses are presented in Tables 7 and 8. Table 7 summarizes the performance of the retesters while Table 8 provides examination summaries.[3]

Table 7. Summary of Candidate Performance during the Retest

Beta Test Conditions	Number of PN/VN Retestesters	Percent Pass on Retest	Number of RN Retesters	Percent Pass on Retest
CAT	143	26.6	649	26.7
Paper-and-Pencil	161	31.7	626	29.0
CLT	24	25.0	110	21.8
One-Day				
Paper-and-Pencil	N/A	N/A	107	30.8
Total	328	29.0	1492	27.5

Table 8. Retest Examination Summary

	PN/VN	RN
Average Testing Time (in minutes)	129	144
Percentage of Retesters Who Took Minimum Number of Items	33%	39%
Percentage of Retesters Who Took Maximum Number of items	29%	14%

[3]Because there were comparisons made between performance on the Beta Test and on the retest, the statistical analysis data set included only those candidates for whom there were data for both the Beta Test and for the retest. Thus, the data set excluded six candidates who took the two-day paper-and-pencil test under the auspices of CTB/McGraw Hill, but for whom there was no theta value included in the data sent to ETS. The statistical analysis data also excluded data for three candidates who were tested in mid-December after the retest period concluded and after the statistical analysis data set was created and begun to be analyzed and two additional candidates whose files required resolution. In total, data for 10 RN candidates and one PN/VN candidate were excluded from the analysis.

■ *Test Centers*

All 109 test centers in which the Beta Test was administered also administered the Retest. The majority of these sites, including several of the stand-alone sites, remained open on a full-time basis following the Beta Test. Thirteen of the stand-alone centers functioned under reduced operating schedules due to very low volumes and were able to meet the testing needs of their respective areas.

Test center facilities and operational specifications implemented during the Beta Test were maintained throughout the Retest period. Additional training for administrators who had evidenced such a need during the Beta Test was provided on an individual basis.

■ *Evaluation of Candidate Comments*

Candidate evaluations of the Retest experience were gathered through the Examinee Evaluations. These evaluations were solicited at the end of the examination in the same format as was used in the Beta Test - a format which allowed candidates to select one option from several possible choices. Candidates reported high satisfaction with the professionalism, courtesy, and efficiency of the test center staff with a marked decrease in the length of time that candidates reported waiting. Candidates' evaluations between the Retest and the Beta Test were identical in terms of comparing the computer test-taking experience with that of paper-and-pencil, with 60% feeling that the computer experience was better than the paper-and-pencil.

■ *Summary*

Of the Beta Test candidates who failed NCLEX, 67.9% opted to take the free CAT retest at the 109 Sylvan Technology Centers across the participating Member Boards. Member Boards were successful in transmitting candidate eligibility data to the ETS Data Center with Authorizations to Test printed for candidates approximately 24 hours later. Although there was almost a three month period available for the retests, the majority of the candidates did not test until late in the period in November. Results reports were transmitted electronically to Member Boards within 48 hours except in cases where polaroids were expected or score holds were in effect. No security breaches were reported.

III. Preparations for the Operational Program

Activities oriented toward the operational program began at the time of the awarding of the NCLEX contract in August 1992. Based on the experiences of the Beta Test and the Beta Test Retest as well as input provided by the Member Boards and the National Council, operational plans were continually revised to best meet the needs of the program. The following sections describe the major areas of effort.

■ *Test Development Highlights*

The major test development activities that were undertaken over the last year included new item development and the creation of two parallel NCLEX-RN and NCLEX-PN pools, including the implementation of procedures to support the CAT pools. Highlights of these activities are as follows:

■ *New Item Development*

- **Item Writing Workshops**

  Item writing workshops occurred between August and December, 1993. For NCLEX-RN, five sessions were held with a total of 82 item writers. The total number of items written was 2,444. For NCLEX-PN, five sessions were held with a total of 83 item writers. The total number of items written was 2,656.

  The sessions were conducted by members of the Princeton-based and Atlanta-based ETS test development teams at ETS facilities in four locations: Princeton, New Jersey; Tucker, Georgia; Evanston, Illinois; and Emeryville, California. Representatives from each of the four geographic areas designated by National Council attended each of the workshops, which included item writers from 44 jurisdictions. The major areas

of content expertise of the item writers included medical/surgical nursing and clinical specialties such as psychiatric/mental health, pediatrics, maternal/child health, and gerontology. Members of the National Council Examination Committee and National Council staff also participated in the workshops.

In preparation for the workshops, a Manual for Item Writers was mailed to the participants to provide them with a foundation for the concepts and guidelines to be covered during the sessions. The manual includes information on the mission of the National Council in regards to licensure examinations, writing and reviewing multiple-choice items, the NCLEX test plan, and the ETS sensitivity review.

Computers were made available for use by the item writers at the workshops. Of the 165 nurses who attended the sessions, 68 did take advantage of this opportunity. The item writers were awarded 34.2 contact hours for their participation at the workshops.

The third phase of item writing workshops is scheduled to begin in July 1994 and conclude in May 1995. The plans for this phase include 69 RN item writers and 75 PN item writers.

- **Item Review Meetings**

The first phase of item review meetings at which newly written items were reviewed took place between March and June 1993. The six NCLEX-RN Item Review Panels approved 938 of the 1,440 items written during the first phase of item writing workshops conducted in January and February 1993. The seven NCLEX-PN Item Review Panels approved 925 of the 1,470 items written during the first phase of workshops held in early 1993.

The second phase of item review meetings began in November 1993 and is scheduled to be completed in July 1994. During this time, seven NCLEX-RN and seven NCLEX-PN Item Review Panels will participate at meetings to review approximately 5,000 of the new items that were created at the item writing workshops held in the latter half of 1993. These meetings have also been scheduled at the four ETS sites used for the item writing workshops, with representation from each of the four National Council geographic areas at each session. The 70 nurses who have been invited to serve on the Item Review Panels represent 27 different jurisdictions. The Examination Committee and National Council staff have been invited to these sessions also.

At the item review meetings held between November 1993 and April 15, 1994, the panel members reviewed 1,194 NCLEX-RN items and 1,310 NCLEX-PN items. Of these totals, 934 NCLEX-RN and 963 NCLEX-PN items were approved for presentation to the Examination Committee. The item reviewers were awarded 34.2 contact hours for their participation at the workshops. A comprehensive report on the second phase of meetings with the Item Review Panels will be provided to National Council after the last session is held in July 1994. The third phase of item review meetings is scheduled to occur between September 1994 and July 1995.

- **Item Review at Examination Committee Meetings**

Newly developed items approved by the Item Review Panels at the meetings held between March 1993 and December 1993 were presented to the Examination Committee for review at meetings held between July 1993 and February 1994. A total of 1,031 NCLEX-RN and 1,082 NCLEX-PN items were approved by the Examination Committee Team One for use as "tryout" items. The distribution of the items according to the major components of the NCLEX-RN and NCLEX-PN Test Plans is presented in Table 9a (RN) and 9b (PN/VN).

Table 9a. NCLEX-RN Items Approved as Tryouts through February, 1994

	Nursing Process					
Client Needs*	**Assessment**	**Analysis**	**Planning**	**Implementation**	**Evaluation**	**TOTAL**
A	30	24	37	89	35	215
B	77	89	91	134	57	448
C	14	21	40	47	17	139
D	10	9	48	75	87	229
TOTAL	131	143	216	345	196	1031

Table 9b. NCLEX-PN Items Approved as Tryouts through February, 1994

	Nursing Process				
Client Needs*	Data Collection	Planning	Implementation	Evaluation	TOTAL
A	35	32	86	55	208
B	146	104	207	69	526
C	15	9	46	10	80
D	35	22	113	98	268
TOTAL	231	167	452	232	1082

* Client Needs:
A ..... Safe Effective Care Environment
B ..... Physiological Integrity
C ..... Psychosocial Integrity
D ..... Health Promotion and Maintenance

The total number of new items projected for review by the Examination Committee between May 1994 and February 1995 is approximately 4,050: 1,975 for NCLEX-RN and 2,075 for NCLEX-PN. The items approved at these meetings will be targeted as tryouts for administration between October 1994 and July 1995.

- **Calendar**

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September 26-29, 1993	Chicago	RN Item Writing Workshop
October 3-6, 1993	Atlanta	RN Item Writing Workshop
October 8-11, 1993	Chicago	Fall Retreat; Examination Committee - Item Review
October 17-20, 1993	Chicago	PN Item Writing Workshop
October 20-21, 1993	Monterey	Examination Committee - PN 0294
October 27-30, 1993	Atlanta	RN Item Writing Workshop
November 10-13, 1993	Princeton	RN Item Review Meeting
November 14-17, 1993	Atlanta	PN Item Writing Workshop
December 1-4, 1993	Princeton	RN Item Writing Workshop
December 6-11, 1993	Chicago	Examination Committee - Job Analysis and Item Review
December 8-11, 1993	Atlanta	PN Item Review Meeting
January 12-15, 1994	San Francisco	PN Item Review Meeting
February 5-11, 1994	Chicago	Examination Committee - Item Review and Simulations
February 27-March 2, 1994	Atlanta	RN Item Review Meeting

[4]*The dates listed are as currently established; however, they are subject to change.*

DATE	LOCATION	ACTIVITY
March 13-16, 1994	Princeton	RN Item Review Meeting
April 10-13, 1994	Princeton	PN Item Review Meeting
April 24-27, 1994	Princeton	PN Item Review Meeting
May 5-6, 1994	Chicago	Examination Committee - Item Review
May 22-25, 1994	Chicago	RN Item Review Meeting
June 8-11, 1994	San Francisco	PN Item Review Meeting
June 22-25, 1994	Chicago	PN Item Review Meeting
July 10-13, 1994	Atlanta	RN Item Review Meeting
July 21-24, 1994	Princeton	RN Item Review Meeting
August 21-25, 1994	Chicago	Examination Committee - Item Review

■ *Creation of Operational CAT Pools and Related Procedures*

The robust pools of NCLEX-RN and NCLEX-PN items used for the CAT condition of the Beta Test served as the foundation for constructing each of the two respective RN and PN parallel pools required for the introduction of CAT in April 1994. The Beta Test CAT pools were expanded to include additional items from the existing current pools and useable tryout items from the 1993 paper-and-pencil administrations.

Several complementary procedures were initiated by the NCLEX test development staff, with the Examination Committee Team One's guidance and approval, to support the implementation of the CAT pools. These procedures included a review of the item pool for potentially time-sensitive content, assessing CAT simulated examinations for face validity, and determining the readability level of the CAT pools.

■ *Time-Sensitive Content Review*

The currency of items in pools as large as the CAT pools, which are to be administered over a period of time, is an important issue. Although the items designated for the CAT pools had been reviewed for content accuracy and currency by panels of item reviewers and nurse test development staff, an additional review of items based on particularly time-sensitive content areas was initiated.

Areas of time-sensitive content, such as tuberculosis, AIDS, nursing diagnoses terminology, and so on, were determined by the nurse test developers in consultation with item writers, item reviewers, and the Examination Committee. A key-word search was conducted of the item pools to identify the items that included references to the time-sensitive areas. Then, the items were reviewed by the test development team. Any items that appeared questionable in any way either were revalidated in current nursing textbooks for accuracy or, if necessary, removed from the pool from which the CAT pools were to be constructed.

Items that are based on particularly time-sensitive content areas have been coded in the ETS item-banking system for more frequent review than the reviews planned for most items in the CAT pool. In the event that an unanticipated change in practice occurs that has the potential to negate the accuracy of items in the pool, a word search would be conducted to screen the identified items for currency.

■ *Face Validity Review*

Criteria were established by the Examination Committee Team One to evaluate CAT examinations for face validity. The criteria included non-test plan content areas such as maternal/child, infection control, life-threatening emergencies as well as identifying items with similar content areas (i.e., overlap) within a CAT examination.

To monitor face validity on an ongoing basis, both actual candidate CAT examinations and simulated CAT examinations will be reviewed. Prior to the implementation of CAT in April 1994, two simulated CAT examinations from each of the respective pools were generated at five ability levels as follows: (1) low ability; (2) moderately low ability; (3) borderline (pass/fail) ability; (4) moderately high ability; and (5) high ability.

Simulated CAT examinations were reviewed by the Examination Committee at its February 1994 meeting and by the test development team.

A summary report of the face validity review of simulated CAT examinations generated from the CAT pools was presented to the Examination Committee. With the exception of one non-test plan area in one of the RN simulations and in one of the PN simulations, each simulated CAT examination contained references to the face validity criteria identified for the review. No similarity in content was noted in four of the PN examinations and in three of the RN examinations. In the other six PN and seven RN examinations, the number of items with content overlap ranged from two to four.

■ *Readability Levels of CAT Pools*

The well-known and respected Fry method of determining readability levels was used to calculate the reading levels of the NCLEX-RN and NCLEX-PN CAT pools prior to implementation in April 1994. According to the Fry index, the estimated reading level of the RN CAT pool is 8.5 and the estimated reading level of the PN CAT pool is 6.5. These levels are below the National Council policy for a maximum reading level of 10th grade for the RN examination and of 8th grade for the PN examination.

■ *Textbook Survey*

In Spring 1993 a Textbook Survey was developed and mailed to the dean or director of 1103 PN/VN educational programs and 1487 RN educational programs throughout the U.S. These programs and mailing addresses were provided to ETS by the National Council. Forty-four percent (481) of the PN/VN programs and forty-five percent (667) of the RN programs returned the surveys. The surveys consisted of listings of textbooks derived from the National Council-provided list of references used previously in item development activities. Textbooks werecategorized by clinical or functional areas. For each area, space was provided at the end of each section to allow respondents to write-in any textbooks that were not included in the listing. Fifty-eight books were listed in the survey sent to educational programs. PN/VN respondents added 390 titles while RN respondents added 482 titles.

Survey results were shared with the Examination Committee Team One at the February 1994 meeting. Based on the findings, the committee adopted a revised list of references to use when validating NCLEX items. The ETS library of references was supplemented to include all the major references.

■ *Statistical Analysis Reports*

- **Diagnostic Profiles**

  Reports on the diagnostic profiles were provided to both Examination Committee Team One and Examination Committee Team Two at various meetings. These reports included summaries of feedback received at the Fall NCLEX Beta Test Conferences for Member Boards, mock-ups of various draft versions of the diagnostic profiles, and submission of the final versions of the diagnostic profiles for approval by Examination Committee Team One. The diagnostic reports were approved for use by Examination Committee Team One at its February meeting.

- **Item Pool Rotation Plans**

  At the December 1993 meeting of Examination Committee Team One, ETS Statistical Analysis staff made a presentation on NCLEX item pool rotation and maintenance, where concepts, procedures, and plans for managing the CAT item pools were explained. At the February 1994 Examination Committee Team One meeting, the item pool rotation plan for the 1994-95 NCLEX testing year was distributed, discussed, and approved.

  In summary, the item pool rotation plan calls for rotating the two parallel RN pools and two parallel PN pools on a semi-annual basis.

- **Statistical Criteria for Evaluating Tryout Items**

  At the December 1993 Examination Committee Team One meeting, the statistical criteria for evaluating tryout items were presented to Examination Committee Team One and approved by the Committee. These criteria are similar to the criteria previously used to evaluate NCLEX tryout items. There are four statistical criteria for acceptable tryout item performance: 1) estimated item difficulties must be between -3.1 and +2.2; 2) point-biserial correlations must be equal to 0.05 or above; 3) distracter point-biserial correlations must all be below 0.05 and at least 0.03 lower than the point-biserial correlation for the keyed option; and 4) graphical item-ability regression plots must be judged acceptable by statistical experts.

- **Quarterly Technical Reports for NCLEX**

  At the December 1993 and February 1994 Examination Committee Team One meetings, ETS Statistical Analysis staff presented plans for producing quarterly technical reports. There are three statistical reports planned: 1) simulations reports; 2) quarterly technical reports; and 3) quarterly DIF reports. In addition, a quarterly report was described where longitudinal statistics as well as other activities of the testing service (e.g., item development activities, research updates, etc.) during the period will be summarized.

- **DIF Procedures**

  At the February 1994 Examination Committee Team One meeting, ETS Statistical Analysis and Test Development staff proposed procedures for assessing Differential Item Functioning for the NCLEX. In addition, Statistical Analysis staff submitted a research report to National Council staff that supported the use of these procedures. The DIF analysis procedures specify the frequency of analyses, the groups to be studied, the statistic for DIF item classifications, the minimum sample sizes for including items in DIF analyses, the disposition of classified items,and the management of DIF statistics. Major changes to previous DIF procedures include: 1) analyses will be undertaken on U.S educated candidates only (rather than including foreign-educated candidates); 2) analyses will be undertaken on tryout items as well as operational items; and 3) items will be classified using ETS procedures.

- **Characteristics of NCLEX CAT Pools for 1994-95**

  Statistical Analysis staff submitted a report at the February Examination Committee Team One meeting which described the characteristics of the two NCLEX-RN and two NCLEX-PN item pools formed for the 1994-95 testing year. The RN pools have approximately 1,800 items each, and the PN pools have about 1,485 items each. For each measure, the breakdowns of content and item difficulty are very similar for the two pools.

- **Simulations Report**

  ETS Statistical Analysis staff submitted a simulations report to National Council staff at the end of February 1994. This report documented the expected psychometric characteristics of the NCLEX-RN and NCLEX-PN for each item pool. These psychometric characteristics were judged to be satisfactory by both ETS and National Council staff, and the report was approved by Examination Committee Team One in a conference call on March 1st.

■ *Familiarization Diskette*

To assist candidates making the transition from paper-and-pencil testing to CAT, ETS and Sylvan funded, designed, and produced a computer diskette to familiarize candidates with the NCLEX testing process. The familiarization diskette was designed to introduce potential candidates to the most basic principles of computer-based testing and to acquaint them with the keyboard for answering questions. The content of the diskette was edited over a period of months by National Council staff. The final diskette was delivered to the National Council on April 1, 1994, for duplication and distribution to candidates, educational programs, and Boards of Nursing.

■ *NCLEX Operations*

NCLEX Operations answers the toll-free candidate inquiry and telephone registration line; responds to requests from Member Boards, candidates, and the National Council; monitors and reports NCLEX Data Center activity; performs quality control of all systems outputs; resolves rejects due to gridding errors and other reject conditions; prepares mailings to jurisdictions and examinees; maintains records for candidates requesting special conditions; provides MBOS support during evening hours; and reviews and resolves daily test session irregularity reports. Training of the core customer service staff took place during the week of February 7, 1994, in preparation for the February 15th start-up of the toll-free candidate inquiry and telephone registration service. Customer service representatives received training over a period of five days; three days were devoted to learning the requirements of the NCLEX program, a half day session addressed the requirements for telephone customer service at ETS, and the remainder of the training emphasized the on-line inquiry and registration system. Systems training included classroom instruction, hands-on sessions, and call simulations.

Staff positions are adjusted to Operations as registration and testing activities change. All staff added since the core group training have previous customer service or Beta Test experience. After reviewing NCLEX policies and procedures, each new individual joining the group is assigned to an experienced customer service representative who serves as a mentor. Progress is monitored by the customer service supervisor.

■ *Workload Measures*

- **Registration and Telephone Activity**

Activity on the candidate toll-free line from February 15 through April 30 has been very heavy. Approximately 20,000 calls have been answered with about one-fourth representing telephone registrations. Other calls have been inquiries by candidates and Member Boards.

Scannable registration forms have accounted for approximately 75% of all registrations received. Approximately 3% of the registrations received are unscannable registrations as a result of damaged forms and gridding errors. Data must then be key-entered by the NCLEX Operations staff.

- **Systems Outputs**

The NCLEX Operations staff also prepares the acknowledgement postcards, Authorizations to Test, and results reports. As of the end of April more than 50,000 documents have been processed. As the number of NCLEX candidates increases in May, June, and July, document processing will increase significantly.

- **Electronic Irregularity Reporting (EIR)**

Electronic Irregularity Reports (EIRs) are generated at the test centers whenever an unexpected event occurs. Test center staff are encouraged to document any activity that occurs, whether detailing a problem situation or noting a routine event such as a test center observer. EIRs are categorized into one of nineteen categories. Member Boards, the National Council, ETS, and Sylvan review every EIR each day and, using the Communication Channels guidelines outlined in the NCLEX Manual, provide follow-up and resolutions when required.

■ *Data Communications with Member Boards*

Member Boards have selected two methods by which candidate data are exchanged between Member Boards and ETS. Nine Boards of Nursing (California-RN, California-VN, Florida, Illinois, Massachusetts, Minnesota, New York, North Carolina, and Virginia) have configured existing computer systems to match the requirements needed by the ETS Data Center. The remaining Member Boards use the ETS-designed Member Board Office System (MBOS). This software, which runs on the PCs provided by the National Council, maintains an NCLEX candidate database, permits Member Boards to make candidates eligible and to change and correct data about candidates, and supports data communications between the ETS Data Center and each Board of Nursing.

As a result of the Beta Test and feed-back from MBOS users, a number of changes were made to MBOS for the implementation of the NCLEX operational program. The changes have been grouped into two releases of MBOS, release 2.0 sent to Member Boards prior to the start of NCLEX registrations on February 15, 1994, and release 2.1 sent on March 31 to coincide with the beginning of testing on April 1, 1994.

■ *Member Boards who have opted not to use MBOS*

Nine Member Boards have chosen not to use MBOS for managing data about NCLEX candidates. These Member Boards may be grouped into three different models as follows:

Model I - In this model the Member Board assumes the responsibility of registering candidates for the examination and collecting candidate fees which they remit directly to the National Council. When the candidate is eligible, the Member Board transmits a combined registration with eligibility record to the Data Center. The Data Center responds with authorization records, appointment records, and finally results records. The four Member Boards using this procedure are Florida, Illinois, Massachusetts and New York. Testing companies perform the operational work for Illinois, Massachusetts, and New York.

Model II - The Member Boards using this model send the Data Center eligibility records without regard for whether the candidate has registered or not. The Data Center attempts to match the incoming eligibility records with registration records. Those that do not match are held in a pending file and matched against subsequent registrations. In this model, the candidate registers with the Data Center but the Member Boards do not use the registration data. Special procedures have been implemented to control which fields are taken from the registration record and which fields are taken from the Member Board's record when making up the final candidate record. The Member Boards using this model are California-RN, California-VN and Virginia.

Model III - In this model, MBOS's functions are emulated by the Member Board's internal system. When candidates register with the Data Center, a registration record is sent to the Member Board's computer. It is added to the information about the candidate in the Member Board's computer which then sends the Data Center an eligibility record when it is appropriate to do so. The two Member Boards using this plan are Minnesota and North Carolina.

ETS staff have worked closely with these nine Member Boards or their contractors by providing file layout documentation, telephone consultation, and in testing their systems.

■ *MBOS Readiness Exercises*

Member Boards were invited to participate in a series of MBOS readiness exercises shortly before the start of registrations for the computer-delivered NCLEX. The purposes of the readiness exercises were to familiarize the Member Board staffs with the MBOS and the daily routine of MBOS operations as well as to identify any MBOS bugs. Member Boards using their existing computer systems also participated in the readiness exercises to test the functionality of the system for data exchange.

Version 2.0 of MBOS was delivered with a small database of test cases. On day one of the readiness exercises, new registrants and information update records were transmitted to the Member Boards. They were asked to perform a specific list of functions with MBOS and communicate the results of those functions to ETS. For example, a sample day of exercises called for making some test cases eligible, changing specific data elements for other test cases, printing a particular report, performing back-up of the database, and communicating with ETS. This pattern of activities was repeated for nine consecutive days giving Member Board staff an opportunity to experience the full range of functions available in MBOS and to develop a cycle or rhythm of daily activity.

The readiness exercises did fulfill their purposes although they did not operate exactly as expected. It had been expected that almost all Member Boards would perform the day one exercises on the scheduled day and continue forward on consecutive days. However, for a variety of reasons, Member Boards either started the exercises on different days or missed one or more days of the planned exercises and thus were not on the established schedule. ETS adapted to the need for a variable schedule and proceeded accordingly. Most Member Boards completed the exercises and of those that did not, most were able to complete several days of exercises so that the level of preparation for beginning candidate data exchange was generally very high. Many Member Boards have credited the exercises with preparing them for a smooth start-up of the NCLEX operational program.

■ *MBOS Helpline*

ETS provides a Helpline for MBOS users. This line was staffed from 8:30 AM until 5:00 PM Eastern Time starting with the readiness exercises and was extended to its current hours of 8:30 AM to 8:00 PM. A voice mail system was in place to permit callers to leave a voice-mail message between the hours of 8:00 PM and 8:30 AM.

Calls to the MBOS Helpline have decreased significantly since the start of registration from the volume of calls experienced during the Beta Test and during the readiness exercises. This reduction can be attributed to enhancements to the MBOS software in version 2.0 and 2.1, the readiness exercises, updates to the manual and the distribution of additional information to Member Boards (e.g. MBOS Hints and Broadcast Messages) to assist in understanding how the system functions. The system now has the capability of allowing daily communication with Member Boards through the Broadcast Message system.

■ *Calls to the MBOS Helpline:*

The most common calls to the MBOS helpline are related to the following types of questions/problems:

a) Communication Problems (auto send/receive not working, duplicate transmissions, communicating more than once per day)
b) Questions on communications procedure (was the transmission successful and printing the Transaction Activity Logs)
c) Resetting the IBM Network Password - This password expires every 60 days and many boards forgot the password in between the Beta Test and the beginning of the operational program.
d) Trouble-shooting when MBOS or IBM expEDIte/PC does not properly function due to conflicts with Board installed software
e) Screen lock-up
f) Recovered/resolved unsuccessful transmissions
g) Assisting Member Board Systems staff in developing procedures to update their internal systems and trouble-shooting for both MBOS and non-MBOS users.
h) Questions regarding status of candidates in MBOS
i) Help on installing new MBOS versions and questions on new enhancements

■ *Additional MBOS Documentation*

The following materials were distributed to Members Boards:

a) MBOS Hints 1 - Addresses questions on communications and printing of the Transaction Logs
b) MBOS Hints 2 - Addresses questions on special testing conditions, repeater code, and pruning the expEDIte/PC File Directory
c) Policy for changing of Data in Candidate Records
d) MBOS Communications - Beginning and End of Day Activities
e) MBOS Commonly Asked Questions and Answers
f) Definitions of transaction types on the Input and Output Logs
g) Updated MBOS User's Manual (2 copies provided to each Member Board)

■ *Sylvan Technology Centers*

- **Site Selection**

In preparation for the full implementation of the NCLEX, Sylvan conducted system-wide location and capacity-planning analyses to determine the sites for the testing centers. Planning was based on historical data relating to:

a) the number of first time paper-and-pencil test takers by educational program plus an estimate of repeaters and foreign candidates as applicable to each particular jurisdiction

b) sites where each Member Board had historically conducted paper and pencil examinations
c) locations of nursing education programs
d) locations of Sylvan Learning Centers which could house a Technology Center
e) requests from Member Boards

To determine the number of workstations required at each site, Sylvan made the following assumptions:

a) each workstation is capable of administering approximately 70 NCLEX examinations per month
b) it is likely that candidates will test at a center which is near the educational program attended
c) the early summer months (May-July) are expected to produce the highest NCLEX volumes, particularly for NCLEX-RN candidates

After defining the number of sites and workstations needed to satisfy the needs of examinees, Sylvan mailed the findings and a list of proposed centers to each Member Board for input. Sylvan also contacted each existing center to determine interest in opening a technology center or expanding an existing center. In many cases Sylvan was able to house Technology Centers within Learning Centers. In locations where no Sylvan Learning Centers were available, Sylvan installed "stand alone" Technology Centers or centers which were housed in ETS Field offices. ETS also agreed to install Technology Centers at various ETS institutional locations. As of April 1994, the site breakdown was as follows:

214 ..... Total centers
167 ..... Located in Sylvan Learning Centers
36 ..... Operated as "stand alone" Sylvan Technology Centers
3 ..... Operated within ETS Field Offices by Sylvan Learning Systems
7 ..... Operated by ETS in institutional sites (colleges and universities)
1 ..... Operated by the Member Board (American Samoa)

As testing patterns emerge with full implementation of this program, there may be a need to increase center capacities or the number of centers in the system. Sylvan will continually evaluate sites as testing patterns emerge over time.

- **Training**

All Sylvan Technology Centers are required to have a minimum of two trained and certified staff to act as Test Center Administrators. To accomplish this goal, training was conducted either through Sylvan's interactive "STV" (satellite television network) or via videotaped sessions of earlier broadcasted STV training sessions. Centers which were trained via the STV network had a 1-800 telephone number to call during the broadcast which enabled them to ask questions as the training was conducted. Questions which were not center specific were asked on the air and answered by the two trainers. Centers which received their training via videotape were also provided with a coaching staff via the same 1-800 number. These "training coaches" were trained during a "train the trainer" session in December 1993.

All centers received a copy of the initial videotape, even if they had participated in the live STV training. The videotape will serve as a periodic refresher to the current center staff as well as assist in the training of new staff in the future. Each center will conduct training sessions once per year as a refresher.

Certification of Sylvan sites and staff falls into three categories:

a) Certification of the physical site (layout, security, ADA accessibility)
b) Certification of the computer software (ensuring that the equipment operates)
c) Certification of the staff (ensuring consistency in how tests are delivered)

Certification of the physical site was a process which began with the initial approval of each of the 214 floorplans. Sylvan's operations and field services staff worked closely with each center to design and subsequently approve each center's layout, utilities, furniture placement, and ADA requirements before initial build-out or expansion occurred. Once the build-out had been completed, technicians arrived at the site to

install the computer system and complete the site certification checklist. This list was returned to Sylvan's Certification Team who reviewed it for any items which were not in compliance. When all non-compliant issues had been resolved, the Operations Department certified the site.

Certification of the computer software is a test of the functionality of the software at the center and the center's ability to communicate (via telephone lines) to Sylvan's central data center. This test was completed by the installation team which reported back to Sylvan's Certification Team. Certification occurred when the computer system functioned as expected.

Certification of the Test Center staff was conducted through a hands-on 100 item computer-based test. The certification test questions detailed policies and procedures for all testing programs which are conducted at Sylvan Technology Centers. In order to take the certification test, the staff member was required to perform the following functions on the computer, thus simulating the processes required to conduct NCLEX testing.

a) Registration for the examination
b) Check-in procedures
c) Starting the examination
d) Simulation of a power failure
e) Moving the examination session to a different workstation
f) Ending the examination
g) Writing an EIR (electronic irregularity report)
h) Closing for the day

The completed certification tests were transmitted to Sylvan Corporate where they were evaluated. The tests were also transmitted to ETS to further certify that the test records were successfully transmitted, thus providing a final software test. After the successful transmission, the staff member was certified. Staff are certified for one year and then must complete a refresher training course and renew their certification by taking another certification test.

- **Site Performance to Date**

Open Houses for Board Members, Board Staff, and nurse educators were conducted. Questions that arose formed the foundation for communiques to test centers and identified needs for additional staff education and training.

Between April 1-30, over 8000 examinations were administered at Sylvan Technology Centers. Although a few problems have been experienced, overall the network of test centers has effectively administered the NCLEX.

- **Test Center Administrator's Manual**

The NCLEX Test Center Administrator's Manual serves as the model for all security procedures conducted at the Sylvan Technology Centers and was referred to extensively during the training session as the tool to use for all NCLEX policies and procedures. The development of the manual by the National Council's Administration of Examination Committee, ETS, and Sylvan spanned many months and many revisions and has been fully approved by the National Council. As testing continues, new experiences and situations will warrant revisions and additions to the Manual so that testing policies and procedures flow smoothly at the centers while maintaining the highest level of security and test integrity.

IV. Testing to Date

At the time of this report, the NCLEX operational program has been functional for one month. Table 11 provides summary information for the first month of testing. Additional information will be provided at the Delegate Assembly.

Table 11. Testing through April 30, 1994

	PN/VN	RN
Number of Candidates Tested	7,174	1,369
Average Number of Items Completed	112.0	136.7
Average Testing Time (in hours)	1.85	2.46

V. Summary

The activities of the last year have provided the foundations for the historic beginnings of the largest computerized adaptive licensure examination program. The Beta Test and Beta Test Retest allowed for testing the comparability of CAT to paper-and-pencil testing as well as testing the operational abilities to deliver the NCLEX throughout the Unites States and its territories. The operational program is now underway and, at the time of this report, more than 8,000 candidates have been tested.

■ *Meetings Attended*

ETS and Sylvan staff attended the following meetings over the past year:

Examination Committee Team One
October 8 - 11, 1993 ..... Chicago, IL
October 20 -21, 1993 ..... Monterey, CA
December 6 - 11, 1993 ..... Chicago, IL
February 5 -11, 1994 ..... Chicago, IL
May 5 - 6, 1994 ..... Chicago, IL

Examination Committee Team Two
October 8 -11, 1993 ..... Chicago, IL
December, 6 -11, 1993 ..... Chicago, IL
February 23 - 26, 1994 ..... Chicago, IL
May 2 - 4, 1994 ..... Chicago, IL

Administration of Examination Committee
October 8 - 11, 1993 ..... Chicago, IL
December 6 - 7, 1993 ..... Chicago, IL

Fall Beta Test Workshops
November 1 - 2, 1993 ..... Newark, NJ
November 7 - 8, 1993 ..... Nashville, TN
November 9 - 10, 1993 ..... Denver, CO
November 11 - 12, 1993 ..... Chicago, IL

Area Meetings
Area I, March 24 - 25, 1994 ..... Seattle, WA
Area II, April 15 - 16, 1994 ..... Des Moines, IA
Area III, April 18 - 19, 1994 ..... Raleigh, NC
Area IV, April 28 - 29, 1994 ..... Annapolis, MD

Delegate Assembly
August 4 - 7, 1993 ..... Orlando, FL

Report of the Nursing Practice and Education Committee

Committee Members

Karen Macdonald, ND, Area II, *Chair*
Barbara Hatcher, DC, Area IV
Geoff Hodge, WA-RN, Area I
Betty Hunt, NC, Area III
Jan Zubieni, CO, Area I

Relationship to the Organization Plan

Goal I ..... Provide Boards with examinations and standards for licensure and credentialing.
Objective F ..... Promote consistency in the licensure and credentialing process.
Objective G ..... Investigate mechanisms for evaluating continued competence.
Goal II ..... Provide information, analyses and standards regarding the regulation of nursing practice.
Objective A ..... Develop documents which provide guidance regarding the regulation of nursing practice.
Objective B ..... Develop documents regarding health care issues which affect safe and effective nursing practice.
Objective D ..... Provide for Member Board needs related to disciplinary activities.
Goal III ..... Provide information, analyses and standards regarding the regulation of nursing education.
Objective A ..... Develop documents which provide guidance regarding the regulation of nursing education.
Objective C ..... Provide for Member Board needs related to the approval process of nursing education programs.

Recommendation(s)

1. That the Delegate Assembly adopt the revised *Model Nursing Administrative Rules.*

Rationale

It has been six years since the *Model Nursing Administrative Rules (Model Rules)* has been examined for possible revision. The Nursing Practice and Education Committee conducted a comprehensive review of the *Model Rules.* The committee's goal throughout the revision of the *Model Rules* was to provide guidelines for boards of nursing; protect the public health, safety and welfare; and allow for the evolution of nursing practice. Major changes include providing the opportunity for special licensure for individuals who are unable to practice the full scope of nursing but are able to practice safely within a modified scope or with accommodations, and limiting the use of temporary permits.

The standards for nursing education and practice reflect the committee's approach of providing a blueprint in the rules with more detailed language available in comments for Member Boards needing more specificity. The nursing education rules allow nursing education programs to be flexible in order to meet expectations of a changing health care delivery system.

The chapter on continued competence was revised to allow more options in the effort to assure ongoing competence. The committee believed that while continuing education is an excellent strategy, it is not, by itself, the solution to assuring continued competence. There are other activities and modalities that assist a nurse in maintaining competence. In the *Model Rules,* the committee selected an approach which combines a number of methods to provide the nurse with flexibility in choosing activities that best meet the needs of the particular individual. Participation in a variety of activities can be reported as part of the licensure renewal process. A sample continued competence section of a renewal form is included as Attachment C. The committee believes that these continued competence guidelines will assist Member Boards until a definitive solution to the question of continued competence is discerned.

Discipline rules were revised to identify the procedural elements essential to discipline yet avoid repetition of the jurisdiction's Administrative Procedure Act.

The revised *Model Nursing Administrative Rules* are found in Attachment A.

2. That the Delegate Assembly adopt the revisions to the *Model Nursing Practice Act.*

Rationale

The *Model Nursing Practice Act* was reexamined after the *Model Nursing Administrative Rules* was revised to ensure that the *Model Act* was congruent with the *Model Rules.* The implementation of computerized adaptive testing (CAT) encouraged the committee to reconsider the need for temporary permits. Because of the requirements of the Americans with Disabilities Act, the committee developed special licensure, a non-disciplinary process for licensing the individual who is unable to safely practice the full scope of nursing but is able to practice safely within a modified scope of practice or with accommodations or both as specified by the board of nursing.

The proposed changes to the *Model Nursing Practice Act* are found in Attachment B.

Highlights of Activities

■ *Revision of the Model Nursing Administrative Rules*

A tactic under Objective A of Goal II states, "*Evaluate and revise as needed sections of the Model Nursing Administrative Rules relating to nursing practice.*" A tactic under Objective A of Goal III is the same except it relates to nursing education. The committee did a thorough evaluation of the *Model Nursing Administrative Rules,* completing both a reorganization and a revision of the *Model Rules* (Attachment A). A major paradigm shift involved the committee moving from very specific rule language to a blueprint format which identifies essential elements in the rule language and incorporates more detail in the comment for the jurisdictions that require more specific language.

■ *Strategies for Prevention of Common Nursing Practice Deficiencies*

The committee was assigned to conduct a pilot study focusing on collaboration among nursing education, nursing service and nursing regulation to identify strategies for prevention of common nursing practice deficiencies. As a first step, the committee conducted a survey of nursing service staff, nursing service managers, nursing educators, and nursing regulators. The purpose of the survey was to identify common practice deficiencies and any corrective actions.

The committee designed a model for collaboration among service, education and regulation to identify proactive strategies for prevention of common practice deficiencies. The model involves identification of the practice deficiency, a literature review, selection of consultants, a pre-meeting assignment, a focused meeting of all parties, implementation of strategies and evaluation.

The committee selected lack of handwashing as a common nursing deficiency to test its collaborative model. Consultants from nursing education and nursing service were invited to participate in the process. The pilot was conducted during the March meeting of the committee. The participants evaluated the feasibility of the model. A full report of the project is included as Attachment D.

■ *Readability Levels of Clinical Nursing Documents and Non-nursing Essential Competencies*

Objective G under Goal I states "*Investigate mechanisms for evaluating continued competence.*" As part of this work, the Nursing Practice and Education Committee made two assumptions: 1) that in order to assess continued competence, a first step is determining what is competence, and 2) that the Americans with Disabilities Act (ADA) may have a profound impact on the definition of competence.

Based on these assumptions, the committee requested that two research studies be conducted. The research department prepared *The Readability Levels of Clinical Nursing Documents* and an *Essential Competencies Report.* These studies were conducted as part of a project to identify a list of competencies (other than nursing knowledge) that a nurse must possess in order to function safely and effectively in a variety of clinical settings.

The research staff conducted reading level assessments on samples of common nursing documents that must be read by various levels of licensed personnel. The results of this study were distributed to Member Boards.

The identification of non-nursing essential competencies was the second part of this work. Research staff worked with an advisory panel to identify a list of non-nursing competencies. A survey was conducted to validate the list developed by the advisory panel. The committee reviewed the results of the study with research department staff and determined that competencies that were identified at the 95 percent level or above would be considered essential competencies.

The committee met with staff members of the research department, testing department, public policy department and legal counsel to discuss the implications of the two studies, in relation to the ADA and the assessment of competence. The committee requested that the research department plan a study to validate this work. The committee recommends that the results of the original study be re-assessed after the validation study is completed.

- ***Monitoring Member Board Continued Competence Mechanisms and Entry into Practice Positions***

  Since directed by the 1986 Delegate Assembly, the Nursing Practice and Education Committee has monitored the continued competence mechanisms used by Member Boards and the Member Boards' positions on entry into practice. This data was collected by the research department in its Member Board survey. The summary reports are found in Attachments G and H. (Attachment H will be disseminated in late June as an addendum.)

- ***Issues***

  The Nursing Practice and Education Committee planned topics and articles for the nursing practice and education edition of *Issues*, which will be published this summer.

Meeting Dates

- October 8-10, 1993
- January 14-17, 1994
- March 19-22, 1994

Future Considerations for the National Council

- ***Validation of the Essential Competencies Study***

  The Research Department has proposed that a study be conducted to validate the identified list of non-nursing essential competencies. This will be completed in FY95.

- ***Delegation***

  The National Council explore how the essential competencies studies can be used to assist in decision-making regarding which nursing functions can and cannot be delegated.

- ***Unlicensed Assistive Personnel***

  The National Council develop strategies for addressing issues related to the provision of nursing care by unlicensed assistive personnel.

Recommendation(s)

1. That the Delegate Assembly adopt the revised *Model Nursing Administrative Rules.*

2. That the Delegate Assembly adopt the revisions to the *Model Nursing Practice Act.*

Staff

Linda F. Heffernan, *Nursing Practice and Education Associate*
Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

Attachments

Attachment A

Proposed Revised Model Nursing Administrative Rules for Nursing

NOTE: Page numbers for this document appear at the bottom of each page.

Introduction to the 1994 Revised Model Nursing Administrative Rules

Most Boards of Nursing are authorized by the jurisdiction's Nursing Practice Act to develop administrative rules which are used to clarify or make more specific the statutes. Administrative rules must be consistent with the Nursing Practice Act, cannot go beyond the law, and once enacted have the force and effect of law. Authority for these Model Nursing Administrative Rules is provided in the National Council's **Model Nursing Practice Act**, first published in 1982, and revised in 1988 and 1993.

The National Council's Model Nursing Administrative Rules were first developed by the Nursing Practice and Standards Committee and adopted by the National Council Delegate Assembly in August, 1983. The Model Rules were revised in 1988. Their purpose was, and continues to be, to provide the National Council's Member Boards and others with a resource for the development, review or revision of nursing rules. These Model Rules should not be utilized without an awareness of the specific authority granted in the Model Nursing Practice Act for each rule. Citations to the Model Nursing Practice Act (MNPA) are provided.

Administrative Rules, promulgated on the authority set forth in enabling legislation, look very different for each jurisdiction. Approaches to rules are diverse as to format, organization and the amount of detail included in the text. The Nursing Practice and Education Committee found drafting Model Regulations that could useful in so many varied situations to be a particularly challenging undertaking.

Early in the revision process, a re-organization of the current rules was proposed so that the topics followed the sequence of the Model Act. As the revision progressed, a paradigm shift happened. The previous National Council Model Rules had been developed as the "gold standard" - addressing every aspect of regulation, codified in great detail in the Model Rules. The comment sections were used to outline other possible approaches.

This committee's approach is more a "blue standard" - outlining the elements which, in the committee's view, are most important to protect the public health and safety. These important elements are developed in the language of the rules, providing a blueprint for regulation. This new approach uses the comment sections to suggest additional language which may be used by Member Boards needing more detail and specificity.

Those who use this model are urged to study it in the context of the law in their particular jurisdiction and, before attempting to apply it, to seek legal counsel. It is possible that certain portions of these rules may conflict with existing state statutory or constitutional law. In addition, nursing standards and models developed by other professional organizations from their particular perspective can be helpful to those contemplating the development or revision of nursing administrative rules. The use of a wide range of resources in addition to these Model Rules is encouraged.

Organization of the Rules

The Model Nursing Administrative Rules are organized to follow, as closely as possible, the order of topics in the Model Nursing Practice Act, and includes chapters related to licensure, nursing education, continued competence, nursing practice standards and disciplinary action.

Chapter one is a new section, which provides information regarding the history and organization of the Board.

Chapter two provides definitions of terms used within the Model, and chapter three addresses general board provisions.

Chapter four is devoted to licensure of Registered Nurses and Licensed Practical Nurses. Separate sections provide for licensure by examination and licensure by endorsement. A new section proposes special licensure, a non-disciplinary approach to providing opportunity for individuals who require special accommodations to practice nursing safely. Although the implementation of Computerized Adaptive Testing (CAT) has lessened the need for

temporary permits for applicants for licensure by examination, opportunities for temporary permits are provided in this model for applicants for licensure by endorsement, and for students in post-basic nursing education and nursing refresher courses. A final section in this chapter pertains to licensure renewal.

Chapter five consists of standards for nursing education and the process of nursing educational program approval.

Chapter six addresses continued competence. The underlying premise in this chapter is that being able to verify that at a point in time a licensee was able to pass the licensing examination is not sufficient for public protection. A method of evaluating on-going competency is needed. While current research does not support any single method for assuring continued competence, many states do require continuing education or specified hours of nursing practice as part of licensure renewal. These draft rules suggest an approach to make continued competence requirements more meaningful. The National Council's research on essential competencies and efforts to develop the individual nurse and the employer roles in assuring continued competence as well as the Board of Nursing's role in providing requirements and means for demonstrating continued competence are part of ongoing efforts to develop resources to assist Member Boards in this important aspect of nursing quality assurance.

Chapter seven consists of standards for nursing practice for the Registered Nurse and the Licensed Practical Nurse. Standards are provided related to implementing the nursing process; organizing, managing and supervising the practice of nursing; and being a member of the nursing profession and the health care team.

Chapter eight is reserved for the rules on Advanced Practice Registered Nurses, which were adopted by the 1993 Delegate Assembly.

Chapter nine is devoted to the disciplinary process, and Chapter ten describes the assessment of fees.

Use of the Model Rules

The purpose of the National Council's *Model Nursing Administrative Rules* continues to be to provide Member Boards with a resource for the development, review or revision of nursing administrative rules. The revised *Model Nursing Administrative Rules* addresses a number of timely and challenging regulatory issues. The Nursing Practice and Education Committee members recognize the potential impact on nursing regulation of the changing health care environment, and have attempted to provide a resource that is thought provoking, innovative and will assist Member Boards in their important role in assuring quality health care through the regulation of nursing practice.

Committee Members
Karen Macdonald, ND, Area II, *Chair*
Barbara Hatcher, DC, Area IV
Geoffrey Hodge, WA, Area I
Betty Hunt, NC, Area III
Jan Zubieni, CO, Area I

National Council Staff
Linda F. Heffernan, *Nursing Practice and Education Associate*
Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

Chapter 1 - Organization and History of Board

1. History and Functions. The xxxx(year) legislative assembly passed a law governing the registration of nurses and created a Board of Nursing, codified as yyyy(state code), chapter oooo. The xxxx legislative assembly passed a law governing practical nurses. The xxxx legislative assembly passed a Nursing Practice Act which combined the two laws, codified as zzzzz(state) code. This statute requires the governor to appoint a Board of Nursing whose responsibility is to protect the public health, safety and welfare through the regulation of nursing.

2. Board Membership. The Board consists of () members appointed by the governor. () members are registered nurses, () are licensed practical nurses, and () are public members. Members of the Board serve () year terms. No member may be appointed for more than () consecutive terms.

3. Executive Director. The executive director is employed by the board and responsible for the administration of the board's office and activities.

4. Inquiries. Inquiries concerning the board and nursing practice in (state) may be addressed to:

Name of Board
Street address
City/State/Zip code

5. Changes. This chapter may be amended without informal or formal rule making procedures.

Comment

This section of the rule provides information regarding the history and organization of the Board "at a glance".

This Model presupposes an independent board. Boards may be organized according to different models.

Appointment by the governor is the most common method of Board membership selection, however some states have Board members appointed by other entities or elected to the position.

This allows additions to the legislative history and changes in address without rule promulgation.

Chapter 2 - Definitions.

1. **Accreditation** - the official authorization or status granted by an agency other than a state board of nursing.

2. **Approval** - official recognition of nursing education programs which meet standards established by the Board of Nursing.

3. **Assign** - Transferring to a qualified other the authority and the responsibility for the performance of selected nursing activities.

4. **Clinical Preceptor** - An individual licensed at or above the level of licensure that a precepted student is seeking, who may serve as a teacher, mentor, role model and supervisor in the clinical setting.

5. **Competence** - a synthesis of skill, knowledge and performance. The ability to transform learning into effective and appropriate action is evidence of such competence.

6. **Credentials** - a diploma, certificate or degree in nursing.

7. **Criterion-referenced Examination** - An examination which ascertains an individual's status with respect to a pre-specified standard or criterion, comparing the individual to the level of performance the individual is expected to achieve.

8. **Delegation** - Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains the accountability for the total nursing care of the individual.

9. **Diagnosis** - the judgment or conclusion that occurs as a result of nursing assessment.

10. **Direction** - monitoring and guiding the practice of another, usually by verbal or written communication.

Comment

Some Boards are accrediting agencies under the United States Department of Education.

Community clinical settings, graduate nursing educational programs, and advanced nursing practice education programs are examples where educational programs use preceptors within the clinical setting to assist nursing program faculty in guiding students in their clinical experience.

Conceptual Framework for Continued Competence (1991) National Council.

Popham, 1978. The National Council Licensing Examinations (NCLEX) are criterion referenced examinations.

Concept Paper on Delegation (1990) National Council.

11.	**Formal study** - study within an approved nursing education program.	
12.	**Disabled** - having a physical or mental impairment that substantially limits one or more major life activities; having a record of such an impairment; or being regarded as having such an impairment. The disability must interfere with the individual's ability to practice the full scope of nursing practice safely.	Americans with Disabilities Act (1990) 56 CFR 36.104. To affect a person's licensure status, an ADA - defined disability must also affect his/her ability to practice safely; thus the definition requires that the two conditions be satisfied.
13.	**Health care team** - a group of health care providers which may, in addition to health care practitioners, include the client, family and significant others.	
14.	**Lapsed license** - the termination of an individual's privilege to practice nursing due to the individual's failure to renew the nursing license within a specified period of time.	
15.	**Licensed physician or dentist** - a person who is licensed to practice medicine or dentistry.	States may want to consider the effect of limiting the ability of Registered Nurses to take orders from a physician or dentist who is licensed in the state may have an impact on nurses who practice in communities that border two states.
16.	**Managing** - planning, organizing, integrating, implementing and evaluating to achieve an objective or set of objectives.	
17.	**Norm-referenced Examination** - An examination which ascertains an individual's status with respect to other examinees who have taken the same examination.	Popham, w.5. (1978). Criterion referenced measurement. Englewood Cliffs: Prentice-Hall, Inc.
18.	**Nursing Process** - A five step systematic method of planning and providing nursing care consisting of assessment, diagnosis, planning, implementation, and evaluation.	Kozier, B., Erb, G., Olivieri, R. (1991). Fundamentals of nursing: Concepts process and practice. Menlo Park Addison-Wesley
19.	**Nursing Referral** - Directing a client to a peer or another health professional or resource.	

20. **Peer Review** - the review and evaluation of the practice of a nurse by a peer or group of peers in relation to established or accepted standards of practice.

21. **Post-basic Nursing Student** - A nurse who has completed nursing education necessary for initial licensure and is completing additional formal nursing education.

[Prescription is defined in chapter 8, Advanced Practice Registered Nurses]

22. **Qualified Other** - individuals who are duly authorized and trained to perform selected tasks or functions.

23. **Reinstatement** - The procedure of restoring or re-establishing a nursing license which has lapsed or which has been voluntarily surrendered, suspended or revoked.

24. **Revocation** - the process of recalling a nursing license.

25. **Standard** - an authoritative statement as established by rule by which the Board can judge the quality of nursing education or practice.

26. **Strategy of Care** - the goal-oriented plan developed to assist individuals or groups to achieve optimal health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling/teaching, and collaborating on certain aspects of the medical regimen including, but not limited to, the administration of medications.

Conceptual Framework on Delegation, (1991) National Council.

A post-basic student may be a graduate of a foreign educational program.

There are different interpretations of the term "revoke" in different states. Some states consider revocation a permanent annulment, while others consider the action for a specific period of time.

27. **Supervision** - Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

28. **System For The Delivery Of Health Care** - a licensed medical facility or other organization which provides organized nursing services.

Chapter 3 - General Board Provisions

MNPA, Article III Section 2

A. Board Administration. The Board of Nursing shall:

1. Employ an Executive Director with the following qualifications.

   a. Master's degree in nursing from an accredited college or university;

   b. License to practice as a Registered Nurse in this state; and

   c. At least () years experience in nursing practice, including administration, teaching or supervision in nursing educational programs or health agencies.

2. Monitor the effectiveness of the Executive Director in carrying out the:

   a. Administrative performance of the Board; and

   b. Employment of personnel needed to carry out the functions of the Board.

3. Authorize the appointment and employment of legal counsel, accountants and such other employees, assistants and agents as may be necessary, in the opinion of the Board, to administer and enforce the provisions of this Act.

Comment

Depending on the structure of the state, the title of Executive Director and the employing agent may vary. The Executive Director of the Board of Nursing should receive an annual salary which should be determined by the Board and reimbursement for all expenses incurred in connection with performance of official duties. The determination of the executive director salary may vary with Board structure. The salary of the Executive Director should be competitive with salaries for positions involving similar responsibilities and requiring similar education and experience.

The Board's authority to monitor the effectiveness of the Executive Director would imply the authority to fire. In a firing situation, to assure due process, the entire Board should be a part of the decision-making process.

The Board can only operate within the limits of available resources and should be staffed to carry out functions in a meaningful manner.

The principles that apply in determining the lawfulness of expenditures by state administrative agencies would apply here. Individual states may prohibit this provision.

B. Interpretive Statements. The Board is authorized to publish interpretative statements regarding whether the nursing practice procedures or policies authorized, condoned or acquiesced to by an agency, facility, institution, or other organization that employs individuals licensed under this Act, comply with acceptable standards of nursing practice as defined in this Act or Board Administrative Rules; and submit comments, register complaints, or file charges with the appropriate advisory, certifying or regulatory body governing such agency, facility, institution or organization when appropriate.

C. Officers. The Board shall elect from its members a President and Vice President.

1. The President shall preside at Board meetings and shall be responsible for the performance of all duties and functions of the Board required or permitted by this Act. In the absence of the President, the Vice President shall assume these duties.

2. Additional offices shall be established and filled by the Board at its discretion.

3. Officers elected by the Board shall serve a term of () years commencing with the day of their election and ending upon election of their successors.

D. Meetings. The Board shall conduct meetings within the following guidelines:

1. The Board of Nursing shall meet at least once every () months to transact its business. One meeting shall be designated as the annual meeting for the purpose of electing officers and Board reorganization and planning. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the President of the Board or shall be called at the request of two-thirds of the Board members.

In the interest of maintaining high standards of nursing practice and assuring that licensees are not subjected to conflicting rules or regulations, this section allows the Board to exert its influence and pursue appropriate legal, administrative or other channels to promote acceptable nursing practices or procedures. It does not confer investigatory powers beyond those already reserved to the Board, but it restates the Board's inherent authority to express its views and pursue appropriate channels to protect the public health, safety and welfare.

In some jurisdictions, the chair may be appointed by the governor or other political entity.

2. The Board shall give official and public notice of the place and time of the meeting. Notice of all Board meetings shall be given in the manner and pursuant to requirements prescribed by this State's applicable statutes and rules and regulations.

3. A majority of the Board members including the President or Vice President shall constitute a quorum for the conduct of a Board meeting. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the Board of Nursing.

4. The Board shall develop guidelines to assist Board members in the evaluation of possible conflicts of interest. Members shall abstain from voting when a conflict exists.

Board members should be aware that conflict of interest may arise when a member is, for example, involved in a professional organization as an elected officer, in employer-employee relationships or in student-faculty relationships.

5. The Board shall develop guidelines to assist Board members in the disclosure of ex parte communications.

Board members should be aware that ex parte communications with individuals involved with business before the Board may result in the Board members having to remove themselves from discussion and decision making participation.

E. Annual Report. The Board shall submit an annual report to the governor summarizing the Board's proceedings and activities.

The annual report is basic to accountability and offers a means of monitoring Board activities.

Chapter 4. Licensure

4.1 Licensure by Examination. MNPA, Article III section 2(d)(i) and Article V Section 1(a)

A. Information. The Board will make information regarding the examination, the examination registration process, the licensure process and fees available to applicants.

B. Application. An applicant for licensure by examination shall complete the application process described below:

1. Information to be submitted to the Board:

   a. A completed Board application prior to the examination;

   b. The required fee for licensure by examination, as specified in Chapter 10, section A1; and

   c. An official transcript or other official documentation directly from a Board approved nursing education program for the level of licensure being sought. This documentation shall verify the date of graduation, credential conferred and evidence of meeting the standards of nursing education in this State. A transcript is not required prior to the examination but shall be submitted prior to the issuance of a permanent license.

   d. A statement from the nursing education program as to whether the applicant required accommodations to complete the educational program. If

Comment

Many jurisdictions make this information available through the nursing education programs.

These rules reflect changes needed for CAT implementation.

It should be clear that applicants must meet both the Board and NCLEX requirements for initial and repeat applications. Jurisdiction should comply with established National Council procedures to be followed for disabled candidates applying for the licensure examination.

See Chapter 4, section C4 for example questions regarding disabilities and/or accommodations that may be used on applications.

accommodations were needed, the program should describe the nature of the disability and the accommodations required.

2. The Board determination regarding candidate eligibility for examination will be made within () weeks after receipt of complete application as described above.

   a. Board will notify the testing service of eligibility status of the candidate.

   b. The frequency and number of retests by unsuccessful candidates will be determined by the Board.

The Board makes the determination regarding how often a candidate may retest and how many retakes are allowed. Consideration should be given to the National Council recommendations regarding the use of the test item pool.

C. Foreign Education Applicant. An applicant who was educated in another country and who seeks licensure by examination shall complete the application process described below:

1. Information to be submitted to the Board:

   a. A completed Board application prior to the examination;

See Chapter 4, section C4 for example questions regarding disabilities and/or accommodations that may be used on applications.

   b. The required fee for licensure by examination as specified in Chapter 10, section A1;

   c. An official transcript from the nursing education program. The transcript shall be in English or a certified translation.;

Educational credentials may be evaluated by the Board or by an independent agency such as a foreign educated nurse credentialing agency endorsed by National Council.

d. Evidence of English proficiency if the nursing education program was not conducted in English; and

Some states may choose to administer their own English proficiency exams or to use a standardized exam: for example Test of English as a Foreign Language (TOEFL), Commission on Graduates of Foreign Nursing Schools Certificate Examination (CGFNS Certificate) or Test of Spoken English (TSE). The Board's purpose in requiring English language proficiency is to promote and ensure the safe and effective delivery of nursing services to the public.

If the jurisdiction wishes to adopt this section, it must also adopt language in its Nursing Practice Act that expressly provides the Board with the authority to administer an English proficiency test.

e. Evidence of licensure or eligibility for licensure from the original country of nursing education. This documentation shall be in English or a certified translation.

2. The Board determination regarding candidate eligibility for examination will be made within () weeks after receipt of complete application as described above.

a. Board will notify the testing service of eligibility status of the candidate.

b. The frequency and number of retests by unsuccessful candidates will be determined by the Board.

The Board makes the determination regarding how often a candidate may retest and how many retakes are allowed. Consideration should be given to the National Council recommendations regarding the use of the test item pool.

D. Examination Requirement and Passing Score.

1. In order to be licensed in this state all registered nurse applicants shall take and pass the National Council Licensure Examination for Registered Nurses. The results will be reported to the applicant as pass or fail.

This requirement recognizes the National Council Licensure Examination as the acceptable examination for nursing licensure. Administration of this national examination enhances interstate mobility of nurses.

Boards are legally responsible for setting the passing standard. It is encouraged that they establish the passing standard recommended by the National Council for legal defensibility and to aid interstate mobility through endorsement.

2. In order to be licensed in this state, all practical nurse applicants shall take and pass the National Council Licensure Examination for Practical Nurses. The results will be reported to the applicant as pass or fail.

4.2 - Licensure by Endorsement. MNPA, Article III Section 2(d)(i) and (iii) and Article V Section 1(b)

A. Information. The Board will make information regarding application for licensure by endorsement, the licensure process and fees available to applicants.

B. Application. An applicant for licensure by endorsement in this state shall submit to the Board:

1. A completed application for licensure by endorsement;

See Chapter 4, section C4 for sample questions regarding disabilities and/or accommodations that may be used on applications. Asking social security number and birthdate, if allowed by state law, provide the Board with useful identifiers. Some states may wish to consider granting licensure by endorsement to Canadian graduates. This decision should be based on careful evaluation of the nursing education program, test plan for the nursing licensure examination, and communication of the English language.

2. An official final transcript from a board-approved nursing program which prepares for the level of licensure being sought. This transcript shall identify the date of graduation, the credential conferred, and demonstrate evidence of meeting the Standards for Nursing Education in this state at the time of original licensure;

3. Evidence of continued competence as defined in Chapter 6;

4. Verification of initial licensure by examination; and

5. Verification and documentation of licensure status from jurisdiction of most recent employment.

Current licensure is not a guarantee of current practice. Documentation of licensure status from all states is the preferred mechanism for protection of the public. This documentation should indicate any type of licensure modification.

C. Examination Requirements.

1. Registered Nurse applicants shall present evidence of having passed a licensure examination as follows:

The requirements delineated in numbers 1 and 2 of this section recognize the evolutionary process of the licensing examination for Registered Nurses. Applicants should be required to meet what was in effect in this state at that time. This is the place to indicate previous examination requirements that still affect endorsements. This level of detail may not be necessary in states where the longevity of administrative rule is sufficient to document previous requirements.

a. With a passing score on a state-constructed licensure examination prior to the use of the State Board Test Pool Examination in the original state of licensure; or

Prior to the development of the State Board Test Pool Examination, states administered their own state-constructed tests.

b. With a score of 350 on each part of the State Board Test Pool Examination for Registered Nurses. All parts of the examination shall have been passed within () writings of the examination or within () years from graduation from a program. Registered Nurse graduates prior to (date) are not required to have had psychiatric nursing or to have been tested in psychiatric nursing; or

The State Board Test Pool Examination for Registered Nurses, precursor to NCLEX-RN, consisted of five parts: Medical Nursing, Surgical Nursing, Psychiatric Nursing, Obstetric Nursing, and Nursing of Children. The passing score required for each part was 350.

c. National Council Licensure Examination for Registered Nurses.

In July, 1982, a comprehensive, criterion-referenced examination, The National Council Licensure Examination for Registered Nurses (NCLEX-RN), was implemented by the National Council. The recommended passing score for this examination is 1600. After February 1989, scores were reported to the Board as pass or fail.

2. Practical Nurse applicants shall present evidence of having passed a licensure examination as follows:

a. A passing score on the state-constructed licensure examination prior to the use of the State Board Test Pool Examination in the original state of licensure; or

Prior to the development of the State Board Test Pool Examination, states administered their own state-constructed test. Some states may wish to identify a specific date for accepting a state-constructed test.

b. A score of 350 on the State Board Test Pool Examination for Practical Nurses. The applicant shall have passed this examination within () writings of the examination or within () years from graduation from a program; or

The State Board Test Pool examination for Practical Nurses was the precursor to the present National Council Licensure Examination for Practical Nurses (NCLEX-PN). On both examinations, 350 represents the passing score.

c. National Council Licensure Examination for Practical Nurses.

Initially the passing score on NCLEX was 350. Beginning in October, 1988, scores were reported to the applicant as pass or fail.

D. Fees. The required fees for licensure by endorsement as specified in Chapter 10, section A2.

4.3 - Special Licensure
MNPA, Article III, Section 2(d)(viii) and Article V, Section 5

A. Purpose. To permit disabled individuals who cannot practice safely the full scope of nursing, but who can practice safely within a modified scope, or practice safely with accommodations, or both, to be granted a Special License.

The Americans with Disabilities Act prohibits discrimination, on the basis of disability, against a qualified individual with a disability, who can, with or without accommodations, perform the essential functions of a profession. Boards of Nursing are challenged with balancing that protection afforded individual nurses with the need to protect the public health and safety from individuals who are unable to practice nursing safely. This model suggests that Member Boards focus on factors which may indicate a current disability affecting the individual's ability to practice nursing safely and the reasonable accommodation which would allow the individual nurse to perform essential

nursing functions.

B. Special License. A Special License is a license for Licensed Practical Nurse, Registered Nurse, or Advanced Practice Registered Nurse which requires that the individual nurse practice only within a modified scope of practice or with accommodations or both, as specified by the Board of Nursing.

The license would state "Special License - contact the Board of Nursing."

C. Identification of Need. The Board may be informed of the potential need for special licensure by:

1. Request by an individual for special licensure;

2. Information provided by nursing educational program that a student required accommodation to accomplish clinical educational objectives;

   See section 4.1, licensure by examination, for the type of information that the educational program is to provide with verification of graduation.

3. Information provided by an endorsing state as part of license verification process;

   See section 4.2, licensure by endorsement, for the type of information that an endorsing state is to provide with verification of licensure.

4. Information provided by individual on application for licensure by examination, licensure by endorsement or licensure renewal; or

Questions asked of applicants by licensing bodies have come under judicial scrutiny, and may be subject to challenge if too broad or not sufficiently related to the practice of the profession. Examples of questions to determine current conditions, relevant to the ability to practice nursing include:

EXAMPLE #1 In the last () years, have you had any mental or physical condition, including chemical dependency, which affects your ability to practice nursing and/or requires accommodation to allow you to perform essential nursing functions? (Yes or No).

EXAMPLE #2 If yes, please describe the nature of the mental or physical condition, the manner in which it affects your ability to practice safely, and the type of accommodation needed.

RATIONALE FOR QUESTIONS - These questions focus on how the mental or physical condition affects the ability to practice nursing safely, and the accommodations needed to allow the nurse to perform essential nursing functions.

Chemical dependency is included because most nurses handle drugs regularly as a part of providing client care. Individuals currently using illegal drugs are not protected by the ADA. Individuals who have enrolled in or completed rehabilitation programs are protected by the ADA. Recovering nurses need to think about the relationship between recovery and the accessibility of drugs in the work setting, and consider whether some type of accommodation might be needed to protect both client safety and the nurse's recovery.

Boards are encouraged to specify the span of time being questioned. The time period selected should focus on whether a condition or a history of a condition creates a significant likelihood that the individual's ability to practice safely is affected.

EXAMPLE #3 Were accommodations in the nursing educational program necessary for you to complete nursing requirements? If yes, identify the accommodations.

EXAMPLE #4 Were there accommodations provided by previous employers in the (specify time span) or are provided by current employers which are necessary for you to practice essential nursing functions? If yes, please identify the accommodations.

RATIONALE - This question focuses on the accommodations that the individual currently needs, or has needed in the recent past, that may need to be continued in order to continue to perform essential nursing functions.

5. Other referral.

Other sources of referral include employers, peer assistance programs, organizations, health care providers, or clients.

D. Procedure for Granting.

1. Board representatives obtain and review additional information regarding the potential need for an individual to be granted a Special License including:

   a. evidence of the need for accommodation and its effect upon the individual's ability to practice nursing; and

   b. a plan for providing notice to employers of the required modifications to the scope of practice or the required accommodations, or both.

The methods of obtaining additional information may include requesting additional information from the applicant, meeting with the applicant, and obtaining permission to review relevant medical, school and employer records.

It is important that the applicant be advised of how the information will be used, including that the information would be included in the hearing record should the individual and the Board be unable to agree on the resolution of the licensure decision; possible outcomes; possible practice implications; and alternatives to the Special Licensure procedures. Applicants should be offered the opportunity to seek legal advice and counsel.

2. If the Board representatives and the applicant for licensure by examination or licensure by endorsement agree that accommodations are needed for the applicant to perform essential nursing functions then, upon signing such agreement and upon completion of all other licensure requirements, the applicant will be issued a Special License.

Periods of monitored practice may be used to determine whether a nurse is able to perform essential nursing functions with or without accommodations.

3. If the Board representatives and the applicant for license renewal agree that accommodations are needed for the applicant to continue performing essential nursing functions then, upon signing such agreement and upon completion of all other renewal requirements, the applicant's Special License will be renewed.

4. If the Board representatives and an applicant cannot reach agreement regarding the need for accommodations, the applicant may request an administrative hearing, held pursuant to the provisions of the Administrative Procedures Act, for consideration of the matter.

Refer to hearing procedures in the jurisdiction. Administrative Procedures Act for how hearings and appeals to Board decisions are conducted in the jurisdiction. This section should embody a standard consistent with the jurisdiction's Administrative Procedure Act.

E. Reconsideration. A nurse granted a Special License may apply to the Board for reconsideration if the licensee's circumstances change.

This language addresses situations should the need for accommodation change.

4.4 Temporary Permits
MNPA, Article III Section 2(b) and Article V, Section 1(c)

A. Types of Temporary Permits. The Board may issue a temporary permit to practice nursing to the following:

1. Applicants by endorsement who can verify licensure in another jurisdiction of the United States;

The implementation of Computerized Adaptive Testing (CAT) has lessened the need, in many jurisdictions, for temporary permits for applicants for licensure by examination. This Model provides opportunity for temporary permits for applicants by endorsement.

2. Post-basic nursing students who are enrolled in a formal nursing education program; and

This section provides opportunity for students, licensed in other jurisdictions or countries, to participate in post-basic nursing educational programs while practicing under direct supervision. Many graduate programs do require current licensure in the jurisdiction where the program is located to allow for practice without direct supervision. Licensure is required if the individual intends to practice nursing outside of the educational setting.

3. Nursing refresher course students who are completing continued competency requirements for seeking reinstatement of license or application for licensure by endorsement.

This section provides opportunity for individuals who are seeking reinstatement of license or are applying for licensure by endorsement to complete needed continued competency requirements.

B. Duration. Temporary permits may be issued for a time period not to exceed () days.

C. Procedure for Issuing. Applicants for temporary permits shall submit the following:

1. Application to the Board.

   a. Applicants for licensure by endorsement shall submit a completed application for licensure by endorsement, including a request for a temporary permit.

   b. Post-basic nursing students shall submit an application for a temporary permit which includes verification of licensure in another jurisdiction or country and an agreement signed by the applicant to practice nursing only as part of the nursing education program and under the direct supervision of a Registered Nurse.

The requirement in, both section 1b and 1c, that the individual agrees to supervision by a Registered Nurse is a safeguard for public protection.

   c. Nursing refresher course students shall submit a completed application for a temporary permit which includes an agreement signed by the applicant to practice nursing only as part of the nursing refresher course and under the direct supervision of a Registered Nurse.

2. Verification of status.

   a. Applicants for licensure by endorsement shall provide verification of current licensure in another jurisdiction of the United States.

   b. Post-basic nursing students shall have submitted, on the applicant's behalf, verification from the nursing education program that the individual has been enrolled as a student.

   c. Nursing refresher course students shall have submitted, on the applicant's behalf, verification that the student has been enrolled as a student.

3. Required fee as specified in Chapter 10, section A2 or A3.

4.5 - Renewal and Reinstatement of Licenses. MNPA, Article III, Section 2(b) and Article V, Sections 3 and 4.

A. Renewal. The renewal of licensure must be accomplished by (date determined by the Board). Failure to renew the license on or before the date of expiration appearing on the license shall result in the forfeiture of the right to practice nursing in this state.

Annual renewal provides the preferred mechanism for the Board to monitor the practice of nursing.

B. Mailing of Application. At least () days before the expiration date of a license, the Board shall mail an application for renewal to each licensee at the individual's last known address.

This provision recognizes the individual licensee's responsibility to inform the Board of any change in address during the renewal cycle.

C. Continued Competence Requirement. No license will be renewed unless the Registered Nurse or Licensed Practical Nurse shows evidence of continued competence as defined in Chapter 6.

D. Issuance of License. The Board shall issue a current license to each renewal applicant who submitted the following:

The Board may not fail to renew a license for failure of the licensee to comply with the law without offering due process.

1. A completed renewal application;

2. Evidence of completion of the continued competence requirements; and

3. Payment of the renewal fee established in Chapter 10, section A4.

E. Reinstatement of a Lapsed License.

A licensee who fails to renew a nursing license shall apply to the Board for reinstatement under the following conditions:

1. All requirements for renewal of licensure have been met;

2. Payment of a reinstatement fee as specified under Chapter 10, section A5.

F. Illegal Practice. Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and may be subjected to the penalties provided for violators under the provisions of MNPA, Articles VIII and IX.

This allows the Board to take action without specifying all the procedures here.

Chapter 5 - Nursing Education.

MNPA, Article III, Section 2(c)(ii), and Article VII

5.1 Standards of Nursing Education

A. Purpose of Standards.

1. To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice.

2. To serve as a guide for the development of new nursing education programs.

3. To foster the continued improvement of established nursing education programs.

4. To provide criteria for the evaluation of new and established nursing education programs.

5. To assure eligibility for admission to the licensing examination for nurses, and to facilitate interstate endorsement of graduates of board approved nursing education programs.

B. Standards of Nursing Education.

1. The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing.

Comment

Jurisdictions vary greatly in the role of the Board of Nursing in educational program approval. Some jurisdictions have the legislative mandate and the resources to conduct extensive program approval activities. Other jurisdictions may rely upon other accrediting agencies to provide assistance in the oversight of nursing education.

These standards are intended to serve as guidelines for nursing education. They are subject to on-going evaluation and revision to meet the changing needs of society and the development of the profession. Boards may wish to include additional language drawn from the comments depending on the level of specificity required under their statutes

Boards of Nursing should identify the unique role that the Board plays in the regulation of nursing education.

In evaluating the organization and administration of the nursing education program, the following additional factors may [or should] be considered:

1. The governing or parent institution accredited by the appropriate accrediting agency,

2. An organizational chart which demonstrates the relationship of the nursing education program to the administration and to comparable programs within the institution, and which clearly delineates the lines of authority, responsibility and channels of communication,

3. Statements of purpose, philosophy and objectives which are consistent with those of the sponsoring institution;

4. An organizational design with clearly defined authority, responsibility, and channels of communication which assure both faculty and student involvement;

5. Written policies, congruent with the institution, which are periodically reviewed;

6. Evidence of financial support and resources to meet the goals of the nursing education program. Financial resources include adequate educational facilities, equipment, and qualified administrative, instructional, and support personnel.

2. Administrator Qualifications

The administrator of the nursing education program shall be a Registered Nurse, licensed in this state, with the additional education and experience necessary to direct the program preparing graduates for the safe and effective practice of nursing. The administrator is accountable for the administration, planning, implementation and evaluation of the nursing education program.

a. In a program preparing for practical nurse licensure:

(1). minimum of a masters with a major is nursing;

(2). preparation in education and administration;

(3). () years of clinical experience; and

(4). () years of education experience.

Graduate preparation with a major in nursing provides the essential knowledge necessary to administer a nursing education program.

b. In a program preparing for registered nurse licensure:

(1). a doctoral degree in nursing or related field;

(2). preparation in education and administration;

(3). () years of clinical experience; and

(4). () years of education experience.

The educational standards for the director of a nursing education program should be higher than the educational standards for faculty preparation. Therefore a doctoral degree is preferred but a masters should be required.

Most nursing education programs hold the administrator responsible for:

1. Development and maintenance of an environment conducive to the teaching/learning process;
2. Liaison and maintenance of the relationship with the administration of the institution as well as with the other programs within the institution;
3. Leadership within the faculty for the development and implementation of the curriculum;
4. Preparation and administration of the program budget;
5. Facilitation of faculty recruitment, development, performance review, promotion and retention;
6. Liaison with and maintenance of the relationship with the Board; and
7. Support for an ongoing relationship with the community to establish affiliate agencies and to ensure responsiveness to community needs.

3. Faculty

There shall be sufficient faculty with graduate preparation and nursing expertise to meet the objectives and purposes of the nursing education program.

The Board may identify the need to establish a faculty/student ratio. The appropriate ratio should be determined in collaboration with the clinical agency through consideration of the student's level of skill, course objectives, the acuity level of the clients, and the characteristics of the clinical agency.

Most faculty in nursing education programs would have the following responsibilities:

a. Developing, implementing, evaluating, and updating the purpose, philosophy, objectives, and organizational framework of the nursing program;

b. Designing, implementing and evaluating the curriculum using a written plan;

c. Developing, evaluating, and revising student admission, progression, retention, and graduation policies within the policies of the institution;

d. Participating in academic advising and guidance of students;

e. Providing theoretical instruction and clinical or practicum experiences;

f. Monitoring the instruction provided by preceptors;

g. Evaluating student achievement of curricular objectives related to nursing knowledge and practice;

h. Providing for student and peer evaluation of teaching effectiveness; and

i. Participating in activities which facilitate the faculty members' own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and in-service training.

Faculty policies and procedures should be available in writing and should include qualifications, rights and responsibilities of faculty members, the

	criteria for evaluation of performance, and promotion and tenure policies.
a. Qualifications:	
(1). Nursing Faculty who teach in a program leading to licensure as a practical nurse shall:	
(a). Be currently licensed as a Registered Nurse in this state:	
(b). Have a minimum of a baccalaureate degree in nursing; and	
(c). Have () years of clinical experience relevant to areas of responsibility and () years in nursing education.	The recency of clinical experience in the area of instruction should be given careful consideration.
(2). Nursing faculty who teach in programs leading to licensure as a registered nurse shall:	
(a). Be currently licensed as a Registered Nurse in this state:	
(b). Have a minimum of a masters degree in nursing; and	Graduate preparation with a major in nursing provides the essential knowledge base necessary to teach in a nursing education program. The recency of clinical experience in the area of instruction should be given careful consideration.
(c). Have () years of clinical experience relevant to areas of responsibility and () years in nursing education.	
b. Faculty who teach non-clinical nursing courses, e.g. issues and trends, pharmacology, nutrition, research, management, and statistics, shall have advanced preparation appropriate to these areas of content.	This standard is included to provide opportunity for nursing education program to use experts to enhance the educational program.

c. Preceptors

Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in all basic areas of nursing or within a course after students have received clinical and didactic instruction in all basic areas for that course or specific learning experience. Clinical preceptors should be licensed at or above the level for which the student is preparing.

A nursing education program may use preceptors to augment the faculty and enhance the clinical opportunities for the students. The following guidelines may be considered when employing preceptors:

a. Criteria for selecting preceptors shall be in writing.

b. The functions and responsibilities of the preceptor should be clearly delineated in a written agreement between the clinical agency, the preceptor and the nursing education program.

c. The faculty member should retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.

4. Students

a. Students shall be provided the opportunity to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice.

b. All policies relevant to applicants and students shall be available in writing.

c. Students shall be required to meet the health standards required by the clinical agencies, in the interest of client welfare.

The number of students admitted to a nursing education program should be determined by the number of qualified faculty, adequate educational facilities and resources, and the availability of appropriate clinical learning activities.

Opportunities for a student may include the use of reasonable accommodations to facilitate the student's ability to meet educational objectives.

The policies for admission, readmission, progression, retention, graduation, dismissal and/or withdrawal should be available to the students in writing. These policies should facilitate mobility and articulation and be consistent with the governing institution and acceptable educational standards;

Student responsibilities and due process rights should be available in writing.

5. Curriculum

The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level of nursing practice.

The curriculum shall include:

a. content regarding legal and ethical issues, history and trends in nursing, and professional responsibilities;

b. experiences which promote the development of leadership and management skills and professional socialization consistent with the level of licensure;

c. learning experiences and methods of instruction consistent with the written curriculum plan; and

d. courses including, but not be limited to:

(1). Courses in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

(2). The nursing process; and

(3). Didactic content and clinical experience in the promotion, prevention, restoration, maintenance of health in clients across the life span and in a variety of clinical settings.

The curriculum should:

1. be planned, implemented and evaluated by the faculty with provisions for student input;

2. reflect the organizing framework and objectives of the nursing education program;

3. be organized logically and sequenced appropriately;

4. ensure adequate clinical experience to prepare the student for the safe practice of nursing; and

5. facilitate articulation among programs.

C. Approval of Nursing Education Programs.

1. Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the Standards for Nursing Education (Part B. Above)

Jurisdictions may vary in the process for provisional program approval.

1. Provisional Approval - Some states refer to this type of approval as initial approval.

   A. Prior to applying for Provisional Approval, it is suggested that an institution wishing to establish a nursing education program should, at least one year in advance of the expected opening date, submit to the Board:

      i. a statement of intent to establish a nursing education program; and

      ii. a proposal which includes at least the following information:

         (a) Documentation of the present and future need for the program in the state;

         (b) Rationale for the establishment of the program;

         (c) Potential effect on other nursing programs in the area;

         (d) Organizational structure of the educational institution documenting the relationship of the nursing education program within the institution;

         (e) Accreditation status of the institution;

         (f) Purpose, mission and level of the program;

         (g) Availability of qualified administrator and faculty;

         (h) Budgeted faculty positions;

         (i) Source and description of adequate clinical resources for

the level of program;

(j) Documentation of adequate academic facilities and staff to support the program;

(k) Evidence of financial resource adequate for the planning, implementation and continuation of the program;

(l) Anticipated student population,

(m) Tentative time schedule for planning and initiating the program; and

(n) Need for entry-level nurses in the state.

B. Application for Provisional Approval should be made once the proposal has been approved and the following conditions have been met:

i. A qualified nurse administrator has been appointed and there are sufficient qualified faculty to initiate the program;

ii. A written proposed program plan, developed in accordance with the Standards for Nursing, has been submitted; and

iii. A site visit has been conducted by the Board.

C. Following Board review of the proposed program, the Board may grant or deny provisional approval.

D. If provisional approval is denied, the institution may request a hearing before the Board. The provisions of the Administrative Procedure Act shall apply to all hearings.

E. Following Board provisional approval, progress reports should be made to the Board as requested.

F. Following graduation of the first class, a self-evaluation report of compliance with the Standards for Nursing Education should be

submitted by the program. A survey visit by the Board is recommended for consideration of full approval of the program.

2. Full Approval

   A. The Board should review the application materials and survey reports for granting approval or continued approval of nursing education programs.

   B. Deadlines for submission of materials and survey reports to the Board are recommended.

(The Board may grant varying levels of approval after provisional approval: Full Approval: Full approval is granted to a nursing program after the first graduating class has taken NCLEX and the program has demonstrated compliance with the Standards for Nursing Education.

Conditional Approval: Conditional approval may be granted for a limited time to a program that has had provisional or full approval and has now failed to meet the Standards for Nursing Education. The Board will determine the length of time and identify the deficiencies that must be corrected.)

2. All nursing education programs shall be reevaluated every () years, upon request of the nursing education program, or at the discretion of the Board, to ensure continuing compliance with the Standards for Nursing Education in part B above.

Evaluation of continuing compliance with the Standards for Nursing Education usually involves the submission of a self-study report by the nursing education program and a site visit by a Board representative. This process may include the following elements:

1. Prior to a survey visit, a program should submit a narrative self-evaluation report which provides evidence of compliance with the Standards of Nursing Education;

2. The survey visit should be made by representatives of the Board on dates mutually acceptable to the Board and the program;

3. Announcement of a survey visit should be sent to schools at least three months in advance of the visit;

4. Programs should be asked to participate in scheduling survey visit activities;

5. A draft of the survey visit report should be made available to the school for review and corrections in statistical data;

6. The nursing program's self-evaluation report of compliance with the Standards of Nursing Education and the report of the survey visit should be submitted to the Board () days prior to the Board meeting dates on which the review is scheduled.

7. Following the Board's review and decision, written notification regarding approval of the program and, if necessary, the Board's recommendations should be sent to the administrator of the institution and the administrator of the nursing education program;

8. Survey visits of individual programs may be conducted at shorter intervals upon the Board's direction or upon request from an individual institution;

9. Unannounced site visits may be conducted when the Board receives evidence which would indicate that the program is not in compliance with the Standards for Nursing Education; and

10. The nursing education program should submit an annual report providing documentation of continued compliance with the Standards for Nursing Education.

D. Denial or Withdrawal of Approval.

1. The Board may deny provisional approval when it determines that a nursing education program will be unable to meet the Standards for Nursing Education.

Boards of Nursing may wish to utilize an intermediate approval status, such as conditional approval, for educational programs that do not fully meet approval standards. This status denotes that certain conditions must be met within a designated time period in order for the program to be fully approved. Failure to do so could result in withdrawal of approval. The Board must provide the program due process prior to withdrawal of approval.

Conditional approval generally allows educational programs to continue operation while they correct deficiencies and work towards meeting the conditions for full approval. The graduates of conditionally approved programs should be eligible to take the licensing examinations and, upon passing the examination, become licensed.

2. The Board may deny approval when it determines that a nursing education program fails substantially to meet the Standards for Nursing Education.

3. The Board may withdraw approval when it determines that a nursing education program had not provided sufficient evidence that the Standards for Nursing Education are being met.

4. All such actions shall be effected in accordance with due process rights and this state's Administrative Procedures Act and/or Administrative Rules of the Board.

States should consult their Administrative Procedure Act and/or the Administrative Rules.

E. Appeal and Reinstatement.

If the Board determines that an approved nursing education program is not meeting the criteria set forth in these regulations, the governing institution shall be given a reasonable period of time to correct the identified program deficiencies. If the nursing education program fails to correct the identified deficiencies within the time specified, the Board may withdraw the approval following a hearing held pursuant to the provisions of the Administrative Procedure Act.

Refer to hearing procedures in the jurisdiction's Administrative Procedure Act for how hearings and appeals to Board decisions are conducted in the jurisdiction.

F. Closure of Nursing Education Program and Storage of Records.

A nursing education program may close voluntarily or may be closed due to withdrawal of Board approval. Provision must be made for maintenance of the Standards for Nursing Education, during the transition to closure, placement for students who have not completed the nursing program, and for the storage of academic records and transcripts.

The procedure for closing will vary depending if the closing is voluntary or mandatory. The following guidelines should be considered:

1. Voluntary Closing

When the governing or parent institution decides to close a nursing education program, it shall notify the Board in writing, stating the reason for closure, the plan for discontinuation and the intended date of closing.

a. The institution may choose one of the following closing procedures:

   1. continue the program until the last class enrolled is graduated, or

   2. assist in the transfer of students to other approved programs.

b. The program shall continue to meet the Standards for Nursing Education until all of the enrolled are graduated or until the last student is transferred.

c. The date of closure is the date on the degree, diploma or certificate of the last graduate or the date on which the last student was transferred.

2. Closing as a result of withdrawal of approval

When the Board withdraws approval of a nursing education program, the

governing or parent institution shall comply with the following procedures:

a. The institution shall present a plan for the transfer of students to other approved programs within a time frame established by the Board.

b. The date on which the last student was transferred will be the date of closure.

3. Storage of Records

The Board shall be advised of the arrangements for storage of permanent records. If the governing or parent institution ceases to exist, the academic transcript of each student and graduate shall be transferred to the Board.

Chapter 6 - Continued Competence

MNPA, Article III, Section 2(d)(iv)

A. Purpose. The purpose of continued competence requirements is to assure that nurses maintain the ability to safely and effectively apply nursing knowledge, principles and concepts in the practice of registered or practical nursing.

B. Continued Competence Requirements. A Registered Nurse or Licensed Practical Nurse shall document as part of an application for license renewal, license reinstatement or licensure by endorsement, documentation that activities promoting continued competence from **either** Group A **or** Group B have been completed. Activities shall have been completed within the last renewal period for applicants renewing their licenses, and within the last () years for applicants for reinstatement and licensure by endorsement.

C. Continued Competence Activities, Group A. Individuals choosing Group A activities shall complete at least two of the following: continuing education (section 1), professional activities (section 2), or nursing practice (section 3).

Comment

This section recognizes that it is the individual nurse's responsibility to maintain competence in nursing practice. Several alternatives are identified because research does not support any single method of ensuring continued competence.

The Nursing Practice and Education Committee does not recommend mandatory continuing education alone to assure continued competence. Continuing education is an important component of continued competence when used as a strategy after assessment and identification of learning needs. Many states do require continuing education and the language in the model is intended to assist those boards in making requirements more meaningful. States are encouraged to evaluate the suggested alternatives in light of available resources, accessibility and reliability.

While currency of activities to promote continued competence is needed, Boards may wish to provide some flexibility, particularly for applicants completing activities from Group B.

1. **Continuing Education.** Continuing education credit shall be given by the Board upon documentation of () contact hours.

   a. Continuing education shall be selected in one or more of the following topics:

      (1) nursing education and practice;

      (2) special health care problems;

      (3) biological, physical, or behavioral sciences;

      (4) legal or ethical aspects of health care;

      (5) nursing management or administration of nursing personnel and client care; and

      (6) health education, including client wellness, disease prevention and safety.

   b. The Board will give continuing education credit for contact hours which are part of a mediated learning system such as educational television, audio or video cassettes and for contact hours which are a part of an independent study program, if the system or program is accredited by an agency on a list of recognized accrediting agencies maintained by the Board in its offices.

   c. One contact hour, for purposes of this section is a minimum of 50 minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:

      (1) one quarter academic credit equals 10 contact hours; and

Continuing education in nursing is a systematic educational experience that grants academic credit or contact hours beyond the basic nursing program preparation. The enrichment of knowledge and improvement of skills enhances both the nursing profession and the public health and safety. Boards of Nursing should promote selection of continuing education based upon assessment of learning needs. Such assessment may occur in a variety of ways, e.g., through self assessment, peer review or performance review. Boards may consider requiring at least a portion of continuing education hours to be relevant to the nurse's employment.

The type of documentation that a board accepts for a licensee to demonstrate completion of continuing education, if audited, may include:

- course title and description;
- instructor qualifications;
- learning objectives;
- time schedule;
- verification of participation from provider; and
- evaluation mechanisms (such as a post test).

(2) one semester academic credit equals 15 contact hours.

2. **Professional Activities.** Continuing competence credit shall be given by the Board upon documentation of at least () hours of participation in at least one of the following areas:

Professional activities are activities that enhance nursing knowledge and that contribute to the health of individuals or the community.

a. Authoring or contributing to an article, book or publication related to health care;

The documentation that a board accepts for a licensee to demonstrate, if audited, time spent in professional activities may include copies of written materials authored by the licensee, summary of research results, or evaluations of presentations.

b. Development and oral presentation of a paper before a professional or lay group on a subject that explores new or current areas of nursing theory, technique, or philosophy;

c. Design and conduct of a research study relating to nursing and health care; or

d. Other professional activities approved by the Board and included on a list maintained in its offices.

3. **Nursing Practice.** Continuing competence credit shall be given by the Board upon documentation of at least () hours of satisfactory nursing practice per renewal cycle. Hours of practice shall be documented on a renewal survey form provided by the Board, including the name of the individual's employer or nursing supervisor.

Many Boards accept nursing practice hours performed as a volunteer. To be acceptable toward meeting the practice requirement, the nurse needs to be currently licensed to practice as a Registered Nurse or Licensed Practical Nurse.

The documentation that a board accepts for a licensee to demonstrate, if audited, hours of satisfactory nursing practice may include copies of client or peer review evaluations, performance evaluations or statements of nursing supervisors/employers.

D. Continued Competence Activities, Group B. Individuals choosing group B activities shall document completion of at least one of the following:

1. completed a nursing refresher course approved by the Board; or

2. attained a degree or professional certification in nursing, or made progress toward post-basic education by completing at least () required courses; or

3. passed a formal nursing competency assessment examination which meets Board criteria.

F. Documentation and Audit.

1. Satisfaction of continued competence requirements shall be documented on a renewal form provided by the Board and must be submitted prior to license renewal.

2. All information concerning continued competence submitted with a renewal application or licensure by endorsement application is subject to audit at the discretion of the Board.

3. The Board may conduct a random audit of nurses to review continued competence requirements. Upon request of the Board, licensees shall submit complete documentation of the continued competence activities.

Documentation of Group B activities include official transcript showing dates, titles and audits received, or examination results.

Boards should define criteria for acceptable refresher courses.

Boards should require a sufficient number of courses to demonstrate significant progress toward completion of the post-basic educational program.

Boards should provide licensees with instructions for maintaining continued competence documentation records and timelines for maintaining the records.

Boards should define criteria for acceptable examinations. This may be a future application for computerized clinical testing simulation (CST).

Chapter 7 - Nursing Practice Standards.

MNPA, Article III, 2(d)(ii)

7.1 Standards of Nursing Practice for the Registered Nurse

A. Purpose of Standards.

1. To establish acceptable levels of safe nursing practice for the Registered Nurse.

2. To serve as a guide for the Board to evaluate the practice of the Registered Nurse to determine if the practice is safe and effective.

B. Standards Related to the Registered Nurse Responsibility to Implement the Nursing Process.

The Registered Nurse shall:

1. Conduct and document nursing assessments of the health status of individuals, groups, and communities.

Comment

These standards are intended to provide general guidelines for nursing practice. They are subject to on-going evaluation and revision to meet the changing needs of society and the development of the profession. Boards may wish to include additional language drawn from the comments depending upon the level of specificity required under their statutes.

An important part of nursing judgment involves knowing when and how to obtain pertinent client information. It is not always possible or necessary to document complete information in all the areas listed below on each client. However, nurses should be held accountable for thorough data collection relevant to the client's situation and nursing needs, within the constraints of available information. Data collection includes both objective and subjective data from observations, examination, interviews and written records. Data may include, but are not limited to:

i. Major deviations in biophysical and emotional status;

ii. Major deviations in growth and development;

iii. Cultural, religious and socio-economic background;

iv. Family health history;

v. Information collected by other health team members;

vi. Client knowledge and perception about health status and potential, or maintaining health status;

vii. Ability to perform activities of daily living;

viii. Patterns of coping and interacting;

ix. Consideration of client's health goals;

x. Environmental factors (e.g. physical, social, emotional and ecological); and

xi. Available and accessible human and material resources.

Data collected are reported and recorded in an accurate and timely manner.

Data collection are refined and modified through on-going interactions with the client, family, significant others and health care team members.

2. Establish and document nursing diagnoses which serve as the basis for the strategy of care.

3. Develop a strategy of care based on assessment and nursing diagnosis.

Determining the strategy of care includes identifying priorities, setting realistic and measurable goals and selecting appropriate nursing interventions.

Planning nursing interventions includes: identifying measures to maintain comfort, supporting human functions and responses, maintaining an environment conducive to well being, and providing health teaching and counseling.

4. Implement the strategy of care.

Nursing interventions are initiated by writing nursing orders, giving direct care, assisting with care and delegating care. Delegating care is intended to include delegation to the client and family members as well as other nursing personnel.

Providing an environment conducive to safety and health, documenting nursing interventions and communicating responses to care to other members of the health care team are part of implementing the strategy of care.

5. Evaluate the responses of individuals, groups, or communities to nursing interventions. Evaluation shall involve the client, family, significant others and health care team members.

Evaluation of nursing care outcomes is a critical step in the nursing process. Evaluation data shall be documented and communicated to appropriate members of the health care team. Evaluation data can then be used as a basis for reassessing client health status, modifying nursing diagnoses, revising strategies of care, and implementing changes in nursing interventions.

C. Standards Related to the Registered Nurse Responsibility to Organize, Manage and Supervise the Practice of Nursing.

1. The Registered Nurse shall:

   a. Delegate to another only those nursing measures which that person is prepared or qualified to perform;

The National Council's 1990 **Concept Paper on Delegation** defines delegation as "transferring to a competent individual authority to perform a selected nursing task in a selected situation." The decision to delegate should be based on "...determination of the task, procedure or function that is to be delegated, staff available, assessment of client needs, assessment of the potential delegate's competency, and consideration of the level of supervision available and a determination of the level and method of supervision required to assure safe performance.

   b. Supervise others to whom nursing activities are delegated or assigned;

   c. Retain professional accountability for nursing care when delegating nursing activities;

2. The Registered Nurse functioning in a chief administrative nurse role shall:

The chief administrative nurse is the Registered Nurse responsible for creating a safe and effective delivery system for nursing care within a health care system. The failure of a chief administrative nurse to provide adequate supervision of the nursing organization is included in the grounds for

   a. Assure that organizational policies, procedures and standards of nursing practice are developed, kept current

and implemented to promote safe and effective nursing care for clients;

b. Assure that the knowledge, skills and abilities of staff nurses are assessed and that the nurses are assigned to nursing positions appropriate to their determined competence and licensure level;

c. Assure that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care for clients; and

d. Assure that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.

D. Standards Related to the Registered Nurse Responsibilities as a Member of the Nursing Profession.

The Registered Nurse shall:

1. Demonstrate knowledge and understanding of the statutes and rules governing nursing and function within the legal boundaries of Registered Nursing Practice.

2. Accept responsibility for individual nursing actions, competence and behavior.

discipline in the Model Nursing Practice Act. Including a standard related to the performance of nurses who assume this important nursing role provides notice to nurses regarding the Board's expectations for essential components of this role.

The Registered Nurse is expected to maintain competence for safe nursing practice, and obtain instruction and supervision as necessary when implementing nursing techniques or practices.

3. Function as a member of the health care team.	How the nurse functions within the health care team will be dependent upon the nurse's role, environment and client needs. The Registered Nurse is expected to determine when it is necessary to collaborate with other members of the health care team to provide optimum client care; to consult with nurses and other health care team members; and to make referrals as necessary. Registered Nurses should contribute to the development, implementation and interpretation of agency policies and procedures related to nursing practice within the employment setting. Participation in the evaluation of nursing practice through peer review contributes to the quality of nursing services. Unsafe nursing practice, especially on-going problems that do not respond to efforts to correct, should be reported to the Board, and unsafe conditions to recognized authorities.
4. Respect client rights and property, and the property of others.	The Registered Nurse is expected to respect the dignity, privacy and rights of clients, regardless of social or economic status, personal attributes or nature of health problems. Nurses should practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease. Nurses should respect the property of clients, family, significant others and the employer.
5. Protect confidential information unless obligated by law to disclose the information.	

7.2 - Standards of Nursing Practice for the Licensed Practical Nurse.

A. Purpose of Standards

1. To establish minimal acceptable levels of nursing practice for the Licensed Practical Nurse.

2. To serve as a guide for the Board to evaluate the practice of the Licensed Practical Nurse to determine if the practice is safe and effective.

B. Standards Related to the Licensed Practical Nurse's Contribution to, and Responsibility, for the Nursing Process.

The Licensed Practical Nurse practicing under the direction of a Registered Nurse, Advanced Practice Registered Nurse, licensed physician or dentist shall:

1. Contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner.

Data collection includes, but is not limited to:

a. Observation about the condition or change in condition of the client.

b. Signs and symptoms of deviation from normal health status.

2. Participate in the development of a strategy of care in consultation with other nursing personnel.

Participation in the development of a strategy of care includes contributing to the identification of priorities, setting realistic and measurable goals, and selecting nursing interventions.

The Licensed Practical Nurse may contribute to the selection of nursing interventions which include measures to maintain comfort, support human functions and responses, maintain an environment conducive to well-being, and provide health teaching and counseling.

3. Provide nursing care.

The Licensed Practical Nurse provides nursing care by:

a. Caring for clients whose conditions are stable or predictable;

b. Assisting with clients whose conditions are critical and/or unpredictable under the direct supervision by a Registered Nurse;

c. Implementing nursing care according to the priority of needs and established practices;

d. Providing an environment conducive to safety and health.

e. Documenting nursing interventions and responses to care; and

f. Communicating nursing interventions and responses to care to appropriate members of the health care team.

4. Delegate or assign components of nursing care to qualified others.

Jurisdictions differ in their use of terminology and may vary as to the authority of the Licensed Practical Nurse to delegate.

5. Contribute to the evaluation of the responses to nursing interventions.

The Licensed Practical Nurse contributes to the evaluation of nursing interventions by:

a. Monitoring the responses to nursing interventions;

b. Documenting and communicating assessment data to appropriate members of the health care team; and

c. Contributing to the modification of the strategy of care on the basis of the evaluation.

C. Standards Relating to the Licensed Practical Nurse Responsibilities as a Member of the Health Care Team.

The Licensed Practical Nurse shall:

1. Demonstrate knowledge and understanding of the statues and rules governing nursing and function within the legal boundaries of practical nursing practice;

2. Accept responsibility for individual nursing actions, competence and behavior;

The Licensed Practical Nurse is expected to maintain competence for safe practical nursing practice, and obtain instruction and supervision as necessary when implementing nursing techniques or practices.

3. Retain accountability for tasks delegated to qualified persons;

States vary as to whether the Licensed Practical Nurse is authorized to delegate any aspect of nursing practice. In those jurisdictions where the Licensed Practical Nurse is expected to supervise the activities of subordinates, the Licensed Practical Nurse's direction should be provided for only those subordinates to whom tasks have been delegated.

4.	Function as a member of the health care team.;	How the Licensed Practical Nurse functions within the health care team will be dependent upon the nurses' role, environment and client needs. The Licensed Practical Nurse is expected to consult with Registered Nurses and other health care team members, and seek guidance as necessary. Licensed Practical Nurses should contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting. Participation in the evaluation of nursing practice through peer review contributes to the quality of nursing services. Unsafe nursing practice should be reported to nursing supervisors or the Board, and unsafe conditions to recognized authorities.
5.	Respect client rights and property, and the property of others; and	The Licensed Practical Nurse is expected to respect the dignity, privacy and rights of clients, regardless of social or economic status, personal attributes or nature of health problems. Nurses should practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease. Nurses should respect the property of clients, family, significant others and the employer.
6.	Protect confidential information unless obligated by law to disclose the information.	

Chapter 8 - Advanced Practice Registered Nurses

MNPA, Article III, section 2c

Administrative Rules regarding Advanced Practice Registered Nurses, adopted by the 1993 Delegate Assembly, will be inserted here.

Chapter 9 - Disciplinary Process

MNPA, Article III, section 2(d)(vi) and Article IX

The Board of Nursing's Disciplinary Process shall include:

A. Complaint Investigation.

1. Screening of complaints filed with the Board of Nursing which allege wrongful acts or omissions related to nursing practice. The Board shall investigate alleged acts or omissions which the Board reasonably believes constitute cause for complaint.

2. Investigating complaints in order to determine whether probable cause exists that a violation of applicable law has occurred.

B. Complaint Resolution.

1. Exploring settlement of complaints through informal negotiations.

2. Conducting formal administrative hearings.

3. Reviewing negotiated settlements to determine that any proposed remedy is appropriate for the facts as admitted or stipulated.

4. Reviewing the evidence and record produced at administrative hearings to determine whether the burden of proof has been met showing that the licensee has violated one or more grounds for disciplinary action.

Comment

In most states, Administrative Procedures Acts or Uniform Disciplinary Codes regulate the disciplinary process.

Initial screening of complaints is usually delegated to Board staff. This review should include assigning a priority based upon the seriousness of the allegation and the potential risk posed to the public.

Investigation can include requesting additional documents or information from complainants, asking the licensee to respond to allegations in writing and other inquiries as well as full investigations.

Informal proceedings can resolve complaints in a timely and cost effective manner. Licensees should be informed of alternative methods of resolution, how information obtained through such informal proceedings will be used, implications for licensure and the ability to practice nursing. Opportunity for legal advice and counsel should be provided.

Refer to hearing procedures in the jurisdiction's state Administrative Procedures Act for how hearings and appeals to Board decisions are conducted in the jurisdiction.

The Board's role in reviewing proposed settlements is to assure that the public interest is protected.

The procedures and formats for administrative hearings differ from state to state, but it is the board's responsibility, in most jurisdictions, to decide whether the state has proved its case.

5. Taking action to dismiss, request further investigation, take appropriate action as authorized in Article IX of the Model Practice Act, ratify a temporary suspension as the result of an emergency action taken pursuant to Article X of the Model Nurse Practice Act, or reinstate a previously sanctioned license.

C. **Notification.** Notifying the public of the actions of the Board.

Disciplinary actions are intended to protect the public and should be determined case by case, but mindful of how the Board has dealt with similar cases, so that the Board is objective, fair and consistent.

States vary widely in management of licensure reinstatement after disciplinary actions. It is helpful if Discipline Orders include provision for reinstatement or reconsideration upon proof that the person is now safe and competent to practice nursing.

Other Boards of Nursing should be notified through the National Council's Disciplinary Data Bank. Many boards publish information regarding actions in their newsletters, notify other state agencies, and health care facilities within the state. Actions limiting, suspending or revoking licenses should be reported to the Regional Office of the U.S. Health and Human Services Department. Boards of Nursing will be required to report disciplinary actions to the National Practitioner Data Bank when section five of P.L. 105 - 93 is implemented.

Chapter 10 - Assessment of Fees

MNPA, Article III, Section 2(d)(xv) and Article XIII

A. Collection of Fees.

The Board shall collect the following fees:

1. $() for application for licensure by examination as a Registered Nurse or as a Licensed Practical Nurse. If a Special License is issued, there will be no additional fee.

2. $() for application for licensure by endorsement as a Registered Nurse or a Licensed Practical Nurse. This fee shall include the temporary permit. If a Special License is issued, there will be no additional fee.

3. $() for a temporary permit to practice as a post-basic nursing student or for the clinical portion of a nursing refresher course.

4. $() for renewal of licensure as a Registered Nurse or as a Licensed Practical Nurse.

5. $() for late renewal or reinstatement of licensure as a Registered Nurse or as a Licensed Practical Nurse.

6. $() for administrative fines levied against disciplined license of a Registered or Licensed Practical Nurse.

7. $() for certified statement that a Registered Nurse/Licensed Practical Nurse is licensed in this state.

8. $() for a duplicate or reissued license to Practice as a Registered Nurse/Licensed Practical Nurse.

9. $() for a check returned for any reason.

Comment

Advanced Practice Registered Nurse fees are included in Chapter 8.

There is no additional fee for a Special License.

See Chapter 8 for specifics regarding the Advanced Practical Registered Nurse.

If licensure had been issued by the Board office based on a check for the payment of fees and the check is later returned by the bank, the Board shall

10. $() per year for each level of nursing education program approved by the Board.

B. Cost of Service. Fees collected by the Board shall reflect the cost of service provided.

C. Refund of Fees. All fees collected by the Board are non-refundable.

request payment by certified check or money order. If fees are not paid in two weeks of notification by certified mail or the returned check the license is no longer in effect. The licensee's status returned to what it would have been had this license not been issued.

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Attachment B

Proposed Changes to the Model Nursing Practice Act

NOTE: Page numbers for this document appear at the bottom of each page.

MNPA	COMMENT	RATIONALE
Article III. The Board of Nursing		
Section 2. Powers and Duties. The Board shall:		
(viii) Issue a special ~~limited~~ license to practice nursing ~~subject to such terms and conditions as the Board may impose;~~ to an individual to practice within a modified scope of practice or with accommodations or both, as specified by the Board.	*Questions that would assist Boards to identify individuals who may require special ~~limited~~ licensure in order to protect the public should be included on licensure, renewal and reinstatement applications. Applications may include questions about any physical or mental conditions which may affect ~~limit the~~ applicant's ability to perform essential nursing functions, the accommodations that were provided by the education program to assist an applicant to meet education program objectives and accommodations which would be needed to perform essential nursing functions.* This model includes a ~~*Boards may develop*~~ *non-disciplinary ~~tracks~~ procedure to evaluate accommodations, make licensure decisions, and issue special ~~limited~~ licenses to individuals with disabilities. Periods of monitored practice may be used to determine whether a nurse is able to perform essential nursing functions safely, with or without accommodations.* *Some Boards may choose to issue a limited license through the disciplinary process if the nurse is found to be incapable of practicing the full scope of nursing safely. Typically, such disciplinary actions include both corrective action and a listing of the requirements the licensee would need to meet*	The change from limited license to license with accommodations provides a non-disciplinary approach to providing opportunity for disabled nurses to practice with accommodations needed for safe nursing practice.

MNPA	COMMENT	RATIONALE
	before an unencumbered license could be issued. *Special ~~Limited~~ licensure provisions should be noted on the license issued to the individual.*	
Article V. Licensure		
Section 1. Requirements.		
(e) Temporary Permits		
(1) Applicants by Endorsement. The Board may issue, upon request of the applicant, a temporary permit to practice nursing to an individual currently licensed as a Registered Nurse or a Licensed Practical Nurse in another jurisdiction of the United States who submits a written application in accord with the rules of the Board.	*The issuing of temporary permits lessens the mandatory effect of the Act but recognizes the mobility of the nursing work force, the need for nursing manpower, and the economic needs of nurses moving from state to state.*	The implementation of CAT has eliminated the need for temporary permits in most jurisdictions. This section provides opportunity for applicants for licensure by endorsement, post-basic nursing students and nursing refresher course students to obtain temporary permits.
(2) Post-basic Nursing Students. The Board may issue a temporary permit to practice nursing as part of a formal nursing education program and under direct supervision by a Registered Nurse licensed in this jurisdiction. This	*Colleges and universities have students who are nurses seeking further nursing education, especially foreign students who do not want American licensure because they plan to return to their own country. These students are typically in BSN completion and*	

MNPA	COMMENT	RATIONALE
permit may be issued to an individual licensed to practice nursing in another country or in another jurisdiction who submits a written application in accord with the rules of the Board.	*graduate programs. Issuing a temporary permit to practice only in settings controlled by the educational program and requiring direct supervision of another nurse provides for protection to the public while allowing for advanced education.* *If a student wishes to work as a licensed nurse in a setting outside the educational program, that individual would be required to apply for the appropriate level of licensure.*	
(3) Nursing Refresher Course Students. The Board may issue a temporary permit to practice nursing as part of a nursing refresher course, under the direct supervision of a nursing instructor licensed to practice as a Registered Nurse in this jurisdiction. This permit may be issued to an individual who is seeking reinstatement of licensure, or is meeting continued competence requirements to apply for licensure by endorsement.	*This section provides opportunity for a nurse who has been previously licensed to seek reinstatement of licensure or licensure by endorsement to complete the clinical portions of a nursing refresher course under the direct supervision of a nursing instructor.*	
(f) The Board may issue, upon request of the applicant, a temporary permit to practice advanced nursing to an applicant who submits a written application in accord with the rules of the Board.	*Specific requirements for APRN temporary permits should be set forth in administrative rules.*	This section grants the Board authority to issue temporary permits to applicants for Advanced Practice Registered Nurse licensure.

MNPA	COMMENT	RATIONALE
~~Section 5. Temporary Licenses.~~		
~~(a) The Board may issue a temporary license to practice nursing for a period not to exceed () days to a Registered Nurse or Licensed Practical Nurse currently licensed in another jurisdiction of the United States, who is an applicant for licensure by endorsement, provided the applicant remits the required fee and completes the written application in accordance with the rules of the Board.~~	~~*The issuing of temporary licenses lessens the mandatory effect if the Act but recognizes the mobility of the nursing work force, the need for nursing manpower, and the economic needs of beginning practitioners and those moving from state to state. States may wish to consider issuing a temporary license to Registered Nurse graduates of foreign schools of nursing who have passed the examination administered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and whose education is substantially similar to or higher than the educational standards for the individual state. The correlation between scores on the licensure examination and the CGFNS examination should be carefully studied before such provisions are added.*~~ ~~*The procedure would be determined by individual Boards. States may wish to re-evaluate whether or not to issue temporary licenses because graduates will obtain examination results more quickly with CAT.*~~	Language for temporary permits has been moved to Article V Section 3(c). The changes in this section reflect the removal of temporary permits for applicants by examination.
~~(b) The Board may issue a temporary license to practice nursing to a graduate of an approved nursing education program, pending the results of an examination within () days of graduation.~~		

MNPA	COMMENT	RATIONALE
~~(c) The Board may issue a temporary license to practice advanced nursing practice to an applicant who submits a written application in accord with the ruled of the Board.~~	~~*Specific requirements for temporary licensure should be set forth in administrative rules.*~~	
~~(d) Temporary licenses shall not be renewable.~~		
Section 5. Special License.		
The Board may issue a special license to an individual who is unable to practice the full scope of nursing safely, but who is able to practice safely within a modified scope of practive or with accommodations or both as specified by the Board.	*The intent of this section is to authorize a non-disciplinary process to license individuals who need reasonable accommodations to practice nursing safely. The specific procedures should be set forth in administrative rules.*	The change from limited license to special license a modified scope of practice or provides a non-disciplinary approach to providing opportunity for disabled nurses to practice with accommodations needed for safe nursing practice.
~~Section 6. Limited Licenses.~~		
~~(a) The Board may issue a limited license to a licensee who is unable to practice the full scope of nursing practice.~~	~~*The intent of limited licensure here is to allow for practice with restrictions such as limited settings, supervision requirements, or limited controlled substance administration for those with physical or mental impairment, chemical dependance or deficits in practice capabilities. Due process must be offered to the nurse before a license is limited. A nurse may waive due process rights and voluntary accept or request a limited license.*~~	

MNPA	COMMENT	RATIONALE
~~(b) The Board may issue a limited license to practice nursing only as part of a nursing education program. This is allowed when the person graduated from a nursing program in another country and is licensed in that country but has not passed the examination in licensure required in that state.~~	~~*Colleges and universities have foreign students who are nurses and who want further nursing education but do not want American licensure because they want to return to their own countries. These students are in the BSN completion and graduate programs. Limiting their practice to that controlled by the educational setting may provide for some protection to the public while allowing their advanced education.*~~	
Article VI. Titles and Abbreviations.		
Section 1. Only those persons who hold a license to practice nursing in this state shall have the right to use the following title abbreviations.	~~*Titles and abbreviations for examination or endorsement for licensure very from state to state. Some of the titles and abbreviations are:*~~	The changes in this section reflect the removal of temporary permits for applicants by examination.
A. Title: "Registered Nurse" and the abbreviation "RN"	~~*A. Temporary Registered Nurse TRN/Temporary Licensed Practical Nurse TLPN*~~	
B. Title: "Licensed Practical Nurse" and the abbreviation "LPN"	~~*B. Graduate Nurse GN/Graduate Practical Nurse GPN*~~ ~~*C. Professional Nurse PN/Practical Nurse PN*~~ ~~*D. Trained Nurse TN/Trained Practical Nurse TPN*~~	
C. Title: "Advanced Practice Registered Nurse" and the abbreviation "APRN"	*This section adds Advanced Practice Registered Nurse as a protected title under the act.*	

MNPA	COMMENT	RATIONALE
~~Section 2. Any person who has been approved as an applicant for the licensure examination and has been granted a temporary license for examinations shall have the right to use the following abbreviations.~~ ~~A. Title: "Graduate Nurse" and the abbreviation "GN".~~ ~~B. Title: "Graduate Practical Nurse" and the abbreviation "GPN".~~		
Section ~~3~~2. Any person who has been approved as an applicant for licensure by endorsement and has been granted a temporary ~~license~~ permit shall have the right to use the title () and abbreviations () designated by the state.	~~*Because the*~~ *The Model Nursing Practice Act incorporates the concept of mandatory licensure for the practice of nursing and assures the public that those using the titles Registered Nurse, ~~and~~ Licensed Practical Nurse, and Advanced Practice Registered Nurse are licensed and qualified to practice nursing as defined in the Act.~~ ~~, any provision in the Act which permits temporary licensure should be reflected in titles and accompanying abbreviations. These titles and abbreviations should clearly stipulate the temporary practice status of these authorized individuals. Other titles which seek to convey a temporary licensure states but do not include the word temporary in them can be confusing to the public and endanger its welfare.~~ An individual who is authorized to practice by a temporary permit should reflect this status in title and accompanying abbreviation. These titles and abbreviations may vary from state to state.*	

MNPA	COMMENT	RATIONALE
Article IX. Discipline and Proceedings.		
Section 1. Authority. The Board of Nursing shall have the power to refuse to issue or renew; to limit, suspend or revoke a license; or place on probation, reprimand or otherwise discipline a licensee for any one or combination of the grounds set forth below. Fines of up to ($) may be imposed.	*This section is intended to establish a means of disciplining or barring from practice persons who properly should not be permitted to practice nursing. Fines should be limited to cases in which the licensee has made financial gain as a result of the violation. They should not be the exclusive penalty for violations resulting in patient death or injury or used for grounds involving physical or mental illness. Rules should delineate the specific conditions for which fines can be imposed.* *A disciplinary investigation regarding the Advanced Practice Registered Nurse license should also include review of other nursing licenses if applicable. These other licenses may or may not also be disciplined depending on the nature of the complaint. (E.g., false documentation might result in concerns regarding all levels of licensure, whereas inappropriate prescription might only involve the Advanced Practice Registered Nurse license.)*	This language adds remedies "to limit and to otherwise discipline," thus providing more flexibility for Boards in determining appropriate remedies to resolve discipline matters.
Section 2. Grounds. The Board may discipline a licensee or applicant for any or a combination of the following grounds:		

MNPA	COMMENT	RATIONALE
(e) Has failed or is unable to perform professional or practical nursing, as defined in Article II, with reasonable skill and safety, including failure of the professional nurse to supervise or the licensed practical nurse to monitor the performance of acts by any individual working at the nurse's direction; or the failure of a professional nurse in a chief administrative nurse role to provide supervision of the nursing organization of a health care delivery system.	*This ground replaces the unfit and incompetent language, and makes it clear that failure to supervise may be grounds for disciplinary action.*	Language is added to provide notice that failing to provide supervision of the nursing organization by the chief administrative nurse is grounds for disciplinary action by the Board.
(f) has failed to practice within the modified scope of practice or with the required accommodations, as specified by the Board in granting a Special License.	This ground allows the Board to discipline licensees who fail to adhere to the requirements of a Special License	This language provides notice that failing to adhere to the requirements of a Special License may result in discplinary action.
Article X. Emergency Relief		
Section 1. Temporary Suspension.		
(a) Authority. The Board is authorized to temporarily suspend the license of a nurse without a hearing if:	*This section grants the Board authority to take immediate action in situations that pose great risk to the public. Such action should be reserved for extremely serious situations. Specific procedures may be set forth in the administrative rules for Board member involvement in the determination of probable cause as well as for notice and service of the order.*	This section grants the Board authority to temporarily suspend licensees in serious circumstances. Some jurisdictions use the term summary suspension for this type of action.
(1) the Board finds that there is probable cause to believe that the nurse has violated a statute or rule that the Board is empowered to enforce; and	*The Board here is truly balancing the right of the licensee to practice with the responsibility to protect the public from unsafe nursing practice. The due process rights of the licensee are best protected by a speedy hearing.*	
(2) continued practice by the nurse would create imminent and serious risk of harm to others.		

MNPA	COMMENT	RATIONALE
(b) Duration. The suspension shall remain in effect until the Board issues a temporary stay of suspension or a final order in the matter after a hearing or upon agreement between the Board and the licensee. (c) Hearing. The Board shall schedule a disciplinary hearing to be held under the Administrative Procedures Act, to begin no later than () days after the issuance of the temporary suspension order. The licensee shall receive at least () days notice of hearing. **Section 2. Injunctive Relief** (a) Authority. The Board is authorized to petition in its own name to a proper court of competent jurisdiction for an injunction to enjoin: (1) Any person who is practicing nursing within the meaning of this Act from practicing without a valid license, unless exempted under Article XII; (2) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XII; or (3) Any person, firm, corporation, institution or association from operating a school of nursing without approval.	*This section articulates a process for a Board to deal with persons not under the jurisdiction of the Board. The most obvious example of such a situation would be an imposter.*	The section on injunctive relief has been reorganized.

MNPA	COMMENT	RATIONALE
(b) Procedure. Upon filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation described in Section 2a has occurred, may issue an injunction without notice or bond, enjoining the defendant from further violating this provision. A copy of the complaint shall be served on the defendant and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this section, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.		
Section 3. Preservation of Other Remedies. The emergency proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided by law.	*This language provides notice that action taken under this article would not preclude other legal action.*	
~~Article X. Injunctive Relief~~ ~~Section 1. Grounds. The Board is empowered to petition in its own name to a proper court of competent jurisdiction for an injunction to enjoin:~~ ~~(a) Any person who is practicing nursing within the meaning of the Act from practicing without a valid license, unless so exempted under Article XII;~~ ~~(b) Any licensee who appears to the Board to be in violation of this Act from practicing;~~		

MNPA	COMMENT	RATIONALE
~~(c) Any person, firm, corporation, institution or association from employing any person who is not licensed to practice nursing under this Act or exempted under Article XII; or~~		
~~(d) Any person, firm, corporation, institution or association from operating a school of nursing without approval.~~		
~~Section 2. Procedure. Upon the filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation as described in Section 1 has occurred, may issue an injunction, without notice or bond, enjoining the defendant from further violating this provision. A copy of the complaint shall be served on the defendant, and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under the Article, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.~~		
~~Section 3. Preservation of Other Remedies. The injunction proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided in this Act.~~		
Article XII. Exemptions.		
No provision in this Act shall be construed to prohibit:		

MNPA	COMMENT	RATIONALE
(a) The practice of nursing that is an integral part of a program by students enrolled in Board approved nursing education programs;	*Only students in programs leading to initial licensure should be exempted.* ~~*All other students, namely those in graduate, refresher courses or certification programs, should be expected to seek licensure in the jurisdiction where enrolled in the program; licensure is required to ensure that their practice meets safe minimal standards and can be a basis for continuing study.*~~ This comment has been revised to reflect the opportunity provided for a post-basic nursing student to obtain a temporary permit to practice within the educational program under direct supervision. *Post-basic students in formal nursing education programs should be expected either to apply for a temporary permit to practice pursuant to Article V, Section 1C, or to seek licensure in the jurisdiction. Many graduate programs require current licensure in the jurisdiction where the program is located to allow for practice without direct supervision. Licensure is also required if the individual intends to practice outside the educational setting.*	

MNPA	COMMENT	RATIONALE
	Article V. Section 1C of this Model also authorizes the Board to grant a temporary permit to practice nursing in a nursing refresher course under direct supervision of a Registered Nurse. This option would be available to a nurse seeking reinstatement of licensure or a nurse who is meeting continued competence requirements to apply for licensure by endorsement.	
(1) The practice of nursing by a Registered Nurse or Licensed Practical Nurse currently licensed in another jurisdiction whose employment by a resident of that jurisdiction requires the nurse to accompany and care for that resident while in this state.	*Boards may consider the legal residency of the client and the nurse in determining the application of this exemption, basing the exemption on legal domicile rather than setting time limits.*	This new language proposes an exemption to allow nurses licensed in another jurisdiction to travel and care for their employers who are residents of that same jurisdiction.

Sample - Continued Competence Section for Licensure Renewal Form

Attachment C

Based on Model Nursing Practice Act (MNPA) and
Model Nursing Administrative Rules (MNAR)

Your license cannot be renewed unless you have met the continued competency requirements under the MNAR Chapter 6, by authority of MNPA Article III Section 2(d)(iv). The relevant language states:

> *A Registered Nurse or Licensed Practical Nurse shall affirm as part of an application for license renewal...that activities promoting continued competence from either* ***Group A*** *or* ***Group B*** *have been completed. Activities shall have been completed within the last renewal period for applicants renewing their licenses...*

If you have not complied with the requirements within the renewal period, [specify beginning and ending dates of renewal period], you cannot renew your license until you have complied and applied for reinstatement of licensure. Please indicate on the lines below how you have met the continued competence requirements:

Group A Activities that Promote Continued Competence

Completion of at least **two** of the following three activities to promote continued competence must be reported to the Board of Nursing before a license can be renewed. Check the sections with which you have complied since [date]:

____ 1. () hours of continued education
____ 2. () hours of professional activities
____ 3. () hours of nursing practice

Group B Activities that Promote Continued Competence

Completion of at least **one** of the following three activities to promote continued competence must be reported to the Board of Nursing before a license can be renewed. Check the sections with which you have complied since [date]:

____ 1. completed a nursing refresher course approved by the Board
____ 2. attained a degree or professional certification in nursing
____ 3. Completed () required courses toward post-basic nursing education
____ 4. Passed a formal nursing competency assessment examination which meet Board criteria

The Board will audit a percentage of renewals annually. If your license is randomly selected for continued competence activities audit, you will be sent a letter requesting documentation to substantiate having met the continued competence requirements as stated on this renewal form.

WARNING: MNPA Article IX Section 2. Grounds for Discipline. *The Board may discipline a licensee or applicant for ...has employed fraud or deceit in procuring or attempting to procure a license to practice nursing in filing any reports...or submitting any information to the Board.*

I certify under penalty of perjury that the information furnished in this application are true and correct.

Signature Date

Boards of Nursing may provide additional educational materials, including copies of statutes and rules, describing the continued competence requirements and acceptable documentation of continued competence activities.

Attachment D

Report on Pilot of Collaboration Model for the Identification of Strategies for the Prevention of Common Nursing Practice Deficiencies

Background

The 1993 Delegate Assembly directed that the National Council conduct a pilot study focusing on collaboration among nursing education, service and regulation to identify strategies for prevention of common nursing practice deficiencies. The Board of Directors assigned this project to the Nursing Practice and Education (NP&E) Committee.

Model Development

The Nursing Practice and Education Committee developed the following Collaborative Model for the Identification of Strategies for the Prevention of Common Nursing Deficiencies:

PHASE ONE ..... Survey to identify common deficiencies, and select target deficiency
PHASE TWO ..... Literature review of selected deficiency
PHASE THREE ..... Collaborative effects to develop proactive strategies to prevent selected deficiency

A. Selection of expert panel
B. Assessment of nurses who do selected aspect of practice safely - when, how did learn and incorporate as practice priority? Why is it a practice priority?
C. Identification of roles of nursing educators, nursing service and regulatory boards in preventing selected deficiency
D. Identification of innovative strategies to prevent selected deficiency
E. Development of plan for implementation and evaluation

PHASE FOUR..... Report findings
PHASE FIVE ..... Implementation
PHASE SIX ..... Evaluation

The Nursing Practice and Education Committee had the opportunity to implement phases one, two and most of three, leaving actual implementation to be completed by those who are interested in pursuing. Phase Four consists of this report.

PHASE ONE: Survey

At its fall meeting, the NP&E Committee developed its plan for the project. The first step was to identify common nursing practice deficiencies that might be prevented by proactive collaborative action. A survey was developed, with the assistance of research department staff, to identify common nursing practice deficiencies which were not related to chemical dependence (this deficiency was excluded because another National Council committee is focusing on this topic).

Four survey instruments were designed. The surveys were distributed to nursing service staff, nursing service managers, nursing educators and boards of nursing. Each member of the committee distributed the surveys within his or her jurisdiction. Each committee member was sent six of each survey for nursing service staff, nursing service administrators and nursing educators and two surveys for the Board of Nursing. The committee distributed the surveys within their jurisdiction in a variety of clinical settings and nursing education programs. Seven nursing service managers, eleven nursing service staff, fourteen nursing educators, and two boards of nursing responded to the survey. The nursing service staff, nursing service managers and the nursing educators were asked to identify the five most common nursing practice deficiencies they have recognized in staff or colleagues (RNs and LPN/VNs) which if uncorrected or unremediated could endanger the physical and/or emotional well being of nursing care recipients; and is unrelated to nurse substance abuse and/or diversion of controlled substances.

Nursing Service Staff

The nursing service staff were asked to describe the nursing practice deficiency; how they identified the deficiency as a major problem; what intervention or corrective action was taken; who initiated the action; what was the outcome of the action; and if, from their perspective, should the situation have been handled differently; and if so, how.

Nursing Service Managers

The nursing service managers were asked to describe the nursing practice deficiency; how they identified the deficiency as a significant problem; what intervention or corrective action was taken; what was the outcome of the action; what should have been done if desired intervention activities were precluded; and if so, what were the constraints that precluded the desired intervention.

Nursing Educators

The nursing educators were asked to describe the nursing practice deficiency; what events let to the identification of the deficiency as a significant problem; what intervention or corrective action was taken; who initiated the action; what was the outcome of the action; whether, from their perspective, the situation should have been handled differently; and if so, how.

Boards of Nursing

The boards of nursing were asked to select two disciplinary cases from among all those adjudicated within the last 12 months, that met the following criteria:

1. resulted in harm to the physical and/or emotional well-being of care recipients;
2. had a history of previous similar actions by the nurse that had not resulted in disciplinary charges; and
3. was unrelated to nurse substance abuse and/or diversion of controlled substances.

The Board respondents were asked to give a brief synopsis of the actual event that led to the disciplinary action and historical information about previous practice by the nurse that did not result in disciplinary charges including who had identified the previous problems, what interventions had been taken at that time, and what was the outcome. Respondents were asked to consider what alternative approaches might have been taken earlier to prevent the nurse from ever reaching the point where the nurse's practice had to be reported to the Board of Nursing.

Target Deficiency

The committee reviewed the surveys and determined that several problems were common to all surveys: failure to maintain sterile technique/infection control/universal precautions, medication errors, and documentation errors. Handwashing was selected as the pilot deficiency because it was identified as a deficiency on all surveys returned, it has impact on sterile technique/infection control/universal precautions, and it crosses all practice areas. Effective promotion could contribute to increasing positive outcomes for nursing practice and health care.

PHASE TWO: Literature Review

Handwashing - so basic, so simple, so overlooked! A classic surveillance study on handwashing, conducted before the human immunodeficiency virus (HIV) epidemic, found that hospital personnel washed their hands less than half the time after patient contact. (Albert, 1981) A 1987 study of nosocomial infections in intensive care units at the University of Iowa Hospital included identifying the number of opportunities for handwashing during random intervals and recording the actual number of handwashing episodes observed in those time periods. The handwashing behavior of health care staff working in intensive care ranged from 38 to 42 percent. Despite the simplicity and importance of handwashing, and observed decreased infection rates when handwashing frequency increases, poor compliance has been documented in several studies. (Doebbeling, 1992)

The Center for Disease Control reports that absolute indications for and ideal frequency of handwashing are generally not known because of a lack of well-controlled studies. The indications for handwashing depend upon the activity sequence as well as the type, duration and intensity of functions. (Garner, 1985)

Handwashing is not without risks. Changing normal flora and skin pH, chapping, drying and cracking all disrupt the skin's normal protective mechanisms and can damage skin. (Larson, 1989)

The promotion of universal precautions have led some people to believe that gloves provide enough protection. However, organisms multiply rapidly within the moist, warm environment inside a glove. Bacteria and viruses can leak through gloves. Gloving does not replace handwashing. (Larson, 1989)

The majority of recent studies found in the literature have been done in other countries and focus on agents and techniques. While guidelines for hand hygiene have been published, most articles do not address assessment and monitoring of handwashing. Few articles do more than identify that a problem exists, rather than proposing approaches for assessment, monitoring, and remediation of poor handwashing practice.

PHASE THREE: Collaborative Effects to Develop Proactive Strategies

A. Selection of Expert Panel

The committee identified the type of consultants that would be helpful in working with this particular practice deficiency. Nursing education was represented by a fundamentals of nursing instructor. Nursing service was represented by acute care quality assurance, infection control, school nursing and nursing management in long term care. Committee members represented Boards of Nursing. It was desirable to have representation from a wide sample within the constraints of the model and time frame.

B. Pre-panel Assignment

The consultants were asked to identify nurses in their practice area who regularly and routinely wash hands as a practice priority, and ask the nurses questions regarding when the nurse learned about effective handwashing, how the nurse incorporates handwashing into practice, and whether it is a conscious thought or an automatic action. The nurses were also asked to explain why the nurse washes hands, how the nurse keeps handwashing a practice priority and how the nurse promotes handwashing by other staff members.

Meeting of the Expert Panel

After introductions and further explanation of the purpose of the meeting, the pilot group launched into a lively discussion of the responses of the ten nurses interviewed by the five consultants before the meeting. While all nurses interviewed identified learning handwashing in nursing school, three nurses stated that they first learned handwashing from their mothers, and one nurse indicated that she learned the technique when she first worked as a nursing assistant. All the nurses acknowledged that handwashing for them is an automatic response and recognized the need to protect both themselves and their patients.

The work environment contributed to both how the nurses maintained the practice priority and how they promoted handwashing by others. The quality assurance nurse advised that Occupational Safety and Health Administration (OSHA) conferences were held constantly, as an aspect of infection control. The use of signs, posters, and other constant reminders were strategies mentioned by several nurses. Role modeling, making statements to nursing assistants such as, "let's wash our hands now" before beginning or completing aspects of care as well as offering patients the opportunity to wash their hands were offered as strategies to promote handwashing. One panel member, a director of nursing in a long term care facility, stated that she uses frequent inservices and reports that one-on-one teaching is very effective. She also described a very effective program in her facility entitled "Drown a Germ" to promote handwashing.

C. Identification of Roles of Education, Service and Regulation

Education

Obviously, nursing educators have the first chance, after mom, to offer knowledge and the opportunity to internalize handwashing as a practice value and priority. The educator in the group stated that he emphasizes handwashing from day one with his first year students, using techniques ranging from a required OSHA film, readings, opportunities to demonstrate step-by-step technique in lab settings, and both written and skill tests. He reinforces handwashing in the clinical component by role modeling and providing opportunities to implement in the clinical setting. Professional value internalization is facilitated by linking theory and principles with applicability. He observed that it is a disservice to approach handwashing narrowly, as a task, that it is important that students "make the connection" to relate the results of not washing hands with patient outcomes. Handwashing is an essential part of infection control.

Nursing Service

The consultants involved in nursing service emphasized the need to make handwashing an expectation and to make sinks and supplies available and convenient. Information needs to be reinforced frequently. Role modeling is an important strategy in the practice setting. Other suggested strategies included constant survey and analysis of infection control and quality assurance data to identify facility "hot spots" that could be targeted for more frequent inspection and intensive educational efforts.

The role of nursing in monitoring the patient care environment was discussed at length. Although the group believed that promotion of the patient care environment is clearly within the purview of nursing, there was concern

expressed that this is an example of an aspect of nursing where the nurse may carry responsibility but have little authority to control non-nursing employees. Monitoring and assessment of staff includes both providing positive feedback for effective handwashing and corrective action for failure to wash hands/ineffective handwashing.

Nursing Regulation

The outside consultants saw the Board of Nursing's role as peripheral, providing information and promoting public education. Committee members had a broader view, recognizing Boards' responsibility to protect the public and identified other strategies for Boards of Nursing, including the identification and inclusion of handwashing as a basic element of infection control and universal precautions; as an essential nursing function; in nursing education and practice standards; and in licensing examination test plans. Boards may promote handwashing through Board publications (those states sending Board newsletters to all licensees have the broadest possible nursing audience in that jurisdiction) and promote as an aspect of continued competency. The development of methods to assist nursing investigators in identifying cases where handwashing may be a factor and obtain information through witnesses, evaluations, facility policies, etc., may assist Board in assessing discipline practice cases and addressing in discipline remedies when appropriate. Boards may also suggest topics for future research, e.g, to determine whether failure to wash hands is predictive of other judgment problems.

D. Innovative Strategies to Prevent Handwashing Deficiency

The work group brainstormed a variety of strategies for preventing a handwashing deficiency.

Consumer Education

Consumers are becoming more observant (e.g., expecting their dentist to wear gloves and masks) and more sophisticated. A national educational campaign was suggested, involving consumers, other organizations and themedia regarding the whys and hows of handwashing. Research determining outcomes, cost effectiveness and the implications for quality assurance of handwashing as a preventive measure would be needed to support this educational effort. Different approaches for different audiences, similar to the multiple resources for study topics developed by the Agency for Health Care Policy and Research (AHCPR), could be considered. Slogans, posters, workshops, articles and programs geared to different learning levels could be used. Handwashing can contribute to a higher quality of life, and may be life saving in some instances. Nurses could serve as role models and advocates of a simple but effective means of limiting the spread of disease and promoting public health.

Professional Education

Innovative teaching methods to keep current information available and fresh approaches to presentation were suggested. It is very challenging to repeat such simple and basic concepts frequently and retain attention and interest.

Research

Strategies identified included promotion of research to identify technological developments which could be used to develop acceptable short-cuts and improve the convenience and effectiveness of handwashing.

Nursing Service

The development of handwashing as a "system value" was discussed, including promoting nursing's role in providing healthy environments and education of employees who have patient contact, e.g., housekeeping and dietary staff.

Nursing Regulation

Increasing investigators awareness of handwashing as a practice element that may be a relevant factor in practice related cases would contribute toward the assessment of discipline cases. Developing approaches toward evaluating this factor would be assistive. Analysis of trends for clusters of complaints, in type of types of settings or in specific units of facilities may help identify targets for proactive efforts. Boards may also suggest topics for future research, e.g, to determine whether failure to wash hands is predictive of other judgment problems.

Additional Strategies

Focus groups held among nurses in different settings, nursing students, mixed groups of health care practitioners and consumers could lead to the identification of additional strategies.

E. Development of Plan for Implementation and Evaluation

The work of the Nursing Practice and Education Committee did not include actual implementation, leaving implementation to those interested in pursuing the proactive strategies identified.

Summary of the Pilot Collaborative Model Implementation

The committee's underlying assumptions in targeting handwashing as a practice deficiency were that the need for proper handwashing is national in scope and crosses all practice areas. Handwashing affects our personal lives as well as our professional lives. Handwashing is a learned behavior which needs to be incorporated as part of personal and professional value systems. A deficiency in this area could be symptomatic of other practice deficiencies. The Collaborative Model Work Group's basic premise was that handwashing is an expected nursing behavior which is part of asepsis, infection control and universal precautions.

Possible strategies identified included promotion of research to identify technological developments which could be used to develop acceptable short-cuts and improve the convenience and effectiveness of handwashing. A national educational campaign was envisioned, involving consumers, other organizations and the media regarding the whys and hows of handwashing. Innovative teaching methods to keep current information available and fresh approaches to presentation were suggested.

It is expected that implementation of any of the strategies identified would result in heightened awareness of the need to handwash, a decrease in nosocomial infections and an increase in the quality of care. The outcomes could very well be a positive impact on health care and significant cost saving.

Evaluation of the Effectiveness of the Model.

Evaluating the effectiveness of the model involves consideration of usability of the model, availability and selection of consultants, cost and effectiveness.

The model is straightforward and simple. It is envisioned that any of the parties in the collaborative process could activate the process. For example, nursing service managers could identify an increase in medication errors and seek consultation from education and regulation to deal with the problem. Nursing educators could also initiate the process. The model is designed so that it could be used as a part of a board meeting or a day workshop or as a conference.

In the pilot, the consultants were selected to represent a broad scope of practice as well as education appropriate to the practice deficiency identified. The consultants needed prior preparation with the pre-panel assignment. One of our consultants was not prepared by the committee and thus had more difficulty in focusing on and understanding the task. All were enthusiastic about the topic, their participation and the positive approach of looking at those nurses who demonstrated this practice value and priority. The number, criteria for, selection and orientation would be individual to the specific practice deficiency identified.

The cost of implementation of the model will vary dependent upon the complexity of the nursing practice deficiency identified. As was previously mentioned, the model could be used as a problem solving process within the confines of a regularly scheduled board meeting if it is determined that the expertise required is present in the board members. If outside consultants are necessary or other services are needed, this would be additional expense. If a survey is needed to focus on a topic, the cost would depend on factors such as the complexity, sample size, entry and analysis needed. The costs of implementing prevention strategies would depend upon the complexity of the strategies identified. In the pilot, a range of strategies were suggested, which would have a range of costs to implement.

The workgroup did not plan formal implementation of the strategies identified, so did not have the opportunity to evaluate the effectiveness of the proactive strategies identified. Several of the strategies may be implemented by individual group members in their respective work settings. Member Boards are also encouraged to consider using some of the suggestions. If any of the strategies were implemented, criteria for evaluating outcomes and effectiveness would need to be identified as part of the planning for implementation.

Conclusion

The NP&E Committee members believe that the Collaborative Model provides a flexible framework for dealing with a variety of nursing practice deficiencies proactively. The literature review step adds breadth to the discussion, the approach of identifying positive practice models and the suggested strategies for the very basic practice element used in the pilot were interesting and innovative. A side product of the process was the interaction between the nursing educator, the nursing service representatives and the NP&E Committee members. It was an opportunity for the NP&E members to educate about regulation, and the role of Boards of Nursing. It was an opportunity for the NP&E members to be educated about the education and service roles and environments represented.

The NP&E Committee enthusiastically offers this Collaborative Model and encourages Member Boards to use it, evaluate it, and provide feedback regarding its application.

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Attachment E

Readability Levels of Clinical Nursing Documents

Executive Summary

A nurse's ability to read and interpret written materials is a skill essential to the delivery of safe and effective nursing care to clients. Nursing care plans, clients' medical histories and the results of physical examinations, clinical progress notes, consultants' opinions, and physicians' orders are used to convey information integral to the nursing management of clients. Numerous reference documents also contain information which can contribute significantly to nurses' clinical effectiveness and therefore to the maintenance of client safety.

The purpose of this study was to determine the readability (i.e., reading grade level) of client records (e.g., charts, nursing care plans) and other selected printed materials (e.g., policies and procedures, reference materials) commonly used by registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs). Samples of clinical nursing documents were obtained from two acute care institutions and one long-term care facility. Seventy representative passages of textual material identified within the available documents were transcribed into a word processing file.

Readability analyses were performed using *Prose: The Readability Analyst* (Microsoft Brothers Software, 1991). Three formulas were selected for use in this study: the Automated Readability Index (ARI) (Smith & Kincaid, 1970); the Coleman-Liau Formula (CLF) (Coleman and Liau, 1975); and the Flesh-Kincaid Formula (FKF) (Kincaid, Fishburne, Rogers, & Chissom, 1975). The analyses were performed on seven nursing care plan (NCP) excerpts, 39 chart segments and 24 adjunct documents. The NCP excerpts and chart segments were analyzed twice; once using the "original" text in which abbreviations, acronyms and symbols were imbedded, and a second time with these expressions "translated" into words.

The results support the need for a nurse to possess a relatively high (i.e., high school level or above) reading skill. This conclusion is based on (1) the average readability levels calculated for segments of clients' charts, NCPS and of the adjunctive materials (i.e., standards of care, medication information, etc.) and (2) numerous documents had readability scores in the 16th and 17th grade levels.

Boards of nursing may wish to consider the results of this study in terms of the essential eligibility requirements for licensure. If a board of nursing decides to establish a reading level requirement, this will have implications for both initial licensure and re-licensure decisions. In addition, consideration will need to be given to (1) how reading level determinations will be made (e.g., reliance on documentation provided by educational programs or qualified professionals, incorporation of a reading test within, or as an adjunct to, the licensure examinations, etc.) and (2) how decisions regarding the implementation of assessment and decision-making processes interact with the requirements of the Americans with Disabilities Act (ADA), passed in July 1990.

Attachment F

Essential Compentencies Report

NOTE: Page numbers for this document appear at the bottom of each page.

Essential Competencies Final Report

Introduction

In response to the Americans with Disabilities Act, the National Council conducted a study to identify competencies that, in addition to nursing knowledge and skills, a nurse must possess in order to function safely and effectively in a variety of clinical settings. A list of competencies considered essential for an individual to practice nursing was developed by an Advisory Panel on Essential Competencies which met on May 6-7, 1993. In order to validate the list of essential competencies, a survey was developed and sent to administrators of health care agencies which employ nurses. The survey consisted of a list of competencies which were identified as essential. The activities were grouped according to 14 categories (e.g., ***Mobility***, ***Physical Endurance***). This report describes the results of this study.

Executive Summary

A sample of 264 administrators of health care facilities which employ nurses were asked to participate in a study to validate a list of essential competencies. Administrators in three types of health care settings (acute care, long term care and home health) were requested to indicate which competencies were essential for nurses to be able to practice within the facilities. In order to capture the variability of practice within acute care settings, five forms were sent to acute care settings with a request to distribute them to managers of various types of units within the facility. The number of surveys completed and returned by the health care agencies was 376 (49.73%). The mean percentage of respondents reporting that the competencies within the categories were essential was relatively high. Differences among the three types of agencies appear to reflect the activities unique to types of agencies. Differences in mean percentages related to the uniqueness of the units in acute care agencies were also noted. The categories of essential competencies were ranked based on the mean percentage. Categories related to mental abilities ranked high in all three types of agencies. The categories of ***Communication***, ***Physical Strength*** and ***Mathematics*** were ranked the lowest for all three agencies. The ranking of categories/activities by the different units within acute care agencies was very similar to the comparisons of the three types of agencies. A Freidman two-way Analysis of Variance indicated that both the rankings of the three types of agencies and the ranking of the units within the acute care setting were significantly different.

Adaptations most frequently reported as being used by nursing staff were hearing aids, adaptive phones, and calculators. Few respondents reported that they had experience working with disabled nurses.

Results indicate that relatively high numbers of activities were identified in each essential competency category by the health care agencies as being necessary for nursing practice. Mental skills, such as ***Analytical Thinking***, were very highly rated. Also, additional essential competencies which would apply to health care agencies in general were not identified. These survey results appear to substantiate that the competencies identified by the panel are essential to nursing practice and, therefore, support the work of the panel.

TABLE 1

PERCENTAGE OF ADMINISTRATORS IDENTIFYING ACTIVITIES ESSENTIAL TO NURSE PERFORMANCE IN THEIR SETTING ACROSS 3 SETTINGS

Activity	Mean Percent
1. Reading (Mean)	92.66%
-charting/documenting	99.56%
-reading orders	99.76%
-reading policies, etc.	97.79%
-giving medications	99.67%
-using equipment	98.48%
-reading monitor printouts	60.66%
2. Writing (Mean)	94.27%
-transferring orders	87.08%
-charting (describing events)	98.58%
-writing discharge instructions	89.10%
-filling out forms	89.61%
-writing incident reports	96.21%
3. Communication (Mean)	91.19%
-client/family teaching	97.28%
-client interactions	99.46%
-reporting client's condition	99.78%
-collaborating with other health care workers	97.50%
-using a computer	57.38%
-using the telephone/radios/walkie talkies/beeper	97.29%
-orient new personnel	89.61%
4. Analytical Thinking (Mean)	97.90%
-inductive/deductive thinking	94.80%
-assessment/problem solving	99.67%
-prioritizing tasks	99.56%

Activity	Mean Percent
-evaluating/re-evaluating	98.58%
-focusing	96.53%
-processing information	98.26%
5. Mathematics (Mean)	80.43%
-calculating medication	88.86%
-performing physical assessment	96.27%
-using physical assessment equipment	98.59%
-counting alarm bells	38.02%
6. Mobility (Mean)	94.21%
-bending	98.92%
-stooping	98.49%
-moving within small areas	94.00%
-standing and keeping balanced	96.16%
-reaching: IV poles, etc.	96.41%
-using upper body movements	98.48%
-moving quickly in response to an emergency	95.83%
-climbing	76.56%
-coordinated movements	93.00%
7. Physical Endurance (Mean)	94.92%
-repetitive movements	93.77%
-full range of motion	92.92%
-stand, sit, and walk entire shift	98.48%
carrying equipment/supplies	94.52%
8. Fine Motor (Mean)	97.62%
-perform sterile technique	99.46%
-using and adjusting equipment	96.82%
-using telephone/computer	96.39%
-performing physical assessment	99.35%
-assist with client's ADLs	92.24%

Activity	Mean Percent
-performing procedures	99.35%
-administering medication	99.78%
9. Hearing (Mean)	94.62%
-using the telephone	98.26%
-responding to verbal requests during stress situations	99.02%
-assessing faint body sounds	99.35%
-carrying on verbal communications; situations when masks are used	87.07%
-responding to monitors	87.86%
-performing aspects of physical assessment	93.25%
-responding to fire alarms, intercoms, call bells	92.70%
-responding to verbal cues, (e.g., client needs attention)	98.69%
-hearing report/person-to-person/taped	95.55%
10. Vision (Mean)	96.37%
-reading charts	99.35%
-discerning skin conditions	99.67%
-administering medications	96.24%
-detecting physical changes	100.00%
-observing behavioral changes in clients	98.26%
-starting IVs, inject IV meds	86.67%
-charting/computer skills	95.15%
-assessing changes in body fluids, drainage, etc.	97.71%
-reading results of testing devices	98.05
-distinguishing color codes on supplies, charts, beds	90.33%
-handling small objects	97.04%
-detecting spills	95.33%
11. Smell (Mean)	96.48%
-detecting physical conditions	95.27%
-detecting smoke	95.95%

Activity	Mean Percent
-detecting potentially hazardous conditions	97.51%
12. Tactile (Mean)	94.81%
-palpating pulses, blood pressures	99.67%
-assessing skin	99.89%
-performing venipuncture	89.61%
-determining temperature of solutions	93.04%
-ascertaining temperature of the environment	89.40%
-finding landmarks	97.28%
13. Physical Strength (Mean)	85.82%
-defending self	76.18%
-lifting	98.05%
-transferring/ambulating patient with or without mechanical assistance	96.42%
-holding a child	59.28%
-positioning clients	95.84%
-carrying equipment/meal trays	95.66%
-performing CPR	96.81%
-restraining a patient	85.77%
-moving equipment	96.31%
-setting up traction	53.28%
-operating fire extinguisher	90.33%
14. Emotional Stability (Mean)	98.97%
-respond to a emergency	98.88%
-prioritize	97.87%
-copy	98.69%
-adapt to changing environment/stress	99.67%
-deal with unexpected	96.81%
-flexible	98.37%
-caring	99.46%

Activity	Mean Percent
-objective	96.38%
-focusing attention	99.57%
-control emotions	96.35%
-sequencing information and following through	99.57%

TABLE 2

ADAPTATIONS REPORTED BY HOSPITAL ADMINISTRATORS

Essential Competency	Adaptions
READING	- Every Order - 2 Persons Check To Prevent Errors - Glasses, Means Of Magnification Of Material - Asking Assistance Of Co-Workers - Tuition Reimbursement For Education - Utilize Other Staff To Read Communications Needed - Relabeled Stocking Shelves For Person With Poor Reading Skills (Used Product #'s Which Were Understood Better Than Names) - Tape Recorders - Offer Remedial Reading Classes - Read To Employee As Needed - Set Up Sessions With Literacy Volunteers Of America
WRITING	- Computer Documentation (Penlight Selection - For Sentence Building) - Use Of Computers - Verbal Communication - Use Of Checklists To Decrease Need To Write - Remedial Education - Taping Report - Computerization - Word Processors - Pens With Foam Build-Up - Nursing Station Computers - Use of Dictaphones - Computers - Forms Redesigned To Reduce Writing Required

Essential Competency	Adaptions
COMMUNICATION	- Classes In Communication Skills Offered Through Inservice - Change Of Shift Report Forms Available For Guidance - Assistance Of Co-Worker - Have Had Classes On Communication Techniques - Nurses With Communications Deficits Are Sent To Seminar/ Conferences - Training And Education On The Job - Workshops - Continuing Education To Upgrade Personal Weaknesses - If Weak, Scheduling A Stronger Person To Serve As A Mentor - Adaptive Phone For Hearing Impaired - Have Assigned Lectures, Readings, Tapes Available - Sometimes One Nurse Will Step In To Comfort Patient/Family Members When They Feel More Empathy Than One Caring For Them - The Hospital Offers Several Classes To Enhance Communication Skill. Many Of Them Have Proven Very Useful To Staff With Difficulty In These Areas - Forms to Guide Writing Reports - Use Of Role Models & Preceptors As Well As Peer Evaluation And Assistance To Improve Outcomes - Printed Care Plans & Teaching Guides, Etc.
ANALYTICAL THINKING	- This Subject Is The Hardest To Make Adaptions In Because Each Person Thinks Differently. Working One On One With The Person Till The Issue Is Resolved - Laminated Flip Charts Of Decision Tree - Making Lists To Prioritize - Time Sequencing Of Interventions And Change In Interventions As Needed - Inservices And Classes - The RNs Have Obtained This Function Via Experience - LPNs Can Follow Up With RN Or Team Leader - One On One Session With Impaired Nurses - Training And Education On The Job - Providing "Lists" To Guide Nurse Through Sequential Steps Of A Procedure/Task - Practice Such As "Mock Codes" And Disaster Drills - Additional Inservices Buddy System For 1:1 Help - Utilizing A Resource Or Work Team - Care Plans To Assist Problem Solving And Decision Making Using Critical Pathways - Formal And Informal Preceptorships (Training Programs) - Go Over Situations With Staff Without Names So Staff Can Learn From Mistakes Of Others - Preceptor and Follow-up - For Nurses Unable To Prioritize Tasks, They Do Revisits - Nurses With Limited Assessment Skills Can Access Other Experienced Nurses For Assistance - Competency Evaluation And Individualized Development

Essential Competency	Adaptions
MATHEMATICS	- Calculators, Other RNs Checking - Staff Assists By Validating The Calculations - Charts, Graphs With Calculations Already Figured Out - Annual And As Needed Med Review Classes Are Held - Drug Calculation Tests Must Be Passed Prior To Employment. It Is Essential For Calculating Dosages That Staff Have Adequate Math Skills - Obtain Assistance From Colleagues - If Weak, Scheduling A Stronger Person To Serve As A Mentor - Nurse Double Check Dosages Of Important Meds (i.e. Digoxin, Insulin, Etc.) With A Second Nurse - The Cardiac Monitors Calculate Hemodynamic Values Automatically - Pharmacist - Inservice - Agency Provides Nurse Drug Book
MOBILITY	- We Help Each Other If We Have A Short Term Disability Which Enables Us To Lift Transfer, Etc. If Long-Term, We Would Need To Transfer the Nurse - We Bought Back Supporters For The Staff - Staff Assist - Trade Tasks/ Assignments To Accommodate If Possible - Improved Casters On Movable Equipment, Mechanical Lift Aids - Light Duty - Nurses Working Shorter Shifts Or Being Assigned As Charge Nurse At Desk - Inservice Programs - Obtain Assistance From Colleagues - Patient Assignments Are Grouped Together, To Decrease The Need For Walking Long Distances, Nurses Station Set Up So Most Equipment Needed Is Close By - Alter Assignments To Decreased Amount Of Walking A Nurse With Painful Foot Condition Would Have To Do - Unit Secretary With Hip Dysplasia Has Been Supplied With Motorized Scooters For Trips To Other Departments - Wear Back Supporter - Increase Number Of People Assisting In A Lift Or Transfer - Bending With Proper Alignment Is Encouraged - Two People Transport The Carts - If Patient Is Extremely Heavy, An Orderly Assists - Adapted A Job Or Two To Accommodate Nurses Who Have Had To Go Into Wheelchairs - Reasonably Accommodate Individuals By Reassignment Of Certain Tasks Transfer To Another Position That Best Suits Their Needs - Physical Therapy Department Will Provide Assistance/Advice To Staff - Get Co-Workers To Assist. Rest Periods - DN Has Severe Osteoarthritis - Facility Bought A Motorized Cart For Her To Ride On - Handrails, Special Chairs At Nursing Station - Select Home Visits Carefully - Agency Assigns Different Tasks To Staff If Immobile, (e.g., Work In Office) - Client Assessment Based On Knowledge Of Nurses Limitations

Essential Competency	Adaptions
PHYSICAL ENDURANCE	- Gait Belts Lifting Techniques - Buddy System - Rest Breaks - Assign Personnel With Limited Physical Endurance To Tasks Requiring Less Physical Energy - Staff Assist Trade Tasks/Assignments If Possible - Nurses Who Are Pregnant Are Given "Lighter" Assignments As Needed To Allow To Continue To Work - I Have Been Working As A Nurse Manager In A Wheelchair For The Last 4 Months. I Have Learned To Carry Food/Med Trays, Open Doors, Etc. - Work Hours Cut Short To Allowable Hours Of Work, No On Call Duties - Assign Specific Patient Groups Designed To Increase Physical Endurance - Strengthening Program - Some Nurses Use Back Supports. Carts And Other Aids Are Used To Carry/Transfer Heavy Supplies - Use Of Motorized Scooter (Amigo) For A Nurse With MS - Performing Tasks From Wheelchair - Shortened Working Hours, Adjusting Schedule - Hospital Has Contract With Area Health Clubs - Transfer To RN Positions In "Office Situations", (e.g., Q.A., U.R.) - Added Rest Periods/Request More Help When Doing Transfers - Modified Duty Has Been Set Up For Those On Workman's Compensation - Transfer To Another Department Less Demanding - Flexible Scheduling - Some Minor Changes In Patient Assignment Is Sometimes Done To Accommodate Older Staff Members - Prioritizing/Organizing - Well-made Clinic Shoes - Support Stockings - Redistributing Work - The Hospital Has Offered Several Programs In Conjunction With The YMCA To Help Improve Our Physical States, Also The Pools In The Phys Dept. Is Open - Shorten Shifts - Bedside Hydraulic Lift Chairs Enable Nurses To Sit During Some Assessments/Procedures - Assign An Aide To Shadow The Nurse - Job Descriptions & Physical & Environmental Requirements Are Read, Adjusted To Each Nurse & Signed By That Nurse - Motorized Carts, Battery Operated Mechanical Lifts - Rotating Assignments - Reassign Staff To Other Job If Unable To Perform Duty If Position Available - Assistance By Other Staff
VISION	- Increased Lighting in Med Room/Work Area - Use Of Corrective Lenses - Assist Of Another Staff Person - Large Print - LPN With Retinal Damage Exempt From Passing Meds - One Nurse Used Prism Glasses For A Brief Period Of Time - Magnifying Tools

Essential Competency	Adaptions
SMELL	- Communicate To Co-Worker That Sense Of Smell Is Low; Ask For Assistance - Good Use Of Other Senses - Agency Is Equipped With Smoke Alarms
TACTIC SKILL	- Use Of Dopplers - Switch Tasks With Another Nurse - Electronic Digital Monitoring Equipment
FINE MOTOR SKILLS	- Assignments Made To Accommodate Staff With Difficulty In These Areas - (Missing Fingers) Self Adaptation Of Performing Procedures - Staff With Broken Right Arm Seeks Assistance From Co-Worker For IV Starting, Spearing IV Bags - Modify Equipment As Required - Adjust Environment - Other Staff Members May Assist Someone Who Has Difficulty With Fine Motor Skills - Have Another Nurse Back Up For Blood Draws
HEARING	- Verbal Report Is Given At Change Of Shift Instead Of A Taped Report - Hearing Aid - Transportation Aide Carries A Pager That Has A Loud Tone And Displays Phone Extension - Flashing Strobe For Fire Alarms - Have Another Nurse Perform A Particular Skill Such As Taking A Blood Pressure - Other Staff Assists In Listening For Alarms - Allowed Hearing Impaired To Select Monitors By Evaluating The Tone Of The Alarm - Adaptive Telephone For Hearing Impairment - Specialty Stethoscope To Improve Hearing For Heart And Breathe Sound - Nurse Had Bilateral Hearing Aides And Could Read Lips. Have To Touch Him For Attention If Behind Him. He Had Great Difficulty With Patient Comm. - We Have One Nurse Who Is Hearing Impaired And It Is A Big Problem At Times When Taking Orders By Telephone - Electronic Stethoscope, Flashing Call Lights - Vibrating Pagers For Hearing Impaired Supervisor

Essential Competency	Adaptions
PHYSICAL STRENGTH	- Modified Patient Assignments If Possible To Accommodate A Nurse With A Limitation (Short Term) - Seek Assistance From Other Staff Members - Patient Lift, Mover, Additional Peers - Back Care Program, Mobility Aids - Easy Push Beds - Light Duty - Staff Member With Back Problem Transferred To Home Health And Does Infant Follow Up. Another Staff Member With A Back Problem Works Only With Infants - Back Braces - Buddy System For Assist - Health Club Membership - PT/OT - Training In CPI Interventions And Correct Lifting Practice - Inservices Available To Teach Body Mechanics, Personnel Can Attend Them - Work In Teams - OT/PT Work Programs - Help Is Provided For Nurse If Required By Them - Assignments Are Adjusted If The Nurse Is Unable To Complete The Usual Nurse Assignments - Electric Lifts, Beds - Coordinated Scheduling Of Visits To Allow Multiple Members Of Team Available To Assist With Care

Essential Competency	Adaptions
EMOTIONAL STABILITY	- Support Group, Nurses Coping Program, Buddy System - Support Each Other If Short Term - Long Term Would Make Employment Impossible - Employee Assistance Program - Referrals To External Support - Seek Counseling - Mental Health Team - Staff Meetings Are Held Regularly For Support And Ventilation Of Feelings - Educational Inservices - Transfer To Less Stressful Unit - Classes On Team Building, Communicating With Peers, Constructive Criticism, Care Conferences On Difficulty Situations/Patients - Give Time Off - Change Duties - Psychiatric Liaison Support - Temporarily Removed Nurse From Patient Duties. Have Her Do Paper Related Tasks. Quality Assurance, Utilization Review - Support Time Off For Treatment Of Any Emotional Concerns Are Provided - In House Psychologist - Work Shift Accommodation To Allow For More Peer Support - Hospice Training - Support By Other Staff - Staff Development Activities - Programs Available Through Liability Carrier - Risk Management Program - For Nurses Unable To Cope, Prioritize, Have Them Do Revisits Only - Nurses Adapt By Taking Scheduled Vacations, Time Off

Attachment G

Continued Competence Update Report

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Education Committee to monitor the use of continued competence mechanisms by boards of nursing and to present a yearly update report to the Delegate Assembly. The 1987 Delegate Assembly added monitoring of the inclusion of peer review as a mechanism for measuring continued competence. Subsequently, the 1988 Delegate Assembly directed that information about continued competence mechanisms be collected as a routine part of National Council data collection for yearly review by the Nursing Practice and Education Committee.

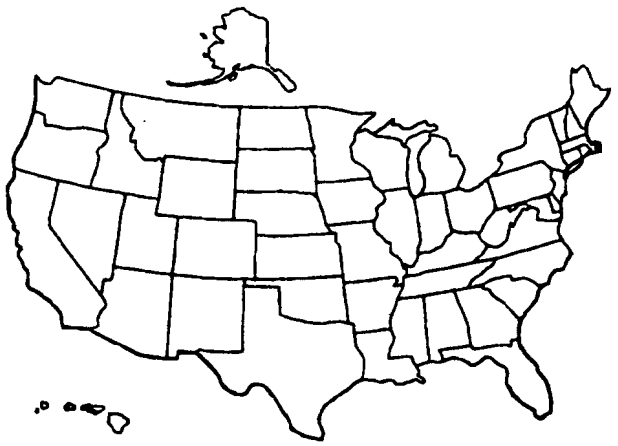
Results of Data Collected 1994

Sixty-two Member Boards responded to the questionnaire. The tabulated data resulted in the following:

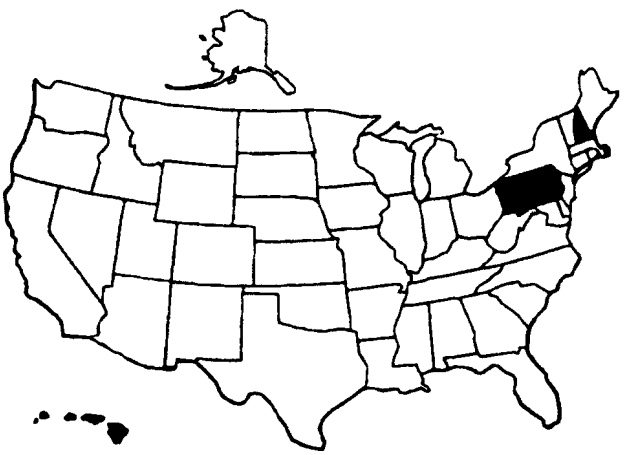
- No Member Boards reported the use of peer review or client review;
- Twenty-six Member Boards reported the use of continuing education mechanisms;
- Twenty-eight Member Boards reported the use of periodic refresher courses, with various conditions, for reentry into active practice after a prolonged absence from practice;
- Four Member Boards reported the use of a competency mechanism; and
- Twenty-four Member Boards reported the use of a minimum practice requirement for renewal of license. The continued competence mechanisms being used the most continue to be continuing education, refresher courses and practice requirements.

See Table I

Table I. Continued Competency Mechanisms

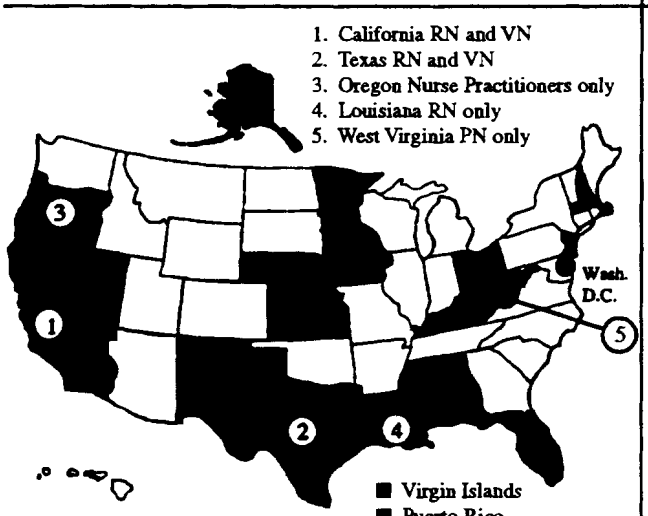


Peer Review

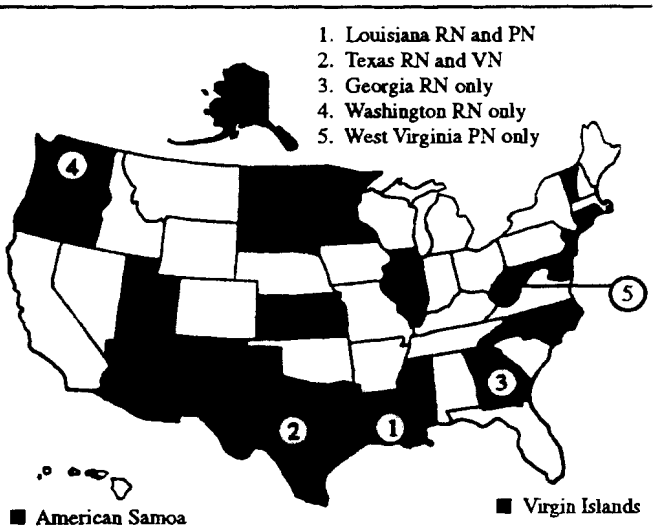


■ American Samoa

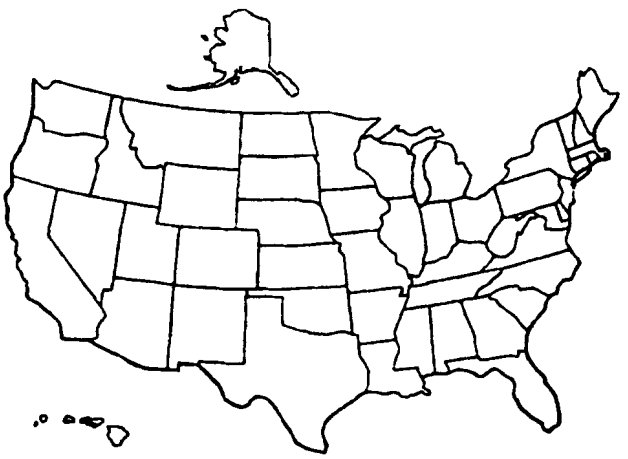
Competency Examination



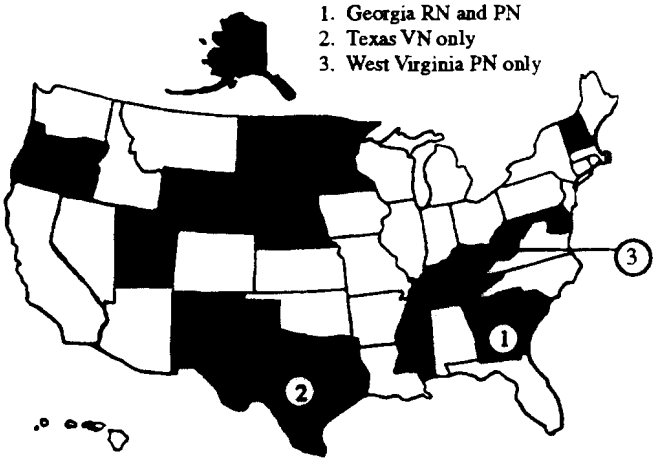
Continuing Education



Periodic Refresher Course



Client Review



Minimum Practice Requirements

Report of the Nurse Aide Competency Evaluation Program (NACEP) Committee

Committee Members

Sharon Weisenbeck, KY, Area III, *Chair*
Belle Cunningham, AK, Area I
Linda Fleming, CO, Area I
Dorothy Fulton, AK, Area I
Patricia Hill, ND, Area II
Cindy Lyons, OK, Area III
Orpha Swiger, WV-PN, Area II
Anna F. Yoder, MA, Area IV
Nelwyn Broussard, LA, *Consultant*
Sarah Greene Burger, DC, *Consultant*

Relationship to Organization Plan

Goal I ..... Provide Member Boards with examinations and standards for licensure and credentialing.
Objective E ..... Provide a competency evaluation for nurse aides.

Recommendation(s)

No recommendations.

Highlights of Activities

- ***Statistics***

  An activity under Objective E, Tactic 1 of Goal I states, *"Maintain and enhance the Nurse Aide Competency Evaluation Program."* The results of the administration of the written/oral and manual skills evaluation components were carefully studied during the October and May committee meetings. The passing rate for the written/oral evaluation remained stable, and the passing rate for the manual skills evaluations increased slightly (2%). There has been a decrease in candidate volume which has not affected revenue (because of the various service options available, i.e., full service and co-operative services).

- ***User Survey***

  The results of the 1994 user survey were reviewed and discussed by the committee (see Attachments A and B). The survey indicated a decrease in the overall satisfaction level of users which has not been apparent in day-to-day operations, in that few complaints have been received. Strategies to enhance user satisfaction, particularly to promote the NACEP as a psychometrically sound evaluation, were discussed by the committee, the test service and National Council staff. Action plans for enhancing the image of the NACEP have been developed, implemented, and include: monthly contact with users; information on NACEP psychometrics for users; and informal user surveys as well as the yearly survey.

- ***Communications***

  The NACEP Committee continued to promote the cooperation of Member Boards and other organizations in order to safeguard public health and welfare. Information regarding federal legislation was distributed to Member Boards and other interested organizations. National Council staff has maintained regular communication with representatives from the Health Care Financing Administration (HCFA) to assure compliance with federal regulations and has monitored the *Federal Register* for any proposed legislation which would affect the NACEP. There has been no federal legislation this year that would directly affect the NACEP.

  On February 14-15, 1994, 75 individuals participated in the fifth conference on nurse aides/assistants which was held in Baltimore, Maryland. A representative from the Health Care Financing Administration spoke to interested parties from state agencies and Member Boards regarding interpretation of the final rules relating to nurse aide training, competency, the nurse aide registry and disciplinary action. Facilitated group discussion

focused on nurse aide education, the nurse aide registry, the disciplinary process, nurse aide training and the nursing home survey process. Evaluations of the conference were positive and indicate that the conference provides participants with valuable information and an opportunity to network with colleagues from around the country.

Insight: NACEP News & Issues was distributed to over 700 individuals, an increase of 200 over last year. *Insight*, a tri-annual publication, provides information to readers regarding nurse aide regulation and other timely information regarding nurse aide roles and responsibilities. Articles included meeting the challenges of disabled residents, a resident's perspective of long term care, intergenerational programs for residents of long term care facilities, and home care as a viable solution for long term care. Readership includes nurse aide educators, nursing facility administrators, state administrators of nurse aide registries and nurse aides.

- ***Study Guide***

  Material for the study guide, including a sample practice written evaluation, was compiled and reviewed by a subcommittee of the NACEP Committee. The proposed content of the study guide includes the publication of the steps for the manual skills. The study guide is expected to be available for sale in early July.

Meeting Dates

- October 8-9, 1993
- May 5-6, 1994

Future Considerations for the National Council

- Manual Skills Evaluation - The NACEP Committee plans to continue to focus efforts on analyzing and refining the psychometrics of the manual skills evaluation.

Recommendation(s)

No recommendations.

Staff

Ellen Gleason, *NACEP Program Manager*

Attachments

ATTACHMENT A

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
NURSE AIDE COMPETENCY EVALUATION PROGRAM
FEBRUARY 1994 USER STATE AGENCY SURVEY - CUMULATIVE RESULTS
N = 22

		SA	A	D	SD	Other*
1.	The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	9	11	1	1	
2.	The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	4	14	2	1	1
3.	The NACEP manual skills evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2	13	5	1	1
4.	NACEP meets all the legal requirements in this jurisdiction:					
	a. for aides employed in long term care.	10	12			
	b. for aides employed in home health (when used with the Home Health Aide Supplemental Checklist).	5	10	1		6
	c. for aides employed in acute care settings (hospitals).	3	9	3	2	5
5.	The quality of the NACEP as an evaluation of nurse aide competence is high.	4	15	1	1	1
6.	The contractual relationship between The Psychological Corporation and this agency is satisfactory.	3	14	3	1	1
7.	The test service provides accurate and necessary information regarding the NACEP.	5	15	2		
8.	The test service answers inquiries from this agency in a reasonable amount of time.	5	13	3		1
9.	Evaluation materials from the test service arrive on time at test sites.	1	14	2		5
10.	Candidates receive score reports within the time period specified by your contract.	2	13	3	2	2

11.	The state agency score reports have been received in a timely manner.	2	12	7		1
12.	Any implementation problems which occurred were resolved satisfactorily with the test service.	1	17	2	1	1
13.	NACEP security measures are effective.	3	18	1		
14.	Feedback on the NACEP from nurse aides has been positive.	1	13	5		3
15.	Feedback on the NACEP from facilities has been positive.	1	14	7		
16.	The application process is easy for candidates and sponsors to compete.	2	12	4	1	3
17.	NACEP is an effective evaluation for home health aides (when used in conjunction with the Home Health Aide Supplemental Checklist) as well as long term care aides.	2	8	3		9
18.	The Nurse Aide Practice Test has been useful.	5	11			6

			Yes	**No**	**Other***
22.	In your jurisdiction, are you currently using NACEP to evaluate:				
	a.	aides employed in long term care settings	21		1
	b.	aides employed in home health settings	10	10	2
	c.	aides employed in acute care (hospital) settings	10	11	1

		Low	**Med**	**High**	**Very High**	**Other***
26.	Overall, how satisfied is this agency with the Nurse Aide Competency Evaluation Program (NACEP) offered by the National Council of State Boards of Nursing and The Psychological Corporation . Please respond on a scale of 1 to 5, with 1 indicating a very low level of satisfaction.	4	2	10	2	4 NR = 1

SA = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree

**Other includes responses such as no answer given, not applicable, perhaps, etc.*

Responses to open-ended questions (19-21 and 23-25) are available upon request.

ATTACHMENT B

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.
NURSE AIDE COMPETENCY EVALUATION PROGRAM
USER STATE AGENCY QUESTIONNAIRE
COMPARISON OF CUMULATIVE RESULTS

		1994	1993	1992
1.	The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	3.27	3.60	3.42
2.	The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	3.00	3.43	3.16
3.	The NACEP manual skills evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2.76	3.25	2.94
4.	NACEP meets all the legal requirements in this jurisdiction:			
	a. for aides employed in long term care.	3.45	3.50	3.42
	b. for aides employed in home health (when used with the Home Health Aide Supplemental Checklist).	3.25	3.06	3.38
	c. for aides employed in acute care settings (hospitals).	2.76	3.19	3.19
5.	The quality of the NACEP as an evaluation of nurse aide competence is high.	3.05	3.24	3.00
6.	The contractual relationship between The Psychological Corporation and this agency is satisfactory.	2.90	3.35	3.26
7.	The test service provides accurate and necessary information regarding the NACEP.	3.14	3.09	3.21
8.	The test service answers inquiries from this agency in a reasonable amount of time.	3.09	2.86	3.17
9.	Evaluation materials from the test service arrive on time at test sites.	2.94	3.00	3.10

Averages calculated - highest possible score = 4.00, lowest possible score = 1.00

10.	Candidates receive score reports within the time period specified by your contract.	2.75	2.75	3.05
11.	The state agency score reports have been received in a timely manner.	2.76	2.59	2.84
12.	Any implementation problems which occurred were resolved satisfactorily with the test service.	2.86	3.04	3.10
13.	NACEP security measures are effective.	3.09	3.18	3.26
14.	Feedback on the NACEP from nurse aides has been positive.	2.76	3.19	2.95
15.	Feedback on the NACEP from facilities has been positive.	2.70	3.14	2.68
16.	The application process is easy for candidates and sponsors to complete.	2.78	2.90	2.94
17.	NACEP is an effective evaluation for home health aides (when used in conjunction with the Home Health Aide Supplemental Checklist) as well as long term care aides.	2.92	3.20	3.06
18.	The Nurse Aide Practice Test has been useful.	3.31	3.47	3.14

**Other includes responses such as no answer given, not applicable, perhaps, etc. This type of response was not used in calculating the results for questions 1 through 18.*

Annual Report of the NACEP Test Service

Submitted by The Psychological Corporation
Liz Boudreau, *Test Center Management Supervisor*
Ann Callahan, *Project Planning Coordinator*
Doris Cronin, *Applications and Scoring Supervisor*
Lucille Dungan, *Credentialing Area Director*
Karen Hale, *Program Director*
Janie Menchaca-Wilson, *Nurse Consultant*
Huixing Tang, *Psychometrician*
Sue Traweek, *Operations Manager*

Highlights of Activities

■ *Psychometrics*

Five base forms of the Written Evaluation and seven standard Manual Skills situations continued in use this year. The passing rate for the Written Evaluation was 85.9 percent, down slightly from last year's 86.5 percent; the Manual Skills passing rate was 92.4 percent, up two percentage points from last year which may indicate that candidates are becoming familiar with the skills being tested. Reliability indices (KR20s) for the written forms are consistent at .83 or .84, good indices for a 65-item test.

Two newly revised Manual Skills situations assessing perineal and catheter care and a new ancillary rater's manual were published this year. These intimate care skills situations will be available only as required by individual states and currently have been distributed to Oregon and Colorado.

A task force of experienced Nurse Aide Competency Evaluation Program (NACEP) manual skills raters met at The Psychological Corporation (TPC) in July 1993 to develop detailed scoring guidelines for a new rater's manual which accomplished our goal of an improved level of scoring standardization. After extensive editing and review, the revised rater's manual was distributed to the testing center coordinators in April 1994.

After a year of comprehensive data analysis for NACEP, the written and manual skills item and form psychometric data is compiled in a technical manual. Additional manual skills data, including information regarding methods for determining the passing score, are contained in a manual skills supplement to the technical manual. A number of recommendations are suggested to National Council staff and to the NACEP Committee for improvement of the psychometric rigor of the manual skills performance test. These recommendations will be reviewed after the nurse aide job analysis is completed and before the proposed revision of the blueprint in 1995.

■ *Operations*

In 1993-1994, NACEP Operations processed applications for 33,000 NACEP candidates, and scored 44,414 Written Evaluations (a drop of 6.6 percent from the same time period last year) and 36,425 Manual Skills answer documents (a decline of 13.5 percent). We are pleased that 1993-1994 application and scoring processing turnaround times were the best we have ever achieved. Despite this achievement, states are continuing to press for shorter turnaround times which will require a review of our entire delivery systems. There were no security incidents this year. In August, an in-house reorganization resulted in placement of NACEP operations under the leadership of Terry Penrose, Vice President Operational Engineering. Mr. Penrose is reviewing all aspects of NACEP processing, including test center management, application processing, scoring, and registry maintenance with the goal of improving timelines, accuracy, and overall departmental productivity. In line with this goal, in March 1994, we implemented a division solely responsible for customer service. This move enhances our department as processing and customer service are now two completely separate units. Processing staff are able to perform their duties without interruption from telephones, thereby allowing for better concentration and faster, more accurate processing. Staff in the customer service unit are dedicated to responding to the needs of NACEP sponsors and candidates and are receiving ongoing training in general customer service skills and state-specific NACEP information.

■ *Marketing*

During the period from May 1993 through April 1994, the following contract renewals and extensions were approved: Alaska, Delaware, District of Columbia, Colorado, Maine, Virginia, Arizona, Louisiana, Nevada, Oregon, and South Carolina. Wyoming requested cost and site information to go from co-op to full service; we are waiting for the Wyoming Board of Nursing decision on that change. These contract renewal periods range from one to two years.

We responded to two new Arkansas requests for proposal (RFP) with final award going to Educational Testing Service (ETS) for complete delivery; West Virginia and Florida were awarded to in-state companies. In the state of Washington, where The Psychological Corporation was low bid and expected to win the contract, responsibility for the nurse aide program was moved from the Board of Nursing to a different governmental agency and the RFP was withdrawn. We continue to follow up with Texas but, due to budget issues, they have again postponed the issuance of an RFP which is now projected to be released sometime in early 1995. We are in the process of responding to the Vermont RFP which is due in May 1994.

We obtained approval from California for an informational and promotional flyer which was mailed to all sponsors in the vicinity of our testing site on the outskirts of Los Angeles.

We have been working with our marketing department to develop a comprehensive marketing plan. A detailed survey was developed for initial implementation with a group of seven targeted states. This group includes states currently with competitors and those administering an in-house exam. The seven states were contacted during March and April 1994. Since the interviewing went so well, we targeted an additional 12 states which should be completed by early May. We will then compile the information and meet to develop strategies and actions for pursuing competitor states, those administering their own exam, and retention of our current clients. We anticipate that the information gathered will also provide us with data to better re-examine NACEP and determine what program changes need to be made in order to ensure we are competitive in the marketplace and to meet the changing needs of our clients and the industry.

As part of our re-examination of the NACEP, we will be looking closely at delivery systems and the registry. In response to a need expressed by our current registry clients at The Fifth Nurse Aide/Assistant Conference in Baltimore, changes have been instituted in the reports to provide the clients with additional information on recertification and expiration dates.

Meeting Dates

- Annual License Agreement Meeting, June 15, 1993
- Manual Skills Raters Task Force Meeting, July 10-11, 1993
- National Council Leadership Conference, October 8-9, 1993
- NACEP Committee Meeting, May 5-6, 1994

Future Considerations for the National Council

■ Delivery of services went smoothly this year. Regular contact with state agencies indicated few problems. The Psychological Corporation believes that frequent communication is essential in maintaining a high level of user satisfaction. To this end, we will increase the number of scheduled contacts with client states to ensure a minimum of monthly contacts.

Along with the marketing activities that have taken place this year, The Psychological Corporation has been doing the ground work for a comprehensive written marketing plan. The marketing plan will be finalized by August 1994 with direction for activities for the next several years.

Both marketing activities and in-house review will be directed at assessing the level of satisfaction with the current delivery mechanisms for NACEP and the expectations for improved services. New processing methods and technologies will be investigated and evaluated.

Attachments

Table 1. NACEP Written/Oral Evaluation

Number Tested and Percent Passing by State
March 1, 1993 - February 28, 1994

State	Written/Oral		Written		Oral[b]	
	Number Tested	Percent Passing	Number Tested	Percent Passing	Number Tested	Percent Passing
Alabama	3,703	79.8	3,605	80.7	98	44.9
Alaska	210	98.6	210	98.6	a	a
Arizona	3,775	91.3	3,743	91.7	32	34.4
California	188	76.6	188	76.6	a	a
Colorado	3,578	91.6	3,459	93.0	119	49.6
Delaware	916	79.6	876	81.1	40	47.5
District of Columbia	1,140	69.4	1,138	69.4	2	50.0
Idaho	1,920	95.7	1,895	96.2	25	60.0
Louisiana	916	70.4	872	72.8	44	22.7
Maine	364	97.3	364	97.3	a	a
Maryland	3,613	78.8	3,560	79.2	53	52.8
Nevada	1,000	91.3	994	91.6	6	33.3
New Hampshire	115	99.1	115	99.1	a	a
North Dakota	1,407	94.7	1,378	95.6	29	51.7
Oregon	3,354	95.3	3,318	95.8	36	55.6
Rhode Island	1,710	85.0	1,684	85.8	26	34.6
South Carolina	4,928	75.9	4,762	77.1	166	40.4
South Dakota	1,026	94.2	1,016	94.4	10	80.0
Vermont	902	92.6	886	93.5	16	43.8
Virgin Islands	110	69.1	110	69.1	a	a
Virginia	6,921	84.1	6,826	84.6	95	46.3
West Virginia	1,664	94.2	1,647	94.6	17	58.8
Wyoming	954	96.3	944	96.7	10	60.0
Total	44,414	85.9	43,590	86.7	824	45.5

a No oral evaluations administered
b Includes Spanish

Attachment B

Table 2. NACEP Manual Skills
Number Tested and Percent Passing by State
March 1, 1993 - February 28, 1994

State	Number Tested	Number Passing	Percent Passing
Alabama	3,363	3,141	93.4
Alaska	207	203	98.1
Arizona	1,977	1,735	87.8
California	182	168	92.3
Colorado	3,496	3,234	92.5
Delaware	774	735	95.0
District of Columbia	960	881	91.8
Louisiana	829	734	88.5
Maine	380	340	89.5
Maryland	2,614	2,500	95.6
Nevada	993	935	94.2
New Hampshire	119	116	97.5
North Dakota	1,320	1,266	95.9
Oregon	3,545	3,230	91.1
South Carolina	4,288	3,892	90.8
South Dakota	1,336	1,239	92.7
Vermont	795	759	95.5
Virgin Islands	74	67	90.5
Virginia	6,541	6,005	91.8
West Virginia	1,723	1,584	91.9
Wyoming	909	880	96.8
Total	36,425	33,644	92.4

Table prepared 04/19/94

Report of the Nurse Information System (NIS) Committee

Committee Members

Marie Hilliard, CT, Area IV, *Chair*
Patricia Brown, WA, Area I
Vicky Burbach, NE, Area II
Anna Ferguson, OK, Area III
Brenda Smith, IN, Area II

Relationship to Organization Plan

Goal IV ..... Promote the exchange of information and serve as a clearinghouse for matters related to nursing regulation.

Objective B ..... Establish a nurse information system for use by Member Boards and others, contingent upon receipt of substantial external funding.

Recommendation(s)

No recommendations.

Highlights of Activities

- ***NIS Policy Development***

  The NIS Committee has developed policies in the following areas to guide the NIS project through development and as an ongoing program of the National Council:
  - Agreements for access and use of Member Board data
  - Guidelines for data transfer from Member Boards
  - Schedule for and frequency of data collection
  - NIS data elements
  - Data importation, standardization, and conversion
  - Unduplicated count
  - Data maintained in accordance with NIS data collection agreements
  - Retention of inactive records
  - File back up
  - Maintenance of historical records
  - Member Board approval for release of data
  - Release of data
  - Data security
  - Marketing philosophy

- ***Data Collection Form Development***

  The NIS Committee has provided review of the NIS data collection form throughout its development. The committee reviewed the results of a pre-test of the form conducted in August and September of 1993, and made suggestions for revisions. Most recently, the committee reviewed a proof of the form supplied by the vendor contracted to print the form. The form has been sent to the vendor for final formatting and printing, and will be piloted with the California Board of Registered Nursing before it is available for general use.

- ***NIS Contract Negotiations***

  The NIS Committee has continued to provide guidance to NIS staff involved in NIS contract negotiation. Committee members provided the Member Board perspective and made recommendations regarding procedures for contacting boards of nursing about their participation in the NIS.

- ***Bylaws***

  The NIS Committee provided input to the Bylaws Committee regarding comprehensive revision of National Council's bylaws.

Meeting Dates

- October 8-9, 1993
- April 7, 1994

Future Considerations for the National Council

The NIS Committee and staff expect that data will be collected from most or all jurisdictions and that programming will be in place to produce a preliminary unduplicated file by the end of 1994. National Council plans to submit a continuation grant proposal to the Robert Wood Johnson Foundation in Summer 1994.

Recommendation(s)

No recommendations.

Staff

Melanie L. Neal, *NIS Program Manager*

Report of the Computerized Clinical Simulation Testing (CST) Steering Committee

Committee Members

Dorothy Fiorino, OH, Area II, *Chair*
Cady Crismon, TX-RN, Area III
Becky Fahey, OR, Area I
Jeffrey Hill, GA-RN, III
Sheryl Jackson, SD, Area II
Doris Nuttelman, NH, Area IV

Relationship to Organization Plan

Goal I ..... Provide Member Boards with examinations and standards for licensure and credentialing.
Objective D ..... Conduct research and development regarding computerized clinical simulation testing for initial and continued licensure.

Recommendation(s)

No recommendations.

Highlights of Activities

- The CST Steering Committee had one meeting and one conference call during FY94. During its October 1993 meeting, three new committee members were oriented to the past, present, and future CST Project activities. In addition, all committee members participated in a "hands-on" CST experience which included the completion of the CST orientation system and five CST cases. The committee discussed the National Council's collaborative work with the National Board of Medical Examiners (NBME) which was focused on setting the specifications for CST system revisions. These revisions will use state-of-the-art technology (flexible enough to build on future technology) to enhance the efficiency of CST case and scoring key development as well as facilitate examinee interaction with the system. The committee reviewed and supported the initial plans for revision of the CST system including: prototype screens designed to simplify examinee interaction with the system; possible mechanisms for incorporating a nursing diagnosis component into the system; proposed format to be used for restructure of the CST nursing activity database; and the development of relational nursing databases which will be designed to facilitate case authoring and scoring key development. The committee also reviewed the five-year plan for the CST Project.

  During its May 1994 conference call, the committee received a report of the current status of the CST Project. This included a discussion regarding the current negotiation of an agreement with a local school of nursing for the purpose of: assisting in the development of criteria for investigating the construct validity of CST during the next phase of the project; exploring the use of CST as an educational tool; and, identifying the type of technical support that will be needed by those schools that participate in the next large-scale CST pilot study.

Meeting Dates

- October 8-9, 1993
- May 2, 1994, *telephone conference*

Future Considerations for the National Council

- Most of the work on CST during FY95 will focus on database development and CST system programming and debugging. When the new system is completed, Phase III of the CST Project (tentatively scheduled to begin in FY96) will commence. Beginning work on Phase III will include case development, database refinement, and the development of plans for introducing CST software into schools of nursing. School participation will require that certain demographic criteria be met and that schools agree to the following: orienting their students to the use of the CST software; exploring the educational uses of CST; recruiting student volunteers to participate in the CST pilot study; providing research data needed to complete the CST pilot study; and signing a sublicense agreement

for use of the CST software. In turn, the National Council will provide software, data collection instruments, and technical support to the schools.

Recommendation(s)
No recommendations.

Staff
Anna Bersky, *CST Project Director*
June Krawczak, *CST Project Associate*
Carolyn Yocom, *Director of Research Services*

Report of the Committee on Chemical Dependency Issues

Committee Members

Jean Sullivan, WA, Area I, *Chair*
Maggie Johnson, NC, Area III
Margaret Knight, NJ, Area IV
Marsha Straus, OH, Area II
Mary Haack, *Consultant*

Relationship to Organization Plan

Goal II ..... Provide information, analysis and standards regarding the regulation of nursing practice.
Objective C ..... Conduct research on regulatory issues related to disciplinary activities.

Recommendation(s)

1. That the *Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses* be adopted.

Rationale

The guidelines contained in the *Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses* (hereafter *Guidelines*) were developed to provide information to Member Boards that are interested in implementing a nondisciplinary alternative program. A survey on regulatory management of chemically dependent nurses was conducted by the committee. Of the 44 jurisdictions responding, 20 Member Boards reported that they were interested in establishing a nondisciplinary option.

The *Guidelines* provide a core model which is a composite of those alternative programs currently being implemented by Member Boards. According to the survey, 15 Member Boards have alternative programs as defined by the committee. A nondisciplinary alternative program (i.e., diversion program) is defined by the committee as a "...voluntary confidential alternative to license discipline for nurses with chemical dependence. The nurses may also have accompanying psychiatric and/or physical conditions." The *Guidelines* may be adapted to meet the specific needs of individual Member Boards.

Highlights of Activities

■ Survey

A survey was conducted to determine approaches used by Member Boards to manage chemically dependent nurses. Results were used as the basis for the development of the *Guidelines*. Results of the survey were distributed to Member Boards (Attachment A).

■ Model Guidelines

The *Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses* represents a monitoring program for the impaired nurse in which compliance is evaluated. The major emphasis is concern for public safety, not support for the impaired nurse. The *Guidelines* are based on programs already being implemented by Member Boards. The first draft of the *Guidelines* was sent to Member Boards with a request for feedback. Based on this feedback, a second draft was compiled and presented for discussion at the Area meetings. The final version of the *Guidelines* is provided in Attachment B.

■ Research Proposal

The committee provided consultation to staff regarding the development of a research protocol designed to evaluate the effectiveness and costs of two different regulatory approaches for the management of chemically impaired nurses. Factors addressed in this two-year, cross-sectional study include, but are not limited to: 1) chemical dependence history; 2) physical, psychosocial, psychiatric and family history and current status; 3) work history and current employment characteristics; 4) therapeutic interventions; and 5) regulatory approach (disciplinary vs. nondisciplinary). Outcome effectiveness will be measured in terms of: 1) licensure status of the nurse, 2)

recidivism rates, and 3) return to employment in nursing. Cost comparisons will address the fiscal implications for: 1) Member Boards and 2) the impaired nurse. The Board of Directors will be requested to take action on this proposed study at its June 1994 meeting.

- **Facilitation of Member Board Data Collection**

  The committee addressed several issues related to Member Board performance of internal evaluations of their effectiveness in regulating chemically impaired nurses and the facilitation of inter-board comparisons of regulatory management outcomes. Subsequently, the committee identified two approaches that could be used for intra-board evaluation: 1) process evaluation and 2) outcome evaluation. In addition, data used to perform internal outcome evaluations could also be used for inter-board comparisons if uniform data were collected and retained.

  Questions that can be used to guide the performance of process evaluations and the types of data that could be collected for the performance of outcome evaluations are listed in Attachment C. Data collection instruments currently being developed for use in the National Council's research study will be made available to Member Boards for their use in the performance of outcome evaluations. In addition, Member Boards desiring assistance in the identification of database management software, database development and data analysis may do so by applying to the National Council's Resource Network.

Meeting Dates

- October 9-11, 1993
- January 13-14, 1994
- May 4-5, 1994

Future Considerations for the National Council

- **Research Study**

  If approved for implementation, it is anticipated that the results of the research study comparing the effectiveness of two different regulatory approaches for the management of chemically dependent nurses could provide information that would result in recommendations for changing the *Guidelines*.

Recommendation

1. That the *Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses* be adopted.

Staff

Nancy Chornick, *Research Associate*
Carolyn J. Yocom, *Director of Research Services*

Attachments

Survey on Regulatory Management of Chemically Dependent Nurses
Results

BACKGROUND

A charge of the Committee on Chemical Dependency Issues is to study regulatory models for chemically dependent nurses. Among its responsibilities, is the collection and dissemination of information on the regulatory approaches currently used by Member Boards. Several months ago, the Committee sent a survey on the regulatory management of chemically dependent nurses to Member Boards. The results of this survey follows:

1. Number of substantiated complaints related to chemical dependence/abuse in the past year (data reported by jurisdiction in Appendix A):

43 Jurisdictions reporting data
1084 No of RNs
867 No of PNs
626 Both RNs and PNs reported together

2. Number of substantiated complaints related to chemical dependence abuse in the last year that resulted in disciplinary action against nurses' licenses (data reported by jurisdiction in Appendix A):

44 Jurisdictions reporting data
966 No of RNs
769 No of PNs
73 Both RNs and PNs reported together

3. Jurisdictions in which the reporting of nurses whose practice is impaired due to chemical substance abuse is mandatory:

AZ, CO, CT, DE, FL, HI, IA, IL, KS, KY, LA-RN, LA-PN, MD, ME, MI, MN, MS, MO, MT, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, TX-RN, UT, VA, VT, WI, WV-PN, WY

4. Member Boards interested in establishing a non disciplinary option:

CA-VN, DE, ME, MI, MN, MS, MO, NC, ND, NJ, OH, OK, RI, SC, SD, VA, VT, WI, WV-RN, WY

NONDISCIPLINARY ALTERNATIVE PROGRAMS

The following definition was used as a basis for identifying jurisdictions with nondisciplinary alternative programs (i.e., diversion programs):

"A nondisciplinary alternative program (i.e. diversion program) offers a confidential, voluntary alternative to license discipline for nurses with chemical dependence. These nurses may also have accompanying psychiatric and/or physical conditions."

Fifteen jurisdictions have an alternative program as defined by the Committee. The tables on the subsequent pages list these jurisdictions and describe the structure of their programs. The data for this report was collected in Fall, 1993. Many changes are occurring among diversion programs of boards of nursing. Therefore, if further clarification is needed, contact with the boards of nursing is suggested. Nineteen jurisdictions did not respond to the survey.

NON DISCIPLINARY ALTERNATIVE PROGRAMS

	AUTHORIZATION FOR ESTABLISHING AN ALTERNATIVE PROGRAM				ADMISSION TO AN ALTERNATIVE PROGRAM		
	Authorization in Statutes	Implied Authorization in Statues	Specific Authorization in Rules/Regulations	Other	Voluntary	Board Referral	Other
Arizona	X				X	X	
California-RN	X		X	Policies And Procedures	X	X	
Colorado	X				X	X	Nurse Must Volunteer And Admit To Addiction
Florida	X		X		X	X	Committee With BON Representation
Louisiana-RN		X			X	X	Employer, Co-worker, Friend Or Family
Maryland	X				X		
Massachusetts	X				X	X	Committee
New Mexico	X		X		X	X	Request Permission After Complaint Filed
Oregon			X	Policies Being Developed	X		Employer Or Nurse Peer Referral
Pennsylvania	X				X	X	BPOA's Complaint Division
Tennessee	X				X	X	
Texas-RN	X				X	X	Report By Employer
Texas-VN	X				X	X	3rd Party Referrals Accepted As Appropriate
Washington-RN	X				X	X	
Washington-PN	X				X	X	

NON-DISCIPLINARY ALTERNATIVE PROGRAM CHARACTERISTICS							
	Intervention Leads To Admission	Assessment Provided By Board Representative	Assessment Provided By Outside Agency/ Professional Nursing Assoc.	Treatment Referral By Board Representative	Treatment Referral By Outside Agency/ Professional Nursing Assoc.	Treatment Provided By Board Representative	Treatment Provided By Outside Agency/ Professional Nursing Assoc.
Arizona				X			X
California-RN	X	X		X			X
Colorado			X		X		X
Florida			X		X		
Louisiana-RN	X						X
Maryland	X		X	X			X
Massachusetts		X		X			
New Mexico							
Oregon	X		X				X
Pennsylvania	X		X	X	X		X
Tennessee	X		X				X
Texas-RN	X		X		X		X
Texas-VN	X		X		X		X
Washington-RN				X	X		X
Washington-PN				X	X		X

	After-care Support Referral By Board Staff, Members Of Committee	After-care Support Referral By Outside Agency/ Professional Nursing Assoc.	After-care Monitoring Provided By Board Staff, Members On Committee	After-care Monitoring Provided By Outside Agency/Professional Nursing Assoc.
Arizona			X	
California-RN	X			X
Colorado				X
Florida		X		X
Louisiana-RN			X	X
Maryland		X	X	
Massachusetts	X		X	
New Mexico			X	X
Oregon			X	X
Pennsylvania	X	X	X	
Tennessee				X
Texas-RN		X		X
Texas-VN		X		X
Washington-RN	X	X	X	
Washington-PN	X	X	X	

RECORD MAINTENANCE					
	Subject To Public Records Laws	Maintenance By Treatment Program; Kept Confidential	Maintenance By Treatment Program; Kept Confidential If Nurse Compliant	Periodic Reports Shared With Board; Records Confidential If Nurse Compliant	Other
Arizona		X	X	X	
California-RN					Diversion Staff & DEC Members Able To View Documents, Not Subject To Discovery Or Subpoena
Colorado			X	X	
Florida			X		
Louisiana-RN			X		
Maryland				X	All Records Are Confidential
Massachusetts				X	Not Subject To Discovery
New Mexico			X		
Oregon		X		X	All Records Are Confidential
Pennsylvania				X	
Tennessee			X		
Texas-RN				X	
Texas-VN				X	
Washington-RN		X			
Washington-PN		X			

	EDUCATIONAL SERVICES		FUNDING SOURCES TO MAINTAIN ALTERNATIVE PROGRAM					
	Provided By Board Member/Staff	Provided By Outside Agency/ Professional Nursing Assoc.	Special Legislative Grant	Special Budget Appropriation	Added To License Fees	Voluntary Fee By Licensees	Non Board of Nursing Fees	Other
Arizona	X							Licensing and renewal fees
California-RN	X	X			X	X		Nurse Participant Fee
Colorado	X	X			X			
Florida	X	X		X				
Louisiana-RN	X			X				
Maryland	X							BON Budget
Massachusetts	X							Diversion of Registered Budget
New Mexico	X	X			X			
Oregon	X	X		X				Nurse Participant Fee
Pennsylvania	X			X				
Tennessee		X			X			
Texas-RN		X			X			
Texas-VN		X			X			
Washington-RN		X		X				
Washington-PN		X		X				

	Number Of Nurses Entering Alternative Programs In Last 12 Months Which Were Self-Referrals	Percent Of All Referrals Which Were Self-Referrals	Nurse Can Apply For Admission Into Alternative Program	If Investigations Done At Time Of Complaint - Who Does Them
Arizona	12	12.0%	Yes	
California-RN	43	40.0%	Yes	
Colorado			Yes	No Investigation Unless Applicant Not Admitted Into Program
Florida	50	15.0%	Yes	Dept. of Business and Professional Regulation
Louisiana-RN	9	14.75%	Yes	
Maryland				
Massachusetts			Yes	
New Mexico	17	41.5%	Yes	
Oregon	1	2.5%	Yes	
Pennsylvania			Yes	Division of the BPOA
Tennessee	Unknown Program Began 7/1/93	Unknown	No	
Texas-RN	36	Unknown	No	BNE Staff
Texas-VN	35	Unknown		
Washington-RN	16	41.0%	Yes	Nursing Board
Washington-PN	6	46.0%	Yes	Nursing Board

	Who Decides If Nurse Can Be Given Option Of Applying To Alternative Program	If Investigation Is Performed, How Is Initial Evidence Maintained If Action Being Taken At A Later Time	Are Referrals Generated From Any Drug Or Law Enforcement History
Arizona	Executive Director	Investigation Not Done	Yes
California-RN	Diversion Program Manager	Investigative Report And Original Complaint Only	Yes
Colorado	Applicant; Rehabilitation Evaluation Committee	N/A	No (Not Formally)
Florida			Yes
Louisiana-RN	Recovering Nurse Program Manager And Nursing Consultant For Compliance	Maintained In Individual Files Within Recovering Nurse Program	No
Maryland	Board Staff	Within The Rehab Program Record	Yes
Massachusetts	Substance Abuse Rehabilitation Program Coordinator And Evaluation Committee		Yes
New Mexico	Executive Director	Maintained In File	No
Oregon	Criteria In Administrative Rules For Admission To Monitoring Program	In An Investigative Open/Closed File	Yes
Pennsylvania	If Ineligible, Matter Is Investigated, Otherwise Individual Can Participate In IPP	IPP Maintains The Investigative File Of Individual Is Referred By Legal To The IPP	Yes
Tennessee	Self Referral, Employee Referral	N/A	No
Texas-RN	Senior Investigator Or Department Director	Initial Evidence Is Provided To The Peer Assistance Program	Yes
Texas-VN			
Washington-RN	Nursing Board - Reviewing Board Members	In a closed file by BoN	Yes
Washington-PN	Nursing Board - Reviewing Board Members	In a closed file by BoN	Yes

CO-EXISTING PROBLEMS WHICH A CHEMICALLY DEPENDENT NURSE CAN MANIFEST AND STILL BE ACCEPTED INTO THE PROGRAM											
	Anxiety	Eating Disorder	Bipolar Disorders	Dissociative Disorders	Depressive Disorders	Sleep Dysfunction	AIDS/ HIV+	Personality Disorders	Schizo-phrenia	Delusional Disorders	Problems where treatment procedures do not exist
Arizona											Bipolar, Dissociative, Depressive Disorders
California-RN	X	X	X	X	X	X	X	X	X	X	
Colorado	X	X	X	X	X	X		X	X	X	Treatment Is Individualized
Florida	X	X	X	X	X	X	X	X	X	X	We have resources for all
Louisiana-RN	X	X	X	X	X	X	X				Multiple Personalities
Maryland	X	X	X	X	X	X	X	X	X	X	
Massachusetts	X	X	X	X	X	X	X	X			
New Mexico	X	X	X	X	X	X	X	X	X	X	Bipolar Disorders and personality disorders
Oregon	X	X	X	X	X	X	X	X	X	X	None Known
Pennsylvania	X	X	X	X	X	X	X	X	X	X	All are looked at on a case by case basis (see attachment 5)
Tennessee	HAS NOT BEEN DETERMINED										All
Texas-RN	X		X		X				X		
Texas-VN	X	X	X	X	X	X	X	X	X	X	None - As long as participant obtains appropriate treatment as determined by his or psychiatrist/treatment team
Washington-RN	X	X	X	X	X	X	X	X	X		
Washington-PN	X	X	X	X	X	X	X	X	X		

	Is nurse referred for treatment?	Describe procedures established for the evaluation and approval of providers.	How are nurses managed who abuse drugs prescribed by a physician?	Is follow-up provided?	If yes, for how long?	What is the interval between contacts?
Arizona	No		Physician Must Document Medication And Reason For Prescribing And Be Informed Regarding Abuse	No		
California-RN	No		Varies By The Nurse & Presenting Problem. Range From No Meds. To Exploring Alternative Pain. Management Techniques	No		
Colorado	Yes	Specific Providers Are Identified & Approved. Licensee Selects From Them. Providers Must Have Appropriate Credentials For Problem Of License. Reviewed On An Individual Basis		No		Weekly At Beginning Of Program To Quarterly At End Of Program
Florida	Yes	Individualized Case By Care Mgm. All Have Indept. A&D, With Eval. And Physical As Needed	Call And Discuss, Obtain 2nd Opinion	Yes	Indefinite	Annually
Louisiana-RN	No		Treated Same As Other Chemically Dependent Nurses	No		
Maryland	Yes	Application Process From Treatment Providers. Applications Reviewed And Approved By Rehab. Committee	Same Manner As With Other Clients With A Substance Abuse Problem	No		
Massachusetts	No		A Thorough Evaluation Is Done. Detoxification If Licensee Wants To Participate In The Program	No		
New Mexico	No		Note Medications In Contract And Require Verification Or Prescription From Dr.	No		
Oregon	Yes	Criteria In Administrative Rules	Abuse Of Prescribed Drugs Dealt With In The Same Manner As Abuse Of Non Prescribed Drugs	Yes		No One Has Completed The Program - Originated October, 1991.
Pennsylvania	Yes			No		
Tennessee		Not Determined At This Time	In General, The Same	Yes	Unknown	Unknown
Texas-RN			No Differently		2 Years	Depends On The Length Of Time The RN Has Been In The Program
Texas-VN	Yes	Approved Providers With Peer Assistance Program Must Submit Lengthy Application With Minimal Certification Requirements Must Have An On Site Visit Made By Program Representative, Must Attend Workshop	Such Nurses May Be Dismissed From The Peer Assistance Program If Complete Abstinence Cannot Be Maintained For A Majority Of The Time Of Their Participation	No		
Washington-RN	Yes			Yes	3 Years	6 Months to 1 Year
Washington-PN	Yes			Yes	3 Years	6 Months to 1 Year

	Can Participants relocate?	Can Nurses Applying For Licensure By Endorsement Be Accepted?	Have You Had Any Legal Challenges?
Arizona	No	Yes	No
California-RN	No	No	No
Colorado	Yes	Yes	No
Florida	Yes	Yes	No
Louisiana-RN	Yes	Yes	No
Maryland	Yes	Yes	No
Massachusetts		Yes	No
New Mexico	Yes	Yes	No
Oregon	Yes	Yes	No
Pennsylvania	Yes	Yes	No
Tennessee	Yes	No	No
Texas-RN	Yes	Yes	Yes
Texas-VN	Yes	No	No
Washington-RN	Depends on State	Yes	Yes
Washington-PN	Depends on State	Yes	Yes

STATISTICAL INFORMATION

	# Of Substantiated Chem Dep/Abuse Complaints Received				# Of Substantiated Complaints Related To Chemical Dependency/Abuse That Resulted In Disciplinary Action			
	RN	LPN	Both	Comments	RN	LPN	Both	Comments
AL	-	-	-	All 1993 Cases Have Not Been Closed. Some 1992 Cases Carried Over Into 1993 Before Being Adjudicated	84	104	-	
AK	-	-	-		-	-	-	
AS								
AZ	-	-	-		55	19	-	
AR	16	13	-		16	13	-	
CA-RN	-	-	-	Don't Track Cases In This Manner	-	-	-	Don't Track Cases In This Manner
CA-VN	-	87	-		-	51	-	
CO								
CT	25	7	-		25	7	-	
DE	3	5	-		3	5	-	
DC								
FL	-	-	-		-	-	-	
GA-RN	-	-	-		-	-	-	
GA-PN								
GU								
HI	15	0	-		10	0	-	
ID	12	9	-		2	3	-	
IL	91	37	-		14	3	-	Pending Prosecutions - RN 49, LPN 16
IN								
IA	28	5	-		28	5	-	

KS	-	-	28		-	-	9	
KY	36	13	-		17	6	-	25 Currently Under Investigation/ Pending Disposition, 1 Filed Away W/O Formal Disciplinary Action
LA-RN	118	-	-		57	-	-	
LA-PN	-	50	-		-	50	-	
ME	4	4	-		4	3	-	
MD	21	14	-		21	14	-	
MA	-	-	-	Unknown	-	-	-	Most Are Still Open Cases
MI	-	-	26		-	-	26	
MN	55	68	-		NA	NA	-	
MS	46	24	-		40	22	-	
MO	47	29	-	Numbers Gathered Are From 1992-1993 Fiscal Year And Reflect Number Of Discipline's Offered	36	23	-	Number Consists Of Those Nurses Disciplined In 1992-1993 Fiscal Year But Were Not Necessarily Received In Same Fiscal Year
MT	22	10	-		19	8	-	
NE	-	-	-		-	-	-	
NV	18	5	-		12	2	-	
NH	3	1	-		3	1	-	
NJ	102	56	-		102	56	-	
NM	-	-	100		30	5	-	
NY	-	-	234	All Complaints Are Investigated	31	20	-	Note: 16 Of The RNs Were Also Licensed As LPNs
NC	-	-	-		56	25	-	
ND	5	1	-	2 RNs Pending, 1 LPN Pending	2	0	-	4 RNs And 1 LPN Referred Into Nurse Advocacy Program
CM	-	-	-		-	-	-	

OH	66	50	-		66	50	-	
OK	52	38	-		23	20	-	
OR	11	1	-	(Board Actions)	11	1	-	FY93 - Many Of Nurses In #1 Went Into The Nurse Monitoring Program After Investigation
PA	-	-	168		-	-	27	Referral To Board For Disciplinary Action
PR	2	0	-		1	0	-	
RI	13	5	-		8	3	-	Some Incomplete At This Time
SC	80	30	-		80	30	-	
SD	14	3	-		14	2	-	
TN	-	-	-		-	-	-	
TX-RN	39	-	-		29	-	-	
TX-VN	-	200	-		-	173	-	
UT	27	28	-		27	28	-	
VT	13	6	-		12	2	-	
VI	0	0	-		0	0	-	
VA	67	39	-		35	16	-	
WA-RN	-	-	-		-	-	-	
WA-PN	-	-	-		-	-	-	
WV-RN	27	-	-		27	-	-	
WV-PN	-	23	-		-	15	-	
WI	-	-	70	70 Were Opened For Investigation And 1 Complaint Was Closed Without Investigation	-	-	11	
WY	6	6	-		6	6	-	

Attachment B

Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses

NOTE: Page numbers for this document appear at the bottom of each page.

MODEL GUIDELINES: A NONDISCIPLINARY ALTERNATIVE PROGRAM FOR CHEMICALLY IMPAIRED NURSES

Developed by

Committee on Chemical Dependency Issues
National Council of State Boards of Nursing, Inc.

May, 1994

National Council of State Boards of Nursing, Inc.
Committee on Chemical Dependency Issues

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TABLE OF CONTENTS

Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses

INTRODUCTION

The purpose of the Model Guidelines: A Nondisciplinary Alternative Program for Chemically Impaired Nurses (*hereafter*, Guidelines) is to assist those Member Boards interested in the implementation of a nondisciplinary alternative program for nurses whose practice is impaired. The Guidelines are based on data gathered from Member Boards currently implementing a nondisciplinary alternative program. Since many different types of boards exist, it would not be possible to develop a model which could be used by all boards; nor would it be feasible to develop a model for each jurisdiction. However, many variations of the model presented in the Guidelines are possible. Member Boards can individualize these Guidelines to create a unique model which can be utilized within their particular type of board structure. To assist Member Boards, many sample documents have been included in the appendices, such as a Sample Program Philosophy Statement (Appendix A). The Committee on Chemical Dependency Issues is currently developing a study to explore the effectiveness of different approaches to aiding the nurse whose practice is impaired within various types of board structures. The results of this study may lead to more specific recommendations for the various types of boards in the future.

The focus of these Guidelines is the nurse who is impaired due to chemical dependency. The Committee has had extensive experience with this type of addiction and many of the attached recommendations have been validated by their experience. Other addictions exist which may also need to be addressed by Member Boards and possibly many aspects of the Guidelines may be used for addictions other than chemical dependency. The committee is currently developing a research study regarding regulatory approaches to management of nurses whose practice is impaired. It is anticipated that the results of this study will supply data that will support specific recommendations about other types of addictions.

The Guidelines present a model which attempts to ensure public safety by providing a system that attracts voluntarily chemically impaired nurses who might otherwise go undetected (See Organization Plan in Appendix B). The model allows program staff to make referrals for treatment, but this model is not a treatment program. The model is a monitoring program for the chemically impaired nurse in which compliance is evaluated. The major emphasis is concern for public safety, not support for the impaired nurse.

OVERVIEW

The focus of a nondisciplinary alternative program is early intervention and treatment of nurses experiencing alcohol and/or other drug problems. For these guidelines, a nondisciplinary alternative program (i.e., diversion program) is defined as a "voluntary, confidential alternative to license discipline for nurses with chemical dependence. The nurses may also have accompanying psychiatric and/or physical conditions."

The objectives of the program are as follows:

1. To ensure public health and safety through a program that provides close monitoring of nurses who are impaired due to chemical dependency.

2. To decrease the time between the nurse's acknowledgement of a problem with chemical dependency and the time she/he enters a recovery program. Early entry into a recovery program will allow the nurse to practice in a manner that will not endanger public health and safety, and will redirect the nurse's energies to the provision of patient care much sooner.

3. To provide a program for affected nurses to be rehabilitated in a therapeutic, non-punitive and confidential process.

4. To provide a voluntary alternative to the traditional disciplinary process.

5. To reach nurses who may be affected by chemical dependency but who are not being reached through the current disciplinary system.

6. To provide a program that can refer nurses to services that are within their economic means.

These goals must be effectively met in the implementation of the program. The following overview will outline a program that embodies these goals.

It is the responsibility of the board of nursing to insure that nursing is adequately regulated in order to protect the consumer. A well planned and administered nondisciplinary alternative program assists the board in accomplishing this objective. A nurse may gain access to the program by self-referral, board referral or other referral. All board-referred cases are contacted and offered the opportunity to participate in the alternative program. The program verifies eligibility through the board of nursing.

Components of the Program

Staff - Program staff would consist of an executive director with overall administrative responsibility for case managers; a medical consultant; and necessary support staff.

Diversion Evaluation Committee - A Diversion Evaluation Committee consisting of members of the profession could be used to provide guidance regarding the needs of the nurse whose practice is impaired and direction of the program. Members of the committee would be appointed with board approval. Nominations could come from the professional organizations and the health care community. If the program is multidisciplinary, the members would represent the various professions.

Licensing Program Committee - The program could have an internal Licensing Program Committee whose primary responsibility would be advising the executive director on policies and procedures. The committee would consist of individuals from the professional licensing programs to be involved. The committee would be available to consult with program staff in areas related to that specific discipline.

Record Keeping - Records of all nurses participating in the program would be confidential unless the participant is noncompliant. Only authorized program staff would have access to the records unless the participant voluntarily releases the information.

Entry into the Program

Two possible options exist for an individual to enter the program.

1. **Voluntary referral** - A chemically impaired nurse could contact the program on her/his own. After the program is explained , an appointment is scheduled for an initial screening by the case manager.

2. **Involuntary referral** - Program staff may be contacted by supervisors, professional organizations, or the board regarding individuals needing assistance. Program staff can assist in developing individual strategies including techniques for intervention to arrange a referral to the program. If the chemically impaired nurse does not agree to participate in the program, the board is informed and the disciplinary process is initiated.

Criteria for entry into the program would include: (1) licensure in the jurisdiction, and (2) a chemical dependence problem based on an assessment conducted by an appropriately credentialed professional.

Upon entry into the program, program staff would determine the appropriate treatment plan. The chemically impaired nurse would complete a self-assessment and sign the appropriate release of information forms to allow contact with the referral treatment.

Management of the Program

Case Management - All information is reviewed by the case managers, and difficult cases are presented during weekly staff meetings. Individualized strategies would be developed for each case and progress would be reviewed regularly. A medical consultant would be utilized when necessary.

Compliance Monitoring - The major focus of the program would be to monitor the compliance of the chemically impaired nurse to the prescribed treatment program. This could be done in the following ways:

1. Random urine analysis/drug screens. The chemically impaired nurse must agree to regular, random observed urinalysis upon request. Once in the program, refusal to submit or failure to respond to a request for a drug screen would be considered a positive test. All reports would be sent directly from the lab to the program.

2. Contracts for program requirements. Each chemically impaired nurse entering the program would be responsible for meeting the requirements of the program. These contracts would be used as a basis for gathering pertinent information by program staff including reports from support group facilitators. Contracts and supporting data would be reviewed on a regular basis.

3. Work Site Monitor. Chemically impaired nurses working in clinical or other professional positions would be required to have a work site monitor. The chemically impaired nurse must give consent to allow for full communication between the work site monitor and the case manager. The work site monitor would be involved in a re-entry contract and would communicate with the case manager regarding job performance of the chemically nurse through monthly evaluation forms. The work site monitor would notify the case manager in the event the chemically impaired nurse exhibits behavioral changes which may indicate relapse.

4. Support Groups. Participants would be required to attend a minimum number of twelve-step programs such as Alcoholics Anonymous, Narcotics Anonymous or other support group meetings per week. Their attendance would be verified by signature and given to the case manager.

   Professional support groups utilizing nurses in the community could be established to facilitate the re-entry process. The groups would be structured to meet the special needs of chemically impaired nurses. Facilitators for the groups could be recruited and trained by case managers. Case managers would maintain ongoing contact with facilitators.

5. Referrals. The chemically impaired nurse would be referred to medical/psychological professionals by case managers as needed.

6. Completion/Termination. Upon successful completion of the recovery contract, the chemically impaired nurse would graduate from the program. All involved individuals such as work site monitors, etc, would be informed. The length of involvement of the chemically impaired nurse with the program would not be less than three years. Failure to successfully comply with all aspects of the program would result in a referral to the disciplinary board for appropriate action.

INITIAL PROGRAM ASSESSMENT/ADMISSION

Assessment involves the collection of data that reflect the health status of the nurse in relation to all dimensions. Therefore, assessment needs to address physical, emotional, intellectual, social, cultural and spiritual aspects.

It is ideal if the holistic assessment can be done in one setting (e.g., a treatment center). Demographic assessment data include:

* Name, address, telephone number, social security number, date of birth and race;
* All states licensed in and license numbers;
* Any other professional licenses held;
* Gender, marital status, children and ages;
* Educational preparation; and
* Referral source to alternative program.

Employment history data include:

* Work setting;
* Specialty;
* Position;
* Years in nursing;
* Present employment status; and
* Previous employment history (for at least 5 years).

Health history, ideally, includes a complete physical assessment. In obtaining a health history, all body systems need to be evaluated. Health history should include:

* Any hospitalizations within last five years (list dates and diagnosis); and
* Any medications being taken (prescription and non-prescription drugs).

The alcohol and drug history should include the following:

* Drug of choice (amount used, frequency used, how long used) including how it was obtained;
* Previous attempts at treatment;
* Other drugs used/abused;
* Physical manifestations;
* Emotional manifestations;
* Last time used drugs/alcohol; and
* Current medications.

A psychiatric history can include a specific battery of tests such as the Minnesota Multiphasic Personality Inventory (MMPI 2), Neuropsychological testing and a mental status exam. It should also include:

* Present and past psychiatric treatment;
* Current medications; and
* Suicide attempts.

The assessor should also do a mental status exam with the assessor observing appearance and thought processes. The participant should also be evaluated for current suicidal ideation.

The family/social history should include the history of alcohol or drug use in the family and identify the specific family members. The following areas should also be assessed:

* Present living arrangements;
* Social relationships and support systems; and
* Any history of trauma/family abuse.

A legal history will assess any present and/or past arrests and convictions. The legal assessment should also include:

* Current status of licensure;
* Any actions taken by other states;
* Name, address and telephone number of current probation officer, lawyer and/or social worker; and
* Military record.

Other assessment areas to consider are a financial history and other concurrent addictions. The financial history could determine any present/past financial problems and whether or not the nurse has health insurance. Other areas of financial support should also be explored. Any other addictions, such as smoking, eating, gambling and sexual addiction should also be identified so that appropriate referrals may be made by the treatment program and the alternative program.

CRITERIA FOR ADMISSION

Criteria for admission to the program may vary from state to state. However, these are the most common:

1. Hold or be eligible for licensure in that state and be in the process of applying for licensure;

2. Abuse drugs and/or alcohol in a manner which may affect one's ability to practice safely;

3. Voluntarily request admission to the program; and

4. Not have been terminated from this, or any other, alternative program for non-compliance; and

5. Referred by the board of nursing.

Admission to the program may be denied if the applicant:

1. Is not eligible for licensure in the state;

2. Diverted controlled substances for other than self-administration; or

3. Creates too great a risk for the health care consumer by participating in the program as determined by the program staff, a consulting board member, the treatment provider or the participant.

ENTRY TO THE PROGRAM

A nurse seeking admission into the program is initially screened by the program staff and/or a clinician in the community to assess their immediate needs, identify and evaluate the nature and severity of their chemical dependency, determine an appropriate treatment plan and gain an understanding of their motivation in entering the program. In a case where immediate treatment and/or intervention is needed, program and community resources will be mobilized to meet the needs of the nurse.

Upon entering the program, the nurse is asked to complete a self-assessment and sign the appropriate releases of information allowing contact with the treatment program (See Appendix C for sample release form). The treatment program, program staff and/or evaluation committee determine the appropriate on-going treatment plan, which is then included in the nurse's participation agreement.

Program staff are available to consult with nurse employers to discuss individual nurses who are seen as potentially impaired. The program staff will assist the manager or administrator in developing a strategy for the situation. This consultation may include, but is not limited to, techniques for intervention, proper documentation of the problem and methodology in arranging a referral to the program.

All information gathered in the evaluation process is reviewed by the case manager. The findings, recommendations and general perception of the needs of the individual nurse provide the basis of the individual rehabilitation plan. The case manager also maintains control to assure that treatment program referrals are made on the basis of the needs of the nurse and that conflict of interest situations do not arise in the referral process.

The program includes in its evaluation process, recommendations regarding a rehabilitation plan for all nurses seen through the program. Factors considered in determining the type of treatment, what modality and for what duration, include:

1. Types of drugs and/or alcohol used;

2. Frequency of use patterns;

3. Severity of addiction;

4. Motivation to participate in treatment;

5. Co-existing psychiatric problems;

6. Administrative and/or criminal implications of their drug use;

7. Assessment of the nurse's needs, support systems, financial resources and insurance coverage; and

8. Withdrawal symptoms.

When it is determined that a potential participant is appropriate and interested in the program, an initial interview is scheduled and all pertinent information related to that case is gathered from the employer, nursing board investigator and all others who have information related to that case, in order to complete the thorough evaluation.

Effective treatment programs have a variety of standard tools for evaluating symptoms and treatment needs.

Once the participant has been placed in a treatment program, the case manager will begin to monitor compliance with that program.

CONTRACTS

The contract is a voluntary agreement between the nurse and the alternative program. It should always be written and specifically address the following areas:

1. Dates of participation.
2. Length of participation.
3. Treatment/continuing care/aftercare.
4. Support group attendance (specify which groups to attend).
5. Random body fluid screens.
6. Health care (any mood-altering drugs to be reported).
7. Performance status and any practice restrictions.
8. Relocation/job change.

The contract may include language regarding:

* Confidentiality and records being sealed;
* How to handle relapse;
* Legal counsel; and
* Other requirements.

Participants are expected to help develop their individual written monitoring contracts for meeting the requirements of the program. Each contract should bear the signature of the nurse (witnessed if necessary) participating in the program and the alternative program coordinator. The written contracts will be reviewed on a regular basis and will include all information gathered by the program staff during the year. Appendix D presents a sample monitoring contract.

MONITORING

Monitoring is a central element in the Nondisciplinary Alternative Program Model. Monitoring of the nurse participant is essential to providing patient/client safety and ensuring that the nurse is competent to practice. Monitoring aids a nurse to regain employment by providing a process to evaluate recovery and rehabilitation. Monitoring may provide objective data to dispel undeserved accusations and can also identify behaviors leading to relapse. Each participant should sign all releases necessary for monitoring.

The Nondisciplinary Alternative Program Model concurrently utilizes several methods to monitor the progress of a nurse. These methods are:

1. Self-reports - Each participant sends a written personal report to the case manager monthly. A personal report should include any problems or concerns, illnesses, absences from work, and/or therapy, and feelings the nurse may choose to share with the case manager. It is also an opportunity for the participant to make requests of the program, notify the program of address changes and discuss areas of difficulty following the contract.

These reports provide the case manager with information regarding any difficulties the participant may be having that might interfere with his/her ability to comply with the program, indicates progress in recovery and provides the participant with an opportunity to examine his/her own progress. It is also an opportunity for the participant to express any anger and frustration they may be feeling toward the program.

2. Aftercare/Continuing Care Reports - These reports are required to be sent routinely to the case manager by the aftercare or individual counselor who is closest to the participant. This report provides a professional assessment of the nurse's general appearance and progress in recovery. The participant is rated using a general checklist and a recommendation is made regarding the nurse's safety to practice. The length of aftercare/continuing care following inpatient or outpatient treatment should be for one year or longer depending on the needs of the nurse. The nurse attends aftercare on a weekly basis. If two consecutive unexcused absences occur from aftercare, or a pattern of inconsistent attendance is observed by the counselor, the program requires the counselor to notify the participant's case manager.

3. Individual Counselor/Psychotherapist Reports - These reports are required to be submitted regularly to the case manager if the treatment provider has recommended individual therapy. The report should address the participant's:

a) Stability in Recovery;
b) Support Systems;
c) Judgment; and
d) Cognitive Functioning.

The program does not need to know the content of therapy. That is information that should remain between the therapist and the participant. See the sample counselor report form illustrated in Appendix E.

4. Meeting Attendance for Twelve-Step Programs and Alternatives -Most participants are required to attend a minimum of two twelve-step (e.g. Alcoholics Anonymous, Narcotics Anonymous) or alternative self-help program (e.g., Women in Sobriety or Rational Recovery) meetings each week, and have their attendance verified by signature and given to the case manager.

5. Professional Support Groups - The role of the support group in the monitoring program is defined as:

* To share experiences, and provide strength, hope and support in addressing issues related to the process of recovery from chemical dependency;

* To provide support regarding professional issues including re-entry into the work place;

* To be a resource for additional supportive services;

* To report weekly attendance to the program; and

* To provide input and recommendations relative to the needs of program participants.

Nurse support groups are an important part of the recovery plan and help the nurse commit to a chemical-free lifestyle. These are peer support groups rather than twelve-step or psychotherapy groups. Nurse support groups which participate in the monitoring program should:

* Believe in the total abstinence model of recovery and the twelve-step Program model;

* Maintain participant confidentiality except when the participant is a threat to self or others or has signed a release of information form;

* Be prepared to respond to crisis situations by either intervening or referring;

* Have at least weekly meetings which are conducted by a qualified facilitator; and

* Provide a facilitator-to-nurse ratio not to exceed 12 participants per facilitator.

A facilitator for the nurse support group should:

* Be a nurse;

* Have demonstrated expertise in the field of chemical dependency as evidenced by:

  Having worked in the area for at least one year within the last three years and having at least 30 hours of continuing education in the area

  OR

  Having certification or eligibility for certification in chemical dependency;

* Have a minimum of six months' experience facilitating groups;

* If recovering, must have a minimum of four years' recovery;

* Not currently have a board accusation pending or be on board probation; and

* Not currently be a participant in the program.

The case manager is actively involved in recruiting and training support group facilitators around the state and maintaining relationships with those groups. Site visits are conducted to groups throughout the state.

If professional support groups are not available, a participant can attend a peer assistance or advocacy group and have attendance verified by signature.

6. Medication Reports - If the nurse is prescribed or dispensed any medication by a licensed practitioner, the nurse requests the practitioner prescribing the medication to complete a Medication Report form and return it to the program. The form includes the medication dose, any refills and why it was prescribed. This form is sent directly to the program by the practitioner (See Appendix F for sample form).

7. Medical Care - Except in emergency situations, chemically impaired participants are required to inform all treating professionals (e.g., doctors, dentists, podiatrists, advanced nurse practitioners, etc.) of their recovery status.

8. Periodic 1:1 Visits - All participants in the program are required to meet with their assigned case manager on a quarterly basis. If problems or concerns should arise between meetings, the participant or monitor can request a meeting. Reports from all treatment providers and meeting verification sheets are reviewed. If the participant has returned to work, the employer evaluation report is reviewed.

9. Body Fluid Testing - The program requires random urine/blood drug screening as part of the monitoring process. The program advocates a very strict procedure for obtaining and processing urine/blood screens. Monthly random screening is the minimum requirement. More frequent screens may be requested. The participant may be requested to submit a screen by the case manager, the employer, the professional group facilitator and/or the treatment counselor. All drug screens are to be done on a random basis. The participant is required to submit a urine specimen within 12 hours of the request. All screens are performed by a certified laboratory and the laboratory sends results directly to the program.

All urine drug screens are completed according to the following procedure:

- They must be observed and/or use a dry room technique (observed is vastly preferred);
- A written consent listing all current medications must be signed by the participant listing all current medications; and
- A strict chain of custody must be followed (e.g., observed urine, sealed, signed by nurse, collector, and lab).

When indicated, a blood alcohol test may be done as well as a urine drug screen. This is of critical importance if the odor of alcohol is present on the nurse in question. The participant is responsible for payment of urine and/or blood drug screen charges. The participant provides the case manager with the name and location of the laboratory prior to initiating written contract.

If a participant refuses to submit to a screen, the screen is considered positive. All reports are to be directed by the participant to be sent by the lab directly to the case manager.

If the body fluid is positive, the nurse will be confronted. If the nurse admits drug use, she/he could immediately be suspended from practice for a period of time and referred to the appropriate resource for revision of the treatment plan. Subsequently, the contract is reviewed and changed as indicated.

Current drug screening techniques are quite sophisticated. With the use of Gas Chromatography/Mass Spectroscopy (GC/MS), "false positive" results are very rare.

10. Naltrexone and Antabuse - Naltrexone and Antabuse may be additional tools to facilitate the monitoring and recovery process and enable a nurse to return to the work place sooner. These drugs should be dispensed by knowledgeable professionals under direct observation. The use of these drugs should be short-term and discontinued as quickly as possible.

RE-ENTRY TO THE WORK PLACE

Return to the work place may be allowed as soon as the intensive phase of treatment is completed. For an in-patient program, that may be as early as three or four weeks. Out-patient programs are usually six weeks in length. It is always advisable to consider recommendations of the treatment programs when making decisions regarding return to practice.

The participant contacts his/her case manager prior to seeking/accepting employment to determine the appropriate area of practice. Prior to accepting a new position or returning to previous employment, program approval is required. The participant must submit in writing to the program, the name, address, and phone number of the place of employment and the name of his/her immediate supervisor when a position has been accepted. The employer is notified by the case manager of the nurse's status in the program. Even if the nurse is returning to the same employer who referred him/her to the program, it is necessary to provide the same information to the program.

Because there is drug access at most work sites, the following work restrictions may be implemented to insure safety and help prevent relapse at work. One goal of the program is to insure that participants keep in perspective their workload and recovery program, as well as their commitment to the program. This is accomplished by not allowing the nurse to work odd schedules, without effective supervision and with limited or no access to controlled substances. Participants may not work for an agency, in a home health or hospice type setting, in the chemical dependency field, or be employed in any other unsupervised nursing position while an active program participant. Any exceptions to this policy must be approved by the case manager and the program director or the evaluation committee.

In developing a return-to-practice agreement, it is important to factor in the participant's special needs and those of the practice setting. Care must be exercised, however, that the structure and support intended by factoring in the individual's need does not undermine the intent of the contract.

Suggested "Return to Work" criteria for program participants are as follows:

1) Stability in Recovery;
2) Support Systems;
3) Problem solving ability;
4) Cognitive functioning;
5) Judgment;
6) Ability to psychologically cope with stressful situation; and
7) Decision-making ability in a crisis.

The work site monitor is another component of the monitoring process. Criteria for a work site monitor are listed in Appendix G. All participants who are employed in nursing positions are required to have a monitor at the work site. Work site monitors are required to have regular contact with the program, particularly in the event of behavioral changes that indicate a problem. The work site monitor must be willing to monitor job performance, communicate with the case manager and be involved in developing the re-entry contract. Consent to communicate with the work site monitor is included in the program contract. Work site monitors are given monthly evaluation forms to communicate the nurse participant's status to the program. There is at least a monthly exchange of information between the work site monitor and the case manager.

REASSESSMENTS

In order to assure the efficiency of the program, face-to-face evaluations are conducted by program staff. Particular attention is given to those participants who have demonstrated relapse behavior. On-going assessment is the major activity of the monitoring phase of the program. This is accomplished by addressing each point of the recovery contract with the nurse to assure compliance. These assessments are primarily done if there is a problem in which the nurse may need confrontation or immediate guidance, or if an issue must be resolved so a contract can be amended. Participants are regularly assessed for their overall compliance with the terms and conditions of their contract.

REFERRALS

Participants will be assessed as to the need for consultative services related to the identification, treatment and rehabilitation of physical or mental impairments. Files will be maintained on each independent practitioner used for referrals. The files will include:

1. Proof of malpractice insurance coverage;
2. Copy of educational credentials;
3. Copy of state license/registration;
4. Copy of curriculum vitae; and
5. Proof of demonstrated experience and or training.

ADMINISTRATIVE DUTIES

Staffing

The program may be staffed in several ways, depending on budget, size of population and resources available. This model presupposes an executive director to oversee management of the program and case managers as needed to manage the referral and monitoring components of the individual participants.

Case management is provided by the staff, individually or in a team format. Case managers are responsible for determining the treatment plan for the individual participant and making indicated changes as the need arises, such as in the event of relapse.

Several other alternatives exist for the management of a nurse's participation. Some programs utilize community-based "evaluation committees." For states concerned about too much authority residing with an individual such as a case manager, this is an ideal solution. However, this alternative be too costly for some states. Another alternative may be an advisory committee. A majority of the members of the advisory committee would be comprised of nurses. Other professionals could be included to review and consider "non-routine" cases, such as in the case of dual-diagnosed participants.

The program should develop a policy and procedure manual. Sample policy and procedures are located in Appendix H.

Evaluation of Treatment Programs

The program should review approved treatment providers throughout the state and determine if the following criteria are met:

1. A willingness to provide information to the case manager on the status of referred clients after appropriate consents to release information are obtained.

2. An environment, facility and peer group that will be attractive to a professional person and conducive to acceptance of participation in the treatment process.

3. Sensitivity to women's issues and services designed to meet the unique needs of female clients. The vast majority of nurses are women and it can be assumed that at least 80 percent of clients in the alternative program will be women.

4. A history of successful treatment of alcoholism and drug dependency.

5. Development of an individualized treatment and aftercare program to meet the specific needs of the nurse client.

6. Adequate detoxification services, including medical supervision and motivational support.

7. Geographically convenient to encourage participation of family members in the nurse's primary treatment.

8. A structured out-patient after-care program for all clients completing the acute phase of treatment.

9. Fee schedules and flexibility in payment plans that will enable nurses who are experiencing financial problems or are under-insured to receive appropriate treatment services.

Program staff should investigate complaints involving the quality of services provided by treatment programs and conformance with the above criteria. If appropriate, the case manager should assist participants in the selection of a treatment facility and/or services.

The program should work closely with the board of nursing to assure proper implementation and administration of board policies and procedures related to the program and should consult regularly with the executive director of the board of nursing.

RECORD KEEPING

Client records are protected in accordance with all state and federal confidentiality laws and regulations. Access is limited to duly authorized program staff. All other access is limited to individuals/groups for whom a release of information form has been signed by the participant.

Records are kept in such a manner that the board of nursing is able to review random samples of participant files and audit the administrative records for over-all compliance of board-referred nurses in the program. Treatment records are not included among those records audited by the board of nursing. Only those monitoring records created by the program may be made available. The records of voluntary, self-referred participants may not be made available. All records reviewed for auditing purposes are identified by number only. All names and references to individuals are removed.

The program does not release any information without a release of information agreement signed and dated by the nurse. The only exception to this policy is when a clear and present danger to the participant or others is present. All nurses entering the program are asked to sign an informed consent which outlines all the requirements of the program.

REPORTS

An important part of the program is the compilation and reporting of pertinent program information. The reports provide an accounting of compliance with recovery plans and monitoring of random urine drug screens. Recommendations for modifications of the recovery plan are made based on factors such as compliance and the nurse's progress in the program.

Information gathering from participants begins as soon as they contact the program. Statistical information gathered at this point may be helpful for future planning.

Once the participant has been placed in a treatment program, the case manager will begin to monitor compliance with that treatment program. The results of compliance monitoring of the participant is included in a report to the board on a regular basis.

TERMINATION

The last phase of the participant monitoring system is termination. This occurs when a participant has either successfully met all the criteria for release from the program or is unsuccessful.

The criteria used to determine if a nurse is unsuccessful need to be established by the board of nursing. In terms of relapse, there are differing opinions on how many relapses a participant can have and remain in the program. Some boards consider one relapse sufficient cause to drop a participant. Other boards allow the participant to have more than one relapse. For the purposes of these guidelines, two relapses are considered grounds for terminating the participant. If the nurse is a voluntary participant and unsuccessful, she/he is dropped from the program. If a board-referred nurse is unsuccessful, she/he is referred back to the board.

It is important to track causes for early, unsuccessful termination from the program, as well as successful completion of the program.

OUTREACH AND EDUCATION

Program staff should promote the publicizing of the program. This could include outreach and education to hospitals and schools of nursing. Program staff could conduct education seminars regarding chemical dependency among nurses as well as components of the alternative program. Outreach and education could be conducted in

cooperation with the professional organizations. Efforts should be directed, as well, toward specialty groups identified as high risk categories such as critical care nurses, emergency room nurses, nurse anesthetists and oncology nurses. A handout describing the program should also be available. Articles regarding the program may be published in the board newsletter.

SUMMARY

The Nondisciplinary Alternative Program is structured to address the concerns of the board in dealing properly and effectively with the chemically impaired nurse so as to reduce the threat she/he may pose to public safety. These Guidelines have attempted to provide Member Boards with a model which can be adapted to each Member Board's specific needs. Materials such as a sample handbook for participants (Appendix I) and suggested state legislation (Appendix J) have been added. A glossary is located in Appendix K.

APPENDIX A

SAMPLE PHILOSOPHY STATEMENT

APPENDIX A

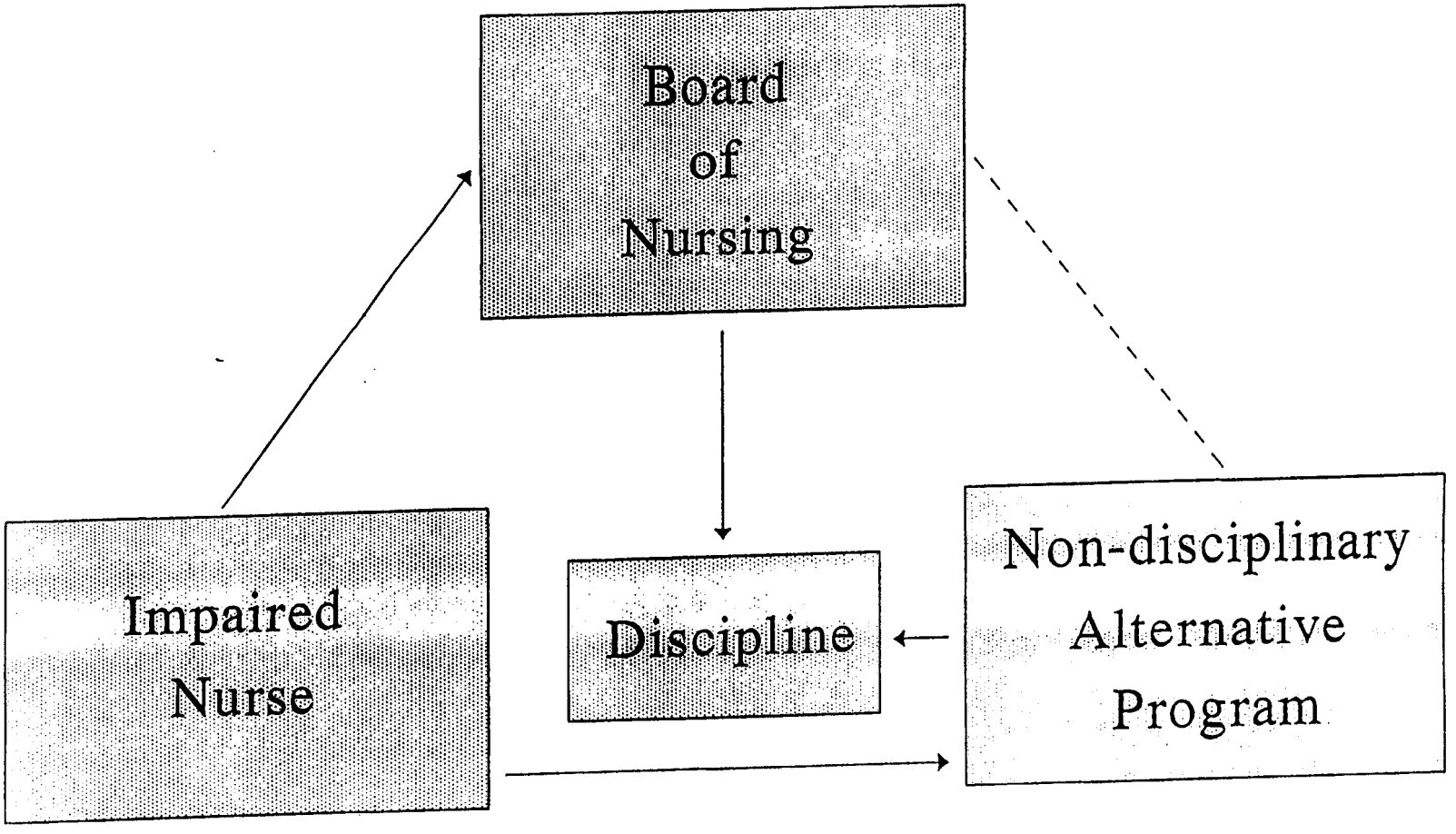
SAMPLE PHILOSOPHY STATEMENT

The _____ Board of Nursing recognizes that alcoholism and drug addiction are primary illnesses and may be a danger to public safety if a nurse is left untreated. When a person licensed to practice nursing voluntarily seeks treatment for chemical dependency that may lead to formal disciplinary action, the _____ Board of Nursing may abstain from taking formal disciplinary action if the Board finds that the nurse can be treated through a non-disciplinary alternative program. It is clearly the intent of the Board of Nursing to rehabilitate and return to practice nurses whose functioning is impaired by the use of alcohol or other drugs.

APPENDIX B

ORGANIZATION CHART

APPENDIX B



Organizational Chart

APPENDIX C

SAMPLE WAIVER RELEASE FORM

APPENDIX C

WAIVER ALLOWING RELEASE OF INFORMATION

I, _____,
hereby authorize_____
to disclose to the _____ Program (Program), any and all information relating to substance abuse diagnosis and treatment which may be requested by the Program. The purpose of this disclosure is to allow me to participate in the Program, as an alternative to disciplinary action against my license/certification/registration as a _____
_____.

I also authorize the Program to release any and all monitoring information obtained during my participation in the Program, to the appropriate disciplinary authority in the event that the Program reports me to such authority for failure to comply with the Program or as being unable to practice my profession with reasonable skill and safety.

I also authorize the Program to release any and all information, including all information pursuant to the foregoing consent, to the appropriate disciplinary authority at its request.

This consent is subject to revocation at any time except to the extent that disclosure has been made to or by the Program in reliance on it.

_____
Signature

_____
Date

APPENDIX D

SAMPLE MONITORING CONTRACT

APPENDIX D

SAMPLE MONITORING CONTRACT

I, _____, agree to participate in the _____ Program. I have voluntarily chosen to participate in the program and agree to adhere to the rules and regulations set forth in this agreement. I understand that certain criteria must be met in order to successfully complete the program, and I agree to meet the following criteria:

1. To abstain from the use of alcohol and all other mind-altering drugs.

2. To notify the program of any mind-altering drugs prescribed by a practitioner at the time of prescription. I will also submit documentation from the prescriber detailing the reasons for the drug, the dose and the expected length of time the drug will be prescribed.

3. To inform my health care provider(s) of my chemical dependence.

4. To abstain from the use of over-the-counter drugs that are not permitted while in the program, such as over-the-counter (OTC) sleeping pills, OTC diet pills and Benedryl.

5. To notify the program if I am hospitalized or must undergo any surgical procedure on an out-patient basis.

6. To appear in person for an evaluation and/or reassessment, with reasonable notice by a person designated by the program.

7. To enter and complete an approved chemical dependency treatment program and abide by the recommendations of that program regarding on-going treatment, aftercare and return to work.

8. In the event of relapse, to begin individual and/or group psychotherapy on a weekly basis and provide a release of information for monthly reports from the therapist.

9. To report relapse immediately.

10. To attend a minimum of two Alcoholics Anonymous, Narcotics Anonymous or other twelve-step meetings each week and maintain a Meeting Attendance Verification Record.

11. To attend a weekly nurse support group. If there is no nurse support group within 60 miles of my home, to attend an additional twelve-step meeting.

12. To continue with or obtain a twelve-step sponsor and submit that person's first name and last initial to the program.

13. To submit to <u>random,</u> body fluid samples.

14. To insist these samples be taken any time my integrity is questioned.

15. To give prior notification if I will be unable to give body fluid samples.

16. To submit a report by the 5th of each month of my compliance and progress.

17. In the event of relapse, to cease the practice of nursing.

18. To obtain 15 contact hours of chemical dependency education every two years while in the program.

19. To notify the program of any plans to change my nursing status, including shift, unit, position or place of employment, for prior approval.

20. To observe the following work restrictions:

    a. will not work for a registry or home health agency
    b. will not work a shift within twelve hours of the previous shift (will not double back)
    c. will not work overtime
    d. will not work more than one different shift within a seven-day period
    e. will not work nights
    f. will not float from unit to unit
    g. will not have access to or dispense narcotics for_____
    h. will not count narcotics for_____
    i. may not work with controlled substance IV drips for_____
    j. may not hold charge or supervisory position for_____
    k. may not work where there is only one RN for_____
    l. may not dispense any mind altering drugs for_____

21. To identify a work site monitor and provide individual's name, title, work phone number, and work address to the program.

22. Signing this contract authorizes communication between the program and the identified work site monitor.

23. The duration of participation in the program is _____.

24. The program will evaluate my progress at regular intervals and make indicated changes.

I understand any expenses incurred in the program are my responsibility.

As a voluntary participant in the program, I understand my participation will be confidential and information will not be released. I also understand that any time program staff have a reasonable concern that I am unable to safely engage in the practice of my profession, that I am a danger to myself or others, or that I have engaged in gross professional misconduct, they are obligated by state law to report me to my professional disciplinary or licensing board. Further, if I fail to comply with the terms of this agreement, I understand it may result in my being reported to my professional or licensing board.

As a Board of Nursing referral, I understand the board will be notified of my initial contact with the program and the program will submit regular progress reports to the board. The program will report non-compliance to the board.

I hereby certify I have read this document, have had an opportunity to ask questions and I understand the agreement. This agreement cannot be changed be changed unless signed by both parties.

Signature of Nurse	Date
Work Site Monitor	Date
Case Manager	Date

APPENDIX E

SAMPLE COUNSELOR REPORT

APPENDIX E

SAMPLE COUNSELOR REPORT

The _____ Program requires a report of the participant's progress as a condition of compliance with the monitoring program. Please be specific in your answers and return this form to the above address by the due date.

REPORTING PERIOD _____ to _____ REPORT DUE _____

PARTICIPANT INFORMATION

NAME_____ ADDRESS_____

_____

Have you read the contract between the participant and _____?

_____Yes _____No

Do you have any questions regarding this contract? _____Yes _____No

_____

TREATMENT PLAN

How long have you been working with the participant?_____

Type of therapy_____

Therapy Goals and Objectives_____

_____

_____

_____

CURRENT PROGRESS

Frequency of Therapy Sessions: _____ hrs/wk

_____ hrs/mo

Family/partner involvement in treatment_____

_____

_____

OTHER COMMENTS

_____

_____

_____

_____

PROGNOSIS

_____

COUNSELOR INFORMATION

Name (print) _____ Phone (_____)_____

Address_____

_____

License/registration/certification #_____

Type of Degree(s)_____

Length of Time in Practice_____

Certified/Qualified Chemical Dependency Counselor? _____Yes _____No

Date Qualified_____ Date Certified_____ Type_____

Signature_____ Date_____

APPENDIX F

SAMPLE MEDICATION REPORT

APPENDIX F

SAMPLE MEDICATION REPORT

To the Practitioner of the Alternative Program Participant:

Please take a few moments to complete the form below. After completing the form, please mail it to the Program office. The completed form must be mailed by the practitioner only. If you have any questions, please call:.

Name of Participant: _____
(Please print)

DATE OF PRESCRIPTION	TYPE OF MEDICATION	QUANTITY & DOSAGE PRESCRIBED/ NUMBER OF REFILLS	REASON FOR MEDICATION

I have been informed this patient is in recovery for chemical dependency.

_____ _____
Practitioner Name (Please print) **Practitioner Signature**

_____ _____
Practitioner Office Phone Number **Date**

APPENDIX G

WORK SITE MONITOR CRITERIA

APPENDIX G

WORK SITE MONITOR CRITERIA

1. Must be available to the nurse, preferably working the same shift and unit.

2. If the monitor is recovering from chemical dependency, must have two years of sobriety.

3. Must be in nursing services in a supervisory capacity at least one management step above the re-entering nurse.

4. Must be willing to monitor the nurse's job performance in relation to her or his impairment.

5. Must be willing to communicate with the monitoring program.

6. Must be involved in the re-entry contract.

It is the responsibility of the participant to identify the work site monitor and divulge his/her participation in the monitoring program.

APPENDIX H

POLICY AND PROCEDURE MANUAL

APPENDIX H

POLICY AND PROCEDURE MANUAL

Policy 01	Policy on Body Fluid Testing
Policy 02	Policy on Monitoring Compliance
Policy 03	Policy for Processing Inquiries and Complaints
Policy 04	Policy on Confidentiality
Policy 05	Policy on Termination from the Program
Policy 06	Policy on Storage of Files
Policy 07	Policy on Outreach and Education
Policy 08	Policy on Referrals to Independent Practitioners
Policy 09	Policy on the Work Site Monitoring Process
Policy 10	Policy on Professional Peer Support Groups
Policy 11	Policy on Treatment Providers
Policy 12	Policy on Relapse and Referral Back to Board
Policy 13	Policy for Collection Sites for Drug Screen Testing
Policy 14	Policy for Laboratories for Drug Screen Testing

POLICY NO. 01

SUBJECT: **POLICY ON BODY FLUID TESTING**

POLICY

1. Body fluid screen tests should be randomly requested by the case manager or anyone else involved in the program participant's recovery, such as the work site monitor, therapist or, on rare occasions, the support group facilitator.

2. Program participants may also voluntarily submit to body fluid testing at any time.

PROCEDURE

1. Within 10 days of entering into a contract, the participant selects a testing collection site from the program's list of approved collection sites and reports that site to the case manager. Use of employers or personal physicians is discouraged.

2. The case manager assigns each program participant, upon entering the program, a specific color code for determination of testing and a three-digit numeric code to assure client confidentiality.

3. The program participant phones the program's 800-line Monday through Saturday to determine if his/her color has been selected for testing. This message may be accessed after 5:00 a.m. on the testing day.

4. The program representative changes the phone message to indicate the new color code selection for the day at 5:00AM daily.

5. The program participant must submit to testing on the day of the requested drug screen to maintain contract compliance.

6. The program participant pays for the drug screen at the time of collection.

7. Lab test results are mailed directly to the case manager.

8. The program participant provides prior notification to the case manager if unable to test.

POLICY 02

SUBJECT: **POLICY ON MONITORING COMPLIANCE**

POLICY

1. The program regularly monitors the compliance of each professional.

2. Each professional participates in developing a contract for meeting the program requirements.

3. The program monitors the following:

   a. Random body fluid analysis;
   b. Treatment/therapy participation and recommendation;
   c. Work site monitors;
   d. Twelve-step participation;
   e. Professional support groups;
   f. Work restrictions; and
   g. Reassessments.

PROCEDURE

1. Random Body Fluid Analysis.

   a. Each participant agrees to regular, random, observed urinalyses upon request. A refusal to submit is considered a positive test.

   b. All reports are directed by the participant to be sent directly from the lab to the program. Positive results are phoned to the program as soon as possible.

2. Treatment/Therapy Participation and Recommendation.

   a. Treatment professionals provide quarterly reports to the program for participants in treatment. The program provides a form for the therapist to use.

3. Work Site Monitors.

   a. Most participants must have a work site monitor.

   b. Work site monitors communicate regularly with the case manager about the participant's job performance and are involved in the re-entry contract.

   c. Work site monitors complete monthly evaluation forms for submission to the case manager.

4. Twelve-Step Participation.

   a. Most participants are required to attend a minimum number of Alcoholics Anonymous, Narcotics Anonymous or other twelve-step program meetings each week. This is in addition to the weekly nurse support group meetings.

   b. Participants must have their attendance verified by signature and presented to the case manager

5. Professional Support Groups.

   a. The support group facilitator monitors and reports regular attendance and status of the participant to the case manager and helps if relapse occurs.

   b. The case manager recruits and trains the facilitators and maintains ongoing contact with them.

6. Work Restrictions.

   a. Practice restrictions may be implemented for the professional to assist in recovery.

   b. The participant must inform the program of all work sites.

   c. The participant must receive prior approval from the case manager for any work site and job changes.

7. Reassessments.

   a. Annual face-to-face evaluations are conducted by program staff for each participant involved in the program. More frequent visits are required if relapse has occurred.

   b. Each point of the recovery contract is addressed to assure complete compliance by the participant.

8. Non-Compliance.

   a. Failure to respond to any and all requests of the program will be viewed as non-compliance and will result in referral to the board.

   b. Monitoring records will be forwarded to the board for review and determination of deposition.

POLICY NO. 03

SUBJECT: POLICY FOR PROCESSING INQUIRIES AND COMPLAINTS

POLICY

All inquiries and complaints will be responded to in a confidential and timely manner.

PROCEDURE

1. All inquiries and complaints are given to the case manager assigned the specific case. The case manager ensures the complainant of confidentiality and informs the complainant that the program is an alternative to disciplinary action.

2. The case manager gathers data and information on an intake form.

3. The case managers determines the disposition of the inquiry or complaint.

4. The case manager solicits additional documentation from other concerned parties.

5. The case manager reviews documentation and ascertains if there is a chemical dependency problem.

6. Consultation determines which of the following occurs:

   a. Referral to an interventionist;

   b. Treatment referral if admission to a chemical dependency problem; or

   c. Referral to the Board.

7. If there is a determination of a chemical dependency problem, the case manager informs the complainant of the regulatory board's disciplinary process should they desire to lodge a complaint with that agency to protect the public. If there is no evidence of a chemical dependency problem, the case is referred back to the board of nursing. Supporting information is considered confidential and sealed.

POLICY NO. 04

SUBJECT: POLICY ON CONFIDENTIALITY

POLICY

Records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without written consent of the program participant unless otherwise provided for in Federal regulations (42 CFR part 2). Participation in the program is not made known to the disciplining authority, if requirements of the program are met.

PROCEDURE

All records are maintained in the program office in locked file cabinets and are handled in a confidential manner.

POLICY NO. 05

SUBJECT: POLICY ON TERMINATION FROM THE PROGRAM

POLICY

Termination from the program can occur in either of the following ways:

a. When the case manager receives information that the impaired professional is in non-compliance;

OR

b. Upon successful completion of the program, the contract will be terminated.

PROCEDURE

The participant will be notified by letter of any change in their status in the program. Upon termination from the program, the records will be purged of all treatment records and sealed. Monthly records are sealed. If the participant is noncompliant, a report is sent to the board.

POLICY NO. 06

SUBJECT: **POLICY ON STORAGE OF FILES**

POLICY

All program participant records will be maintained and stored in locked cabinets for five years beyond completion of the program.

PROCEDURE

1. The case manager or designated individual will maintain and store files.

2. The case manager or designated individual will maintain a skeleton file for purposes of historical/statistical data gathering on each program participant to include:

   a. Program participant's name
   b. Dates of participation
   c. Outcome of program participation
   d. Drug of choice
   e. Type of treatment
   f. Staff assigned to case
   g. Discipline/profession

POLICY NO. 07

SUBJECT: POLICY ON OUTREACH AND EDUCATION

POLICY

Education and outreach concerning the program and chemical dependency is conducted in an effort to increase the involvement of the designated profession.

PROCEDURE

1. Program staff facilitate publicizing the program through the development and distribution of a newsletter and handouts.

2. The executive director and the case managers provide outreach and education to the assigned professional groups, to hospitals and other health care facilities, and to the various professional education facilities.

3. Program staff develop a healthy, productive relationship with professional organizations and existing impaired practitioner committees.

POLICY NO. 08

SUBJECT: POLICY ON REFERRALS TO INDEPENDENT PRACTITIONERS

POLICY

Program staff refer impaired professionals to competent, qualified practitioners who have demonstrated experience and/or received training in chemical dependency.

PROCEDURE

The case manager or designated individual will maintain an individual file on each referred independent practitioner, to include:

1. Proof of malpractice insurance coverage.
2. Copy of master's degree in mental health or related field.
3. Copy of current license/registration.
4. Copy of curriculum vitae.
5. Proof of demonstrated experience and/or training in chemical dependency.

POLICY NO. 09

SUBJECT: POLICY ON THE WORK SITE MONITORING PROCESS

POLICY

All participants who are employed in professional positions are required to have a work site monitor (WSM). The WSM must be a nurse, work the same unit and shift and be at least one management level above the participant.

PROCEDURE

1. The case manager maintains regular contact with the work site monitors, most particularly in the event of behavioral changes in the participant which may be indicative of relapse.

2. The work site monitor checks the participant's job performance, communicates with the case manager and is involved in developing the re-entry contract.

3. The work site monitor reports monthly to the case manager on the participant's status in the work place.

POLICY NO. 10

SUBJECT: POLICY ON PROFESSIONAL PEER SUPPORT GROUPS

POLICY

Peer support groups are an important part of the recovery plan and help the practitioner commit to a chemical-free lifestyle. These are peer support groups rather than twelve-step or psychotherapy groups. The role of the support group in the monitoring program is defined as:

1. To share experiences, and to provide strength, hope and support in addressing issues related to the process of recovery from chemical dependency.
2. To provide support regarding professional issues including re-entry into practice.
3. To be a resource for additional support services.
4. To report weekly attendance to the program.
5. To report relapse or impairment.
6. To provide input and recommendations relative to the needs of program participants.

PROCEDURE

1. The program refers participants to community-based professional peer support groups.
2. The case manager actively recruits and trains support group facilitators around the state and maintains relationships with those groups.
3. The case manager conducts statewide site visits.
4. Recognized support groups which participate in the monitoring program must:
   a. Believe in the total abstinence model of recovery and the twelve-step Program model.
   b. Maintain participant confidentiality except when the participant is a threat to self or others or has signed a release of information.
   c. Have at least weekly meetings which are conducted by a qualified facilitator.
   d. Provide a facilitator to a ratio not to exceed 12 participants per facilitator.
5. Facilitators for the support group must:
   a. Have demonstrated expertise in the field of chemical dependency as evidenced by:

(1) Having worked in the area for at least one year within the last three years and having at least 30 hours of continuing education in the area.

OR

(2) Certification or eligibility for certification in chemical dependency.

b. Have a minimum of six months' experience facilitating groups.

c. If recovering, must have a minimum of four years' recovery.

d. Not currently have a board accusation pending against her or him or be on board probation.

e. Not currently be a participant in the program.

POLICY NO. 11

SUBJECT: **POLICY ON TREATMENT PROVIDERS**

POLICY

Whenever possible, at least three referrals are given to an individual for treatment. All referrals must be made to an approved treatment facility.

An "approved treatment facility" is a facility approved by a designated department, (e.g., Department of Alcohol and Substance Abuse, Department of Health, etc.), to provide concentrated alcoholism or drug treatment.

The program may selected or rejected based on the success rate the treatment program has had working with nurses and a demonstrated willingness to work with the program.

PROCEDURE

1. The case manager assists participants in the selection of a treatment facility and/or service, ensuring that the participant has a role in the choice of the program, when appropriate, and that no facility is favored.

2. The case manager reviews approved treatment providers throughout the state and determines the following criteria:

    a. A willingness to provide information to the case manager on the status of referred clients after appropriate consents to release information are obtained.

    b. An environment, facility and peer group that will attract a professional person and be conducive to acceptance of participation in the treatment process.

    c. Sensitivity to women's issues and services designed to meed the unique needs of female clients when appropriate.

    d. Use of the principles of twelve-step programs, such as Alcoholics Anonymous, Narcotics Anonymous and Alanon.

    e. Adequate detoxification services, including medical supervision and motivational support.

    f. Geographically convenient to encourage participation of family members.

    g. A structured aftercare program for all clients completing the acute phase of treatment.

    h. Fee schedules and flexibility in payment plans that enables those experiencing financial problems or are underinsured to receive appropriate treatment services.

3. The executive director will investigate complaints involving the quality of services provided by treatment programs and conformance with the above criteria.

POLICY NO. 12

SUBJECT: POLICY ON RELAPSE AND REFERRAL BACK TO BOARD

POLICY

A participant having two relapses, or who, the program believes, may be unable to practice with reasonable skill and safety to protect consumers by reason of any mental or physical condition will be referred back to the board of nursing for investigation and review.

A participant failing to comply with all requirements of the program on a consistent basis will also be referred to the board of nursing for review.

The participant may be referred back to the program by the board.

If a participant is referred back to the program, then a new contract will be written. The participant will re-start the duration of time in the program with the new contract. No further relapses will be tolerated.

PROCEDURE

1. Relapse

   a. Relapse is defined as the use of a mind or mood altering chemical when total abstinence from all mind- or mood-altering chemicals has been directed.

   b. A missed drug screen or positive test result constitutes relapse.

   c. The relapse shall be assessed in a case staffing by program personnel.

2. Reassessment

   a. Staff shall review all areas of participant compliance in accordance with the participant's contract.

   b. A face-to-face evaluation shall be conducted with the participant.

   c. A participant's case will be reviewed at a formal program staffing before recommendations and/or referrals are made.

   d. Participants failing to comply with the requirements of the program will be dealt with in a similar fashion.

POLICY NO. 13

SUBJECT: POLICY FOR COLLECTION SITES FOR DRUG SCREEN TESTING

POLICY

To provide consistent, standardized procedures for drug screen collection. To ensure coordination of collection site and laboratory services.

PROCEDURE

1. Collection sites must be chosen from the program's approved list.

2. Collection sites must provide observed urine screens. Exceptions must be approved by the case manager with justification recorded in the participant's file in the event there is no available site to do observed collections.

3. Each collection site will ensure the Drug Screen Requisition Form is thoroughly completed.

4. Each collection site will ensure all labeling, seals, signatures, temperature verification, chain of custody, method of transport, proper identification, and other relevant collection procedures are followed.

5. Payment for drug screen testing is the responsibility of the participant. Payment is to be included with the specimen at the time of transport to the laboratory. A participant not testing due to an inability to pay is not considered acceptable to the program.

6. On-site visits of collection facilities will be conducted to verify compliance with collection procedures. Training for collection procedures may be available for individuals involved in the collection process.

7. All laboratory reports will be reviewed by program staff for compliance of collection procedures.

8. Criteria for collection site approval:

    a. Must be willing and able to perform observed drug screen collections.

    b. Must be able to demonstrate competency in specimen collection and handling.

    c. Must be available for on-site visitation by program staff.

POLICY NO. 14

SUBJECT: POLICY FOR LABORATORIES FOR DRUG SCREEN TESTING

POLICY

To provide a comprehensive, consistent drug screen testing program through the coordination of laboratory services and collection sites.

PROCEDURE

1. Each laboratory will be able to provide written data on every lab report including: (a) chain of custody, (b) temperature, and (c) specific gravity in combination with (d) creatinine clearance.

2. Positive test results must be verified by GC/MS.

3. A specimen may be considered invalid when one or more of the testing criteria as defined in #1 of this procedure has not been met.

4. Payment for drug screen testing is the responsibility of the participant. A participant's inability to test due to an inability to pay for the test is not acceptable to the program.

5. All laboratory reports will be reviewed by program staff for compliance of collection procedures.

6. Criteria for laboratory approval:

   a. Standardized testing services

   b. Provide timely test results

   c. Immediate phone contact for positive test results to be followed with a hard copy of those results

   d. Drugs screened for are listed on the hard copy report

   e. Confirmation of positive test results provided quantitatively when requested by the program

   f. Competitive testing costs

   g. NIDA/AMSA Certified

   h. Toxicologist available for consultation

7. Oversight Screens:

   Two screens are available for monitoring programs:

Professional Oversight Screen #1 - includes the entire panel listed below; and Professional Oversight Screen #2 - the same panel minus alcohol.

Alcohol	Meperidine
Amphetamines	Methadone
Barbiturates	Methaqualone
Benzodiazepines	Opiates
Cannabinoid, UR	Pentazocine
Cocaine Metab	Phencyclidine
Ketamine	Propoxyphene
Oxycodone	

(Fentanyl may be added when appropriate. Because testing for fentanyl is quite expensive, it is advisable to include it only when indicated by the nurse's practice setting.)

- Collection sites usually charge a separate fee for observation and collection of urine samples.

- Each laboratory test result notes specific gravity, creatinine levels, temperature, and an integrity check.

- The program receives immediate telephone notification of positive test results followed by a hard copy of same. All positives are GC/MS confirmed.

APPENDIX I

SAMPLE HANDBOOK FOR PARTICIPANTS

APPENDIX I

SAMPLE HANDBOOK FOR PARTICIPANTS

Welcome to _____ Program. This program is a supportive monitoring program and a voluntary alternative to license discipline for nurses with a substance abuse problem.

The program provides a comprehensive approach to chemical dependence that maximizes public safety, encourages early entry into treatment and recovery, reaches professionals who might not otherwise be reached by the regulatory system and supports the professional's recovery and safe return to practice.

REFERRALS

The nurse may enter the program through a variety of avenues. The most common of these is through a referral from the board of nursing. The other common pathway is self-referral. If a participant chooses to self-refer, her or his participation will be held in confidence and the board will not be notified. Additionally, family, friends and colleagues may also refer people to the program.

CONFIDENTIALITY

Participants of the program are protected by all state and federal confidentiality laws and regulations. Access to records is limited to program staff unless a release of information form is given by the participant. If the individual was referred to the program by the board of nursing, compliance information may be released to that agency upon request or if the participant fails to successfully complete the program.

LENGTH OF PROGRAM

The minimum length of participation is three years. Nurses coming into the program with a history of recovery, such as license applicants, may have a shorter length of stay.

If a participant does not meet all the agreed terms of the contract for a period of time, that time will be added on to the end of the contract. For example, an individual who does not attend a mandated activity for three months may find she/he will not graduate on the anticipated date but must remain in the program for an additional three more months.

ENTRY INTO THE PROGRAM

Upon contact with the program, an appointment is scheduled with one of the case managers. This meeting is designed to assist the nurse in understanding what choices are available and providing whatever assistance is necessary to implement that choice.

Upon agreeing to enter the program, the nurse will be referred to a community resource for an evaluation to determine treatment needs and to facilitate entry into the appropriate treatment program.

We recommend the nurse come out of the practice setting until the intensive phase of treatment is complete. This may be anywhere from three to six weeks.

COMPLIANCE AGREEMENTS

A contract is developed which outlines the nurse's participation in the program. It covers abstinence, drug screen testing, treatment, aftercare, on-going recovery activities and any practice restrictions. It also includes any recommendations the treatment program may have made.

THE PROGRAM

Program staff monitor compliance with the contract of each nurse. The major areas monitored are:

Body Fluid Analysis: Upon entering the program, you will be asked to agree to random, observed urine drug screen testing. Failure or refusal to test when asked to do so will be considered a positive drug screen. All lab reports are sent directly from the lab to the program office.

The participant has several important responsibilities in the screening program. The first responsibility is to call every day to see if testing is required that day.

Participants must inform their health care providers of their chemical dependency.

In the event a mind or mood altering substance is prescribed for you, you must ask the prescriber to notify the program of the drug, why it was prescribed, for how long and whether or not refills will be ordered. Failure to notify the program will be considered non-compliance. A release of information should be given to your practitioner to enable him/her to discuss your case with us if medications are prescribed.

It is also important that the paperwork for the collection procedure be filled out completely and accurately. It is your responsibility to ensure that all information, labeling, signatures, temperatures and seals are correct. Incorrect paper work may invalidate the test, resulting in either the need and expense of testing again or a drug screen that is considered positive.

If you will be out of town and unavailable for testing, you must notify us ahead of time. Failure to do so will be considered a positive test result. If you will be away frequently, we will help you set up additional testing sites. Although we don't like to interfere with your vacation and leisure activities, excessive absences from testing will not be permitted.

PRACTICE RESTRICTIONS

In most cases, participants are not allowed to practice during the intensive phase of treatment. Practice restrictions may be implemented for some nurses depending on a number of factors, such as drug history, length of recovery, practice setting and motivation. Nurses may only work in settings the program knows about and can monitor. Working in a setting not known to the program will result in immediate referral back to the board of nursing for license discipline.

Participants will be required to have a work site monitor. The monitors have regular contact with the program and with the participant. They are involved in the re-entry process and are intended to be another support person in the work place. The work site monitor also has the responsibility to meet regularly with the participant and to notify the program if there is reason to be concerned, such as a change in behavior.

TWELVE-STEP MEETINGS

Participants will be required to attend a minimum number of twelve-step meetings, such as Alcoholics Anonymous or Narcotics Anonymous. Attendance is verified by having a meeting attendance verification card signed. If you attend more than the required number of meetings, we recommend that you do not get your card signed at the extra meetings. You may want to be aware that you are going to a meeting because it's what you want to do, not because it's required of you.

These cards are sent to this office and are due by the 5th of each month.

PROFESSIONAL SUPPORT GROUPS

Community based nurses' support groups are available to most participants of the program. These groups are confidential and are structured to provide a safe place for the nurse to discuss a wide variety of issues, especially those related to recovery and practice. The facilitators of these groups are familiar with treatment and recovery issues, and have experience in working with groups. These groups meet weekly for 90 minutes. They have a fee structure which is based on a sliding scale. Because they are community based groups, they are considered to be confidential by this program. Only attendance is reported to the program by the facilitator.

MONTHLY SELF REPORTS

Everyone in the program is required to send us a monthly self-report (MSR) of your compliance. The MSR is a tool to allow you to review the tone and tenor of your life and recovery. It is also an opportunity to communicate with the program staff and let us know if there are any changes in your life and if you are having any difficulty following your contract. It gives us an opportunity to know you better and to appreciate your problems, challenges and changes. Many participants find monthly self reports an effective way to ask questions or make requests of the program. We do read them!

REASSESSMENT

Annual meetings are held between staff and participants. Meetings may also be requested at other times by the staff, if we feel there is cause for concern. The participant may request a meeting if you feel you would like to discuss certain issues or changes or just would like the additional support. Non-compliance with the contract will result in a meeting and reassessment.

COMPLETION/TERMINATION

Upon successful completion, you will "graduate" from the program. If you were referred by the board of nursing, they will be notified of your successful completion of the program. We will seal your record at that time.

Termination from the program may occur due to relapse or non-compliance. It is the policy of this program to refer participants to the board if two relapses occur. Chronic non-compliance will also result in a referral to the board.

RELAPSE

Although it is trendy in some circles to discuss relapse as an expected part of the disease process, we do not necessarily subscribe to that notion. Relapse is not a necessary and expected part of the recovery process. Only about 12-15% of all participants in this program relapse.

However, it is understood that relapse may be a part of the process for some, and may even be the catalyst that allows an individual to finally understand the nature of addictive disease and move beyond denial. We do not punish people for relapse, but we will sit down with you and look at as many factors in your life as possible and re-structure your contract to assure that your recovery needs are being met.

When a participant relapses, the length of the contract starts over. If you were six months into a three year contract and relapsed, you would start again with a three year contract.

A second relapse will result in a referral to the board. The board may choose to discipline your license or they may allow you to continue in the program.

We encourage you to call if you have any questions or concerns about any aspect of your participation in the program. We also hope you will call if you would like some additional support or would like to talk about recovery.

APPENDIX J

SUGGESTED STATE LEGISLATION
Nondisciplinary Alternative Program

APPENDIX J

SUGGESTED STATE LEGISLATION
Nondisciplinary Alternative Program

Suggested Language	Comments
Article 1	
Section 1. Legislative Intent When a person licensed to practice nursing voluntarily seeks treatment for chemical dependency which may lead to formal disciplinary action, the state boards of nursing may abstain from taking formal disciplinary action if the boards finds that the licensee can be treated effectively and that the protection of public health can be assured.	Section 1. Legislative Intent This section should clearly define the legislature's intent to rehabilitate and return to practice nurses whose functioning is impaired by the use of alcohol or other drugs
Section 2. Definitions As used in this statute: a. "Board" means the state board of nursing as created in (cite state statute) b. "Committee" refers to a Diversion Evaluation Committee appointed by the board to carry out such duties as are described in this act. c. "Impaired" means a nurse whose nursing practice has been affected by the use or abuse of alcohol or other drugs and whose practice could endanger the public. d. "Program" means a nondisciplinary alternative program established by Section 4 of this act as a voluntary alternative to traditional disciplinary actions.	Section 2. Definitions Definitions should be consistent with other definitions within the state nursing practice act
Section 3. Diversion Evaluation Committee One or more diversion evaluation committees is hereby created in the state to be established by the board. Each committee shall be composed of five	Section 3. Diversion Evaluation Committee The committee ensures the participation of qualified professionals in the development of criteria for the program and evaluation of nurses for participation in

Suggested Language	Comments

persons appointed by the board.

a. Qualifications and Membership

1. No board member shall serve on any committee.

2. The composition of the Diversion Evaluation Committee will be:

- Three nurses holding active (State) licenses who have demonstrated expertise in the field of chemical dependency

- One physician, holding an active (state) license who specializes in the diagnosis and treatment of addictive diseases

- One public member who is knowledgeable in the field of chemical dependency

b. Terms

It shall require a majority vote of the board to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years. The board, at its discretion, may stagger the terms of initial members appointed.

c. Duties

Each committee shall have the following duties:

1. Evaluate nurses who request participation in the program according to the guidelines prescribed by the board and to consider the recommendations of its licensed nurse consultant in the admission of the nurse to the diversion program

2. Review and designate those treatment

the program

Suggested Language	Comments

facilities and services to which nurses in the diversion program may be referred

3. To receive and review information concerning a nurse participating in the program

4. To consider in the case of each nurse participating in the program whether he or she may with safety continue or resume the practice of nursing.

5. To call meetings as necessary to consider the requests of nurses to participate in an alternative program or consider reports regarding nurses participating in a program

6. To prepare reports to be submitted to the board

7. To set forth in writing for each nurse participating in a program, a rehabilitation program established for that nurse with the requirements for supervision and surveillance

d. Committee Meetings

A committee may convene in closed session to consider reports pertaining to any nurse requesting or participating in a diversion program.

Section 4. Nondisciplinary Alternative Program

Section 4. Nondisciplinary Alternative Program

a. When a person licensed to practice nursing voluntarily seeks treatment for chemical dependency that may otherwise lead to formal disciplinary action, the board may abstain from taking such formal disciplinary action if the board finds that the licensee can be treated effectively and that there is no danger to the public health. The board shall:

1. Seek ways and means to identify and rehabilitate nurses

Suggested Language	Comments

2. Establish a voluntary alternative to traditional disciplinary actions

3. Establish criteria for the acceptance, denial or termination of nurses in the rehabilitation program. Only those nurse who have requested diversion and supervision by a committee shall participate in the program.

b. Nurses who are not being investigated or monitored by the board may voluntarily participate in the rehabilitation program without being referred by the board and will not be subject to disciplinary action for their abuse of alcohol or other drugs.

Section 5. Eligibility

a. Any nurse who self refers or is reported to the board for a violation of the nursing practice act due to addiction to or abuse of alcohol or other drugs will be advised of the opportunity for participation in the rehabilitation program

b. The nurse will be advised of the procedure to be followed, the program requirements, the implications of non-compliance with the program and agree to cooperate with an approved program.

c. The Diversion Evaluation Committee may grant participation in the program to a nurse after reviewing the nurse's application for participation

Section 5. Eligibility

Clear provision should be included which provide notice to any licensee facing disciplinary action related to impairment of the availability and nature of the program

Section 6. Causes for Termination from the Program

The committee may terminate a nurse's participation in the program for any of the following reasons:

1. Successful completion of the program designated by the committee.

2. Failure to cooperate and comply with the program may result in termination of the nurse's participation in the program and referral to the board for

Section 6. Causes for Termination from the Program

Statements need to be included that clearly indicates that a licensee failure to uphold program requirements may result in termination of participation in the program and reversion to traditional disciplinary procedures

Suggested Language	Comments

traditional disciplinary procedures.

3. Termination may occur if during participation in the program, information is received which, after investigation, indicates the participant may have violated a provision of the laws governing the practice of nursing. The nurse will be referred to the board for traditional disciplinary procedures.

Section 7. Confidentiality

a. All records of a proceeding pertaining to the rehabilitation of a nurse in the program will be kept confidential and are not subject to discovery or subpoena

b. After a committee has determined that a nurse has been rehabilitated and the alternative program is completed, the committee shall purge and destroy all records pertaining to the nurse's participation in the alternative program

c. Information or records either received by the board prior to acceptance of the applicant into the program, or which does not relate to application for the program may be utilized by the board in any disciplinary or criminal proceedings instituted against the participant.

Section 8. Immunity

Any person making reports to the board or to a committee regarding a nurse suspected of practicing while impaired, or reports of a nurse's progress or lack of progress in a program shall be immune from civil action for defamation or other cause of action resulting from such a report, provided that such a report is made in good faith and with some reasonable basis in fact.

Section 9. Other States

Suggested Language	Comments
During the time the nurse is participating in the program, she/he will comply with the program approved by the committee. Participation in a program in another state may be approved upon application and a show of need. The state board of nursing will provide information to other state boards of nursing when licensing information is requested on nurses who have not completed recommended programs.	

APPENDIX K

GLOSSARY

APPENDIX K

GLOSSARY

Work Site Monitor - Liaison between work site and alternative program. The work site monitor works the same shift and units and is one management level above the program participant. The work site monitor would provide a monthly report on the work status of the chemically impaired nurse and would report any behavioral changes.

Case Manager - The program staff person who monitors a chemically impaired nurse's compliance.

Executive Director - The administrator of the alternative program with overall responsibility for its management.

Diversion Evaluation Committee - A committee consisting of nurses, a physician and a public member, each of whom have demonstrated expertise in the field of chemical dependency. Members are appointed by the board of nursing and serve for a term usually specified by state statutes. The committee participates in all decisions regarding the chemically impaired nurse's participation in the program including entry into the program, evaluation of progress, and termination due to noncompliance or successful completion of the program.

Self-Help Groups - Group meetings held weekly to provide support, act as a resource for additional supportive services, and for members to share experiences. Examples of self-help groups are: Alcoholics Anonymous and other twelve-step groups, Women in Sobriety, Rational Recovery, and nurse support groups.

License Discipline - Any actions on the license of nurses whose practice is impaired by the board of nursing.

Nondisciplinary Alternative Program (i.e., diversion program) - A voluntary, confidential alternative to license discipline for nurses with chemical dependence. The nurses may also have accompanying psychiatric and/or physical conditions.

Dry Room Technique - A technique used to collect urine samples to screen for the presence of certain drugs. Precautions, such as making sure there is blue dye in the toilet bowl to prevent water from being added to the sample, shutting off the hot water in the collection room, etc., are taken to prevent tampering with the specimen.

Staffing/Case Review - A weekly review of all active cases by program staff.

Confidentiality - All board, committee and program records relating to the application to and participation in the program would be kept confidential. Information about the nurse would be limited to cooperation and would not be subject to discovery or subpoena. All records would be purged when a nurse's participation in the program is terminated.

Nurse Advocate - Nurses at the work site who volunteer to provide support to the chemically impaired nurse on a routine or as-needed basis.

Attachment C

Regulatory Management of Chemically Impaired Nurses: Suggested Process and Outcome Evaluation Guidelines for Data Collection

Process Evaluation

The following questions may be used to guide evaluation of the processes used by a Member Board for the regulatory management of chemically impaired nurses:

1. What are the board's (monitoring program's) philosophy, goals and objectives regarding the management of chemically dependent nurses?

2. In what order has the board (monitoring program) ranked its goals regarding the management of chemically dependent nurses?

3. To what extent are the board's (monitoring program's) goals being met?

4. What are the key characteristics of staff and how well do these promote achievement of goals and objectives?

5. With what organizations, agencies, or other care providers has the board (monitoring program) developed formal and/or informal linkages to ensure a nurse's ability to comply with board (monitoring program) directives, orders, and/or contracts? To what extent are these service providers able to assist the nurses referred to them?

6. To what extent does the board (monitoring program) incorporate the guidelines of the Agency for Health Care Policy and Research (AHCPR) for depression and for pain management in the management of chemically dependent nurses?

7. What types of assessments of the chemically dependent nurse are performed prior to determining a course of action (e.g., discipline, referral for treatment, etc.)? Who performs these assessments? Do they have the appropriate professional credentials? Is a referral list available? Is sufficient staff available to obtain, from the chemically impaired nurse, information essential for determining the need for referral(s)?

8. How is demographic and other data collected from the chemically dependent nurse used by the board (monitoring program)?

9. What follow-up activities are routinely carried out to monitor nurse compliance? How frequently are follow-up activities performed? Are staff resources adequate to carry out this activity?

Outcome Evaluation

Collection of data addressing the following areas would be useful in determining the effectiveness of regulatory processes for managing the chemically impaired nurse:

1. Demographic information: age, gender, racial/ethnic background, education, marital status, dependents, type license, license history

2. Employment information: setting, access to controlled substances, work environment (shift, hours/week or day, etc.)

3. Substance abuse history: type of drugs, usage patterns

4. Medical history: brief screening history to identify previous major illnesses and current health problems

5. Psychiatric history: screening history to identify the presence (past and current) of co-existing psychiatric problems such as depression

6. Social support systems

7. Lifestyle risks

8. Role strain

9. Regulatory management: discipline vs. diversion to a non-disciplinary alternative program, disciplinary action, treatment program characteristics, practice restrictions

10. Outcomes: return to or retention of active license status, recidivism, employment status (in nursing)

Report of the Literature Review Focus Group

Committee Members
Bernadette Sutherland, KY, Area III, *Chair*
Christine Alichnie, PA, Area IV
Judy Colligan, OR, Area I
Patricia DeMers, ND, Area II
Linda Murphey, AR, Area III
Emmaline Woodson, MD, Area IV

Relationship to Organization Plan

Goal II..... Provide information, analyses and standards regarding the regulation of nursing practice.
Objective D ..... Provide for Member Board needs related to disciplinary activities.

Recommendation(s) to the Board of Directors

1. That a central repository of literature reviews not be maintained.

   Rationale

   The Literature Review Focus Group spent a great deal of time discussing the feasibility of its charge to: *"...establish and maintain a central repository of reviews of literature of common nursing practice issues which bring nurses before Boards of Nursing for disciplinary action. In the first year, six reviews shall be produced and shall be available to Member Boards upon request."* The members expressed concern that the reviews of literature would be compiled independent of the disciplinary case analysis model development. Following the group's charge, the members identified six common issues which the group believed were currently of concern to Member Boards. They are: 1) Dishonesty/Ethics, 2) Abandonment, 3) Abuse (Physical/Verbal), 4) Sexual misconduct, 5) Psychiatric disorders, and 6) Practice outside of scope. They compiled a summary report on the available literature as well as an analysis of the literature. Following this process, it was the consensus of the group that the literature reviews, per se, would not be a valuable resource to Member Boards. There is very little published literature on the discipline topics. For some of the selected topics, only one or two articles could be found. It is questionable whether a literature review on topics for which there is little published material is useful. Duplication of services was another concern. Most Member Boards already have access to legal counsel for legal literature reviews and libraries for medical literature reviews. The focus group members agreed that a compilation of information on Member Boards' decisions, actions, positions and/or opinions on such topics would be helpful.

2. That the National Council conduct a survey on Member Board actions, decisions, positions and opinions on the six common issues identified by the focus group and request information on the common practice issues which bring nurses to their boards for disciplinary action.

   Rationale

   Information about the activities of other Member Boards regarding common practice issues, which bring nurses to their boards for disciplinary action, was identified by the group as the most useful type of information for Member Boards. However, this type of information is very time consuming for Member Boards to obtain. The Literature Review Focus Group attempted to obtain this information by asking Member Boards to voluntarily submit actions, decisions, positions and opinions related to these common practice issues to the National Council. This request was made through the National Council's *Newsletter*. No information has been received. Based on the National Council's history of being able to obtain information from Member Boards via surveys, it is anticipated that a survey would increase the likelihood of an adequate response from Member Boards. By asking about topics of current concern, trends in discipline may be identified. After the data are collected, they would be made available to Member Boards.

Alternative Actions to Recommendation #1

3. If the Board of Directors does not adopt the focus group's first recommendation, it is recommended that the central repository of literature reviews be maintained for two years on a trial basis. An annual evaluation of the project would be conducted with a determination made at the end of the second year regarding whether or not to continue with the project.

   #### *Rationale*

   Major concerns were expressed by the group regarding the feasibility and usefulness of maintaining literature reviews without regulatory information from other boards. If the central repository is maintained, an evaluation component is suggested to monitor the quality and usefulness of the central repository. Because it is anticipated that requests for information will not be frequent at first, it is requested that the literature reviews not be distributed to all Member Boards with the final report. Instead, Member Boards will be asked to request information on the selected topics as they need it. When the file is sent to Member Boards, an evaluation form will be included (Attachment A). In this way, information can be obtained regarding how helpful the literature reviews are to Member Boards.

   An annual evaluation by an evaluation team is also suggested. The evaluation team should consist of individuals familiar with the needs of Member Boards. In addition to writing additional literature reviews, the evaluation team would evaluate the list of topics for currency, review the literature reviews on file for quality, and use the evaluations received from Member Boards who have used the repository to make any necessary adjustments in the maintenance of the repository. It is suggested that at the end of two years, the project would be evaluated by the evaluation team to determine if it is meeting Member Board needs and if it should be continued.

4. If the Board of Directors does not adopt the focus group's first recommendation regarding not maintaining the Central Repository on Literature Reviews, it is recommended that the central repository of literature reviews will only be available to Member Boards.

   #### *Rationale*

   If a central repository of literature reviews is maintained, its usefulness is unknown. It is also possible that the procedures for maintaining the central repository will need to be refined. If the literature review central repository proves to be useful to Member Boards and after the methods for maintaining the central repository have been refined, it could possibly be made available to outside consumers as a revenue generating project.

Highlights of Activities

In order to complete the focus group's charge of: *"...establishing and maintaining a central repository of reviews of literature of common nursing practice issues which bring nurses before Boards of Nursing for disciplinary action. In the first year, six reviews shall be produced and shall be available to Member Boards upon request,"* the following activities were performed:

- ***Topic Selection***

  Six topics were selected based on Member Board interest. The topics selected were: 1) Dishonesty/Ethics, 2) Abandonment, 3) Abuse (physical/verbal), 4) Sexual misconduct, 5) Psychiatric disorders, and 6) Practice outside of scope. It was noted that very little information is available in the literature pertaining to the topics that Member Boards are currently interested in. A format for each topic file was developed. This is described in Attachment B.

- ***Central Repository Format and Maintenance***

  After a detailed discussion of the format of the literature review, each member of the group wrote a review of the literature on one of the selected topics using the articles provided. The focus group also developed a process for maintaining and evaluating the central repository. This process is described in Attachment C.

Meeting Dates

- February 27-March 1, 1994

Future Considerations for the National Council

The Literature Review Focus Group has completed its charge and, therefore, no additional activities are planned. However, the group did make suggestions for future activities related to this project. They are:

- Consideration should be given to relating the literature reviews to case analysis models. The focus group felt that by applying the literature reviews in this manner, the information would be more useful to Member Boards.
- If a central repository is maintained, to broaden the scope of the literature review topics to include not only discipline-related topics but also other topics which would be of interest to Member Boards such as advanced practice, health care reform etc.

Recommendations(s) to the Board of Directors

1. That a central repository on literature reviews not be maintained.

2. That the National Council conduct a survey on Member Board actions, decisions, positions and opinions on the six common issues identified by the focus group and request information on the common practice issues which bring nurses to their boards for disciplinary action.

3. If the Board of Directors does not adopt the focus group's first recommendation, it is recommended that the central repository of literature reviews be maintained for two years on a trial basis. An annual evaluation of the project would be conducted with a determination made at the end of the second year regarding whether or not to continue with the project.

4. If the Board of Directors does not adopt the focus group's first recommendation regarding not maintaining the Central Repository on Literature Reviews, it is recommended that the central repository of literature reviews will only be available to Member Boards.

Staff

Nancy Chornick, *Research Associate*

Attachments

Attachment A

Literature Review Evaluation Form

The National Council would like to obtain data regarding how useful the Literature Review Central Repository is to Member Boards. As someone who has requested this information, we are asking you to complete this short questionnaire and return it to [STAFF PERSON] at the National Council. Your responses will be used to make changes in the central repository and to ultimately determine if this service will be continued.

Name: _____

Position: _____

Board: _____

1. How helpful were the following materials?

   ABSTRACTS: _____

   _____

   LITERATURE REVIEWS: _____

   _____

   UPDATE MATERIAL: _____

   _____

2. What other information should have been included?

   _____

   _____

3. How were these materials used?

   _____

   _____

4. Did the materials decrease the time needed for you to find needed information?

   _____

   _____

5. Should this service be continued?

   _____

   _____

Attachment B

Contents of Selected Topic Files

For each topic, the following will be available:

1. Cover letter describing sources used, date of literature search, and last update

2. Abstracts of articles used in the literature review

3. Literature review
   a. Applicable terms
   b. Finding of fact related to disciplinary approach
   c. Synthesis of facts (points of agreement/disagreement)
   d. Opinion on how to utilize (optional)
   e. Conclusion

4. Any additional/updated information

Attachment C

Suggested Process for Maintaining the Central Repository

1. Six literature reviews would be written each year by the Literature Review Group. Suggestions for topics for the literature reviews annually would be requested from Member Boards. Requests for topics which could be included in the central repository could be done through the National Council *Newsletter,* NCNET, or at the Annual Meeting.

2. Only Member Boards would have access to the central repository with the cost absorbed by the National Council. The rationale for this is that the Central Repository is just being started. Its usefulness is unknown. After it has become established as a useful project, it could possibly be made available to outside consumers as a revenue generating project.

3. Available topics would be publicized to the Member Boards via the *Newsletter* or other available means. Member Boards could call National Council and request the information.

4. If possible, the topics would be updated on a monthly basis. If this does not prove to be feasible, a quarterly update is suggested.

5. A legal review of the literature reviews is suggested. An alternative to this suggestion is to add a disclaimer that no legal review has been done. It is also suggested that legal/National Council staff add information to the literature topics files when applicable.

6. Make Member Boards aware of accessible resources such as the *Regan Report*, Randolph Reeves, CLEAR, etc.

Attachment D

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Literature Review Focus Group - Recommendation #2

I. REVENUE:

Description: _____

_____

$ 0

==========

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members _____
X No. of meetings _____ $_____

Per Diem $225 X No. of members _____
X No. of days _____ $_____

Telephone Conference Call $400
X No. of Conferences _____ $_____

2. Staff Travel:

Purpose: _____

_____

Airfare $875 X No. of staff _____
X No. of trips _____ $_____

Per Diem $225 X No. of staff _____
X No. of days _____ $_____

3. Other Travel:

Purpose: _____

_____

Airfare $875 X No. of persons _____
X No. of trips _____ $_____

Per diem $225 X No. of members _____
X No. of days _____ $_____

4. Mailings:

Purpose: Survey

Cost per letter $.32 X No. of mailings ___

X No. of pieces mailed _____ $_____

Cost per 9X12 envelope $2.50 X No. of mailings 1 X No. of pieces mailed 62 $ 155.00

Overnight mail $9.75 X No. of mailings ___

X No. of pieces mailed _____ $_____

5. Copying and Printing:

Purpose: Xeroxing surveys

Per copy cost $.05 X No. of reports 62

X No. of pages 4 $ 12.40

Outside Printing - Describe:

_____

_____ $_____

6. Consultation:

a. Legal - Purpose: _____

Cost per hour $200 X No. of of hours _____ $_____

b. Other - Purpose: _____

Cost per hour _____ X No. of hours _____ $_____

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $ _____

8. Other Costs:

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

TOTAL OUT-OF-POCKET EXPENSES $ 167.40

9. Time Required of Existing Professional and Support Staff

Purpose: Administrative Support

Staff - 112.5 hours $ 3,262.50

TOTAL EXPENSES - FY 1995 $ 3,429.90

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ 0	$ NONE	$ NONE
Out-of-Pocket Exp.	$ 167.40	$ NONE	$ NONE
Existing Staff Time Exp.	$ 3,262.50	$ NONE	$ NONE
Net (Revenue)/Exp.	$ 3,429.90	$ NONE	$ NONE

IV. Projected Beginning Date: 10/1/94

Projected Completion Date: 1/1/95

V. Submitted By: Nancy Chornick, PhD, RN, Research Associate

Revised: 5/24/94

Attachment E

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Literature Review Focus Group - Recommendation #3

I. REVENUE:

Description: _____

_____

$ 0

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

	YEAR 1	YEAR 2 (with 4% adjustment)
Airfare $875 X No. of members 6 X No. of meetings 1	$ 5,250.00	$ 5,460.00
Per Diem $225 X No. of members 6 X No. of days 3	$ 4,050.00	$ 4,212.00
Telephone Conference Call $400 X No. of Conferences _____	$ _____	

2. Staff Travel:

Purpose: _____

_____

Airfare $875 X No. of staff _____
X No. of trips _____ $ _____

Per Diem $225 X No. of staff _____
X No. of days _____ $ _____

3. Other Travel:

Purpose: _____

_____

Airfare $875 X No. of persons _____
X No. of trips _____ $ _____

Per diem $225 X No. of members _____
X No. of days _____ $ _____

4. Mailings:	YEAR 1	YEAR 2
Purpose: Literature reviews sent to Member Boards		
Cost per letter $.32 X No. of mailings ___ X No. of pieces mailed _____	$_____	
Cost per 9X12 envelope $2.50 X No. of mailings 1 X No. of pieces mailed 62	$ 155.00	$ 161.20
Overnight mail $9.75 X No. of mailings ___ X No. of pieces mailed _____	$_____	

5. Copying and Printing:

Purpose: Copying Literature Reviews

_____

Per copy cost $.05 X No. of reports 62 X No. of pages 30	$ 93.00	$ 96.72
Outside Printing - Describe: _____	$_____	

6. Consultation:

a. Legal - Purpose: Review of Literature Reviews

_____

Cost per hour $200 X No. of of hours 2 hrs/month x 12 months	$ 4,800.00	$ 4,992.00

b. Other - Purpose: _____

_____

Cost per hour _____ X No. of hours _____ $_____

7. Additional Staff/Temporary Help Required: YEAR 1 YEAR 2

Purpose: Temporary Help - Gather Literature

for use in Literature Reviews $ 2,000.00 $ 2,080.00

8. Other Costs:

Type and Purpose _____

_____

_____ $_____

Type and Purpose _____

_____

_____ $_____

Type and Purpose _____

_____

_____ $_____

TOTAL OUT-OF-POCKET EXPENSES $16,348.00 $17,001.92

9. Time Required of Existing Professional and Support Staff

Purpose: Administrative and Support

Staff - 22.5 hours/month X 12 months $ 6,210.00 $ 6,458.40

TOTAL EXPENSES - FY 1995 $22,558.00 $23,460.32

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ 0	$ 0	$ NONE
Out-of-Pocket Exp.	$16,348.00	$17,001.92	$ NONE
Existing Staff Time Exp.	$ 6,210.00	$ 6,458.40	$ NONE
Net (Revenue)/Exp.	$22,558.00	$23,460.32	$ NONE

IV. Projected Beginning Date: 10/1/94

Projected Completion Date: 10/1/96

V. Submitted By: Nancy Chornick, PhD, RN, Research Associate

Revised: 5/24/94

Report of the Disciplinary Case Analysis Focus Group

Committee Members

Harriett Johnson, NJ, Area IV, *Chair*
Teresa Bello-Jones, CA-VN, Area I
Nathan Goldman, KY, Area III
Maureen McGuire, IA, Area II

Relationship to Organization Plan

Goal II..... Provide information, analyses and standards regarding the regulation of nursing practice.
Objective D ..... Provide for Member Board needs related to disciplinary activities.

Recommendation(s) to the Board of Directors

1. That the Disciplinary Process Flow Sheet and Criteria (Attachment A) be promoted as a resource for orientation of Member Board members and staff, and a framework for analysis that Member Boards may use in their discipline cases.

   Rationale

   A major portion of board of nursing members' time is devoted to disciplinary activities. Most new board members have little knowledge of administrative procedures. The Disciplinary Flow Sheets and Criteria may be of great assistance in the orientation of board members, and will provide a framework for their deliberation.

2. That additional disciplinary case analyses by a National Council focus group not be developed.

   Rationale

   The Focus Group members believe that the flow sheet and criteria would be most useful at the local level where the analysis can be applied to actual cases.

3. That the National Council include in its Information Management Plan the development of an electronic bulletin board for use by attorneys who represent boards of nursing.

   Rationale

   The focus group members found that the opportunity to network regarding disciplinary issues during the focus group meetings was useful to them. NCNET has already connected Member Boards electronically. This recommendation goes a step farther, and suggests an electronic bulletin board for use by attorneys who represent boards of nursing. Just as board staff and board members benefit from the experience of their colleagues, attorneys would welcome the opportunity for new resources in dealing with the legal challenges encountered by representing boards of nursing.

Highlights of Activities

- ***Development of Disciplinary Analysis Framework***

  At its first meeting, the Disciplinary Case Analysis Focus Group developed a Disciplinary Process Flow Sheet, which presents a generic disciplinary process. Major decision making points in the disciplinary process were identified and criteria to consider at these decision points were developed. Between meetings, the focus group members obtained feedback regarding the usefulness of the framework provided by the flow sheet and the criteria. At the second meeting of the focus group, the Disciplinary Process Flow Sheet and criteria were refined and applied to a hypothetical discipline situation. The focus group members also developed recommendations for the use of the flow sheet and discussed future considerations for the National Council in developing disciplinary resources for Member Boards.

Meeting Dates

- November 14-15, 1993
- February 13-14, 1994

Future Considerations for the National Council

The Disciplinary Case Analysis Focus Group has completed its charge and has not planned additional activities. The group made the following suggestions for providing resources to Member Boards in meeting the growing challenges presented by disciplinary cases:

1. Conduct a needs assessment of Member Boards to determine both the type of resources needed to assist in disciplinary activities, and the priority of those needs.

2. Schedule topical networking groups at the Delegate Assembly and Area Meetings, which include a group devoted to disciplinary concerns.

Recommendation(s) to the Board of Directors

1. That the Disciplinary Process Flow Sheet and Criteria be promoted as a resource for orientation of Member Board members and staff, and a framework for analysis that Member Boards may use in their discipline cases.

2. That additional disciplinary case analyses by a National Council focus group not be developed.

3. That the National Council include in its Information Management Plan the development of an electronic bulletin board for use by attorneys who represent boards of nursing.

Staff

Vickie Sheets, *Director for Public Policy, Nursing Practice and Education*

Attachments

Attachment A

Disciplinary Case Analysis Report

Introduction

The primary responsibility of Boards of Nursing is the protection of the public health, safety and welfare through the regulation of nursing practice. Incompetent nursing practice poses a threat to the public health. Investigating, disciplining and monitoring nurses who practice incompetently is becoming increasingly complex. In most jurisdictions, Board of Nursing members must devote the majority of their time and efforts for the Board to dealing with disciplinary matters.

The 1993 Delegate Assembly adopted a resolution that the National Council develop a nursing practice disciplinary case analysis example in a single practice area to present to the 1994 Delegate Assembly. The analysis was to include recommendations, with cost analysis, for further disciplinary case analysis by the National Council. The analysis example would be available to Member Boards for their use in investigative and adjudicative processes.

Developing a Framework for Disciplinary Case Analysis

The language of Nurse Practice Acts and disciplinary processes varies from jurisdiction to jurisdiction. The jurisdiction's statutes and rules provide the framework for the state's discipline process. Board policies, procedures and custom are also part of the process. The choice of strategies at different points in the discipline process is guided by the judgment of the Board's attorney. Strategies for case development may include use of Board staff and members for preliminary review, literature reviews, expert consultations, and peer review. Sources of nursing standards include the American Nurses' Association, other nursing associations, the jurisdiction's rules/regulations, National Council models and papers, Agency for Health Care Policy and Research (AHCPR) guidelines, Health Care Financing Administration (HCFA) and other federal agency regulations as well as nursing textbooks and other nursing literature.

Although jurisdictions may have variation or elaboration of the elements of the process depicted in Table I, the Disciplinary Case Analysis Focus Group have included in this generic process diagram the basic elements of administrative disciplinary process. The flow sheet and the criteria developed for major decision points (see Table II) provide a framework for the case analysis.

Description of Disciplinary Process

Complaint Receipt and Review - Staff receive and review complaints initially in most jurisdictions. If the facts alleged were true and there would not be grounds for discipline, or if the complaint involves an individual or situation in which the Board does not have jurisdiction, the complaint would be dismissed. (Some states require Board member review prior to the dismissal of any complaints.) If there is no jurisdiction, the complaint may be referred to another agency which does have jurisdiction.

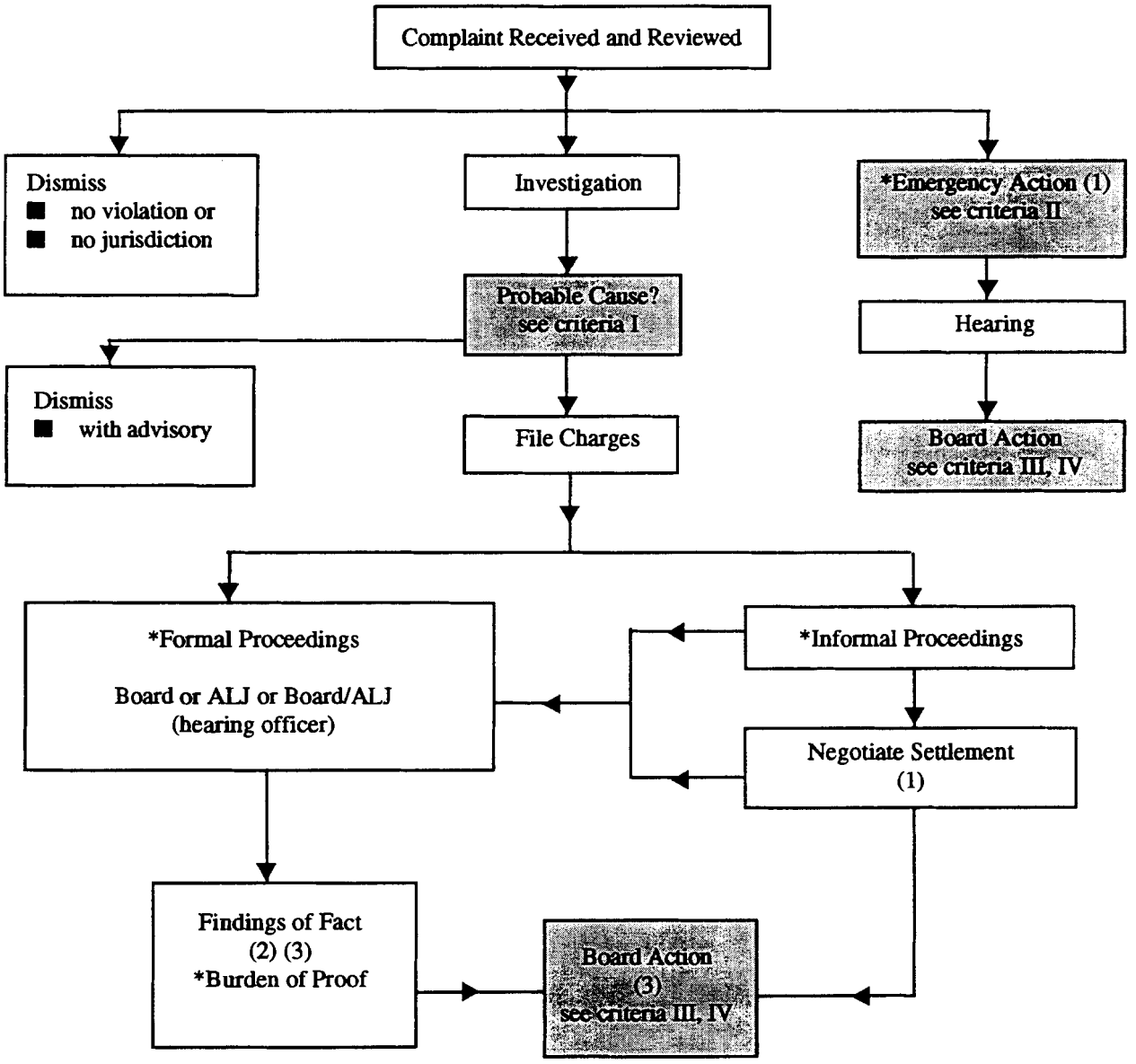
If the facts alleged were true and there would be grounds for disciplinary action, then an investigation is conducted. In many states, a priority ranking is assigned to the case based upon the seriousness of the allegations.

Investigation - Investigatory activities include requesting additional documents from a complainant, phone calls to clarify information, interviews with the licensee identified in a complaint and other witnesses (including the complainant) and investigation of the site of the alleged incident(s). Whether the investigator is an employee of the Board of Nursing, or assigned to a case by the Attorney General's office, or is assigned through some other type of organizational structure, is dependent upon state laws and procedures. Regardless of who and how the investigation is conducted, the objective is to gather evidence, both exculpatory and incriminatory, so that the Board is able to resolve complaints. It is advisable to query the National Council Disciplinary Data Bank to determine if the subject of the investigation has had prior disciplinary action in other jurisdictions.

Evaluation of Complaint and Investigatory Findings - The determination of whether to proceed with a disciplinary case is a crucial point in the disciplinary process. Again, the nomenclature may vary among jurisdictions, but regardless of what the decision is called, it is the determination of whether or not to proceed.

Table I. Disciplinary Process Flow Sheet

***Jurisdictions vary per NPAs, rules/regs, state APA**



Designates major Board of Nursing decision points

(1) Negotiated settlement, emergency action opportunities are available throughout process as needed
(2) Remedy is determined per facts
(3) Based on witness credibility, weight of evidence

Table II. Major Decision Points Criteria

Criteria I - Probable Cause

- What constitutes probable cause in the jurisdiction?
- Who makes probable cause decision in jurisdiction?
- What information is needed to make a probable cause decision?
  - Sufficient information to provide facts
  - Sufficient facts to allege violation
- Is additional information needed?
  - Literature review
  - Consultant

Criteria II - Emergency Action

- What procedures are available in the jurisdiction?
- Is there a risk of grave harm to the public? e.g., Imminent danger to patients and others
- What is the role of the Board member? Board staff?

Criteria III - Whether Discipline is Warranted

- Standard of proof (degree of certainty, or "how much proof")
- Burden of proof
  - on applicant who is seeking licensure
  - on Board if alleging a licensee has violated
- Has applicant demonstrated meeting all licensure requirements?
- Is there a violation? Are charges proved by state?

Criteria IV - What Discipline is Warranted

- Should the nurse be out of practice to protect the public?
- What is risk?
- What was the patient outcome?
- Are there special circumstances?
- Are there mitigating factors?
  - no history of discipline
  - isolated incident
  - efforts to rehabilitate
  - potential for rehabilitation
- Are there aggravating factors?
  - multiple or repeat
  - prior discipline
  - abuse of trust
  - financial gain
  - dishonest, lying
  - intent to harm
  - lack of rehabilitation potential
- What is underlying cause?
  - lack of knowledge, skills, abilities
  - poor judgment
  - intentional
- If out of practice, for how long? Until what?
  - what will demonstrate readiness to return to practice?
- If allowed to continue practice, what safeguards are necessary?
  - limited scope of practice
  - supervision
  - monitoring

DECISION POINT: DETERMINATION OF WHETHER PROBABLE CAUSE EXISTS

Because disciplinary procedures vary from state to state, some Boards are involved in the determination of probable cause, while in other jurisdictions, Board attorneys and staff make initial decisions regarding whether cases should be pursued based upon general direction provided by Board policy (state statutes may require some type of Board member sign-off on dismissed complaints).

The initial decision in determining whether an investigation should be pursued was, "If the facts as alleged were true, would there be one or more grounds for discipline, as enumerated in the Nursing Practice Act?" The question now becomes, "Is there reasonable belief in the existence of facts warranting administrative action?"

Considerations in determining probable cause include:

- What constitutes probable cause in the jurisdiction?
- What information is needed to make a probable cause decision?
  - Sufficient information/investigation to provide facts (if something missing, may need to send back investigator for additional inquiries); and
  - Sufficient facts to allege violation.
- Who makes probable cause decision?
- Is additional information needed to assist in interpretation of the facts of the case?
  - When are Board staff/members used to review, to advise if the facts suggest violations?
  - When might a literature review, e.g., of a technique, a process, or a condition, be warranted?
  - When is an outside expert needed to review the case?
  - How would the opinion of the expert be evaluated?
    - Is the expert's opinion consistent with other findings reported in the literature on the topic?
    - Obtain second opinion to validate expert's findings.
- Possible Outcomes of the Probable Cause Determination
  - If probable cause is found, charges are filed.
  - If the investigation does not support a finding a probable cause, the complaint would be dismissed.

It may be determined that a discipline ground may have been violated but that the situation does not warrant Board action. The case may be dismissed with some sort of advisory or warning.

Filing Charges

Upon the determination of probable cause, charges are filed following the procedures prescribed by the state.

DECISION POINT: IS EMERGENCY ACTION NEEDED?

The disciplinary process takes time, so most jurisdictions provide procedures for agencies to act quickly in emergency situations, where a grave risk of harm exists for the public. Those approaches include:

- Summary (temporary) suspension - many states may take summary, or immediate action in cases where an emergency situation exists. When should summary suspension be considered? Look at statutory language for standards, i.e., "imminent danger to patients and/or others".

- If the NPA or other statutes do not authorize the Board to take summary action, a Board might seek a court injunction requiring a nurse to cease and desist practice until the case can be adjudicated.

There may be other state specific approaches in your jurisdiction.

Emergency action may be initiated at any point in the disciplinary process should an imminent danger to the public be identified. Emergency actions are very fact specific. Standards and procedures for their use are strict because of due process considerations, but they are an important tool for protecting the public. The roles of the Board member, Board staff and Board attorney may differ from state to state. Your Board's attorney may provide examples of emergency actions which have been taken in your jurisdiction.

Informal and Formal Administrative Proceedings

The format and drafting of official documents, whether negotiated settlements are pursued and the procedures and conduct of hearings are state specific. Whether through formal or informal proceedings, the goal is to determine 1) findings of fact, 2) whether the proven facts constitute a violation of the grounds for discipline, and 3) what remedy should result.

DECISION POINT: WHETHER DISCIPLINE IS WARRANTED

In negotiated settlements, the Board must focus on whether the proposed remedy is congruent with the facts admitted or stipulated.

In the hearing process, the Board must focus on the allegations in the charging document and determine, based upon the evidence presented, whether the State has proven the charges. Regardless of who presides, most Boards of Nursing have this decision making responsibility in the administrative hearing process. The Board must consider:

- Standard of Proof - can be described as the degree of certainty required in the jurisdiction for administrative actions (typically found in the State Administrative Procedures Act). Examples of standards are "beyond a reasonable doubt" (usual criminal standard), "preponderance of evidence" (more probable than not) and "clear and convincing" (intermediate standard). What is the standard in your jurisdiction? Ask your Board's attorney for examples of how the standard is applied.

- Burden of Proof - on applicant if seeking licensure, or reinstatement, on state in other cases.

- Are Charges proved by the State? Do facts support charges in charging document?
  Identify uncontested facts, admissions, no evidence presented against.
  Review evidence - physical, written records, pictures, video, x-rays, etc.
  Review testimony - evaluate credibility, consistency
  Review other demonstrations - charts, visual aids.

- Is Discipline Warranted?
  Was there a violation?
  What was the severity of risk?
  What was patient outcome?
  Are there special circumstances or other mitigating factors? Examples include:
    Problem identified by nurse with appropriate response
    Priorities
    Environment
    Circumstances (i.e., other emergencies)
    Staffing
    Lack of support or supervision
    Facility policies, procedures
    Available protocols
    Remedial steps already taken

- What Discipline is Warranted? The threshold question is should the nurse be out of practice to protect public?
  What is seriousness of the violation (potential risk as well as actual harm)?
  What were the circumstances? Were there mitigating factors (see above)? Were there aggravating factors, e.g., a pattern of behavios (repeated, no response to efforts to change behavior), intent to harm, dishonesty?
    Has the nurse demonstrated inability to set personal limits based on knowledge, skills and abilities?
    Did the nurse fail to comply with Board order?
    Consider consistency with previous Board cases.
    Are there supports available to nurse (i.e., employer)?
    What are the prospects of rehabilitation?

- If the nurse should be out of practice to protect the public, for how long? The literature may suggest some possible timelines for cases involving chemical dependency. Approaches to setting a time line for completion of requirements included in Board orders may include automatic reinstatement at a time specified or requiring a licensee to petition the Board for reinstatement after:
  - a date certain,
  - conditions as specified in the order are met,
  - a minimum period of nursing employment as specified in the order is met, or
  - a length of time consistent with similar previous actions.

DECISION POINT: CHOOSING APPROPRIATE REMEDIES IN NURSING PRACTICE CASES

The findings in most nursing practice cases, whether the ground violated involves incompetent behavior, negligent behavior, or whatever the terminology used in your jurisdiction's NPA, can be based upon the following categories. These categories are used below to list elements that may be considered as part of the disciplinary remedy to address specific aspects of cases (see Table III). A case may involve one or more of these categories, so a combination of elements may be selected. Factors to consider in selecting elements for all three categories are patient outcomes, nurse impairment (mental health, chemical dependency or physical) and whether the individual has practiced outside the statutory scope of practice.

Category I : A Lack of Knowledge, Skills and Abilities (KSAs). Cases involving incompetence often result from inadequate understanding of concepts and procedures. Inexperience may also contribute to the situations which result in cases before the Board of Nursing.

Category II: Poor Judgment. Cases involving judgment may result from problems with assessment, analysis and decision making. Personal problems may also affect a nurse's judgment and result in cases before the Board.

Category III: Intentional Acts. Cases involving intentional acts involve a knowing, or willful commission or omission of actions. The Board may identify factors of fraud, misrepresentation or dishonesty which result in cases before the Board.

Hypothetical Case (to illustrate application of the analysis framework)

A complaint was received by the State Board of Nursing, from an employer alleging that Jane Doe, RN, made three serious medication errors during a three-week period. The complaint alleged the following:

1. On late evening of January 2, 1994, Nurse Doe signed off an order for Patient A for an oral antibiotic ten times the usual dose. Nurse Doe failed to question the order, failed to consult the pharmacy and administered the medication from floor stock. The nurse scheduled to administer the second dose questioned the dose and discovered the error.

2. On the evening of January 5, 1994, Nurse Doe administered a sleeping pill without a physician's order and did not document the administration.

3. On the morning of January 12, 1994, Nurse Doe used a regular hypodermic syringe instead of an insulin syringe, giving 5cc of regular insulin instead of the ordered 5 units.

4. Nurse Doe was counselled and warned after the first two errors, and suspended from her employment after the third error.

Investigation revealed that there was probable cause and sufficient evidence to proceed. Charges were filed. Nurse Doe, on advice of counsel, refused to negotiate a settlement. The case was sent to an Administrative Law Judge (ALJ) who provided the findings of fact and recommendation for discipline to the State Board of Nursing.

The standard of proof in the jurisdiction is preponderance of the evidence, the burden of proof upon the State Board.

Table III. Elements for Appropriate Remedies

LACK OF KNOWLEDGE, SKILLS AND ABILITIES	POOR JUDGMENT	INTENTIONAL ACTS
■ education ■ preclude from practice, or aspect of practice until can demonstrate renewed KSAs ■ supervision ■ monitoring ■ mentoring ■ consultation ■ formal evaluations ■ fines	■ education (may be more focused on critical thinking, decision making, etc.) ■ assertiveness training ■ stress management ■ time management ■ formal evaluation ■ work setting (limit role, shift, setting, workload) ■ supervision ■ monitoring ■ consultation ■ mentoring ■ fines	■ fines ■ restitution ■ monitoring ■ supervision ■ punitive ■ education (may be focused on ethics, legal issues)

The ALJ's Findings of Fact include:

- Nurse Red, the unit Nurse Manager, testified that Nurse Doe's last job performance review was poor, with problems identified in documentation, a pattern of medication errors and poor decisions regarding patient care. Previous evaluations had been competent.

- Patient A's medical record indicated that the patient suffered kidney failure as the result of the overdose.

- Patient B's medical record indicated that the patient reported sleeping soundly the night in question.

- Patient C's medical record indicated that she was a brittle diabetic who experienced insulin shock the morning of January 12, and was revived with $D_{50}W$.

- Nurse White, the night nurse on January 5, testified that Patient B informed him that he had already received a sleeping medication from his evening nurse, "Jane", after he swallowed the sleeper Nurse White had obtained a one-time order for, and that the narcotic count was off by one sleeper (that type) for the night shift.

- An affidavit from Dr. Blue, the resident on call the night of January 2, indicated that he was not contacted regarding the antibiotic ordered by Patient A's attending physician. (Patient A's attending declined to speak to the Board's investigator.)

- An affidavit from Dr. Fuchsia, the resident on call the night of January 5, indicated that she ordered a one time sleeping medication for Patient B when requested by Nurse White. Dr. Fuchsia was not contacted, received no request and did not order any medication for Nurse Doe.

- An affidavit from Dr. Lilac indicated that he responded to Nurse Doe's page when Patient C became unconscious on the morning of January 12, and treated Patient C with $D_{50}W$ with good response.

- Nurse Doe denied administering the sleeping medication to Patient B, denied knowledge of why the narcotic count for night shift was off, saying "that was not my shift." She testified that the hospital was terribly understaffed, that she had worked seven days in a row prior to the insulin error. She admitted the insulin error, said that the syringes were not in the proper place, that she recognized that Patient C was in distress and obtained medical intervention. She dislikes calling doctors late in the evening because they tend to yell and tell her not to bother them with calls. She said that she is not the only one who makes mistakes, that others do the same yet never get reported. She stated that she feels she is a good nurse and had never been in trouble before. She admitted to family problems (going through a divorce) in the last few months.

The Board deliberated and determined that discipline was warranted. They found that the facts supported a finding of incompetent practice, that the risk to patients from the errors was high, that two of the three incidents resulted in serious patient outcomes, that there was a pattern of behavior identified, found no mitigating factors and no remedial steps already taken.

In determining what discipline was warranted, the Board considered the following elements that needed to be addressed by the remedy:

- multiple medication errors;
- poor nursing judgment;
- need for more assertiveness in dealing with physicians;
- documentation errors; and
- personal problems which have affected work.

The Board determined that the causes of the case were related to a lack of knowledge, skills and abilities, and poor judgment. The Board did not identify intentional behavior as a cause in this case.

The Board's Order in this case was to limit Ms. Doe's practice until she had completed certain requirements. The limitations were no medication administration (until she had completed a medications course and a demonstration of

medication administration) and working only under the supervision, same shift, same floor, of another Registered Nurse (supervision to continue for 2,000 hours of nursing employment). Additional required education included classes to develop critical thinking and decision-making skills and assertiveness in communication. The Board's remedy also included stress management (the option of either taking a course or working with a counselor) and monitoring of Ms. Doe's employment through quarterly reports from her supervisor and herself. Ms. Doe was given a year to complete the educational requirements, and was required to appear before the Board at the time she petitions for reinstatement.

Variations on the Hypothetical

The Disciplinary Process Flow Sheet can also be used to demonstrate how variations in the fact pattern could result in different outcomes.

Variation One: Initial inquiries reveal that Jane Doe is not a nurse but a nursing assistant who has qualified as a medication aide. In a state where the Board of Nursing oversees the Nurse Aide Registry, and if the situation involved a nursing home environment, the Board may initiate disciplinary proceedings affecting Ms. Doe's Nurse Aide Registry listing. If the facts were that Jane Doe was a social worker who liked to help the nurses out, the Board of Nursing would not have jurisdiction over Ms. Doe. The Board might refer the complaint to the Social Workers Board. Another possibility might be to request the county attorney to charge Ms. Doe with practicing nursing without a license. Regardless of where the complaint regarding Ms. Doe is referred, the Board of Nursing should consider investigation of the licensed nurses working on the unit with Ms. Doe, to determine whether there was inappropriate delegation and a lack of supervision.

Variation Two: The investigator reports that Ms. Doe was interviewed and stated that she heard voices which told her how to administer her patients' medications. The investigator described Ms. Doe's behavior during the interview as fidgety and restless, and said that she had alternated between laughing loudly and weeping. Upon inquiry of the National Council Disciplinary Data Bank, the investigator found that Ms. Doe has previous disciplinary action related to medication errors and mental unfitness for practice. Presented with this type of information, a Board would need to consider the need for emergency action because Ms. Doe may pose a grave risk of harm to clients.

Variation Three: In this variation of the fact pattern, Ms. Doe is willing to negotiate with the Board through informal procedures. An agreement with Ms. Doe's attorney is negotiated. The proposed remedy is for a reprimand and fine. Upon review of the proposed order by the Board, a member questions why someone who admits to clear violations of the grounds for discipline would be given only a reprimand and fine. On the basis of the lack of congruence between the facts admitted and the proposed remedy, the Board's attorney is directed to offer Ms. Doe a stricter remedy which requires education and supervision.

Variation Four: Two of the medication errors involved very new and unfamiliar drugs. In addition, the insulin error was not subcutaneous injection, but rather, the result of a new type of IV pump that was improperly set up for the patient, resulting in over medication. This is the type of case where both a literature review and an expert consultant may be of great assistance to the Board. The literature review can assist the Board staff and attorney to understand the technology involved and to determine if a consultant is needed. The literature review can also serve to help the Board in evaluating the testimony of the expert.

Variation Five: The fact pattern changes again, and Ms. Doe now has only made one serious insulin error. She caught the error herself, immediately after the injection. She sought medical intervention for the patient. The shift during which the incident occurred had been short-staffed and extremely busy. Ms. Doe was late passing her7:30 a.m. medications because of a code situation with another patient. In this scenario, Ms. Doe had excellent performance reviews. In such circumstances, the Board might consider dismissing the case with an advisement.

Variation Six: A fact pattern with a most challenging set of circumstances - split testimony regarding the alleged incidents by witnesses, and both incriminating and exculpatory documentation. The Board must evaluate the testimony and evidence, judging credibility of the witnesses and carefully weighing the evidence.

Conclusion

The Disciplinary Flow Sheet and Criteria provide a framework for disciplinary case analysis. In this report, a hypothetical case involving a series of medication errors was analyzed by using this framework, and variations were used to illustrate how the analysis would be affected by different fact patterns.

This report deals with a hypothetical case. The Focus Group was concerned that this analysis might not be specific enough to be useful. An actual case would provide specificity and some of the criteria could be elaborated and refined.

The Focus Group encourages Member Boards to use the framework to analyze actual cases. The cost involved for a National Council committee to meet for developing and applying the framework is provided as Attachment B. Member Boards could use the model at the local level at regular Board meetings, so other than Board time, there would be no additional costs. More complex technical cases which require a literature review and an expert consultant would incur additional costs in those areas.

Attachment B

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Disciplinary Case Analysis Focus Group

I. REVENUE:

Description: _____

_____

$
==========

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members 4
X No. of meetings 1 $ 3,500.00

Per Diem $225 X No. of members 4
X No. of days 1 $ 900.00

Telephone Conference Call $400
X No. of Conferences 1 $ 400.00

2. Staff Travel:

Purpose: _____

_____

Airfare $875 X No. of staff _____
X No. of trips _____ $ 0

Per Diem $225 X No. of staff _____
X No. of days _____ $ 0

3. Other Travel:

Purpose: _____

_____

Airfare $875 X No. of persons _____
X No. of trips _____ $ 0

Per diem $225 X No. of members _____
X No. of days _____ $ 0

4. Mailings:

Purpose: meeting materials

Cost per letter $.32 X No. of mailings 2

X No. of pieces mailed 4 $ 2.56

Cost per 9X12 envelope $2.50 X No. of mailings 2 X No. of pieces mailed 4 $ 20.10

Overnight mail $9.75 X No. of mailings 1

X No. of pieces mailed 4 $ 39.00

5. Copying and Printing:

Purpose: mailings, work materials

Per copy cost $.05 X No. of reports 6

X No. of pages 50 $ 15.00

Outside Printing - Describe:

$ 0

6. Consultation:

a. Legal - Purpose: _____

Cost per hour $200 X No. of of hours 2 $ 400.00

b. Other - Purpose: _____

Cost per hour _____ X No. of hours _____ $ 0

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $ 0

8. Other Costs:

Type and Purpose _____

_____

_____ $ 0

Type and Purpose _____

_____

_____ $ 0

Type and Purpose _____

_____

_____ $ 0

TOTAL OUT-OF-POCKET EXPENSES $ 5,276.66

9. Time Required of Existing Professional and Support Staff

Purpose: staff committee, prepare materials research final report

_____ $ 2,260.00

TOTAL EXPENSES - FY 1995 $ 7,536.66

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ 0	$ NONE	$ NONE
Out-of-Pocket Exp.	$ 5,276.66	$ NONE	$ NONE
Existing Staff Time Exp.	$ 2,260.00	$ NONE	$ NONE
Net (Revenue)/Exp.	$ 7,536.66	$ NONE	$ NONE

IV. **Projected Beginning Date:** September 1, 1994

Projected Completion Date: May 1, 1995

V. **Submitted By:** _____

Revised: 5/24/94

Attachment C

Fiscal Impact Statement

Attorney Bulletin Board

The fiscal impact to include the Artorney Bulletin Board as a separate conference area within NCNET would include those costs related to the development of the bulletin board program and any on-line costs. The cost of setting up the Bulletin Board will be budgeted within the Information Master Plan. Once the Bulletin Board is in place, the cost of adding a user is minimal. The additional user costs $5.00 and user time is charged at $6-8 per hour.

For your information:

The following costs reflect the expenses a state would incur to provide the sofware and phone access (or whatever required) so that the Board of Nursing attorney could access the Bulletin Board directly from his/her own office.

Communications Software package at $150 each for 62 Boards of Nursing $9,300

Modem at $350 each for 62 Boards of Nursing $21,700

User fees would remain at $6-8 per hour

Storage fees per year $1,000

If account management is needed: 1-1/2 time FET technical personnel at the National Council.

Report of the Task Force to Develop Educational Programs for Disciplinary Investigators

Committee Members

Florence Stillman, MO, Area II, *Chair*
Patricia Molloy, RI, Area IV
Teresa Mullin, VA, Area III
Diane Wickham, MT, Area I
Margaret Howard, NJ, Area IV, *Communications Committee Liaison*

Relationship to Organization Plan

Goal II..... Provide information, analysis and standards regarding the regulation of nursing practice.
Objective D ..... Provide for Member Board needs related to disciplinary activities.

Recommendation(s) to the Board of Directors

1. Approve collaboration with CLEAR, conditional upon reaching satisfactory agreement, to develop an educational program for nursing investigators, as an "add-on" component to the NCIT program and development of a resource book.

   Rationale

   At the direction of the 1992 Delegate Assembly, the Communications Committee conducted a feasibility study for an educational program for nursing disciplinary investigators. The Communications Committee surveyed Member Boards' needs and interest, and explored the availability and applicability of existing training programs. The 1993 Delegate Assembly adopted the Communications Committee recommendation that the Board of Directors determine the methodology to implement educational programs for discipline investigators that best meets the needs of the membership within the National Council's Organization Plan. The task force was appointed to develop methodology to recommend to the Board of Directors. The task force identified and reviewed the CLEAR NCIT program and two other investigator training programs. Only the CLEAR program was geared toward regulatory investigations, the others were police focused. CLEAR had recently revised the curriculum for the NCIT program and has had experience administering the course throughout the country for several years. Many respondents to the Communications Committee 1993 survey identified the CLEAR program and expressed interest in the National Council and CLEAR collaborating.

2. The task force recommends that a certification of completion, which would be awarded to all participants completing the program, and would be suitable for framing and listing on the participant's resume, be presented to participants of the add-on program. In addition, continuing education units (CEU) applicable to nursing re-licensure be awarded for at least the add-on program.

   Rationale

   The task force was cognizant that the professional background of nursing investigators varies greatly. The task force members believed that continuing education would provide a positive incentive for nurses enrolled, and that the certificate would appeal to all participants. Course materials that can be taken back to the work setting and used as resources will expand the usefulness of the program.

Highlights of Activities

The task force planned its goals, objectives and a timeframe for developing the investigators training. The Task Force reviewed the surveys conducted by the Communications Committee regarding the need for investigator training, reaction to the CLEAR training, and the recommendations the Communications Committee had presented to the 1993 Delegate Assembly. The task force also reviewed other investigator training courses and resources, and recommended to the Board of Directors that the National Council collaborate with CLEAR to develop an add-on program to the CLEAR NCIT course.

The task force chair participated in the negotiations with CLEAR representatives regarding the terms of agreement between the National Council and CLEAR for development and implementation of a pilot add-on course.

Three of the task force members and staff participated in two NCIT programs and evaluated the course for applicability to nursing cases and developed recommendations for content of the add-on course.

The task force encouraged nurses to consider auditioning to serve as instructors, both for the add-on program and the NCIT course.

The task force met with CLEAR representatives to develop the program curriculum and materials, and plan for the pilot of the add-on program September 29-30, 1994, in Boston. Eight hours of instruction specific to the investigation of health care practitioners will be presented, with particular emphasis on investigation resources, planning and working through case examples. A joint National Council-CLEAR workgroup is planning the"add-on" program.

Meeting Dates

- November 8-9, 1993
- December 8-9, 1993
- March 14, 1994, *telephone conference*
- May 12-13, 1994

Future Activities

The add-on program will be piloted as part of the Annual CLEAR Conference in Boston, Massachusetts.

Recommendation(s) to the Board of Directors

1. Approve collaboration with CLEAR, conditional upon reaching satisfactory agreement, to develop an educational program for nursing investigators, as an "add-on" component to the NCIT program and development of a resource book.

2. The task force recommends that a certification of completion, which would be awarded to all participants completing the program, and would be suitable for framing and listing on the participant's resume, be presented to participants of the add-on program. In addition, continuing education units (CEU) applicable to nursing re-licensure be awarded for at least the add-on program.

Staff

Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

Attachments

A ..... Fiscal Impact Statement, *page 39*

Attachment A

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Discipline Investigators Training Advisory Group

I. REVENUE:

Description: Income from portion of program fee.

$ 1,000.00

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members 4
X No. of meetings 1 $ 3,500.00

Per Diem $225 X No. of members 4
X No. of days 2 $ 1,800.00

Telephone Conference Call $400
X No. of Conferences 2 $ 800.00

2. Staff Travel:

Purpose: Meeting with CLEAR reps.

Airfare $875 X No. of staff 1
X No. of trips 1 $ 875.00

Per Diem $225 X No. of staff 1
X No. of days 1 $ 225.00

3. Other Travel:

Purpose: Representatives to attend NCIT, chair to meet with CLEAR reps, chair to Delegate Assembly.

Airfare $875 X No. of persons 1
X No. of trips 4 $ 3,500.00

Per diem $225 X No. of members 1
X No. of days 15 $ 3,375.00

4. Mailings:

Purpose: Survey NCIT attendees and Board Executive Directors, materials for committee .32 X 1 X 200 (surveys) $ 64.00

Cost per letter $.32 X No. of mailings 4

X No. of pieces mailed 4 $ 5.12

Cost per 9X12 envelope $2.50 X No. of mailings 4 X No. of pieces mailed 5 $ 50.00

Overnight mail $9.75 X No. of mailings 1

X No. of pieces mailed 4 $ 39.00

5. Copying and Printing:

Purpose: Surveys, committee materials

Per copy cost $.05 X No. of reports 200

X No. of pages 10 $ 100.00

Outside Printing - Describe:

$ 0

6. Consultation:

a. Legal - Purpose: Review of materials, evaluations, contract

Cost per hour $200 X No. of of hours 10 $ 2,000.00

b. Other - Purpose:

Cost per hour _____ X No. of hours _____ $ 0

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $_____

8. Other Costs:

Type and Purpose (Printing of Resource Book - see publications) _____

_____ $_____

Type and Purpose _____

_____

_____ $_____

Type and Purpose _____

_____

_____ $_____

TOTAL OUT-OF-POCKET EXPENSES $16,333.12

9. Time Required of Existing Professional and Support Staff

Purpose: Staff committee prepare materials, compile evaluations, coordinate with CLEAR

15 hours support staff _____

100 hours professional _____ $ 3,725.00

TOTAL EXPENSES - FY 1995 $20,058.12

III. SUMMARY

	FY95	FY96	FY97
Revenue	$(1,000)	$(1,040)	$(1,080)
Out-of-Pocket Exp.	$16,333	$17,000	$17,700
Existing Staff Time Exp.	$ 3,725	$ 3,900	$ 4,060
Net (Revenue)/Exp.	$19,058	$19,860	$20,680

IV. Projected Beginning Date: Continuing project from September 1993.

Projected Completion Date: May 1, 1995

V. Submitted By: _____

Revised: 5/24/94

Report of the Task Force to Develop Educational Programs for Nursing Education Program Surveyors

Committee Members

Ruth Ann Terry, CA-RN, Area I, *Chair*
Theresa Bonnano, MA, Area IV
Eileen Gloor, IA, Area II
Julia Gould, GA-RN, Area III
Barbara Hayman, MS, Area III, *Communications Committee Liaison*

Relationship to the Organization Plan

Goal III ..... Provide information, analyses and standards regarding the regulation of nursing education.
Objective C..... Provide for Member Board needs related to the approval process of nursing education programs.

Recommendation to the Board of Directors

1. That the Board of Directors authorize the task force to Develop Educational Programs for Nursing Education Program Surveyors continue for an additional year to monitor the implementation of the program.

Rationale

The Learning Modules for Education Program Surveyors is targeted for a Fall distribution to Member Boards. The task force would like to be able to either meet or have a conference call to review the evaluations of the surveyors that have used the program and make any necessary revisions.

Highlights of Activities

- ***Development of Learning Modules***

A tactic under Goal III, Objective C, states *"establish educational program for Member Boards for nursing education program surveyors."* The Task Force to Develop Educational Programs for Nursing Education Program Surveyors developed an educational program to assist beginning-level or novice nursing education program surveyors. The program was designed to be flexible and have broad application so that it could be used in any jurisdiction and could serve multiple purposes, such as part of board member orientation.

Six modules were developed which include didactic content, learning activities and resources. The modules are: The Regulatory Process; Novice to Expert; Preparation and Planning for the Site Visit; Review and Critique of Documents; The Site Visit; Report Writing and Follow-up.

- ***Meeting with National League for Nursing***

The task force met with Barbara Carty, EdD, RN, Director, Center for Career Advancement, and Director, Council Affairs, Council on Nursing Informatics, of the National League for Nursing (NLN). Dr. Carty came to the National Council to demonstrate the software that the NLN is developing for program self-study reports. A nursing education program that purchases the software will be able to prepare and submit the NLN self-study report electronically. The NLN is developing a program to aggregate the data collected for research purposes and for preparing reports concerning nursing education.

The task force met with Dr. Carty to learn about the data collection methodology that the NLN was developing and to explore possible uses for this data by the National Council and Member Boards. The data collected includes information on faculty qualifications, student population demographics, course descriptions, and interrelationships of different components of the curriculum. The task force was interested in how Member Boards could use this same information as part of the nursing education program approval process.

Meeting Dates

- October 28-30, 1993
- January 7-9, 1994
- February 26-28, 1994
- May 1-3, 1994

Future Considerations for the National Council

■ ***Program Surveyor Enrichment Programs***

The National Council should consider sponsoring educational sessions for nursing education program surveyors as enrichment for the experienced program surveyor.

Recommendation to the Board of Directors

1. That the Board of Directors authorize the task force to Develop Educational Programs for Nursing Education Program Surveyors continue for an additional year to monitor the implementation of the program.

Staff

Linda F. Heffernan, *Nursing Practice and Education Associate*

Attachments

A ..... Fiscal Impact Statement, *page 45*

Attachment A

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: EDUCATION PROGRAM SURVEYORS TASK FORCE

I. REVENUE:

Description: None

$

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members 4
X No. of meetings 1 $ 3,500.00

Per Diem $225 X No. of members 4
X No. of days 2 $ 1,800.00

Telephone Conference Call $400
X No. of Conferences 2 $ 800.00

2. Staff Travel:

Purpose: _____

Airfare $875 X No. of staff _____
X No. of trips _____ $ _____

Per Diem $225 X No. of staff _____
X No. of days _____ $ _____

3. Other Travel:

Purpose: _____

Airfare $875 X No. of persons _____
X No. of trips _____ $ _____

Per diem $225 X No. of members _____
X No. of days _____ $ _____

4. Mailings:

Purpose: Surveys, mailings to committee

Reports to Member Boards

Cost per letter $.32 X No. of mailings 2

X No. of pieces mailed 70 $ 44.80

Cost per 9X12 envelope $2.50 X No. of mailings 2 X No. of pieces mailed 4 $ 20.00

Overnight mail $9.75 X No. of mailings 1

X No. of pieces mailed 4 $ 39.00

5. Copying and Printing:

Purpose: Surveys, mailings, reports

Per copy cost $.05 X No. of reports 70

X No. of pages 10 $ 35.00

Outside Printing - Describe:

$

6. Consultation:

a. Legal - Purpose: Review report

Cost per hour $200 X No. of of hours 1 $ 200.00

b. Other - Purpose:

Cost per hour _____ X No. of hours _____ $

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $ _____

8. Other Costs:

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

TOTAL OUT-OF-POCKET EXPENSES $ 6,438.80

9. Time Required of Existing Professional and Support Staff

Purpose: Planning and preparing surveys, collection and analysis of data, meeting time - 30 hours $ 1,050.00

TOTAL EXPENSES - FY 1995 $ 7,488.80

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ N/A	$ N/A	$ N/A
Out-of-Pocket Exp.	$ 6,438.80	$ N/A	$ N/A
Existing Staff Time Exp.	$ 1,050.00	$ N/A	$ N/A
Net (Revenue)/Exp.	$ 7,488.80	$ N/A	$ N/A

IV. Projected Beginning Date: February, 1995

Projected Completion Date: June, 1995

V. Submitted By: Education Program Surveyors Task Force

Revised: 5/24/94

Report of the Board of Directors

Board Members

Rosa Lee Weinert, OH, Area II, *President*
Gail McGuill, AK, Area I, *Vice-President* (until February 1994)
Cindy Vanwingerden, VI, Area IV, *Secretary*
Charlene Kelly, NE, Area II, *Treasurer*
Fran Roberts, AZ, *Area I Director*
Tom Neumann, WI, *Area II Director*
Nancy Durrett, VA, *Area III Director*
Sr. Teresa Harris, NJ, *Area IV Director*
Judi Crume, AL, *Director-at-Large*

Under the National Council's Organization Plan, the Board of Directors is responsible for communicating a clear and progressive vision for the organization, and for maintaining an effective intraorganizational structure. The recommendations and activities which follow stem from the Board's execution of those responsibilities during FY94. A supplemental Report of the Board of Directors will be disseminated in late June 1994, to share information resulting from the Board meeting scheduled for June 6-8, 1994.

Recommendation(s)

That the Delegate Assembly:

1. Select one of the three mechanisms described by the Foreign Educated Nurse Credentialing Committee (report in Attachment A) for the monitoring of organizations endorsed by the National Council for performing credentials evaluation of foreign educated nurses.

   #### *Rationale*

   The report of the Foreign Educated Nurse Credentialing Committee (FENCC) (Attachment A) describes the history of the identification of organizations qualified to perform credentials review according to the standards set by the FENCC. In December 1993, the Board of Directors acted, according to the directive of the Delegate Assembly, to endorse all agencies meeting the standards established by the committee. The four agencies receiving endorsement were:

   - Educational Credentials Evaluators, Inc.
   - Commission on Graduates of Foreign Nursing Schools
   - Foundation for International Services, Inc.
   - International Consultants of Delaware, Inc.

   No monitoring of the agencies' maintenance of the National Council's standards has occurred throughout the year, although there has been occasional informal contact between agencies' staffs and National Council staff. It is the 1994 Delegate Assembly's decision whether or not to institute a quality assurance (monitoring) process, and if so, whether or not to charge a fee to the agencies endorsed in order to recoup the costs of providing the quality assurance component. The fiscal impact of each of the three options is included in Attachment A.

2. Authorize the establishment of a special services division of the National Council through adoption of an Article of the National Council bylaws (Attachment B).

   #### *Rationale*

   The materials in Attachment C describe the concept of developing revenue to support services to Member Boards through sale of related services and products primarily to purchasers other than Member Boards. The Delegate Assembly is requested to approve a bylaws amendment (see Attachment B) which creates a division within the National Council that is authorized to engage in such activities, under parameters specified in the bylaws amendment, and within policies and funding as set by the Board of Directors. The materials in Attachment C specify the policies that the Board proposes to set, should the bylaws amendment be authorized by the delegates.

Major Accomplishments of the Board of Directors in FY94

Goal I. Licensure and Credentialing

- Applied the computerized adaptive testing (CAT) readiness criteria, determined that they were met, and authorized proceeding with CAT implementation as of April 1, 1994.

- Upon recommendation of the testing-related committees, adopted such policies as were required to assure maintenance of the highest quality standards for examinations delivered by CAT.

- Evaluated Educational Testing Service's (ETS) performance under the first year of the contract with the National Council.

- Set and communicated a new passing standard for the NCLEX-PN™, based upon the recommendation of the Panel of Judges and other data.

- Authorized ETS to develop a subscription service offering summary reports to educational programs.

- Renegotiated the agreement with the National Board of Medical Examiners allowing greater flexibility at less expense for the National Council's future use of computerized clinical simulation testing within nursing.

- Monitored the impact of the North American Free Trade Agreement (NAFTA) on nurse licensure, and provided information to Member Boards.

Goal II. Nursing Practice

- Established a clearinghouse of information regarding advanced nursing practice certification for access by Member Boards.

- Monitored the proposals for health care reform, overseeing strategies to support Member Boards as they prepare to respond and participating in policy discussions at the national level.

- Co-sponsored two national summits on health care reform: National Summit on the Nurse of the Future (American Nurses' Association) and National Consumer Summit (American Organization of Nurse Executives).

- Identified and directed the provision of information to Member Boards on national policy issues having impact on nursing regulation, such as the Americans with Disabilities Act (ADA).

- Appointed task forces to provide services and studies related to the regulation of nursing practice as requested by the 1993 Delegate Assembly: educational programming for nursing disciplinary investigators, literature reviews on disciplinary topics, a discipline case analysis example, and a pilot project to develop collaborative prevention strategies.

- Approved staff submission of a grant proposal for a study of the terminology for disciplinary grounds and sanctions, and the linkages between the two as used by boards of nursing; for which funding was received from the Health Resources and Services Administration for $24,990.

Goal III. Nursing Education

- Appointed a task force to develop educational programming for education program surveyors.

- Monitored the impact of health care reform proposals on nursing education, in terms of standards, quality measures, necessary changes in preparation, etc.

Goal IV. Information

- Gave general guidance to staff in implementation of an Information Master Plan to develop the National Council's overall capability to be an information resource on the regulation of nursing to Member Boards and others.

- Authorized a change in format for the *State Nursing Legislation Quarterly* to provide more timely and cost-effective reporting services to Member Boards.

- Approved the publication of four editions of *Emerging Issues* on topics of significance to nursing regulation.

- Continued collaboration with other organizations concerned with the regulation or credentialing of advanced practice nurses, including hosting the third annual Leadership Roundtable for certifying bodies.

- Represented the National Council at over 18 meetings of organizations with related areas of concern.

Goal V. Organization

- Focused on the National Council's Organization Plan (mission, goals and objectives) as guidance for governing the organization throughout the year, maintaining the accountability of all committees, task forces, focus groups, and staff for performance of tactics as assigned by the Board.

- Appointed 113 individuals representing 54 boards of nursing to 21 committees and groups to accomplish 40 tactics.

- Assessed the organization's performance in terms of outcomes, processes, structure, and future needs with the assistance of the Long Range Planning Committee.

- Approved and monitored the implementation of the annual budget.

- Developed the concept for revenue generation activities.

Recommendation(s)

That the Delegate Assembly:

1. Select one of the three mechanisms described by the Foreign Educated Nurse Credentialing Committee (report in Attachment A) for the monitoring of organizations endorsed by the National Council for performing credentials evaluation of foreign educated nurses.

2. Authorize the establishment of a special services division of the National Council through adoption of an Article of the National Council bylaws (Attachment B).

Meeting Dates

- August 8, 1993
- September 1, 1993, *telephone conference*
- October 5-6, 1993
- December 1-3, 1993
- January 24, 1994, *telephone conference*
- March 7-9, 1994
- May 2, 1994, *telephone conference*
- June 6-8, 1994
- August 2-3, 1994

Attachments

Attachment A

Report of the Foreign Educated Nurse Credentialing Committee

Committee Members

Frazine Jasper, NV, Area I, *Chair*
Carmen Enz, OH, Area II
Mary Kinson, NH, Area IV
Patricia Swann, GA-PN, Area III

Relationship to the Organization Plan

Goal I ..... Provide Member Boards with examinations and standards for licensure and credentialing.
Objective F ..... Promote consistency in the licensure and credentialing process.

Recommendation(s) to the Board of Directors

1. That the Board of Directors present three options from which the Delegate Assembly may select a quality assurance component for inclusion in the endorsement of foreign educated nurse credentialing agencies.

   Option 1: That the National Council provide Member Boards with a list of foreign educated nurse credentialing agencies evaluated by the National Council based on the selection criteria established by the National Council.

   Option 2: That the National Council endorse foreign educated nurse credentialing agencies that meet the criteria adopted by the National Council, conduct an annual quality assessment of the credentialing services, and provide an annual evaluation to Member Boards and the agencies. The cost of this program will be subsidized by the other National Council revenue sources.

   Option 3: That the National Council endorse foreign educated nurse credentialing agencies that meet the criteria adopted by the National Council, conduct an annual quality assessment of the credentialing services, and provide an annual evaluation to Member Boards and the agencies. The cost of this program will be subsidized by fees, set by the Board of Directors, charged to the credentialing agencies.

Background

At the 1993 Delegate Assembly, the Board of Directors presented the National Council's endorsement of foreign educated nurse credentialing agencies. The Board endorsed two agencies based on the evaluation of agencies completed by the Foreign Educated Nurse Credentialing Committee (FENCC). The National Council would provide a liaison staff person to facilitate communication between Member Boards and the credentialing agencies, provide information to agencies about licensing requirements and problem-solve should issues arise. The National Council would evaluate the quality of services delivered to Member Boards. The National Council would receive a "pass through" fee from the applicants to pay for this service.

The Delegate Assembly adopted a resolution that the Board of Directors, on behalf of the National Council, endorse all credentialing agencies deemed acceptable according to criteria established by the Foreign Educated Nurse Credentialing Committee. The endorsement shall not have a monitoring component nor a fee associated with it. The Board of Directors is to bring a recommendation to the 1994 Delegate Assembly regarding the inclusion of an ongoing quality assurance component to the concept of endorsement.

FENCC was reconvened on September 30-October 1, 1993, to reexamine the criteria for selection of credentialing agencies, review the standards for the evaluation of agencies, and to make a recommendation to the Board of Directors regarding the inclusion of a quality assurance component to the concept of endorsement. The criteria for selection were further refined and those deemed essential criteria identified during a conference call on October 18, 1993.

Rationale

The FENCC developed several operational definitions which guided their discussions and recommendations:

ENDORSE: to express approval of, publicly and definitely (Webster's Collegiate Dictionary). The concept of endorsing involves some form of quality assessment.

ENDORSEMENT: a process by which the National Council looks into the capabilities of an agency and, having determined that the agency's capabilities offer both the type and quality of services needed by Member Boards, communicates that finding to Member Boards. (See Q & A Sheet distributed at 1993 Delegate Assembly.)

QUALITY ASSURANCE: a mechanism for the periodic evaluation of the credentialing agency's services to Member Boards.

LIAISON RELATIONSHIP: the relationship between an identified person at an agency, a Member Board and the National Council for the purpose of establishing and maintaining mutual understanding.

LIAISON TEAM: a liaison team will be composed of several members, initially FENCC members, willing to serve. The purpose of the liaison team is to evaluate the quality assurance process, problem-solve and make recommendations as needed. The convening of the liaison team will be based on the recommendation of the National Council liaison person. (See Options 2 and 3 below.)

Using these concepts as a guide, the FENCC developed the following options.

OPTION 1:

Provide Member Boards with a list of foreign educated nurse credentialing agencies evaluated by the National Council based on the selection criteria established by the National Council. There is no further National Council involvement beyond providing the Member Boards with the list of agencies and the selection criteria. Since there is no ongoing quality assurance component under this option, the provision of the list is a statement that at the time an agency is added to the list, the agency met the established criteria.

PROS: There will be no cost to the National Council. Member Boards will bear the responsibility for determining if the quality of services is being maintained.

CONS: There is no quality assurance. The validity of the National Council's endorsement will decline over time. Furthermore, there is no person outside the credentialing agency to contact for assistance with problem-solving.

Option 1 was developed to reflect the resolution of the 1993 Delegate Assembly that neither a monitoring component nor a fee be associated with endorsement.

OPTION 2:

The National Council endorses foreign educated nurse credentialing agencies that meet the criteria established by the National Council. The National Council will provide Member Boards with a list of endorsed agencies and the criteria used for selection. The National Council will provide a liaison staff person who will conduct an annual assessment of the quality of the services. Both Member Boards and the credentialing agencies will participate in the assessment. Based on the results of the assessment, the liaison staff person may call upon a Liaison Team if there are continuing unresolved issues between the agencies and the boards. A yearly report will be given to Member Boards and the Delegate Assembly. The National Council foreign educated nurse credentialing agency endorsement program will operate for three years. At the end of three years, the Board of Directors will make a determination if the provision of this information is a useful and cost-effective service.

Budget funds for the cost of quality assessment for each of the three years of endorsement operations would include: an assessment survey sent to Member Boards, one one-day meeting of the Liaison Team, two conference calls, and National Council liaison staff time.

PROS: There will be regular and systematic evaluation of the quality of the credentialing services to Member Boards. National Council will assist Member Boards in determining if the quality of the credentialing services is being maintained. The three-year time frame allows sufficient time for start-up of the services and to solve any problems before the endorsement of credentialing services becomes a permanent service offered by the National Council. There are no fees to the Member Boards or the foreign educated nurse applicants.

CONS: The cost of the quality assurance services operations will be subsidized by other National Council revenue sources, such as candidate fees. National Council endorsement could end in three years.

OPTION 3:

National Council endorses foreign educated nurse credentialing services that meet the criteria established by the National Council. The National Council will provide Member Boards with a list of endorsed agencies and the criteria used for selection. The National Council will provide a liaison staff person who will conduct an annual assessment of the quality of the services. Both Member Boards and the credentialing agencies will participate in the assessment. Based on the results of the assessment, the liaison staff person may call upon a Liaison Team if there are continuing unresolved issues between the agencies and the boards. A yearly report will be given to Member Boards and the Delegate Assembly. The National Council will collect a fee from each credentialing agency based upon the number of foreign educated nurses whose credentials have been evaluated by the agency. The fees collected could be structured in a variety of ways: flat fee, percentage based on prior year, etc. The National Council's foreign educated nurse credentialing agency endorsement program will operate for three years. At the end of three years, the Board of Directors will make a determination if the provision of this information is a useful and cost effective service.

Budget funds for the cost of quality assessment for each of the three years of endorsement operations would include: an assessment survey sent to Member Boards, one one-day meeting of the Liaison Team, two conference calls, and National Council liaison staff time.

PROS: There will be regular and systematic evaluation of the quality of the credentialing services to Member Boards. The National Council will assist Member Boards in determining if the quality of the credentialing services is being maintained. Fees can support the service offered by the National Council.

CONS: Fees assessed to the agency may ultimately be charged to the candidate.

The FENCC thinks that it is important for the Delegate Assembly to have all three options for its consideration. It is the opinion of the committee that the Delegate Assembly should have the choice regarding the quality assessment component.

Highlights of Activities

- ***Formalization of the Criteria for Selection of a Foreign Nurse Credentialing Agency for endorsement by the National Council***

The committee reviewed the criteria used for the selection of the foreign educated nurse credentialing agencies for criticality. The criteria that were essential for endorsement were identified. The remaining criteria, while not essential, were deemed important information for Member Boards to know so that a distinction in quality can be made by Member Boards.

Based upon the criteria established by the committee, the Board of Directors endorsed four foreign educated nurse credentialing agencies:

- Commission on Graduates of Foreign Nursing Schools (CGFNS)
- Educational Credential Evaluators, Inc.
- Foundation for International Services, Inc.
- International Consultants of Delaware, Inc.

Meeting Dates

- September 30 - October 1, 1993
- October 18, 1993, *telephone conference*

Recommendation(s) to the Board of Directors

1. That the Board of Directors present three options from which the Delegate Assembly may select a quality assurance component for inclusion in the endorsement of foreign educated nurse credentialing agencies.

   Option 1: That the National Council provide Member Boards with a list of foreign educated nurse credentialing agencies evaluated by the National Council based on the selection criteria established by the National Council.

   Option 2: That the National Council endorse foreign educated nurse credentialing agencies that meet the criteria adopted by the National Council, conduct an annual quality assessment of the credentialing services, and provide an annual evaluation to Member Boards and the agencies. The cost of this program will be subsidized by the other National Council revenue sources.

   Option 3: That the National Council endorse foreign educated nurse credentialing agencies that meet the criteria adopted by the National Council, conduct an annual quality assessment of the credentialing services, and provide an annual evaluation to Member Boards and the agencies. The cost of this program will be subsidized by fees, set by the Board of Directors, charged to the credentialing agencies.

Staff

Linda F. Heffernan, *Nursing Practice and Education Associate*

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Foreign Educated Nurse Credentialing Agency Evaluation

I. REVENUE:

Description: If option #3 is selected, fees collected will generate revenue. Based on a conservative estimate of the number of foreign licensees and a fee of $1-2 per candidate, the fees could generate ~~$8-16,000.00~~ per year.

$ 8,000 - 16,000.00

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members 4
X No. of meetings 1 $ 3,500.00

Per Diem $225 X No. of members 4
X No. of days 1 $ 900.00

Telephone Conference Call $400
X No. of Conferences 2 $ 800.00

2. Staff Travel:

Purpose: _____

_____

Airfare $875 X No. of staff _____
X No. of trips _____ $ _____

Per Diem $225 X No. of staff _____
X No. of days _____ $ _____

3. Other Travel:

Purpose: _____

_____

Airfare $875 X No. of persons _____
X No. of trips _____ $ _____

Per diem $225 X No. of members _____
X No. of days _____ $ _____

4. Mailings:

Purpose: Member Board survey and agency survey

Cost per letter $.32 X No. of mailings 2

X No. of pieces mailed 70 $ 44.80

Cost per 9X12 envelope $2.50 X No. of mailings _____ X No. of pieces mailed _____ $ _____

Overnight mail $9.75 X No. of mailings ___

X No. of pieces mailed _____ $ _____

5. Copying and Printing:

Purpose: Surveys

Per copy cost $.05 X No. of reports 70

X No. of pages 8 $ 28.00

Outside Printing - Describe:

_____

_____ $ _____

6. Consultation:

a. Legal - Purpose: _____

Cost per hour $200 X No. of of hours 2 $ 400.00

b. Other - Purpose: _____

Cost per hour _____ X No. of hours _____ $ _____

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $ _____

8. Other Costs:

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

TOTAL OUT-OF-POCKET EXPENSES $ 5,672.80

9. Time Required of Existing Professional and Support Staff

Purpose: Meeting, liaison activities, preparation and analysis of surveys.

Ave: 2 hrs/week - 100 hrs/ year $ 3,300.00

TOTAL EXPENSES - FY 1995 $ 8,972.80

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ 8 - 16,000.00	$ 8 - 16,000.00	$ 8-- 16,000.00
Out-of-Pocket Exp.	$ 5,673.00	$ 5,900.00	$ 6,136.00
Existing Staff Time Exp.	$ 3,300.00	$ 3,430.00	$ 3,567.00
Net (Revenue)/Exp.	$ (7,027) - 973	$ (6,670) - 1,130	$ (6,297) - 1,703

IV. Projected Beginning Date: September 1994

Projected Completion Date: September 1997

V. Submitted By: FENCC

Revised: 5/24/94

Attachment B

(5/6/94)

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Proposed Addition to Bylaws

Proposed new article re "Special Services Division"

Article ___

Special Services Division

Section 1. Purpose. The Special Services Division of the National Council shall be the vehicle for conducting activities which are consistent with the purposes of the National Council and which relate to providing services or products primarily to parties other than Member Boards. This Article shall apply solely to activities within the jurisdiction of the Special Services Division.

Section 2. Scope of Activities. Activities within the jurisdiction of the Special Services Division shall include the development, promotion and distribution of services and products provided primarily to parties other than Member Boards but shall not include (a) the development of examinations and standards for the governmental authorization for nursing practice in Member Board jurisdictions or (b) the development of standards regarding the regulation of nursing practice and nursing education in Member Board jurisdictions. However, with the prior approval of the Board of Directors, the Special Services Division may develop, promote and distribute services or products which include such examinations and standards at the request of one or more Member Boards and/or certifying bodies other than examinations and standards for the initial entry-level licensure of nurses.

Section 3. Management Authority. The property and activities of the Special Services Division shall be managed by an Executive who shall be appointed by, and serve at the pleasure of, the Board of Directors and who may, but need not, be the same person who serves as the Executive Director of the National Council. The Executive shall be the chief executive officer of the Special Services Division and, subject to such operating policies and guidelines, including such financial policies and limitations, as may be adopted by the Board of Directors from time to time, shall have full authority to direct the activities of the division and to enter into contracts and make other commitments on behalf of the division, which shall be binding upon the National Council.

NOTICE

This proposed new article to the bylaws will be considered by the 1994 Delegate Assembly under the Report from the Board of Directors, following the report of the Bylaws Committee. If the comprehensive revision of the bylaws proposed by the Bylaws Committee is adopted, this article will be an amendment to the revised bylaws or, if the revision is not adopted, to the current bylaws.

Attachment C

Concept of Revenue Generation for the National Council

The information provided in this Attachment has been shared with Member Boards and discussed with attendees of the 1994 Area Meetings.

CONCEPT

The essence of the concept described in this document is a branch or division ***within the present National Council*** whose aim will be to ***develop services and products*** related to the National Council's core purposes, in order ***to provide financial support for Member Board services***. Interest expressed by nursing educators, nursing administrators, candidates, other professions' certification and licensure programs, and other regulatory agencies has indicated numerous opportunities for such services and products. Some ideas include: test construction seminars and materials (including computerized), candidate study materials, testing technologies for in-service and continuing education use, educational computer simulations, databases of laws and rules governing professional practices, etc.

The key to capitalizing on these opportunities is to have the capacity—an appropriate structure and the resources—to identify and develop them. The document that follows describes how the Board of Directors envisions this capacity being developed. The idea is to initiate this capacity with a specified, affordable amount of National Council funds and set forth a structure and set of guidelines which will firmly protect the National Council's and its Member Boards' primary interest and reputation. If the structure and guidelines do not encumber the process for pursuing opportunities, then the division may in time be able to develop a number of these opportunities in a successful manner. The revenue would enable it to provide resources to support worthwhile services to Member Boards that candidate fees and Member Board dues would be unable to develop and/or sustain. If the division proves unable to do this in a reasonable timeframe, it would be discontinued.

Ideas would come from ALL who are involved in the National Council who creatively see the possibilities: a potential connection between what we already do well and the need of another group. Hands-on idea implementers will be staff and expert consultants of the division, paid out of the division's funds. Initially, such staff would be very few, perhaps part-time, but if warranted by successes, could increase. These kinds of management decisions would be directed by the division's chief executive officer who remains accountable to National Council's Board of Directors.

The division would be an integral part of the National Council. While it needs to operate in different modes to allow maximum flexibility to capitalize on opportunities in a timely fashion, it always operates within boundaries set by the Delegate Assembly and Board of Directors. Its failures are limited by the limit on funds in the "seed" money as well as pre-determined evaluation points. Its successes translate into support for more services needed and desired by National Council members.

Over the months, the Board of Directors supplied all information as it was known so that Member Boards could have adequate time for careful consideration and input. Feedback was strongly encouraged. As they reviewed this information, Member Boards were asked to consider the following questions:

Question 1: Are we headed in the right direction philosophically?

Question 2: Do you support the measures proposed to date?

Question 3: Do you have any suggestions?

Question 4: Do you have any concerns?

Member Board input was considered and included in the Board's deliberations as this information was revised and re-worked for final presentation to the 1994 Delegate Assembly.

TABLE OF CONTENTS

DEFINITION OF TERMS

Dues:
The amount paid by each Member Board to the National Council for membership ($3,000 annually).

Fees:
An amount assessed for the purchase of a product or use of a service. Examples include money paid to attend the Annual Meeting, to take NCLEX, to subscribe to *State Nursing Legislation Quarterly.*

Fund Balance:
The retained earnings, over time, of the organization. This includes designated funds and undesignated funds.

Governing Entity:
A generic term for the decision-making authority in the revenue generation division. Three possible models are described for who might fill this role.

Products:
Tangible items resulting from a program, a project or a service; may be available for sale. Examples of products include video tapes, proceedings books, individual publications, etc.

Programs:
Ongoing activities of the National Council which provide services that directly advance the mission of the National Council. Programs encompass multiple services. For example, NCLEX is a program which encompasses test development, test service contract oversight, security isues, etc. Other program examples are the Disciplinary Data Bank (monthly reports, inquiry service, aggregate reports), NACEP (written test, performance evaluation, directory of registries, nurse aide conferences) and Communications (meetings, *Newsletter*, *Issues*, research reports, position statements, etc.).

Projects:
Within the program division of the organization, projects represent the development of services or products designed to meet a common need of Member Boards. Within the proposed revenue generation division, projects represent the development of services or products designed to capitalize on a revenue-generating opportunity brought forth, usually, by needs of other groups. Projects have specific timelines, objectives and milestones for development and achievement. The CST feasibility study and development of educational programs for disciplinary investigators are examples of current projects.

Services:
Individual capabilities of the National Council as provided by its members, staff, or technology; may be available for sale. Examples of services include survey development, NCNET, legislation information, consultation and training, graphic design, etc.

Program Division:
A term, not intended to be applied permanently, used to reference the current National Council, as an association serving Member Boards through various programs, projects, and services.

Revenue Generation Division:
A term, not intended to be applied permanently, used to reference a new segment of the National Council that would pursue opportunities to gain returns that would be used to support the program division.

SECTION 1: THE FRAMEWORK

Historical Information

Over the years, the National Council has sought revenue generation opportunities. In fact, Touche Ross prepared an informational report on the topic in 1985 and legal counsel offered structural advice in light of tax law in 1988. Since then, the Organization Plan has continued to include an activity most often charged to the Finance Committee to seek and develop revenue sources for the National Council. While intent has been consistent over the years, implementation has been sporadic at best, primarily because no proposal for a definitive structure permitting and encouraging such activities has been placed before the membership for consideration and approval. At the same time, Member Boards continue to request added programs and services from their national organization, the National Council, as they find their own state-level budgets tightening and funding reduced. This information has been substantiated via Trend Analysis data collected in 1991 and again this year. To date, primarily due to conservative budgeting and prudent spending, the National Council has been fortunate in being able to meet the growing needs of its membership. The Board of Directors, however, as the entity charged with the fiscal responsibility of the National Council, has experienced growing concern over the years with the financial health of the organization in the current environment of expanding services as requested by the membership. At the same time, a number of projects have served to highlight the organization's gap in structure that prevents it from reaping full benefits of its work. This may have become apparent to the membership, for example, as the market continues to be flooded with numerous computerized adaptive testing (CAT) products and services developed and marketed by other organizations for the NCLEX™.

It is within this environment that the 1993 Board of Directors began to seriously explore the concept of revenue generation, capitalizing on the thoughts and ideas generated from deliberations of previous Boards. Discussions with the membership began in earnest at the 1993 Annual Meeting when the Finance Committee carefully reviewed and graphically depicted the situation. With knowledge of the financial picture and knowing that the costs would require tapping into fund reserves, the 1993 Delegate Assembly approved nearly every resolution brought before it. This action heightened the Board's attention and activity.

Member Board dues and National Council's portion of the NCLEX fee comprise three-fourths of current revenues. The Board of Directors discussed three available courses for the future:

1) limit services to those possible within the current revenue base,

2) increase Member Board dues and/or National Council's portion of the NCLEX candidate fees to accommodate new service areas, or

3) raise revenues in other ways to pay for the new services.

This packet of information describes the third alternative, one that is commonly used among not-for-profit organizations to ensure fiscal health and the ability to adequately serve their respective memberships with continuing high quality programs and services. It will be the decision of the 1994 Delegate Assembly as to whether or not to enter into revenue generation as described herein.

Financial Background Information

The National Council of State Boards of Nursing, Inc., is a not-for-profit organization, organized under section 501(c)(3) of the Internal Revenue Code with its fiscal year October 1 through September 30. Its revenue sources include membership fees, a portion of the fees paid by NCLEX™ (National Council Licensure Examinations) candidates, royalties from the NACEP™ (Nurse Aide Competency Evaluation Program), grants, interest income, and sales and royalties on publications.

A board of nursing becomes a member of the National Council and is known as a Member Board upon approval of the Delegate Assembly, payment of a $3,000 membership fee, and execution of a contract permitting the use of the NCLEX-RN™ and/or NCLEX-PN™. The membership fee not only guarantees a board of nursing access to the development and administration of the NCLEX, but also opens the door to a wide variety of services offered by the National Council, such as its nurse disciplinary data bank, clearinghouse of national information on nursing regulation, research studies, psychometric analyses, and publications.

The National Council's primary expenditures are for examination-related services, including validation research. Information services, publications, disciplinary data, and the work of committees in addressing public policy issues also represent significant areas of expenditure.

Through conservative fiscal management and investment of funds, as well as due to increases in candidate volumes in some years, the National Council has realized net revenue over expenditures in most fiscal years. A reserve of at least six months' operating expenses is consistently maintained. The Board of Directors periodically designates other

portions of the fund balance for special projects or purchases, such as computerized adaptive testing (CAT) implementation, additional test item development, and purchase of computers for Member Boards. Several "restricted fund" accounts have existed when the National Council has received external grants, including $1.9 million from the W.K. Kellogg Foundation for research and development on computerized clinical simulation testing (CST) and over $500,000 from the Robert Wood Johnson Foundation for development of a nurse information system.

This financial structure has been guided by an Organization Plan that consists of National Council's mission statement, goals and objectives. While the Delegate Assembly determines organizational direction through the approval of goals and objectives, the Board of Directors is responsible for determining the human and fiscal resources required to implement the Organization Plan, thereby achieving the directives of the Delegate Assembly. The concept of exploring revenue generation projects appeared in the Organization Plan as early as 1988 and is now stated under Goal V:

Goal V. Organization
Implement an organizational structure that uses human and fiscal resources efficiently.

Objective B. Implement a fiscal resource management system.

Tactic 5.Develop non-dues, non-NCLEX revenue sources for the organization.

Why a Heightened Interest Now?

A number of factors have converged to heighten interest in revenue generation at this time, although it is important to note that over the years, this has been an item addressed from time to time by the Finance Committee. First, the Delegate Assembly this past August requested exploration and development of a number of new services which arise from a common Member Board need. In fact, the cost of these new services exceeded the funds available in the operating budget, so that the fund balance accumulated in previous years would need to be tapped. If this pattern recurs in future years, additional revenue sources will have to be sought in order to provide positive responses to these requests.

Secondly, due to use of previously accumulated fund balances for the major testing projects in the areas of computerized adaptive testing (CAT) and computerized clinical simulation testing (CST), the fund balance is projected to decline from a projected high of $7,000,000 at the end of FY96 to a level of approximately $3,000,000 in 1999. While this projection may seem to be ample at first glance, in actuality it does not make allowance for any sizable, unanticipated programs to be developed. To portray this situation, the following expenditures and projections are offered, using only current projects as examples:

	Total Expenditure **FY87–FY93**	Projected Expenditure **FY94–FY99**
Computerized adaptive testing (CAT)	$3,775,693	$1,094,725
Computerized clinical simulation testing (CST)	$2,183,180*	$2,995,569
Nurse Information System (NIS)	$ 294,679*	$ 375,000*

* *supported in part by external grant funds*

Considering this information, it may be easier to understand why a $3,000,000 projection for 1999 becomes a potential financial limitation.

Third, over the past several years, a number of potentially high-revenue possibilities closely related to areas in which the National Council has expertise and reputation have arisen. Due to the lack of organizational structure that would better enable investment of resources to develop these opportunities, the decision has needed to be to let them pass. Additionally, at the same time other organizations have elected to capitalize on some of these opportunities over the years, concern has been expressed regarding the potential impact of products developed by others on the National Council and its reputation for quality.

The National Council is not in crisis mode with respect to financing its current operations. Current programs could be sustained without threat into the foreseeable future. However, significant opportunities for earning additional revenue are available, and the resulting revenue would be used to support additional common Member Board needs. Adding National Council programs and services should not be limited by the portion of NCLEX candidate fees paid to the National Council, a total which is today the backbone of its finances. To take advantage of the available opportunities would require a defined plan and structure to purposefully develop revenue-generating opportunities.

Board Activities Since August

The information above was specifically discussed with delegates during the Finance Committee Forum at the 1993 Annual Meeting. Attendees may recall the graph depicting current and possible future services with revenue percentages indicated where appropriate (Attachment C-1). At its post-Delegate Assembly meeting, the Board of Directors appointed a focus group to meet one time for the purpose of exploring the concept of revenue generation.

It was the Board of Directors' intent that over the 1993-94 year the National Council would develop the concept of creating a structure for introduction of products/services which generate revenue over expense in preparation for presentation to the 1994 Delegate Assembly. To accomplish this, the Board committed to gather and consider all input, opinions and feedback from the membership throughout the year. Toward that end, the Board met face-to-face with former members of National Council's Board of Directors (of those who remain active in the organization) during a meeting held at the 1993 Leadership Conference in October. Also at the Leadership Conference, the Board shared information with all attendees (n=81, including members of 13 National Council committees) via a memo referencing "Development of Concept for Revenue Generation" (Attachment C-2) and took time to discuss this important concept during the general session. This memo was in turn mailed to all Member Boards via the October 8, 1993, *Newsletter,* which also included a paragraph of explanation and request for input. At its October meeting, the Board directed that legal and business exploration be conducted in time for discussion at its December meeting.

This packet of materials was previewed by nine former Board members in January, and many of their suggestions were incorporated into a revised packet of materials which was sent on January 28, 1994, to all Member Boards. During the month of February, Area Directors personnally contacted the Member Boards in their respective Areas for comment and feedback. Based on their conversations, and following the Board's March meeting, a discussion sheet was developed and provided to Member Boards and Area Meeting attendees (Attachment C-7), at which time the concept was reviewed and discussed. The complete packet of information is now published in the 1994 *Book of Reports* for careful consideration by delegates in preparation for making this very important decision.

Focus Group Deliberations and Conclusions

The Focus Group on Revenue Generation met on August 30 through September 1, 1993, and identified some elements of a philosophy and structure which could serve as the foundation. The Focus Group concentrated its time on the development of a conceptual framework rather than a specific discussion of revenue-generating opportunities. Discussion centered around the philosophy and purpose, corporate structure, governing structure, idea generation and screening, and political implications.

While seeking legal advice was premature for this brainstorming meeting, the Focus Group did benefit from the expertise of business consultants, primarily that of Philip Kuehl, PhD, MBA. Dr. Kuehl received his MBA and doctorate in marketing from Ohio State University and was an Assistant Professor in the School of Business at the University of Maryland until 1983. He started his consulting work in 1973 and has consulted with over 400 associations in the three areas ofstrategic planning/long range planning; marketing; and research/economic studies. In addition to his consulting business that employees 12 FTEs, Dr. Kuehl is one owner of Westat, Inc., the third largest survey company in the nation.

Dr. Kuehl was consulted initially in July 1993 to discuss issues related to the strategic and marketing programs of CST and NIS, both ongoing efforts within the goals and objectives of the National Council. The intent of the discussion with Dr. Kuehl was to highlight key elements affecting the National Council's ability to develop and market these program initiatives in an effective manner. His report and accompanying illustrative analysis forms became valuable starting points for the Focus Group's discussion. Information about Dr. Kuehl is included as Attachment C-3.

The conclusions of the Focus Group were presented to the Board of Directors at the Board's October meeting, fine-tuned for the Board's December meeting, and are interwoven in this packet of materials as stimulation for discussion and input by the leadership and membership of the National Council.

Legal Advice

As directed by the Board in October, staff pursued legal advice regarding the corporate and tax issues surrounding the concept of revenue generation. Summing up the advice of legal counsel, such activity is possible without jeopardizing the not-for-profit 501(c)(3) status of the National Council. Legal counsel advises that such efforts be conducted as a division of the National Council, especially since revenue generated from the projects will be in support of services to Member Boards and thereby in support of National Council's purpose and mission. A revision to the bylaws is the best means to create such a division, and legal counsel worked in concert with the Bylaws Committee to develop the necessary revisions to be considered by the 1994 Delegate Assembly. The complete letter prepared by William F. Walsh of Vedder, Price, Kaufman & Kammholz is included as Attachment C-4.

Finance Committee Involvement

The Finance Committee met in November specifically to develop recommendations regarding financial guidelines for revenue-generating projects, as requested by the Board of Directors in October. The committee met with three consultants to seek advice:

1) Dr. Philip Kuehl (see Attachment C-3);
2) Professor Stuart Meyer, Kellogg Graduate School of Management, Northwestern University; and
3) Bradford Claxton, Executive Director of the American Academy of Dermatology and President-Elect of the American Society of Association Executives.

In addition, the committee reviewed in detail a revised financial forecast and re-examined its assumptions regarding NCLEX candidate volumes in light of the most recent data available from the National League for Nursing.

Based on the input provided by consultants and the financial forecast, the Finance Committee developed six recommended guidelines for consideration by the Board of Directors. These guidelines were reviewed, revised and approved by the Board at its December meeting, thereby creating administrative guidelines for a revenue generation division (described on pages 20 and 21 under the section entitled Operational Foundation).

Exploration of Other Associations

As part of its extensive research, the Board directed staff to informally survey other associations regarding structures they have used for revenue-generating projects. Toward that end, Jennifer Bosma spoke with the executive staff of nine associations:

1) American Association of Nurse Anesthetists
2) National Association of Physical Therapists
3) National Board of Examiners in Optometry
4) American Association of State Social Work Boards
5) National Board of Medical Examiners
6) American Society of Clinical Pathologists
7) American Academy of Dermatologists
8) National Association of Boards of Pharmacy
9) National Association of College Stores

Structures to support these activities ranged from a separate corporation headed by the Deputy Director, to multiple for-profit subsidiaries with the Executive Director serving as chairman of the board of each, to an executive committee of the Board of Directors serving as a for-profit board, to a committee-driven structure, among others. While each organization had developed a unique structure, creating many variations on the theme, it was interesting to note that each organization had in fact at least one, if not many, revenue-generating projects underway.

SECTION 2: THE BASIC PRINCIPLES

All of this research plus hundreds of hours of intense discussion among numerous high-level professionals has led to some preliminary conclusions. At its December meeting, the Board finalized its recommended philosophy and purpose of the concept of revenue generation and identified the recommended operational foundation needed should a structure for revenue generation become a reality in August. In discussion, to help distinguish this new concept from current activities, the Board used the term "program division" to signify current National Council programs and services, and the term "revenue generation division" to signify the proposed concept. These terms are used throughout the remainder of this packet of information.

Philosophy and Purpose

To be clear, it should be stated at the outset that the purpose of engaging in revenue-generating projects is to garner financial resources that would be used to support and/or enhance the programs and services provided to Member Boards. No compromise will be tolerated regarding the quality of existing and future programs and services of the National Council. The observance of high legal and ethical standards will be maintained at every level.

This concept of revenue generation entails a shift from a previous tradition: that all services and products of the National Council are to be designed for and directed exclusively to Member Boards. Member Boards then may, or may not, carry them forth to constituencies such as nurse educators, employers, and licensees. Many revenue-generating projects are likely to require direct National Council contact with and marketing to such groups.

The Board is working under an assumption that the potential development of a new division does not preclude the marketing of services and products in the program (existing) division. For example, the plans and efforts to market CST and NIS are currently proceeding.

The growth of activity in the revenue generation area will be carefully controlled in several ways. First, a specified amount of funds will be allocated within which the division would have to operate; the amount would allow for only a few projects to be started simultaneously. Secondly, the process for approving the funding for any individual project will be handled in stages, with significant research and development needed to move through all stages. In addition, after project approval, there will be developmental milestones which must be met to continue receiving funds. Third, for the generators of ideas (committees, staff, etc.), their ongoing responsibilities under the National Council Organization Plan will have first priority for their efforts.

SECTION 3: THE OPERATIONAL FOUNDATION

Administrative Guidelines

At its December meeting, the Board of Directors adopted administrative guidelines which will govern the operation of the division, if approved by the 1994 Delegate Assembly. It was agreed that the following guidelines are imperative to building a strong operational foundation:

1. No revenue generation activity shall detract in any manner from:
   a. the protection of the public health, safety, and welfare;
   b. the promotion of nursing competence; and
   c. the reputation of the National Council.

2. Consideration shall be given to the consequences of a project for the benefits to National Council which are derived from relationships with other organizations.

   Note of clarification: This guideline is to assure that the "political" impact of a project will be explored and assessed before a decision on a specific project is made. The word "consideration" was chosen intentionally to indicate that the politics of the situation should not dominate the decision, but that consequences impacting upon the relationship of other organizations to the National Council are legitimate factors to take into account when weighing the overall benefits and risks of a particular project.

3. Before each project is approved for implementation, it must have a business plan which includes at least the following components: anticipated benefits and consequences of theproject, resources needed (money, time, expertise), market analysis, risk analysis, return on investment projections, potential exit strategies, and milestones (financial and other) which must be met for project continuation.

4. Before approving a project for implementation, the governing entity shall direct that the data in the business plan be validated from sources independent of the persons proposing the project (i.e., perform "due diligence"). The larger the investment involved, the greater the expectation that these sources will be external to the National Council.

5. Every approved project should have an anticipated rate of return greater than the return that could be obtained by investing the funds in investment vehicles specified in the organization's investment policies.

6. If a project involves a market or a technology which is new to the National Council, a joint venture should be considered. (A joint venture is a partnership with an external organization which is a potential beneficiary of the project's service/product or is interested in the potential return on investment; the purpose of joint ventures is to (1) share the financial risk, and/or (2) capitalize on complementary strengths of the partners.)

   Note of clarification: The National Council will not enter into a project for which it has neither a market nor the technology.

7. $600,000 shall be allocated from the National Council's undesignated, unrestricted fund balance for financing potential revenue-generating projects. The Finance Committee's recommendation shall be sought prior to any Board of Directors' decision relative to this guideline. (The $600,000 figure is based on the following rationale: For the next year, candidate volume is projected to exceed the 190,000 volume trigger in the ETS contract, so that the National Council will pay ETS $3 less per candidate in that year. This would result in a savings of approximately $600,000.)

8. Any net revenue over expense generated shall be reviewed annually by the Board of Directors who shall determine the extent to which such funds shall be transferred to the unrestricted/undesignated fund balance. The Finance Committee's recommendation shall be sought prior to any Board of Directors' decision relative to this guideline.

Corporate Structure

Guided by advice given by expert consultants and following many in-depth discussions of corporate structure over a number of months, the Board identified key characteristics of the structure which would promote successful revenue-generation projects:

A sound decision-making process.

Sound decision-making is facilitated when there is continuity of decision-makers and one voice which can speak reliably for the entity conducting the revenue-generation projects. Continuously-changing players slow down decisions and dilute the pursuit of a long-term, consistent strategy. Diffuse authority undermines the credibility and viability of the projects with partners, suppliers, and customers.

A strong tie-in to the National Council core organization.

This tie-in is not to assure that the individual revenue-generation activities by their nature contribute to the mission and vision, but rather to assure that (1) the revenue-generating project is always clearly seen as existing for the primary purpose of generating financial resources so that National Council's mission can be accomplished to a greater degree, and (2) the ideas have the competitive advantage which comes from building upon existing National Council expertise and reputation.

Structurally, several corporate models were discussed, including use of a mega-board and use of two boards accountable to the Delegate Assembly (one for the program division and one for the revenue generation division). These were deemed to be more radical alterations in organizational structure than required, as well as creating problems related to either the decision-making process or tie-in to the core organization.

The idea eventually favored was the creation of a division of the National Council via an amendment to the bylaws. The Delegate Assembly's role would be the approval of the bylaws amendment permitting creation of this division. The Board of Directors' role would be the establishment of the policy framework, the determination of available funds, and the evaluation of the chief executive officer. Within these broad parameters, all revenue generation activity and decisions would be under the control of the chief executive officer, who would bear accountability for policy-keeping to the Board of Directors and for accomplishing the purpose of revenue generation to the Delegate Assembly.

The Board reviewed the letter from Vedder, Price, Kaufman and Kammholz regarding structural and tax issues (Attachment C-4) and carefully considered input from the Focus Group on Revenue Generation. In terms of the structural issues, there was consensus that the following characteristics would be optimal:

- establish a division within the present 501(c)(3) not-for-profit corporation by means of a bylaws amendment, as described within the letter;
- distinguish the activities in this division from the program division by describing the program division as providing primary services to Member Boards, and the new division as providing other types of services;
- establish a management structure comprised of a chief executive officer (CEO), who may be the same person as the executive director of the National Council.

In terms of drafting language for the proposed additional bylaws article, legal counsel has submitted a draft to the Bylaws Committee which is deep into a comprehensive review and revision of the bylaws, as directed by the 1992 Delegate Assembly.

The Governing Entity

The nature and functioning of the governing entity was a topic of extensive discussion. It was concluded that the governing entity needs flexibility for rapid decision-making, varied expertise to evaluate a wide variety of revenue-generating ideas, continuity to pursue a long-term strategy, and the ability to proceed unencumbered within a pre-

established policy framework. Equally, if not more important, the governing entity must have sufficient time and energy to govern. The role of the governing entity was defined as follows:

- evaluate risks of ideas, including financial, political, legal, and name/reputation;
- evaluate benefits, primarily generation of financial resources;
- allocate funds for individual revenue generation projects, establish milestone financial goals, determine when to discontinue a venture.

Three possibilities were initially considered for the governing entity: (1) the current board of directors, (2) a separate board of directors, and (3) a chief executive officer (CEO). The current board as governing entity would have the advantage of having the best interests of the organization clearly in mind, and being accountable for this to the membership. However, the primary disadvantage is that this board may not have the time or energy available, after attending to their governance of National Council programs, to effectively govern the revenue generation division. Additionally, its infrequent meeting schedule could impede the needed ability for rapid and timely decision-making.

A separate board would have an advantage of having members selected for specific expertise in evaluating revenue-generating projects, and could have the time and energy to focus on the single role of governing a revenue generation division. Disadvantages include a potential for philosophical differences between separate boards, the additional costs incurred by separate boards, and again, a meeting schedule that could impede the needed ability for rapid and timely decision-making.

Selection of a chief executive officer as the governing entity emerged as the Board of Directors' preference. Within the corporate and policy framework established by the Delegate Assembly and Board of Directors, the chief executive officer for the revenue generation division would have clear authority for decision-making. If the chief executive officer also serves as the executive director of the program division, the advantages include retaining single accountability of both the program division and revenue generation division to the Board of Directors; a strong connection to valuable and important advisors (e.g., Member Boards, committees, staff, legal counsel, financial advisors, etc.); and a deep knowledge base of and commitment to National Council's mission, goals and objectives. Selecting a CEO as the governing entity, regardless of whether or not the CEO also serves as the executive director, results in the added important benefit of enabling the rapid and timely decision-making needed to keep an edge in the marketplace. A disadvantage may be placing complete control in a single individual. During this early planning stage, discussions continue on how best to capitalize on the advantages of designating a chief executive officer as the accountable decision-maker while creating an environment of proper checks and balances that does not encumber the process.

Idea Generation

It was concluded that a synergistic relationship between the program division and revenue generation division would breed ideas with the greatest financial potential. Idea sources would include program staff, as well as committee members and Member Boards (through networkgroups, brainstorming, letters, conversations, etc.). Incentives which will encourage staff to generate ideas, while fulfilling all their program responsibilities at the highest level of quality, will need to be structured.

Idea generators are designated "designers." In order for the idea to be developed, a "developer" will cooperate with the designer. A developer has expertise in finance and marketing related to new service and product ideas. The developer takes the initiative to keep the idea moving through the development process, preparing with the designer (to the extent the designer is willing and able to participate) to present the idea to the governing entity for funding.

Idea Screening

Ideas start out on the program side. If an idea represents a common Member Board need (and is affordable), it would be implemented in the manner which is used currently. If the idea does not represent a common Member Board need, it is passed to the revenue generation side for evaluation. Ideas will typically move through the process in two stages. In the first, "prospectus" stage, the idea is screened for financial risk and potential in a general way, and for risks in the legal, political and name/reputation areas. If the idea fails the latter screens, it will probably die at this point. A flowchart that depicts this process is included as Attachment C-5 for reference.

The Focus Group for Revenue Generation reviewed several screening formats and modified one presented by Philip Kuehl for National Council purposes. The modified form is included as Attachment C-6. Time was spent during the Focus Group's meeting to test the modified form, using projects already in place or considered at one point in time (e.g., NACEP, CAT review disks, NIS). It was determined that the form provided sound information as to the potential viability of revenue-generating projects. If the idea passes all screens, including the potential for revenue-over-expense, seed money would be allotted by the CEO for the development of a business plan and market research.

Following the completion of the business plan and market research, the idea will be returned to the CEO for consideration of full development funding. Such consideration would entail the "due diligence" process, by the CEO and technical advisors, which is an independent verification of all assumptions upon which financial projections are based. If funding is granted, project milestones for development and overall financial return will be established to serve as the basis for monitoring and reporting.

Due Diligence

Before the investment of significant funds in new projects, prudence requires the independent verification of the elements contained in the business plan. These elements to be verified include anticipated benefits and risks, resource requirements (money, time, expertise), market analysis, return on investment, and reasonable milestones. This process, commonly termed "due diligence" in business, is performed by agents of the funding unit. For the National Council, the CEO would be responsible for directing this process. "Technical advisors" would be called upon; the number and identity being dependent on the nature of the project. For example, if the development of seminars on test construction for educators was a project under consideration, the advisors could include individuals from Member Boards (regarding potential need amongeducators), nursing educators (regarding need and interest in participation), other regulatory agencies (regarding need), testing companies (regarding need and available resources), meeting planners (regarding meeting logistics and costs), marketing consultants (regarding pricing and promotion plans), specialists in adult education (regarding curriculum design and methodology considerations impacting resource requirements), and seminar providers in other fields (regarding management and resource issues). The business plan elements, as verified, will be the basis for the CEO's project funding decision.

Evaluation Measures

Evaluation has always been an important part of new undertakings by the National Council. Evaluation of the entire revenue generation division as an entity would be built into the structure in several ways. On a periodic basis throughout the year, financial information and information on compliance with administrative guidelines would be supplied to the Board of Directors. Annually, an audit by an independent certified public accounting firm would be performed and submitted for review by the Finance Committee, Board of Directors and Delegate Assembly. Finally, a comprehensive evaluation of the division's performance as compared to initial expectations would be scheduled for the end of the first five years. Expert opinion supports that five years is a sufficient period of time to allow for the long-range development of business opportunities that would be required for successes to be realized, if in fact they will be. The Board would report on this comprehensive evaluation of the entire revenue generation division to the Delegate Assembly and make recommendations as appropriate.

SECTION 4: FUTURE ACTIVITIES

This section identifies that which the Board is aware still needs to be accomplished. Assuming a positive vote of the 1994 Delegate Assembly, work will continue and future activities will continue to evolve.

Staffing Plans

The executive director will be identifying a preliminary staffing plan needed for implementation, should the concept of a revenue generation division be approved by the delegates in August. The essence of the plan will be to ensure that attention to current Member Board programs and services is not compromised. Identification of human resource needs will become part of the overall personnel budget and therefore included in the proposed budget that is finalized by the Board of Directors at its post-Delegate Assembly meeting in August. Upon approval of a revenue generation division by the Delegate Assembly, development of specific management decisions regarding staffing needs and patterns would be the responsibility of the CEO.

Idea Generation Procedures

To capitalize on the creative and innovative ideas of all involved in the National Council, thought must be given to the procedures used to bring revenue-generating ideas to the forefront for consideration. These procedures need to be developed so that those with innovative ideas are not stymied by the process nor encumbered with extraordinary expectations. Additionally, it will be important to include a remuneration program for the division that appropriately rewards those who bring forth ideas that become successful.

SECTION 5: THE REQUEST

In preparation for the vote by the 1994 Delegate Assembly, the Board of Directors asks Member Boards to again consider the following questions after reviewing this packet of materials. Should questions arise prior to the commencement of the Annual Meeting, Member Boards may contact any Board member by telephone or by using an e-mail message via NCNET.

Question 1: Are we headed in the right direction philosophically?

Question 2: Do you support the measures?

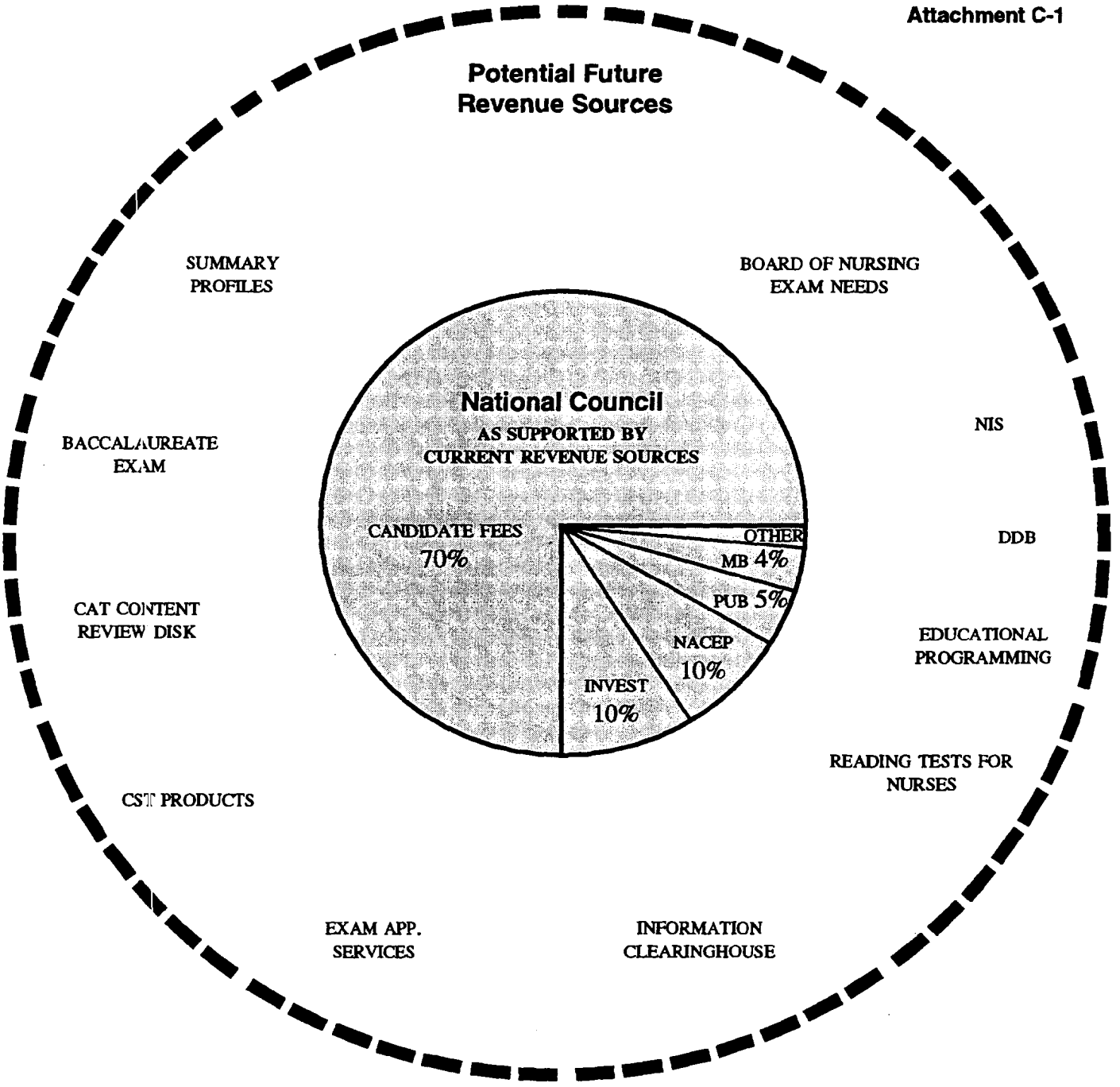
Question 3: Do you have any suggestions?

Question 4: Do you have any concerns?

Board of Directors
Rosa Lee Weinert, *President*
Cynthia Van Wingerden, *Secretary*
Charlene Kelly, *Treasurer*
Fran Roberts, *Area I Director*
Tom Neumann, *Area II Director*
Nancy Durrett, *Area III Director*
Sister Teresa Harris, *Area IV Director*
Judi Crume, *Director-at-Large*

NOTE: Prior to her resignation in February 1994, Gail McGuill, Vice-Presdient, also participated in the development of this concept.

Attachment C-1



For Discussion

- The center circle identifies the current revenue sources for the National Council and the percentage of total revenue for each of those sources.
- One of the activities of the Finance Committee has been to discuss potential additional sources for revenue. The outer circle represents ideas based on input from many resources (including requests from Member Boards for specialized services).
- This is being shared as a basis for discussion about (1) the need for additional revenue sources, (2) ideas already identified, and (3) new ideas/suggestions.

Attachment C-2

NATIONAL COUNCIL®

National Council of State Boards of Nursing, Inc.

676 North St. Clair Street
Suite 550
Chicago, Illinois 60611-2921

312 787.6555
FAX 312 787.6898

October 6, 1993

TO: Leadership Conference Participants

FR: Board of Directors

RE: Development of Concept for Revenue Generation

At the Annual Meeting, in the Finance Forum and the Board of Directors Forum, mention was made of the intent of the Board of Directors to begin discussion of possible ways in which the National Council might be able to generate revenues over expenditures in new areas. With the convening of a focus group in early September, the discussion has begun and the Board would like to initiate dialogue with the leadership of the National Council at this early point to ensure that all voices are heard and that a total-organization decision is made regarding whether or not to move in this direction.

Why Now?

A number of factors have converged to heighten interest in revenue generation at this time, although it is important to note that over the years, this has been an item addressed from time to time by the Finance Committee. First, the Delegate Assembly this past August requested exploration and development of a number of new services which arise from a common Member Board need. In fact, the cost of these new services exceeded the funds available in the operating budget, so that the fund balance accumulated in previous years would need to be tapped. If this pattern recurs in future years, additional revenue sources will have to be sought in order to provide positive responses to these requests.

Secondly, due to use of previously accumulated fund balances for the major testing projects in the areas of computerized adaptive testing (CAT) and computerized clinical simulation testing (CST), the fund balance is projected to decline to a level of approximately $2,000,000 in 1999. This projection does not make allowance for any sizable, unanticipated programs to be developed.

Third, over the past several years, a number of potentially high-revenue possibilities closely related to areas in which the National Council has expertise and reputation have arisen, and due to the lack of capacity to pursue and develop these opportunities, the decision has often needed to be to let them pass.

The National Council is not in crisis mode with respect to financing its current operations. Current programs could be sustained without threat into the foreseeable future. However, significant opportunities for earning revenue over expense, which could be directly channeled into the available pool of funds to offer additional programs meeting common Member Board needs (without raising candidate or Member Board fees) is available. To take advantage of such opportunities would require a defined plan and structure to purposefully develop revenue-generating enterprises.

The focus group which met in early September identified some elements of a philosophy and structure which could serve as the foundation. These are presented below as stimulation for discussion and input by the leadership and membership of the National Council. It is the Board's intent that over the coming year the National Council would develop the concept of creating a structure for introduction of products/ services which generate revenue over expense in preparation for presentation to the 1994 Delegate Assembly.

Philosophy

To be clear, it should be stated at the outset that the purpose of engaging in enterprises such as discussed above is to make money. In addition, it is equally important to state certain broad constraints where no compromise will be tolerated, such as the quality of the existing and future programs and services of the National Council, observance of high legal and ethical standards, protection of National Council's name and reputation, and the ultimate, overriding interest of promoting public policy for the safe and effective practice of nursing in the interest of public welfare.

This concept of business enterprises entails a shift from a strongly-held previous assumption: that all services and products of the National Council are to be designed for and directed exclusively to Member Boards, who then may, or may not, carry them forth to constituencies such as nursing educators, employers, other state agencies, accrediting bodies, certification organizations, and licensees. Many ventures are likely to require direct National Council contact with and marketing to such groups.

Structure

Key characteristics of the structure which would promote successful venturing are the following:

A sound decision-making process.
Sound decision-making is facilitated when there is continuity of decision-makers and one voice which can speak reliably for the entity conducting the business enterprises. Continuously-changing players slow down decisions and dilute the pursuit of a long-term, consistent strategy. Diffuse authority undermines the credibility and viability of the enterprise group with partners, suppliers, and customers.

A strong tie-in to the National Council core organization.
This tie-in is not to assure that the individual enterprise activities by their nature contribute to the mission and vision, but rather to assure that (1) the enterprise is always clearly seen as existing for the primary purpose of generating financial resources so that National Council's mission and vision can be accomplished to a greater degree, and (2) the ideas have the competitive advantage which comes from building upon existing National Council expertise and reputation.

Attachment C-3

BIOGRAPHY OF PHILIP G. KUEHL, Ph.D.

Westat, Inc.
1650 Research Blvd.
Rockville, MD 20850
1-301-963-5449
FAX: 301-963-5466

Dr. Philip G. Kuehl has 18 years of consulting experience through assignments for a variety of association, industry, and government clients in strategic planning, marketing, planning, and survey research.

During his 15 years at the University of Maryland, Dr. Kuehl was an Associate Professor in the College of Business and Management where he wrote over 35 scholarly articles on a variety of marketing management and public policy topics...including major contributions to the **Journal of Marketing** and the **Journal of Marketing Research.** He also served as Acting Chairman of the Faculty of Marketing. In addition, he has given academic presentations at meetings held by the American Marketing Association, Association for Consumer Research, Academy of Marketing Science, Academy of Advertising, and American Institute of Decision Sciences. Dr. Kuehl continues University relationships as an Adjunct Professor.

In addition to serving clients on an independent basis, Dr. Kuehl is a Senior Staff Consultant at Westat, Inc....one of the largest survey research firms in the United States. At Westat, he directs all of the Corporation's efforts toward serving the information and statistical research needs of association clients.

Dr. Kuehl is a well-known lecturer among association executive and volunteer leader audiences. He is one of ASAE's highest rated speakers in his lectures at Annual Conventions and Spring Meetings. He is also ASAE's featured speaker on both the "strategic planning" and "marketing" seminar programs while teaching in the ASAE-University of Maryland Professional Development Program. In 1988, Dr. Kuehl was chosen as the Consultant to design and manage the planning process used to update ASAE's Strategic Plan.

He has also lectured for the Chicago, Greater Washington, Texas, and Virginia Societies of Association Executives', the U.S. Chamber's Institute for Organizational Management, the Institute of Association Management Companies, the U.S. Chamber "Committee of 100," and the Council of Engineering and Scientific Society Executives. He gave the 1984 "Stouffer's Lecture" at CSAE and has been this Allied Society's highest rated speaker over the past four years.

Some of his corporate and government clients include: Arthur D. Little; Baker Industries; William S. Bergman & Associates; Sohio, Inc.; BP Oil, Inc.' the Food and Drug Administration; General Electric Company; Hercules, Inc.; IBM Corporation; PorterNovelli, Inc. (Needham, Harper & Steers); the 3M Company; Smithsonian Institution; Suburban Trust Company; National Zoological Park; WDCA-TV (Washington, D.C.); Whittaker International Services Corporation; and the HMK Group of Boston. Dr. Kuehl also directed a major planning project for the Texas Commission on the Arts. In addition, he is serving on the Board of Directors of several corporations and nonprofit organizations.

Dr. Kuehl has applied his expertise in strategic planning, marketing, and survey research in consulting or speaking roles for:

Air Conditioning and Refrigeration Wholesalers Association
Aircraft Owners and Pilots Association
Alabama Association of Realtors
American Academy of Dermatology
American Academy of Orthopedic Surgeons
American Academy of Periodontology
American Association of Homes for the Aging
American Association of Managing General Agents
American Association of Nurserymen
American Association of University Women
American Automobile Association
American College of Cardiology
American Congress on Surveying and Mapping
American Gear Manufacturers Association
American Institute of Architects
American Institute of CPAs
American Institute of Plant Engineers
American Meat Institute
American Physical Therapy Association
American Planning Association
American Production & Inventory Control Society
American Retreaders' Association
American Society of CLU & ChFC
American Society of Consultant Pharmacists
American Society of Internal Medicine
American Society of Landscape Architects
American Society of Plastic Surgeons
American Speech-Language-Hearing Association
American Trucking Associations
Appraisal Institute (Canada)
Arthritis Foundation
Associated Builders and Contractors
Associated Equipment Distributors
Association for the Advancement of Medical Instrumentation

Association for Information and Image Management
Association of Ohio Philanthropic Homes for the Aging
Association of Rehabilitation Nurses
Association of Trial Lawyers of America
Automotive Parts and Accessories Association
Bank Marketing Association
Building Service Contractors Association International
California Association of Realtors
Canadian Real Estate Association
Certified General Accountants (Canada)
Clinical Laboratory Management Association
Council of Periodic Distributors Association
Credit Union Executives Society
Envelope Manufacturers Association of America
Federated Ambulatory Surgery Association
Financial Analysts Federation
Florida Institute of CPAs
Food Industry Executives Association
Food Marketing Institute
4-H National Council
General Aviation Manufacturers Association
Hobby Industries of America
Independent Petroleum Association of America
Indiana Association of Realtors
Indiana CPR Society
Industrial Fabrics Association International
Institute of Association Management Companies
Institute of Internal Auditors
Instrument Society of America
International Association of Cooking Schools
International Association of Visitor & Convention Bureaus
International Business Forms Industries, Inc.
International Franchise Association Jewelers of America
League of Women Voters of U.S.
Leather Industries Association
Mail Advertising Service Association
Massachusetts Society of CPAs
Medical Association of Georgia
Michigan Association of CPAs
Michigan Association of Realtors
Mining and Reclamation Council
Missouri Association of Realtors
National Association of Bedding Manufacturers
National Association of Broadcasters
National Association of College Stores
National Association of Personnel Consultants
National Association of Realtors
National Association of Social Workers
National Association of State Savings and Loan Supervisors
National Association of Surety Bond Producers
National Association of Wholesale-Distributors
National Automated Merchandising Association
National Building Materials Distributors Association
National Business Forms Association
National Club Association
National Council of Teachers of English
National Electrical Distributors Association
National Federation of Business and Professional Women
National Fertilizer Solutions Association
National Food Brokers Association
National Food Processors Association
National Forest Products Association
National Funeral Directors Association
National Grocers Association
National Hairdressers and Cosmetologists Association
National Home Furnishings Association
National Industrial Distributors Association
National LP-Gas Association
National Management Association
National Mushroom Growers Association
National Office Products Association
National Parks and Recreation Association
National Restaurant Association
National Roofing Contractors Association
National School Boards Association
National Spa and Pool Institute
National Welding Supply Association
New York Academy of Sciences
New York State Food Merchants Association
Ohio Florist Association
Paperboard Packaging Council
Powder Coating Institute
Printing Industries of America
Proprietary Association
Quota International
Real Estate Securities and Syndication Institute
Realtors Land Institute
Realtors National Marketing institute
Residential Sales Council
Scientific Apparatus Makers Association
Sheet Metal and Air Conditioning Contractors Natl. Association
Smack Food Association
Society for Investigative Dermatology
Society of Acturaries
Society of American Florists
Society of American Foresters
Society of Automotive Engineers
Society of industrial and Office Realtors
Solar Energy Industries Association
Texas Association of Realtors
Texas Association of School Boards
The Retired Officers Association
The Wilderness Society
U.S. Chamber of Commerce
Virginia Association of Realtors
Virginia Society of Association Executives
Virginia Society of CPAs
Virginia Trial Lawyers Association
Water Quality Association
Wholesale Florists and Florists Suppliers of America
Wholesale Stationers Association
Women's Council of Realtors

Dr. Kuehl Received his B.S. degree from Miami University, Oxford, Ohio. His M.B.A. and Ph.D. Degrees are from The Ohio State University, Columbus, Ohio.

Attachment C-4

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212-223-1880

WILLIAM F. WALSH
312-609-7730

November 23, 1993

Jennifer Bosma, Ph.D.
Executive Director
National Council of
State Boards of Nursing, Inc.
676 North St. Clair Street
Suite 550
Chicago, IL 60611

Re: Proposed "venturing" division--
Corporate and tax issues

Dear Jenni:

Pursuant to your request, we have considered various corporate and income tax issues relating to the possibility of creating a new division, within the corporate structure of the National Council of State Boards of Nursing, Inc. (the "National Council"), to develop and conduct new programs aimed at generating net revenue. In particular, we have reviewed the current Bylaws of the National Council with a view toward identifying specific respects in which the Bylaws might be amended in order to establish a sound legal basis for such a new division. In addition, we have considered the unrelated business income tax implications of having various types of activities conducted by such a new division of the National Council. Set forth below is a summary of our analysis and conclusions regarding those issues.

Bylaw Amendments

If a key characteristic of the new division is to be an ability to act quickly and definitively with regard to activities under its jurisdiction, we recommend that the new division be provided for by a separate new article in the Bylaws. In such an article, the new division could be granted legal authority to act for and bind the National Council without requiring, for each individual decision or action, specific authorization or ratification by either the Delegate Assembly or the Board of Directors. The provisions of such a new article could, in effect, grant to the person or group managing the new division a degree of legal authority which, within the specifically designated subject

matter areas, would be on the same level as the authority of the Board of Directors with respect to matters within its jurisdiction, as described in Article IX.

A new article dealing with the new division would probably be most appropriately placed immediately following Article X entitled "Committees." Such a new Article XI should describe the types of activity in which the new division will engage, clearly distinguishing those from the types of activity as to which the Delegate Assembly and/or the Board of Directors will retain direct responsibility and authority.

A new Article XI regarding the new division should also provide specifically for a management structure for the new division and a procedure for selecting individuals to play designated roles within that structure. For example, the Executive Director of the National Council could be designated as having full management authority over the division. Alternatively, the division might be managed by a small (e.g., three-member) governing body to which a single operating executive (who could be the Executive Director) would report. With respect to a selection procedure, the new Bylaws might simply provide for individuals holding certain other National Council positions to serve automatically in designated capacities for the new division or might provide for independent election of the division manager(s) by the Delegate Assembly or the Board of Directors. We emphasize that a wide range of choice is available with respect to providing in such a new Article XI for the specific structure and operating arrangements for such a new division.

In connection with developing a new Article XI regarding the principal features of such a new division, consideration should also be given to the following conforming changes in other parts of the Bylaws:

1. It would be appropriate to amend Part B of Article II to expand the list of National Council functions to include any contemplated activities of the new division which are not covered by the current list of National Council functions. (As a related matter, the statement of purposes in the Articles of Incorporation of the National Council should also be reviewed.)

2. Depending upon the degree of involvement which the elected officers of the National Council will have in the operation of the new division, certain changes in Part E of Article V might be necessary or appropriate.

3. If any position in the management structure of the new division is to be filled by election by the Delegate Assembly,

Article VI, entitled "Nominations and Elections," should be modified to reflect that expansion of the election process.

4. In order to minimize the possibility of confusion as to the scope of the authority of the new division, Part B of Article VIII and/or Part B of Article IX should be amended to specify those aspects of the operation of the new division which will be subject to authorization by the Delegate Assembly and/or the Board of Directors. (One example might be amending item 10 in Part B of Article IX to specify that, to the extent that the new division uses funds derived from other National Council activities, the annual budget adopted by the Board of Directors will govern as to the availability of such funds.)

Unrelated Business Income Tax Matters

One of the advantages of using a new division, rather than a separate subsidiary corporation, to conduct new revenue-generating activities is the possibility of reducing income taxes by successfully characterizing some of those activities as related to the exempt purposes of the National Council and, therefore, not subject to the income tax on unrelated business income. If the new activities are conducted through such a division, the taxability of each different activity will depend upon a case-by-case analysis of the relationship between the particular activity and the exempt purposes and operations of the National Council, and we think that at least some of the probable new activities have a good chance of qualifying as nontaxable. Incidentally, in order to avoid highlighting for the IRS a profit-seeking focus for the new division, we suggest that the words "venture" and "business" not be included in the name of the division and that a more neutral designation, such as "Special Activities Division," be used. Set forth below are our thoughts about which particular types of new activities are more or less likely to be subject to income tax.

Because the central exempt purpose and activities of the National Council relate to the development and use of licensure examinations in the field of nursing, we see a quite high probability that products and services relating to the nursing licensure examinations could qualify as nontaxable. For example, the development and sale of diagnostic examinations and study guides for use by schools of nursing or individual nursing students, or both, to assist the educational process leading up to the licensure examination would have, in our view, a quite direct and substantial connection with the current Section 501(c)(3) purposes of the National Council and would, therefore, have a good chance of escaping from unrelated business income tax.

Development and marketing of products or services which build upon the technical expertise of the National Council regarding the construction of examinations, but which do not relate specifically to nursing education or licensure, would be more problematic with respect to unrelated business income taxation. If such products and services were sold primarily to Section 501(c)(3) educational institutions and/or to governmental agencies engaged in issuing professional licenses in fields other than nursing, a quite strong argument could be made that such activities of the National Council were still within the scope of Section 501(c)(3) exemption. However, in order to protect those activities against taxation, it might become necessary to modify the statement of purposes in the National Council's Articles of Incorporation so as to include such support for education and/or licensing in other fields. In addition, to the extent that such products or services were sold to private commercial entities, or even to Section 501(c)(6) organizations such as private medical specialty certifying boards, the IRS would be in a quite strong position to argue that the net revenue generated by such activity constituted unrelated business taxable income.

Finally, development and marketing of products and services which make use of databases developed by the National Council regarding nursing licensure and education would likely receive mixed treatment by the IRS. To the extent that sales of such products and services were to Section 501(c)(3) organizations or government agencies and could be directly connected with the tax-exempt educational and regulatory purposes of those buyers, they should qualify as nontaxable. The IRS would be very likely to treat other sales as equivalent to the sale of membership mailing lists and to classify them as unrelated business activity subject to tax.

Even though, as indicated above, certain activities of the new division might give rise to liability for unrelated business income tax, we see no substantial immediate risk to the basic tax-exempt status of the National Council. We would become concerned about such a risk only if unrelated business activity came to constitute a significant percentage (probably at least 20%), in terms of money, time and effort, of the overall activity of the National Council; and such size appears unlikely in the near future. In the event that such activity grew to threatening proportions, the National Council could consider then the possibility of moving it into a separate taxable entity.

We hope that you and the Board of Directors find the foregoing analysis helpful. You are, of course, invited to call either Tom O'Brien at 609-7665 or me at 609-7730 with any questions or further

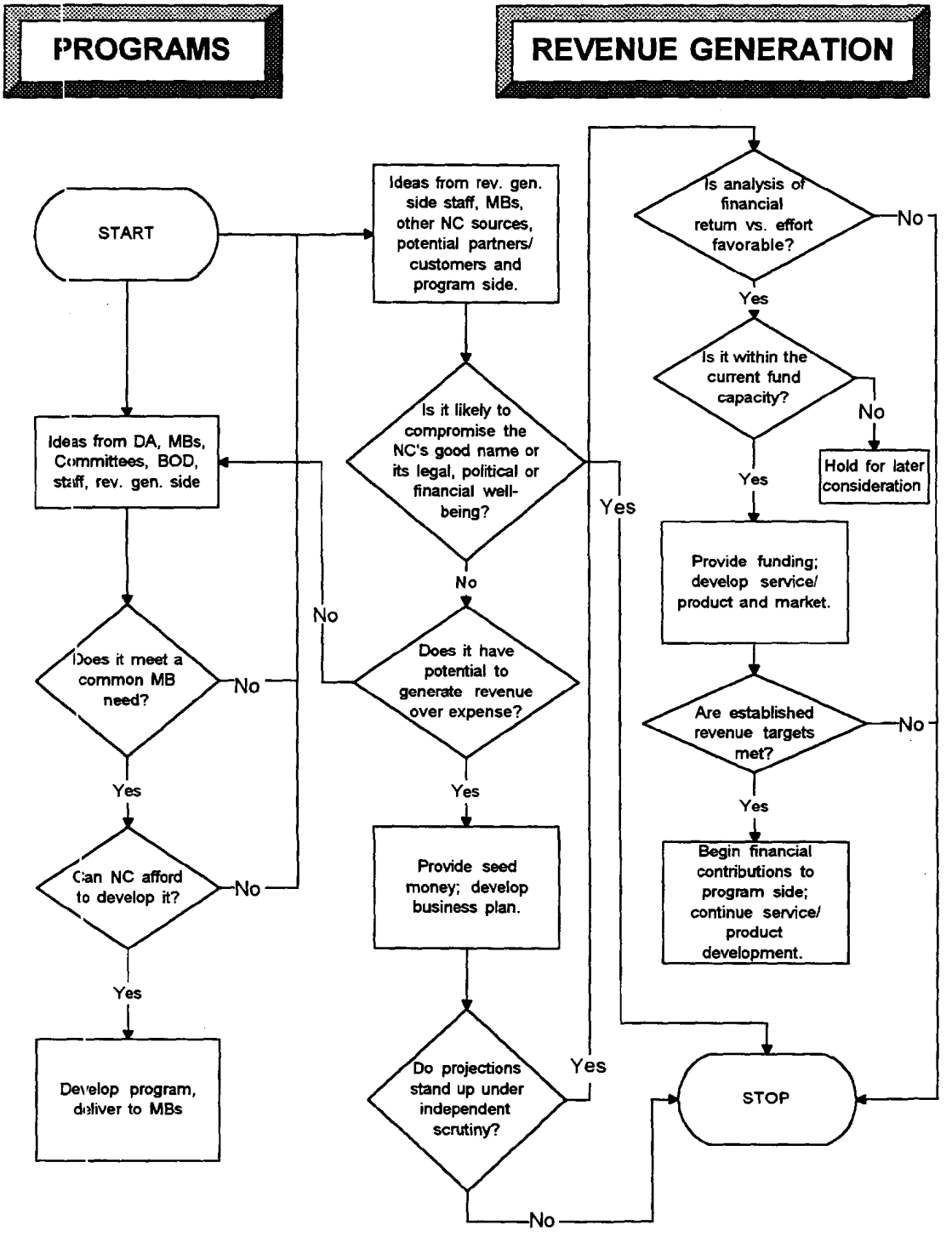
instructions about the subjects addressed above or any other aspect of the proposed new division.

Sincerely,

William F. Walsh

WFW/blm
cc: Thomas L. O'Brien, Esq.

Attachment C-5



Attachment C-6

SCREENING FORM
Adapted from Philip G. Kuehl, Ph.D.

Product/Program Name: _____

Your Name: _____

Weight (1-6)	Evaluation Factor And Rating	Probability	Expected Value	Weight	Total
5	1. Consistent with Anticipated Organization Plan Objectives Highly consistent ..... 4 Somewhat consistent ..... 3 Somewhat inconsistent ..... 2 Highly inconsistent 1				
4	2. Capitalizes on Distinct Competencies, Special "Know-How," or Reputation Definitely capitalizes ..... 4 Somewhat capitalizes ..... 3 Does not capitalize ..... 2 Definitely does not capitalize 1				
2	3. Utilizes Demonstrated, In-Place Staff Expertise Definitely yes ..... 4 Yes ..... 3 No ..... 2 Definitely no 1				

Weight (1-6)	Evaluation Factor And Rating	Probability	Expected Value	Weight	Total
6	4. Target Market Growth Trend Growing at an accelerating rate .....4 Growing market overall .....3 Static or mature market .....2 Decreasing market size.....1				
4	5. Market or Customer Adoption Process Ready customer acceptance .....4 Moderate customer resistance. .....3 Appreciable customer education needed .....2 Extensive education.....1				
5	6. Competitive Impacts in the Market No competitors exist with similar products .....4 Competitors exist with no similar products. .....3 Some competitors exist with similar products .....2 Many competitors exist with similar products 1				
6	7. Net Revenue Potential Outstanding.....4 Modest .....3 Break even .....2 Loss 1				

Weight (1-6)	Evaluation Factor And Rating	Probability	Expected Value	Weight	Total
2	8. Similarity to Present Project Lines Fits perfectly ..... 4 Only slightly different ..... 3 Somewhat different ..... 2 Entirely new type 1				
4	9. Effect on Present Products Increase other product sales ..... 4 Slight sales increase ..... 3 No effect ..... 2.5 Decrease other sales somewhat ..... 2 Will replace/substitute other products 1				
2	10. Suitability of Current Marketing Strategies, Tactics No changes necessary ..... 4 Few additions/changes necessary ..... .3 Some additions/changes necessary ..... 2 Entirely new strategies necessary 1				

Weight (1-6)	Evaluation Factor And Rating	Probability	Expected Value	Weight	Total
5	11. Staff or Association Service Requirements Associated with Product Negligible service required. ....4 Slight service requirements ....3 Moderate service requirements . ....2 Extensive service requirements 1				
5	12. Promotional Requirements Little promotion required ....4 Moderate requirements ....3 Appreciable requirements. ....2 Extensive advertising and promotion 1				
3	13. Time to Achieve Anticipated Market Penetration and/or Sales Volume Less than 2 years ....4 2nd or 3rd years ....3 4th or 5th years. ....2 6 years or longer 1				

TOTAL SCORES: ALL FACTORS

1. Anticipated Development Plan ..... ____
2. Competency ..... ____
3. Staff Expertise ..... ____
4. Target Market Growth ..... ____
5. Adoption Process Characteristics ..... ____
6. Competitor Impacts ..... ____
7. Net Revenue Potential ..... ____
8. Similarity: Product Lines ..... ____
9. Effect on Current Product ..... ____
10. Suitability: Current Marketing Practices ..... ____
11. Service Requirements ..... ____
12. Promotional Requirements ..... ____
13. Market Penetration/Sales Goals ..... ____

TOTAL: ..... _____

Maximum Possible - 204

Attachment C-7

CONCEPT OF REVENUE GENERATION

DISCUSSION SHEET
MARCH 1994

During the month of February, Area Directors contacted each Member Board in their respective Areas regarding the packet of materials on the concept of revenue generation for the National Council. Across the four Areas, numerous comments of support and some concerns were voiced—all of which were shared with the Board of Directors at its March meeting. Following an in-depth review of the input, the Board decided to focus on what evolved as four broad areas of concern and agreed that a discussion sheet addressing these concerns would facilitate discussion at Area Meetings. **Please bring this discussion sheet to your Area Meeting.**

MEMBER BOARD CONCERN #1:

Authority and responsibility for a single person: need appropriate checks and balances.

Original Idea

Original discussion led to a conclusion that the governing entity needs flexibility for rapid decision-making, varied expertise to evaluate a wide variety of revenue-generating ideas, continuity to pursue a long-term strategy, and the ability to proceed unencumbered within a pre-established policy framework. Equally, if not more important, the governing entity must have sufficient time and energy to govern. The role of the governing entity was defined as follows:

- evaluate risks of ideas, including financial, political, legal, and name/reputation;
- evaluate benefits, primarily generation of financial resources;
- allocate funds for individual revenue generation projects, establish milestone financial goals, determine when to discontinue a project.

Selection of a chief executive officer as the governing entity emerged as the Board of Directors' preference. Within the corporate and policy framework established by the Delegate Assembly and Board of Directors, the chief executive officer for the revenue generation division would have clear authority for decision-making. If the chief executive officer also serves as the executive director of the entire organization, the advantages include retaining single accountability of both the core programs and the revenue generation division to the Board of Directors; a strong connection to valuable and important advisors (e.g., Member Boards, committees, staff, legal counsel, financial advisors, etc.); and a deep knowledge base of and commitment to National Council's mission, goals and objectives. Selecting a CEO as the governing entity, regardless of whether or not the CEO also serves as the executive director, results in the added important benefit of enabling the rapid and timely decision-making needed to keep an edge in the marketplace. A disadvantage may be placing complete control in a single individual. During the early planning stage, discussions continued on how best to capitalize on the advantages of designating a chief executive officer as the accountable decision-maker while creating an environment of proper checks and balances that does not encumber the process.

Idea for Consideration

A small group (n=3 to 5) of entrepeneurially-minded individuals with expertise in finance, marketing, or in the business areas likely to be entered into by the revenue generation division would serve as the governing entity of the revenue generation division. These individuals would be appointed by the Board of Directors from board members and staff of Member Boards. The Vice-President of the Board of Directors would be an ex-officio member of the group who retains voting privileges. This group would be responsible for setting policy at a lower, more specific level than the Board of Directors, but not at an individual project level. It would monitorperformance of the revenue generation division and advise on "course corrections" as the division's projects progress. Overall performance reports of the division would be reported to the Board of Directors, which would in turn report annually to the Delegate Assembly. The chief executive officer would report to the revenue generation division's governing group. The chief executive officer may be, but would not necessarily be, the executive director of the entire organization.

MEMBER BOARD CONCERN #2:
Attention/resources to Member Board services: need assurance that services will not be diluted.

Original Idea

There are two basic resources required for the delivery of services: human resources and fiscal resources. In regard to human resources, the executive director will be identifying a preliminary division staffing plan needed for implementation, should the concept of a revenue generation division be approved by the delegates in August. Regular staffing for the organization will be planned based on current program needs, and emphasis will be on continuous improvement of the quality services provided by staff. The essence of the plan will be to ensure that attention to current Member Board programs and services is not compromised. Upon approval of a revenue generation division by the Delegate Assembly, development of specific management decisions regarding staffing needs and patterns would be the responsibility of the CEO, and will depend on the activities of the revenue generation division.

In regard to fiscal resources, there is a limited dollar amount that is being proposed to fund the revenue generation division (i.e., Administrative guideline #7: *$600,000 shall be allocated from the National Council's undesignated, unrestricted fund balance for financing potential revenue-generating projects. The Finance Committee's recommendation shall be sought prior to any Board of Directors' decision relative to this guideline.*). Thus, a strong base of financial resources will be assured for the committees and staff needed for continuing quality services for Member Boards.

Idea for Consideration

Hire a division manager when warranted by the size and activities of the revenue generation division. This division manager would be responsible for day-to-day management of division staff and projects. The division manager would report to the executive director, who is ultimately accountable to the Board of Directors for accomplishment of National Council's goals and objectives, as well as performance of the revenue generation division.

MEMBER BOARD CONCERN #3:
Role of Delegate Assembly: need assurance of involvement.

Original Idea

The favored idea is the creation of a division of the National Council via an amendment to the bylaws. The Delegate Assembly's role would be the approval of the bylaws amendment permitting creation of this division. The Board of Directors' role would be the establishment of the policy framework, the determination of available funds, and the evaluation of the chief executive officer. Within these broad parameters, all revenue generation activity and decisions would be under the control of the chief executive officer, who would bear accountability for policy-keeping to the Board of Directors and for accomplishing the purpose of revenue generation to the Delegate Assembly.

Additionally, on a periodic basis throughout the year, financial information and information on compliance with administrative guidelines would be supplied to the Board of Directors. Annually, an audit by an independent certified public accounting firm would be performed and submitted for review by the Finance Committee, Board of Directors and Delegate Assembly. Finally, a comprehensive evaluation of the division's performance as compared to initial expectations would be scheduled for the end of the first five years. Expert opinion supports that five years is a sufficient period of time to allow for the long-range development of business opportunities that would be required for successes to be realized, if in fact they will be. The Board would report on this comprehensive evaluation of the entire revenue generation division to the Delegate Assembly and make recommendations as appropriate.

For clarification, Delegate Assembly authority remains unchanged. Under this proposal, the Delegate Assembly retains its authority to set policy and direction that is binding on the entire National Council, including the proposed revenue generation division. The Delegate Assembly would also retain authority to elect the members of the Board of Directors, adopt bylaws and provide direction through the Organization Plan—all of which ensures continued involvement. What the Delegate Assembly would not have under this proposal is "line item" authority or project-by-project decision-making. Ultimate control over the organization's structure and direction is always the Delegate Assembly's through the power of bylaws adoption.

Idea for Consideration

Should the newly introduced concept of a governing group be selected, this group would report periodically to the Board of Directors on division activities and progress; the Board of Directors reports annually on the revenue generation division to the Delegate Assembly.

MEMBER BOARD CONCERN #4:

Scope of activities: why go beyond current activities?

Original Idea

A number of factors have converged to heighten interest in revenue generation at this time, although it is important to note that over the years, this has been an item addressed from time to time by the Finance Committee. First, the Delegate Assembly this past August requested exploration and development of a number of new services which arise from a common Member Board need. In fact, the cost of these new services exceeded the funds available in the operating budget, so that the fund balance accumulated in previous years would need to be tapped. If this pattern recurs in future years, additional revenue sources will have to be sought in order to provide positive responses to these requests.

Secondly, due to use of previously accumulated fund balances for the major testing projects in the areas of computerized adaptive testing (CAT) and computerized clinical simulation testing (CST), the fund balance is projected to decline from a estimated high of $5,000,000 at the end of FY96 to a level of approximately $3,000,000 in 1999. While this projection may seem to be ample at first glance, in actuality it does not make allowance for any sizable, unanticipated programs to be developed. To portray this situation, the following expenditures and projections are offered, using only current projects as examples:

	Total Expenditure FY87–FY93	Projected Expenditure FY94–FY99
• Computerized adaptive testing (CAT)	$3,775,693	$1,024,138
• Computerized clinical simulation testing (CST)	$2,183,180*	$2,995,569
• Nurse Information System (NIS)	$ 294,679*	$ 375,000*

* *supported in part by external grant funds*

Considering this information, it may be easier to understand why a $3,000,000 projection for 1999 becomes a potential financial limitation.

Third, over the past several years, a number of potentially high-revenue possibilities closely related to areas in which the National Council has expertise and reputation have arisen. Due to the lack of organizational structure that would better enable investment of resources to develop these opportunities, the decision has needed to be to let them pass. Additionally, at the same time other organizations have elected to capitalize on some of these opportunities over the years, concern has been expressed regarding the potential impact of products developed by others on the National Council and its reputation for quality.

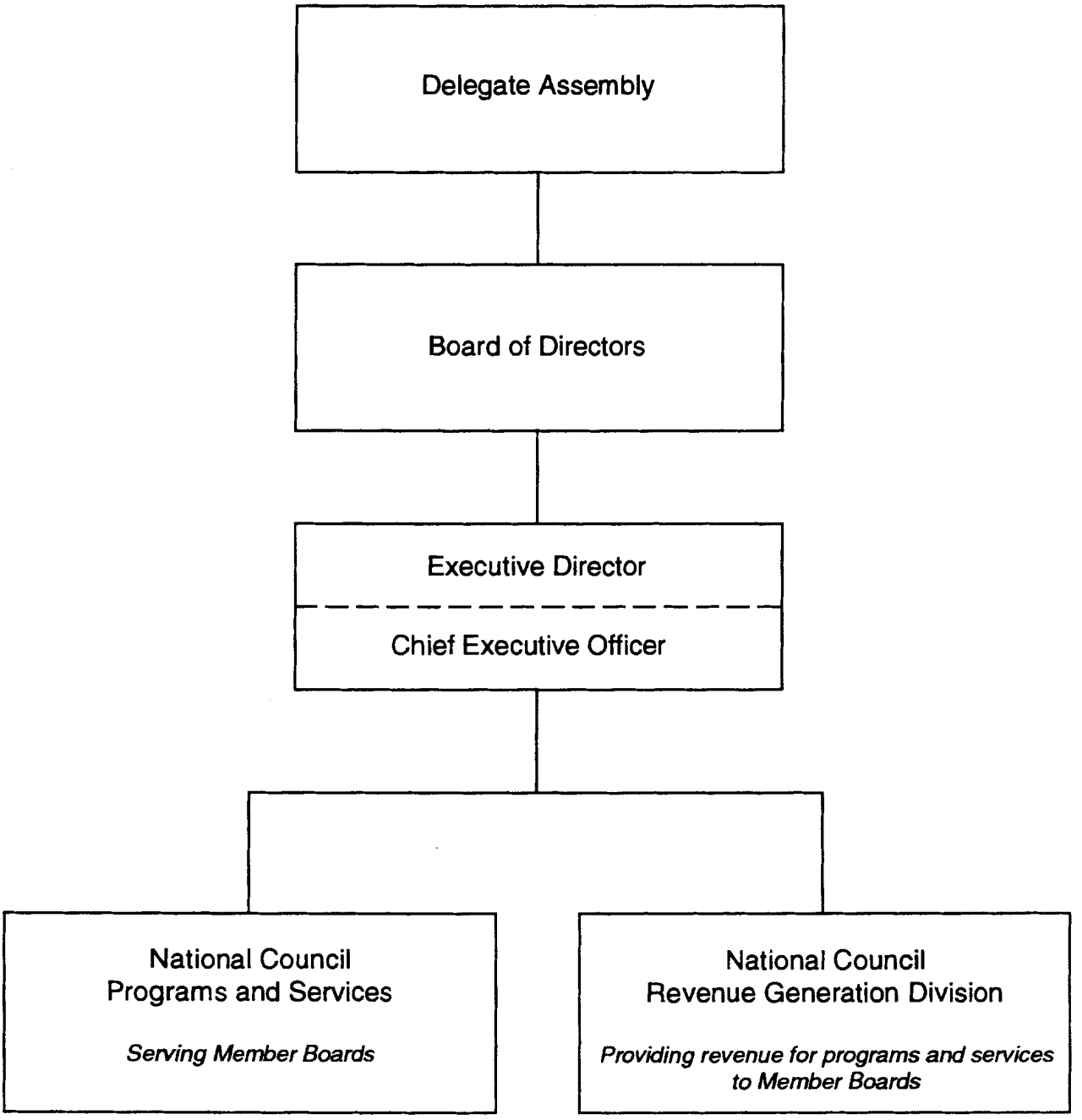
The National Council is not in crisis mode with respect to financing its current operations. Current programs could be sustained without threat into the foreseeable future. However, significant opportunities for earning additional revenue are available, and the resulting revenue would be used to support additional common Member Board needs. Adding National Council programs and services should not be limited by the portion of NCLEX candidate fees paid to the National Council, which is today the large majority of its finances. To take advantage of the available opportunities would require a defined plan and structure to purposefully develop revenue-generating opportunities.

Idea for Consideration

Whether or not to create a revenue generation division via an amendment to the bylaws is the important decision that will be made by a vote of the 1994 Delegate Assembly.

ORGANIZATIONAL STRUCTURE FOR CHIEF EXECUTIVE OFFICER AS GOVERNING ENTITY

(As proposed in the revenue generation packet of materials)



Report of the Resolutions Committee/New Business

Committee Members

Debra Brady, NM, Area I, *Chair*
Donna Dorsey, MD, Area IV
Linda Hunt, OH, Area II
Linda Murphey, AR, Area III
Richard Sheehan, ME, Area IV, *Finance Committee Liaison*

Relationship to Organization Plan

Goal V ..... Implement an organizational structure that uses human and fiscal resources efficiently.
Objective C..... Maintain a system of governance that facilitates leadership and decision-making.

Recommendation(s)

1. That the Maryland Resolution to develop disciplinary guidelines for managing sexual misconduct cases be adopted.

Rationale

The service requested by this resolution falls within the mission of the National Council and specifically under Goal II, Objective B or C of the National Council Organization Plan. Goal II is *"Nursing Practice - Provide information, analyses and standards regarding the regulation of nursing practice."* Objective B reads, *"Develop documents regarding health care issues which affect safe and effective nursing practice."* Objective C reads, *"Conduct research on regulatory issues related to disciplinary activities."* The results of the Objective Importance and Effectiveness Survey conducted by the Long Range Planning Committee in 1993 ranked the importance of Objective B and C at 12th and 11th respectively out of the 24 objectives. In addition, responses to the 1994 Trend Analysis Study identified sexual misconduct charges against nurses as a trend or issue having an impact on the regulation of nursing within the next five years. The resolution follows as Attachment A.

Legal review of the resolution has determined that there is no obstacle to provision of this service.

Fiscal Impact Statement follows as Attachment B.

Highlights of Activities

- ***Review of Motions***

The committee held a telephone conference on Thursday, May 5, 1994, to review the one resolution received. Following the policies and procedures established by the Board of Directors, the committee prepared the resolution for inclusion in the *Book of Reports.*

The committee will meet on Friday, August 5, 1994, to review any additional resolutions received by 12:00 noon on Friday, August 5, 1994.

- ***Resolutions Forum***

All resolutions received will be presented by the committee at the Resolutions Forum which will be held at 8:30 a.m. on Saturday, August 6, 1994.

Meeting Date

- May 5, 1994

Staff

Jennifer Bosma, *Executive Director*
Doris Nay, *Associate Executive Director*

Attachments

Attachment A

Resolution for the Development of Disciplinary Guidelines for Managing Sexual Misconduct Cases.

WHEREAS, The public scrutiny of actions taken by regulatory boards is increasing; and

WHEREAS, Complaints related to sexual misconduct are being reported more frequently in the health professions; and

WHEREAS, Information about treatment outcomes and long term recovery related to sexual misconduct is limited; and

WHEREAS, Disciplinary models for dealing with this issue are limited or nonexistent.

RESOLVED, That the National Council study the issue of sexual misconduct as it relates to nurses' practice and that a model(s) be developed to assist Member Boards in making decisions regarding disciplinary action and that a progress report be presented at the next delegate assembly.

Submitted by:
Maryland Board of Nursing

Endorsed by:
Connecticut
Delaware
District of Columbia
Maine
New York
Pennsylvania
Rhode Island
Vermont
Virgin Islands

Resolutions Committee Action:
Recommended for Adoption

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.

Attachment B

FISCAL IMPACT STATEMENT

TITLE OF MOTION/RESOLUTION: Disciplinary Guidelines for Managing Sexual Misconduct Cases

I. REVENUE:

Description: _____

_____

$ NONE

==========

II. EXPENSES:

1. Committee/Task Force/Work Group Meetings

Airfare $875 X No. of members 4
X No. of meetings 1 $ 3,500

Per Diem $225 X No. of members 4
X No. of days 3 $ 2,700

Telephone Conference Call $400
X No. of Conferences 2 $ 800

2. Staff Travel:

Purpose: _____

_____

Airfare $875 X No. of staff _____
X No. of trips _____ $ _____

Per Diem $225 X No. of staff _____
X No. of days _____ $ _____

3. Other Travel:

Purpose: _____

_____

Airfare $875 X No. of persons _____
X No. of trips _____ $ _____

Per diem $225 X No. of members _____
X No. of days _____ $ _____

4. Mailings:

Purpose: Letter to all Member Boards requesting information regarding this type of case; mailings to committee members, consultant.

Cost per letter $.32 X No. of mailings 1

X No. of pieces mailed 62 $ 20

Cost per 9X12 envelope $2.50 X No. of mailings 1 X No. of pieces mailed 5 $ 25

Overnight mail $9.75 X No. of mailings ___

X No. of pieces mailed _____ $ _____

5. Copying and Printing:

Purpose: Distribute materials.

Per copy cost $.05 X No. of reports 7

X No. of pages 1,000 $ 350

Outside Printing - Describe:

_____

_____ $ _____

6. Consultation:

a. Legal - Purpose: To obtain expert advice regarding dealing with this type of offender (how to ID, investigate, potential for rehab, etc.

Cost per hour $200 X No. of of hours 4 $ 800

b. Other - Purpose: Health care professional and/or faculty (i.e., clinical psychologist).

Cost per hour $62.50 X No. of hours 48 $ 3,000

7. Additional Staff/Temporary Help Required:

Purpose: _____

_____ $ _____

8. Other Costs:

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

Type and Purpose _____

_____

_____ $ _____

TOTAL OUT-OF-POCKET EXPENSES $11,195

9. Time Required of Existing Professional and Support Staff

Purpose: _____

Professional - 5 weeks

Support - 1 week $ 7,100

TOTAL EXPENSES - FY 1995 $18,295

III. SUMMARY

	FY95	FY96	FY97
Revenue	$ NONE	$ NONE	$ NONE
Out-of-Pocket Exp.	$11,195	$ NONE	$ NONE
Existing Staff Time Exp.	$ 7,100	$ NONE	$ NONE
Net (Revenue)/Exp.	$18,295	$ NONE	$ NONE

IV. Projected Beginning Date: September 1994

Projected Completion Date: August 1995

V. Submitted By: Maryland Board of Nursing

Revised: 5/24/94

Summary of 1993 Delegate Assembly Action and Subsequent Implementation

The 1993 Delegate Assembly passed motions directing:

1. **That the Delegate Assembly adopt the Readiness Criteria for the transition to computerized adaptive testing (CAT).**

   The Board of Directors, on October 25, 1993, applied the criteria and found them to be satisfactory. Implementation of CAT was authorized to begin April 1, 1994.

2. **That the Delegate Assembly approve a revision of the wording of Goal II, Objective D, of the National Council's Organization Plan, to read as follows: "Provide for Member Board needs related to disciplinary activities."**

   The new wording was implemented and reflected in the FY94 version of the Organization Plan document.

3. **That the Board of Directors determine the methodology to implement educational programs for nursing education program surveyors that best meets the needs of the membership within National Council's Organization Plan.**

   The Board appointed a task force to develop the methodology and content; see the task force's report under Tab 19.

4. **That the Board of Directors determine the methodology to implement educational programs for discipline investigators that best meets the needs of the membership within National Council's Organization Plan.**

   The Board appointed a task force to develop the content; the Board directed negotiation of joint development of a nursing/health professions "add-on" module to CLEAR's National Certified Investigator Training, to be offered as a pilot on September 29-30, 1994. See the task force's report under Tab 19 regarding the module's content.

5. **That the Delegate Assembly approve a policy for Member Board Review of newly developed NCLEX items or simulated computerized adaptive examinations.**

   The policy was incorporated into Member Board information; two 1994 opportunities for Member Board review (July-August and October-November) were communicated to Member Boards.

6. **That the National Council establish and maintain a central repository of reviews of literature of common nursing practice issues which bring nurses before boards of nursing for disciplinary action.**

   The Board appointed a task force which developed six reviews; see the task force's report under Tab 19.

7. **That the National Council develop a nursing practice disciplinary case analysis example in a single practice area to present to the 1994 Delegate Assembly.**

   The Board appointed a task force which developed a case analysis example regarding medication errors; see the task force's report under Tab 19.

8. **That the National Council conduct a pilot study focusing on collaboration among nursing education, service and regulation to identify strategies for prevention of common nursing practice deficiencies.**

   The Board requested the Nursing Practice and Education Committee to assume responsibility for the pilot, since it fit in with the committee's continuing work on nursing competence. The committee developed a model and tried it out with representatives of nursing service and education in Chicago. See the Nursing Practice and Education Committee's report under Tab 13.

9. **That the Delegate Assembly adopt the position paper on the Regulation of Advanced Nursing Practice, as amended.**

   The position was announced in a newsrelease and in *Issues* following the Delegate Assembly.

10. **That the Delegate Assembly adopt the Model Legislative Language and Model Administrative Rules for Advanced Nursing Practice, to be incorporated into the newly adopted *Model Nursing Practice Act* and *Model Nursing Administrative Rules*, as printed in this *Book of Reports*.**

    The language was incorporated into the new model act and into the existing rules, and made available to requesters. The model rules on education, examination and certification formed the basic framework for the data collection instrument used for the Advanced Practice Certification Clearinghouse.

11. **That the Delegate Assembly authorize the National Council to contract with the Maine State Board of Nursing to develop a psychometrically sound and legally defensible supplemental licensure examination for use by the Maine State Board of Nursing in licensing baccalaureate level graduates to measure the unique, minimal competencies required of these graduates.**

    A proposal was provided, upon request, to the Maine State Board of Nursing detailing potential examination specifications and costs. The proposal is on hold until at least the next session of the Maine legislature.

12. **That the National Council collect data to compare the effectiveness, in protecting public safety (including advantages and disadvantages), of various structures of boards of nursing ranging from those which function as part of a centralized regulatory agency to those which are completely independent.**

    The Board appointed a focus group which assisted staff in the creation of a survey of Member Boards; see the report of the data analysis which will be published in a supplement to this *Book of Reports*, anticipated to be released in June 1994.

13. **That the National Council authorize the Executive Directors' Network Group to establish a committee composed of one executive director selected by each National Council Area at the 1993 Delegate Assembly to develop and recommend structure and procedures to facilitate the functioning of Member Board executive directors. The committee is to report its findings and recommendations to the Board of Directors and the Executive Directors' Networking Group no later than the 1994 Delegate Assembly.**

    Representatives selected by the Areas have surveyed all Member Board executive directors and formulated recommended structure and activities in their report to the Executive Directors Network Group and the Board of Directors.

14. That the Delaware Board of Nursing be authorized to administer the October 1993 NCLEX-PN to qualified candidates who are family members of military personnel stationed in Europe who requested administration in Germany.

The Delaware Board found it unnecessary to administer the October 1993 NCLEX-PN in Germany.

15. That the Board of Directors on behalf of the National Council endorse all agencies deemed acceptable according to criteria to be established by the Foreign Educated Nurse Credentialing Committee; such endorsement shall not include a monitoring component nor a fee.

The Foreign Educated Nurse Credentialing Committee met to finalize the criteria and forward them to the Board; the Board endorsed four qualified agencies in December 1993. Options regarding future monitoring are included in the Board's report under Tab 20.

16. That the Board of Directors will continue collaboration with the American Nurses' Association, American Association of Nurse Anesthetists, the American College of Nurse Midwives, and other nursing organizations including nurse certifying bodies, with regard to advanced practice issues.

Communications have continued with these organizations, including a Fourth Advanced Practice Leadership Roundtable held in June 1994. The certifying bodies have all responded to the National Council's request for information regarding their programs, enabling the Advanced Practice Certification Clearinghouse to open for Member Board use in Spring 1994.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Organization Plan

FY94 Tactics

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its member boards of nursing on matters of common interest and concern affecting the public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

Goal I. **Licensure and Credentialing**

Provide Member Boards with examinations and standards for licensure and credentialing.

Objective A. Conduct job analysis studies to serve as the basis for examinations.

Tactic 1. Conduct a PN job analysis study in FY94. (Staff)

Tactic 2. Begin nurse aide job analysis study in FY94; report conclusions in FY95. (Staff)

Objective B. Provide examinations that are based on current accepted psychometric principles and legal considerations.

Tactic 1. Maintain and enhance licensure examinations based on current job analysis studies. (EC)

Tactic 2. Develop and implement mechanisms for examination content development and performance. (EC)

Tactic 3. Recommend modifications to examination scoring and analysis procedures, as needed. (EC)

Tactic 4. Review and revise policies and procedures for examination administration as necessary. (AEC)

Tactic 5. Assure examinations are administered according to approved security measures. (AEC)

Tactic 6. Provide information regarding the NCLEX process. (Staff)

Tactic 7. Make available summary profiles for NCLEX/CAT. (Staff)

Tactic 8. Develop a supplemental licensure exam for Maine. (Staff)

Objective C. Implement computerized adaptive testing for the licensure examinations.

Tactic 1. Plan and conduct communication activities for NCLEX/CAT, in accordance with the CAT Education/Information Plan. (EC2)

Tactic 2. Implement the CTB to ETS vendor transition. (Staff)

Tactic 3. Coordinate testing-related committees to support transition to CAT. (EC1, EC2, AEC)

Tactic 4. Evaluate Member Board needs for support related to NCLEX/CAT and begin implementation. (EC)

Tactic 5. Plan for the post-NCLEX/CAT implementation evaluation and follow-up. (EC2)

Objective D. Conduct research and development regarding computerized clinical simulation testing for initial and continued licensure.

Tactic 1. Continue research and development on CST for examination for initial RN licensure. (CST)

Tactic 2. Explore revenue generating uses for CST. (Staff)

Objective E. Provide a competency evaluation program for nurse aides.

Tactic 1. Maintain and enhance the Nurse Aide Competency Evaluation Program. (NACEP)

Tactic 2. Assure compliance of NACEP with all federal and state regulations. (Staff)

Tactic 3. Provide NACEP related services. (Staff)

Objective F. Promote consistency in the licensure and credentialing process.

Tactic 1. Evaluate and revise as needed the sections of the Model Nursing Administrative Rules relating to licensure. (NP&E)

Tactic 2. Evaluate regulatory developments regarding entry into practice and analyze implications for National Council services. (NP&E)

Tactic 3. Monitor issues related to licensure and credentialing. (Staff)

Tactic 4. Assist Member Boards with needs relating to credentialing services for foreign educated nurses. (Staff)

Objective G. Investigate mechanisms for evaluating continued competence.

Tactic 1. Analyze regulatory issues related to continued competence and implications for National Council services. (NP&E)

Tactic 2. Develop a plan to assist Member Boards in assessing continued competence. (NP&E)

Goal II. **Nursing Practice**

Provide information, analyses and standards regarding the regulation of nursing practice.

Objective A. Develop documents which provide guidance regarding the regulation of nursing practice.

Tactic 1. Evaluate and revise as needed sections of the Model Nursing Administrative Rules related to nursing practice. (NP&E)

Tactic 2. Establish a clearinghouse of information regarding advanced nursing practice certification. (Staff)

Objective B. Develop documents regarding health care issues which affect safe and effective nursing practice.

Tactic 1. Analyze and disseminate National Council statements on the effects of health care reform on the regulation of nursing practice. (Staff)

Tactic 2. Explore regulatory implications of nurses giving orders to and/or receiving orders from an expanded range of health care providers. (NP&E)

Objective C. Conduct research on regulatory issues related to disciplinary activities.

Tactic 1. Prepare guidelines for a model disciplinary diversion program for chemically dependent nurses. (Chem. Dep.)

Tactic 2. Plan a research project to compare and evaluate the effectiveness of regulatory approaches for the management of chemically dependent nurses. (Chem. Dep.)

Tactic 3. Facilitate Member Board data collection to promote ongoing internal (intra-board) program evaluation and cross-program (inter-board) comparisons and research. (Chem. Dep.)

Tactic 4. Survey Member Board current activities/programs regarding chemical dependency. (Staff)

Tactic 5. Develop research project which would compare and contrast the disciplinary remedies utilized by participating Member Boards. (Staff)

Objective D. Provide for Member Board needs related to disciplinary activities.

Tactic 1. Promote 100% Member Board participation for reporting to the Disciplinary Data Bank. (Staff)

Tactic 2. Disseminate information regarding recent actions as reported to the Disciplinary Data Bank. (Staff)

Tactic 3. Collect, analyze and distribute data regarding types of disciplinary violations and disciplinary actions. (Staff)

Tactic 4. Promote use of electronic access to the Disciplinary Data Bank. (Staff)

Tactic 5. Monitor status of National Practitioner Data Bank. (Staff)

Tactic 6. Establish educational programs for Member Boards for nursing disciplinary investigators. (Disciplinary Investigator Education Task Force)

Tactic 7. Establish a central repository of reviews of literature of common nursing practice issues related to disciplinary actions. (Literature Review Focus Group)

Tactic 8. Develop one nursing practice disciplinary case analysis example. (Disciplinary Case Analysis Focus Group)

Tactic 9. Conduct a pilot study to identify strategies for prevention of common nursing practice deficiencies. (NP&E)

Objective E. Review and analyze actions of government and other entities that affect the regulation of nursing practice.

Tactic 1. Investigate and provide analysis regarding the regulatory implications for nursing practice posed by federal laws, including but not limited to the Americans with Disabilities Act, as well as proposed federal legislation and federal initiatives. (Staff)

Tactic 2. Investigate and provide analysis regarding the regulatory implications for nursing practice posed by state laws, proposed state legislation and state initiatives. (Staff)

Tactic 3. Monitor and provide analysis of the health care delivery system and implications for safe and effective nursing care. (Staff)

Tactic 4. Monitor and provide analysis of major nursing research projects which may affect the regulation of nursing practice and update Member Boards regarding these studies. (Staff)

Goal III. **Nursing Education**

Provide information, analyses and standards regarding the regulation of nursing education.

Objective A. Develop documents which provide guidance regarding the regulation of nursing education.

Tactic 1. Evaluate and revise as needed the sections of the Model Nursing Administrative Rules related to nursing education. (NP&E)

Tactic 2. Develop and disseminate National Council statements analyzing various approaches to trends and issues affecting the regulation of nursing education. (NP&E)

Objective B. Develop documents regarding issues that affect the regulation of nursing education.

Tactic 1. Analyze and disseminate National Council statements on the effects of health care reform on the regulation of nursing education. (Staff)

Objective C. Provide for Member Board needs related to the approval process of nursing education programs.

Tactic 1. Establish educational program for Member Boards for nursing education program surveyors. (Nursing Education Program Surveyors Task Force)

Tactic 2. Disseminate information among Member Boards regarding approaches to the regulation of nursing education programs. (NP&E)

Objective D. Review and analyze actions of government and other entities that affect the regulation of nursing education.

Tactic 1. Investigate and provide analysis regarding the regulatory implications for nursing education posed by federal laws, including but not limited to the Rehabilitation Act of 1973 and the Americans with Disabilities Act, as well as proposed federal legislation and federal initiatives. (Staff)

Tactic 2. Investigate and provide analysis regarding the regulatory implications for nursing education posed by state laws, proposed state legislation and state initiatives. (Staff)

Tactic 3. Monitor and provide analysis of the health care delivery system and implications for nursing education. (Staff)

Tactic 4. Monitor and provide analysis of major nursing research projects which may affect the regulation of nursing education and update Member Boards regarding these studies. (Staff)

Goal IV. **Information**

Promote the exchange of information and serve as a clearinghouse for matters related to nursing regulation.

Objective A. Implement a comprehensive repository of information.

Tactic 1. Implement the Master Plan for organization of and electronic access to National Council information. (Staff)

Tactic 2. Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions. (Staff)

Tactic 3. Compile abstracts of completed, ongoing and projected studies by Member Boards and the National Council. (Staff)

Tactic 4. Establish procedures for the management and use of data and other functions related to an information clearinghouse system. (Staff)

Tactic 5. Collect, analyze and disseminate data comparing Board of Nursing structures. (Board Structure Focus Group)

Objective B. Establish a nurse information system for use by Member Boards and others, contingent upon receipt of substantial external funding.

Tactic 1. Develop a licensee database. (Staff)

Tactic 2. Establish the policies for the management and use of the NIS data. (NIS)

Tactic 3. Assess the market for data distribution and develop marketing plan as indicated. (Staff)

Objective C. Provide consultative services for Member Boards.

Tactic 1. Provide or identify resources to meet individual information needs of Member Boards. (Staff)

Objective D. Facilitate communication between National Council, Member Boards and related entities.

Tactic 1. Enhance existing formal communications network between the National Council and Member Boards. (Staff)

Tactic 2. Create and maintain effective working relationships with nursing, health care, consumer and regulatory organizations. (Staff)

Tactic 3. Enhance the National Council image and credibility through utilization of a variety of professional communication vehicles. (Staff)

Tactic 4. Create and seek communications opportunities that promote, inform and educate on issues regarding nursing regulation. (Staff)

Tactic 5. Plan and select National Council educational programs. (CC)

Tactic 6. Continue collaboration with ANA, AANA, ACNM, and other nursing organizations including certifying bodies. (BOD)

Tactic 7. Develop and recommend structures and procedures to facilitate the functioning of the Executive Directors' Networking Group. (ED Networking Focus Group)

Goal V. **Organization**

Implement an organizational structure that uses human and fiscal resources efficiently.

Objective A. Implement a planning system to guide the National Council.

Tactic 1. Communicate a clear and progressive vision for the organization. (BOD)

Tactic 2. Develop and evaluate the Organization Plan for the National Council. (LRP)

Tactic 3. Implement the plan for assessing the overall effectiveness of the organization. (Staff)

Tactic 4. Facilitate intraorganizational coordination and effectiveness. (Staff)

Objective B. Implement a fiscal resource management system.

Tactic 1. Oversee use of the organization's assets to assure prudence and integrity of fiscal management and responsiveness to Member Boards' needs. (FC)

Tactic 2. Maintain financial policies which provide guidelines for fiscal management. (FC)

Tactic 3. Review and revise financial forecast assumptions to maintain a current forecasting model. (FC)

Tactic 4. Maintain and refine the program budgeting system for the National Council. (Staff)

Tactic 5. Develop non-dues, non-NCLEX revenue sources for the organization. (Staff)

Objective C. Maintain a system of governance that facilitates leadership and decision-making.

Tactic 1. Maintain an effective intraorganizational structure. (BOD)

Tactic 2. Manage National Council resources to effect the goals of the organization. (Staff)

Tactic 3. Revise National Council bylaws for vote at the 1994 Delegate Assembly. (BC)

Tactic 4. Assure a slate of qualified candidates. (CON)

Objective D. Conduct and disseminate research pertinent to the mission of the National Council.

Tactic 1. Identify research proposals which merit funding. (Staff)

Tactic 2. Facilitate Member Boards' research activities. (Staff)

Tactic 3. Continue analysis of role delineation study data. (Staff)

FY94 Budget - 10/1/93 - 9/30/94
By Program

UNRESTRICTED/UNDESIGNATED FUNDS:

NCLEX		
NCLEX Exam Revenue	(13,427,144)	
NCLEX Processing Costs	8,947,368	
Handscoring/Review Fees	(52,175)	
Handscoring/Review Costs	45,595	
Other NCLEX Related Expense	28,800	
Exam Committee - Team I	113,625	
Admin. of Exam Committee	48,875	
Ethnic-Gender Bias Review	79,700	
NCLEX Support Costs	59,380	
NCLEX Income Subtotal		(4,155,976)
NACEP		
Royalty Income	(250,000)	
Committee Travel	8,525	
Marketing/Staff Travel	7,750	
Other NACEP Expense	11,500	
NACEP Income Subtotal		(222,225)
Investments		
Investment Income	(225,000)	(225,000)
Member Boards		
Member Board Contract Income	(186,000)	
Associated Exp. (Legal and Other)	15,000	
Member Board Income Subtotal		(171,000)
Publications		
Publications Revenue	(156,525)	
Publications Expense	114,100	
Publications Income Subtotal		(42,425)
Delegate Assembly		
Delegate Assembly Income	(57,975)	
Delegate Assembly Expense	95,388	
Delegate Assembly Subtotal		37,413
Area Meetings		
Area Meetings Board Travel	10,600	
Area Meetings Staff Travel	10,600	
Regulatory Day of Dialogue	15,200	
Area Meetings Expense Subtotal		36,400
Public Relations		
Honoraria	(3,500)	
Public Relations Expense	56,600	
Communications Committee	25,225	
Public Relations Expense Subtotal		78,325

Research		
Job Analysis Monitoring Panel	13,825	
Supplemental Fund	8,800	
PN Job Analysis	22,050	
Nurse Aide Job Analysis	11,500	
Other	15,011	
Research Expense Subtotal		71,186
Practice and Education		
Public Policy Expense	117,056	
Practice and Education Committee	47,845	
Chemical Dep. Nurse Subcommittee	62,300	
Advanced Nurse Practice Subcommittee	2,900	
Practice and Education Expense Subtotal		230,101
Organizational		
Board of Directors	129,560	
Committee on Nominations	14,400	
Finance Committee	27,625	
Bylaws Committee	45,500	
Long Range Planning Committee	35,450	
Leadership Conference	30,000	
Resolutions Committee	7,475	
Board Structure Focus Group	5,880	
Executive Directors' Focus Group	11,180	
Organizational Expense Subtotal		307,070
Administration		
Personnel Costs		
Salary and Benefits	2,015,500	
Staff Travel	11,875	
Staff Development	50,700	
Temporary Help	46,400	
Professional Fees		
Legal	30,000	
Accounting	21,000	
Other	27,400	
Library/Membership	8,000	
Printing/Supplies	100,400	
Insurance	42,500	
Miscellaneous Expense	6,800	
Rent/Utilities	298,000	
Electronic Mail	38,500	
Telephone	30,000	
Postage	55,000	
Equipment Maintenance/Rental	30,400	
Computer Maintenance/Rental	61,090	
Depreciation	238,260	
Administration Expense Subtotal		3,111,825

Summary

Unrestricted/Undesignated Funds:		
Total Revenue	(14,358,319)	
Total Expense	13,414,013	
Revenue Over Expense		(944,306)
Designated Funds:		
Computerized Adaptive Testing	1,024,138	
Role Delineation	151,471	
Clinical Simulation Testing	739,153	
Nurse Information System	52,439	
Designated Funds Subtotal		1,967,201
Restricted Funds:		
Clinical Simulation Testing	1,750	
Nurse Information System	174,368	
Restricted Subtotal		176,118

Summary

All Funds		
Revenue	(14,358,319)	
Expense	15,557,332	
Expense Over Revenue		1,199,013

National Council of State Boards of Nursing, Inc.

Orientation Manual

Purpose

The purpose of the Orientation Manual is to provide information about the functions and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board and committee members.

Following a brief discussion of the National Council's history, this manual will describe the organizational structure, functions, policies, and procedures. More descriptive information on the National Council is available in a published orientation portfolio, available through the communications department.

History

The concept of an organization such as the National Council had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses' Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for persons involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of Nursing also worked with the National League for Nursing Education (NLNE) which, in 1932, became the ANA's Department of Education. In 1933, by agreement with the ANA, the NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, the NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published A Curriculum Guide for Schools of Nursing. Two years later, the NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine scorable form. In 1943, the NLNE Board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the "State Board Test Pool Examination" or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA Board appointed the Committee for the Bureau of State Boards of Nurse Examiners which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that it be replaced by a council. Although council status was achieved, many persons continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body.

At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

Today, the National Council consists of 61 Member Boards including those from the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands. An organizational chart depicting the relationship between the National Council and the Member Boards is attached (Appendix A).

Organizational Mission, Objectives, and Goals

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its Member Boards of nursing on matters of common interest and concern affecting public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

The National Council has several objectives, one of which is to develop and establish policy and procedure regarding the use of licensing examinations in nursing. Another is to identify and promote desirable uniformity in standards and expected outcomes in nursing education and practice as they relate to the public interest. The National Council also seeks to assess trends and issues that affect nursing, disseminate data relating to nurse licensure, and promote continued competence in nursing. To achieve these objectives, it plans and promotes educational programs; it provides consultative services for Member Boards and others; and conducts research that addresses education, practice, and policy-related issues. Strategies for achieving these goals are developed in accordance with organizational objectives and reflect the National Council's mission. The National Council's organization plan adds short-term activities and resources designed to accomplish the long-range goals, objectives and tactics. Activities to implement goals are developed, assessed, and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors and committees participate in evaluating the accomplishment of goals and objectives and the directives of the Delegate Assembly.

Organizational Structure and Function

Membership

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 61 Member Boards including those from the Virgin Islands, Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees, and execution of a contract for using the NCLEX-RN and/or NCLEX-PN.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensure examinations. Member Boards also receive information services, public policy analyses, and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

Areas

The National Council's membership is presently divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues, and provide diversity of board and committee representation. Area Directors are elected by delegates from their respective areas through a majority vote of the Delegate Assembly. In addition, there is a Director-at-Large who is elected by all delegates voting at the annual meeting. (See Glossary for list of jurisdictions by area.)

Delegate Assembly

The Delegate Assembly is the major policy-making body of the National Council that comprises delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

The Delegate Assembly meets at the National Council's annual meeting, traditionally in August. Special sessions can be called under certain circumstances. Regularly scheduled sessions take place in Chicago every third year. In the years between, sessions are held in other cities on a rotation basis among areas.

At the annual meeting, delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and approve the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly approves most test-related decisions, including changes in examination fees and test plans.

Officers

Officers of the National Council include the president, vice-president, secretary, treasurer, area directors, and director-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served as a delegate or a committee member or an officer prior to being elected to office. An officer shall serve no more than six consecutive years on the Board of Directors in addition to filling an unexpired term.

The president, vice-president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice-president are elected in even-numbered years. The secretary and treasurer are elected in odd-numbered years.

The directors are elected for a term of two years or until their successors are elected. Directors from odd-numbered areas are elected in odd-numbered years. Directors from even-numbered areas and the director-at-large are elected in even-numbered years.

Officers are elected by ballot during the annual session of the Delegate Assembly. Area directors are elected by delegates from their respective areas.

Election is by a majority vote. When a majority is not established by an initial ballot, re-balloting takes place between the two nominees with the highest number of votes. In case of a tie on the re-balloting, the choice is determined by lot.

Officers assume their duties at the close of the session at which they were elected. A vacancy in the office of president is filled by the vice-president. Other officer vacancies are filled by Board appointees until the term expires.

Board of Directors

The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. Its primary function is to conduct the business of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of all contracts including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards, and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment and maintenance of the administrative offices.

Meetings of the Board of Directors

Meeting dates for the year are finalized by the Board of Directors during its post-annual meeting Board meeting. All Board meetings are held in Chicago with the exception of the pre- and post-annual meeting Board meetings in those years when the annual meeting is conducted outside of Chicago.

Board members are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board members two weeks before the meeting. The agenda is prepared by staff, with consultation of the President, and provided to the membership via the *Newsletter*.

Activities and materials generated during the two-week interval before the meeting are reported or distributed at the next meeting. This limits the flood of last minute paper to be read and considered during the Board meeting.

The agenda is generally organized around committee and staff reports in the various program areas. Items for Board discussion and action are accompanied by a memo or report which describes the item's background and indicates the Board action needed. Motion papers are available during the meeting and are used so that an accurate record will result. Staff takes minutes of the meeting and later drafts a complete set in conjunction with the secretary. A summary of the Board's major decisions is also prepared, reviewed by the Secretary, and mailed to Member Boards for their information prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each Board member for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the National Council office and include copies of the articles of incorporation and bylaws, policies and procedures, contracts, organization, budget, test plan, committee rosters, minutes, and personnel manual.

Communications with the Board of Directors

Communication between Board meetings takes place in several different ways. The Executive Director communicates weekly with the President, regarding major activities and confers as needed with the Treasurer about financial matters. The Executive Director and Treasurer also discuss the budget on a quarterly basis after the accountant has had the opportunity to compile the necessary financial data. Quarterly reports of major activities are prepared by the Executive Director and provided to Board members.

In most instances, the Executive Director is the person responsible for communicating with National Council consultants about legal, financial, and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

Conference calls can be scheduled, if so desired by the President. Written materials are generally forwarded to Board members in advance of the call. These materials include staff memos detailing the issue's background as well as Board action required. Staff prepares minutes of the call to assist the Secretary who submits them at the next regularly scheduled Board meeting.

Board members use the National Council letterhead when communicating as officers of the National Council.

Committee on Nominations

National Council delegates elect representatives to the Committee on Nominations. The committee consists of four persons, one from each Area, who may be either Member Board staff or Board members. Committee members are elected to one-year terms and may not serve more than two consecutive terms. They are elected by ballot with a plurality vote. The chair is that person who receives the highest number of votes.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself. The committee then prepares a slate for each position to be filled. During the Delegate Assembly, additional nominations can be received from the floor.

Committees

Most of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly. At the present time, the National Council has seven standing committees: Administration of Examination, Bylaws, Communications, Examination, Finance, Long Range Planning and Nursing Practice and Education.

Ad hoc committees or task forces are appointed by either the Delegate Assembly or the Board of Directors and to address special issues and concerns. Examples include the Nurse Aide Competency Evaluation Program Committee, the Nurse Information System Committee and the Foreign Educated Nurse Credentialing Committee.

Committees are governed by specific policies and procedures which may be found in the National Council Manual. The manual is updated, whenever necessary, through mailings from the National Council to Member Boards. Committee membership is extended to all current members and staff of Member Boards. An effort is made to achieve balanced representation whenever possible, including Area, staff and Board members, registered and practical nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

No individual may serve more than six consecutive years on the same committee. Vacancies, including those resulting from a failure to attend two consecutive meetings, may be filled by the Board of Directors upon recommendation by the committee chair.

A National Council staff member is assigned to serve each committee. Staff works closely with the committee chairs to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. Agendas for the committee meetings are established by the chair. With staff assistance, the chair prepares the agenda, the call to meeting, and any other documents that must be reviewed prior to committee meetings. Staff supervises the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

At the request of committee members, staff will analyze issues and make recommendations in accordance with committee objectives and assumptions.

Administration of Examination Committee

The Administration of Examination Committee consists of at least six persons. Its purpose is to recommend criteria and procedures needed to maintain examination security and evaluate Member Board and Test Service compliance with the established criteria and procedures. It is the committee's duty to report security-related violations of contracts between the National Council and its Member Boards to the Board of Directors. The committee chair is contacted in regard to crisis management plan implementation and investigation of security breaks. The committee also reviews National Council staff authorizations for handicapped NCLEX candidates and examination reviews.

Bylaws Committee

The Bylaws Committee consists of at least three members. Its primary duties are to receive, edit, and correlate proposed amendments to the articles of incorporation and bylaws. Such amendments may be originated in the Bylaws Committee or submitted by Member Boards, the Board of Directors, or committees. Following the Bylaws Committee's review, the proposed amendments are submitted by the committee to the Delegate Assembly together with the committee's recommendation for action. The 1992 Delegate Assembly approved a major revision of the bylaws to take place over two years.

Communications Committee

The Communications Committee consists of at least five members. Its purpose is to provide recommendations regarding National Council publications and communications, and select the educational programs scheduled to be held in conjunction with the annual meeting.

Examination Committee

The Examination Committee consists of at least six persons. One of these persons must represent a separate board for practical/vocational nursing. The committee chair must have served on the committee prior to being appointed chair. Alternates to the Examination Committee are generally individuals with prior experience on a testing related committee. The alternates are called upon to substitute for a regular committee member who is unable to attend a meeting, as well as to assist the committee in other capacities, including representation at Item Reviewer and Bias Sensitivity Review Panel sessions.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee is responsible for directing all aspects of examination development. Other duties include the selection of appropriate item writers, test service evaluation, and preparation of written information about the examinations for Member Boards and other interested parties. The committee also evaluates the licensure examinations following their administration through means of item analysis, person-fit analysis, and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether or not the examination actually measures competencies required for safe and effective job performance, and 2) whether or not it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills, and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score. Taking this outcome along with other data relevant to identification of the level of minimum competence, the Board of Directors sets a passing standard which distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes is the best legal defense available for licensing examinations. For most of the possible challenges that candidates might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

Finance Committee

The Finance Committee consists of at least three persons. One of the three is the Treasurer who serves as the committee chair. The committee's primary purpose is to supervise National Council finances, subject to the Board of Directors' approval. It also reviews financial status on a quarterly basis and provides the Board with a proposed annual budget prior to each new fiscal year.

Long Range Planning Committee

The Long Range Planning Committee consists of at least five members. Its purpose is to review the structure of the National Council and its effectiveness in meeting the National Council's purpose; review the mission statement, goals, and objectives and propose revisions, if necessary; and prepare information about the National Council goals, objectives, and tactics for dissemination.

Nursing Practice and Education Committee

The Nursing Practice and Education Committee consists of at least six persons. The committee's purpose is to provide data regarding aspects of nursing regulation to Member Boards. It periodically reviews and revises the *Model Nursing Practice Act* and the *Model Nursing Administrative Rules*, and prepares other position statements and guidelines occasionally for presentation to the Delegate Assembly. It also prepares written information about the legal definitions and standards of nursing practice and education which it disseminates to Member Boards and other interested parties. In the recent past, the committee has had a number of subcommittees to study various issues, e.g., chemically dependent nurses, advanced practice and changing trends in nursing education.

National Council Staff

National Council staff members are hired by the Executive Director to whom they report. Their primary role is to implement the Delegate Assembly's policy directives and provide assistance to the Board of Directors and committees.

The National Council staff is organized into departments for the purpose of meeting the organizational objectives. The Testing Services Department exists to accomplish the National Council's primary objective which is to develop and establish examination-related policy and procedure. Several staff members are assigned to this department. Other staff members are assigned to the Departments of Research Services; Communications; Public Policy, Nursing Practice and Education; Operations and Administration Services to assist the National Council to meet its other objectives. A list of staff and their respective titles can be found behind Tab 5.

General Delegate Assembly Information

Agendas for each session are prepared by the President in consultation with the Board of Directors and Executive Director and approved by the Board of Directors. At least 45 days before the annual meeting, Member Boards are sent copies of the *Book of Reports*. This document contains annual reports and recommendations from the standing and ad hoc committees, Board of Directors, officers, and Executive Director as well as new business submitted by any member or the Board. It also contains the agenda and operating budget, as well as proposed rules for the conduct of Delegate Assembly business.

Prior to the annual session of the Delegate Assembly, the President appoints the Rules, Credentials, Elections, and Resolutions Committees as well as the Committee to Approve Minutes. Prior to any special session, the President appoints at least the Rules and Credentials Committees. In either case, the President must also appoint a timekeeper, a parliamentarian, and pages.

The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Credentials Committee's function is to provide delegates and alternates with identification bearing the number of votes to which the individual is entitled. It also presents oral and written reports

at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations. The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their relationship to council goals and fiscal impact. At a time designated by the President, it reports its recommendations to the Delegate Assembly.

Minutes of the Delegate Assembly are kept by the Secretary, with the support of National Council staff. These minutes are then reviewed, corrected and approved by the Committee to Approve Minutes.

The duties of the Delegate Assembly, as specified in the bylaws, are to:

- approve new National Council memberships;
- elect officers and members of the Committee on Nominations;
- receive reports of officers and committees and take action as appropriate;
- approve any examination fee to be charged by the National Council;
- approve the auditor's report;
- approve policy and position statements and strategies that give direction to the National Council;
- approve the substance of all contracts between the National Council and Member Boards and the National Council and test services;
- establish the criteria for and select the test service(s) to be utilized by the National Council unless the National Council provides such services itself;
- adopt test plans to be used for the development of licensing examinations in nursing;
- transact any other business as may come before it.

General Committee Information

Committee Appointments

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and to ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Each spring, individuals who wish to be considered for appointment or reappointment to a National Council committee submit a Committee Volunteer Information Form. All information from this form, along with information about the number of positions available on each committee, is forwarded to the respective Area Director for recommendations for appointment or reappointment. Concurrently, committee chairs are asked to provide input as to whether individuals currently serving on committees should be reappointed. The Area Directors recommend the appointment/ reappointment of individuals to vacant committee positions. The Area Directors' decisions are based on input received from committee chairs, as well as information obtained from the individuals' volunteer information form.

During its summer meeting, the Board of Directors evaluates the qualifications of existing and potential committee chairs, makes the appropriate appointments for committee chairs, and reviews and approves the committee appointments which were recommended by Area Directors. During the Board's post-Delegate Assembly, appointments are made to any additional subcommittees, special committees, and task forces required to accomplish the directives of the Delegate Assembly.

Committee Minutes

Minutes are taken at every committee meeting including telephone conferences. Minute-taking is an extremely important responsibility because minutes serve as records of what took place at the meeting. Although minutes can be opposed by oral testimony, they are, in the vast majority of cases, legally binding once they have been adopted and certified. Thus, it is critical that they accurately reflect the committee's process and outcomes.

Committee minutes are taken by committee members or staff. If no one volunteers to take the minutes, the committee chair may appoint someone to serve as secretary. Whomever takes the minutes should remember to:

- record the date, place, and time of the meeting
- include a statement that the meeting was duly called
- indicate the presiding officer, chair, or committee member
- indicate who served as secretary
- record names of persons present and quorum statistics
- record the reading, correction, and adoption of minutes from the previous meeting
- record the adjournment time
- keep them clear and concise
- not include every routine document
- make amendments to the minutes only with the committee's approval
- initial any amendments

Minutes from National Council Board and committee meetings follow a specific format. With rare exception, they should reflect the topic discussed and the comments and/or actions that followed.

On the advice of legal counsel, the minutes of the discussion should not be laden with unnecessary detail or use a "he said/she said" approach. In other words, it is not desirable for the secretary to transcribe verbatim statements. Only in special circumstances is it necessary to identify individual speakers since the minutes should reflect committee discussion as well as committee action.

Whenever possible, the secretary should leave a handwritten copy of the minutes with the staff person assigned to the committee meeting. The staff person will then have the minutes typed and forwarded to the committee members with the next meeting's agenda. This procedure not only relieves the committee member of an additional burden; it also safeguards the minutes from loss. It also provides the committee chair with information to prepare the next meeting's agenda. In the event that the minutes cannot be left with the staff person, they should be forwarded to the National Council office within two weeks.

Committee Reports

Committee reports are sent to the National Council office no later than three weeks prior to each Board of Directors' meeting. The reports are written by the committee chair who is assisted by the committee staff person. Staff processes the reports and supervises their mailing.

The first page of the report contains an abstract of the report, followed by any committee recommendation(s). Subsequent pages document the committee's activities in either narrative or outline format. Background and rationale

for the committee's recommendation(s) should be clearly stated. The report concludes with a reiteration of the committee's recommendation(s).

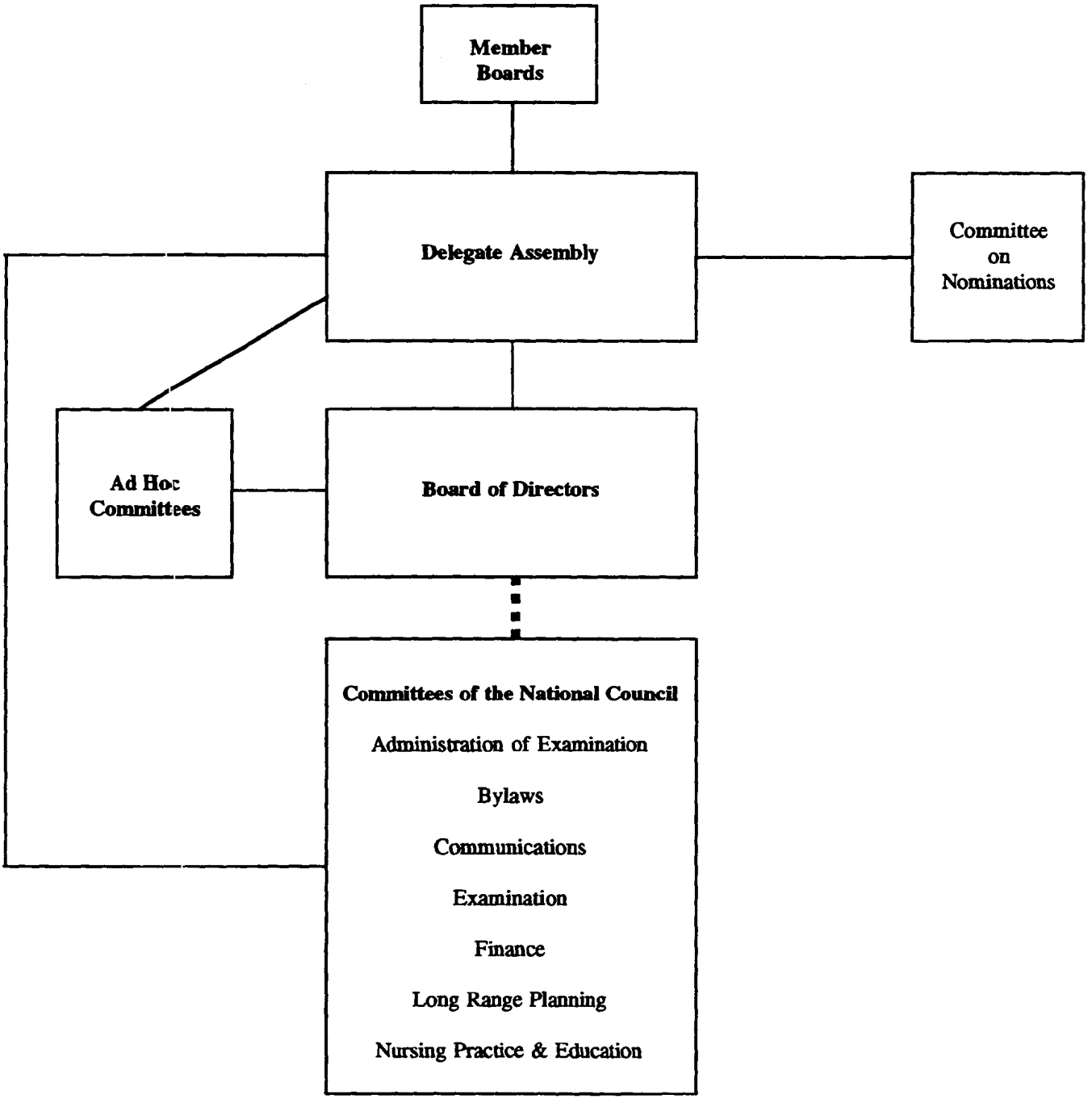
A summary of every committee meeting is reported to the membership via the *Newsletter* that follows the close of the individual meeting.

Appendix A

National Council of State Boards of Nursing, Inc.

Organization

As of May 6, 1994



Glossary

AACN
American Association of Colleges of Nursing.

ADA
Americans with Disabilities Act.

AEC
Administration of Examination Committee.

ANA
American Nurses' Association.

AONE
American Organization of Nurse Executives.

Area
Designated regions of National Council Member Boards.

Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	District of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	North Carolina	New Jersey
Montana	North Dakota	Oklahoma	New York
Nevada	Ohio	South Carolina	Pennsylvania
New Mexico	South Dakota	Tennessee	Puerto Rico
N. Mariana Islands	West Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			Virgin Islands
Washington			
Wyoming			

Batch Processing
A method of submitting candidate applications for the paper-and-pencil NCLEX. Applications are submitted by candidates directly to the board of nursing, then forwarded by the board of nursing to the ETS Data Center on a regular basis with the appropriate funds.

Beta Test
The final operational and psychometric tryout of CAT prior to full implementation for NCLEX.

Blueprint
The organizing framework for an examination which includes the percentage of items allocated to various categories.

Board Member
An individual who serves on a board of directors (national level) or a board of nursing (state level).

BOD
Board of Directors of the National Council of State Boards of Nursing.

Bylaws
The laws which govern the internal affairs of an organization.

CAC
Citizen Advocacy Center.

Case Development Committee
A committee of twelve clinical experts which has the responsibility of developing cases for the Computerized Clinical Simulation Testing (CST) project.

CAT
Computerized Adaptive Testing.

CGFNS
The Commission on Graduates of Foreign Nursing Schools. (An agency providing credentialing services for foreign educated nurses, as well as a certification program designed to predict success on NCLEX-RN)

CLEAR
Council on Licensure, Enforcement and Regulation. (An organization of regulatory boards and agencies)

CNATS
Canadian Nurses Association Testing Service.

CST
Computerized Clinical Simulation Testing.

CTB/McGraw-Hill
National Council's test service for the NCLEX paper-and-pencil development and administration.

Data Center
The unit at CTB (paper-and-pencil) or ETS (CAT) which receives and processes NCLEX candidate registrations.

Delegate Assembly
The policy-making body of the National Council which comprises 61 Member Boards. Each Member Board is entitled to two votes.

Diagnostic Profile
The document sent to failing candidates reflecting their performance on various aspects of the NCLEX test plan.

DIF
Differential item functioning or a measure of potential bias.

Direct Registration
A method of submitting candidate registrations for NCLEX. Registrations are submitted by candidates, with the $88 available fee, directly to the Data Center. The option for telephone registration is available for $97.25.

Disciplinary Data Bank (DDB)
A National Council data management system, established in 1981, that serves as a database of disciplinary actions reported by Member Boards.

EC
Examination Committee (Teams 1 and 2).

Education Program Reports
(See Summary Profiles)

ECE
Educational Credential Evaluators, Inc.

ETS
Educational Testing Service. National Council's test service for NCLEX using computerized adaptive testing, located in Princeton, New Jersey, and engaged in educational and certification testing services.

Experimental Items
Newly written test questions placed into examinations for the purpose of gathering statistics. Experimental items or "tryouts" are not used in determining the pass/fail result.

FARB
Federation of Associations of Regulatory Boards.

FIS
Foundation for International Services, Inc. (An agency providing credentialing for foreign educated nurses)

Fiscal Year
October 1 to September 30 at the National Council.

FY
See Fiscal Year.

HCFA
Health Care Financing Administration.

HRSA
Health Resources and Services Administration. (A unit of the federal government under the Department of Health and Human Services)

ICD
International Consultants of Delaware.

ICN
International Council of Nurses.

ICONS
The Interagency Conference on Nursing Statistics. Members include the American Association of Colleges of Nursing; the American Association of Critical Care Nurses; the American Organization of Nurse Executives; the American Nurses' Association; the Bureau of Labor Statistics, the Division of Nursing (BHPR, HRSA); the National Center for Health Statistics; the National Council of State Boards of Nursing; the National League for Nursing; and the American Association for Nurse Anesthetists.

Issues
A quarterly newsletter published and nationally distributed by the National Council.

Item
A test question.

Item Response Theory (IRT)
A family of psychometric measurement models based on characteristics of examinees' item responses. Their use enables many measurement benefits (see Rasch Model).

Item Reviewers
Individuals who review newly written items developed for the NCLEX-RN and NCLEX-PN.

Item Writers
Individuals who write test questions for the NCLEX-RN, NCLEX-PN and NACEP.

KSA
Knowledge, Skill and Ability statements.

Logit
A unit of measurement used in IRT models. It is the natural logrithm of an odds ratio, such as p/q or q/p where p is an odds (probability) value between 0 and 1, and q equals 1-p. For items, the ratio is q/p and p represents the item p-value. For persons, the ratio is p/q and p represents proportion of items an examinee answers correctly on an examination. The log transformation of an odds ratio creates an equal interval, logit scale on which item difficulty and person ability may be jointly represented.

LRP
Long Range Planning. (A committee of the National Council)

MNAR
Model Nurse Administrative Rules. (Also a publication of the National Council)

Mantel-Haenszel
A well-accepted statistical procedure used to estimate the differential item functioning or potential bias of test items.

MBOS
Member Board Office System. The software used in many Member Board offices to communicate electronically with ETS regarding NCLEX candidates.

Member Board
A jurisdiction having a contract with the National Council to administer NCLEX-RN and/or NCLEX-PN.

MNPA
Model Nurse Practice Act. (Also a publication of the National Council)

NACEP
Nurse Aide Competency Evaluation Program. (Also a committee of the National Council)

NAPNES
The National Association for Practical Nurse Education and Service.

National Council Organization Plan
Mission, goals and objectives of the National Council as adopted by the Delegate Assembly.

NBME
National Board of Medical Examiners. NBME is currently modifying its computerized clinical simulation testing (CST) software for application to nursing.

NC or NCSBN
Abbreviated form of National Council of State Boards of Nursing, Inc.

NCLEX-RN™
National Council Licensure Examination-Registered Nurse.

NCLEX-PN™
National Council Licensure Examination-Practical Nurse.

NCLEX National Summary Reports
NCLEX National Summary Reports will be provided to the National Council and Member Boards on a quarterly basis by ETS. The NCLEX National Summary Reports summarize the performance of all first-time candidates educated in a given jurisdiction who were tested in a given quarter.

NCNET
National Council's electronic network for Member Boards.

Newsletter
A biweekly publication produced by the National Council staff and distributed to each Member Board. Items included on a regular basis: committee reports; Board of Directors' agendas, major actions and minutes; health care reform updates; report and/or analyses of federal legislation; examination statistics; notice of upcoming events; updates to National Council manuals; solicitations for persons to serve in various capacities; information from the testing department related to the NCLEX; and information related to National Council activities.

NFLPN
National Federation of Licensed Practical Nurses.

NIS
Nurse Information System. A national database being developed by the National Council, containing demographic information on all licensed nurses, an unduplicated count of licensees and serving as a resource on the characteristics of licensed nurses (e.g., employment status, educational preparation, clinical specialty, etc.). (Also a committee of the National Council)

NLN
National League for Nursing.

NP&E
Nursing Practice and Education. (Also a committee of the National Council)

NPDB
National Practitioner Data Bank. A federally-mandated program for collecting disciplinary data regarding health-care practitioners. The NPDB began operation in September 1990, receiving required medical malpractice payment reports for all health care practitioners, and required reports of discipline and clinical privilege/society actions regarding physicians and dentists. Mandatory reporting of licensure actions regarding other health care practitioners, including nurses, is required by P.L. 100-93, section five. Implementation of section five is on hold until the NPDB has gained sufficient experience under Title IV to extend services.

OBRA 1987
Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

Panel of Content Experts (PCE)
Terminology for Item Reviewers prior to 1993.

Person-fit Analysis
A statistical procedure conducted to determine whether or not items from a previously-administered examination may have been exposed to any group(s) of candidates.

PL 99-660
A public law which institutes the Health Care Quality Assurance Act and establishes a national practitioner databank (See NPDB).

Psych Corp
The Psychological Corporation. The Psychological Corporation is the test service contracted by the National Council and guided by the Nurse Aide Competency Evaluation Program (NACEP) Committee to develop and maintain an evaluation for nurse aide competency as mandated by federal legislation (OBRA).

Psychometrics
The scientific field concerned with all aspects of educational and psychological measurement (or testing), specifically achievement, aptitude, and mastery as measured by testing instruments.

Rasch Measurement Model
A type of item response theory model used to create the NCLEX measurement scale. Its use allows person-free item calibration and item-free person measurement.

Reliability
A test statistic that indicates the expected consistency of a person's test scores across different administrations or test forms. Reliability indicates the extent to which a test score is repeatable over time. That is, it reflects the degree to which a test score reflects the examinee's true standing on the trait being measured. The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of the paper-and-pencil NCLEX and NACEP.

RFP
Request for Proposals.

SNLQ
State Nursing Legislation Quarterly. A bimonthly journal publication reviewing nursing legislation throughout the country. The journal is published by the National Council and delivered electronically via NCNET to Member Boards as a benefit of membership.

Standard Setting
The process used by the Board of Directors to determine the passing standard for an examination, above which examinees pass the examination and below which they fail. This standard denotes the minimum acceptable amount of entry-level nursing knowledge, skills and abilities. The National Council uses multiple data sources to set the standard, including a criterion-referenced statistical procedure and a Survey of Professionals. Standard setting is conducted every three years for NCLEX and whenever the test plan or *NACEP Blueprint* changes.

Summary Profiles
Published by CTB for paper-and-pencil NCLEX, the NCLEX Summary Profiles are a concise report of the performance of a nursing program's graduates on the National Council Licensure Examination. A subscription to this service provides a nursing program with percent of candidates passing, test plan profiles, diagnostic profiles, and content dimension reports that may help program administrators and educators to monitor the effectiveness of the curriculum and identify areas of strength and weakness. Summary Profiles will continue to be published under CAT, as "Education Program Reports."

Summary Reports
After all phases of a scoring cycle have been completed for a paper-and-pencil NCLEX administration, CTB prepares a set of summary reports for each state or jurisdiction. The reports include a variety of data summarizing the test performance of all candidates. The reports also include summaries of test performance for candidates who were educated in that state. A revised format will be developed by ETS and the National Council.

Sylvan Learning Systems
A subcontractor of ETS for delivering computerized tests. The NCLEX using CAT is administered at over 200 Sylvan Technology Centers across the United States and its territories.

Test Plan
The organizing framework for NCLEX-RN and NCLEX-PN which includes the percentage of items allocated to various categories.

Test Service
The organization which provides test services to the National Council, including test scoring and reporting. CTB was the test service for the paper-and-pencil NCLEX; ETS is the test service for NCLEX using CAT; and The Psychological Corporation is the test service for the NACEP.

TPC
See Psych Corp.

Tri Council for Nursing
Members include the American Association of Colleges of Nursing, American Organization of Nurse Executives, American Nurses' Association, and National League for Nursing.

Validity
The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the content validity of its examinations by basing each test strictly on the appropriate test plan (RN or PN) or blueprint (NACEP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.