

Leader *to* Leader

Nursing Regulation & Education Together

May 2006

The Future is Now:

The Oregon Consortium for Nursing Education

Marna Flaherty Robb, Christine Tanner, Paula Gubrud Howe, Kathleen Potempa

Oregon, like many states, is in the midst of a severe and growing shortage of nurses and nursing faculty. National reports have defined the current nursing workforce deficits.¹ There are significant shortages in all levels of nursing care, especially in those settings and populations requiring highly skilled and complex care in the home, in the community and in specialty intensive care units. In addition, over the coming years, there will be significant turnover among senior nursing staffs, as well as in leadership and faculty positions. It is estimated that this could leave many U.S. communities with half of the nursing workforce required to adequately provide care.²

Recognizing this impending public health crisis, the Oregon Nursing Leadership Council (ONLC) set forth bold strategic plans that called for the transformation of basic education for professional nurses. When carried out, the plans will aid in doubling nursing school enrollments in order to achieve a modest impact on the growing shortage and to improve health care for our citizens.^{3,4} Since these plans were announced, the Oregon Consortium for Nursing Education (OCNE) has emerged and facilitated major education transformation to meet the objectives of the ONLC strategic plan. The OCNE is a partnership of the public university schools of nursing and community college nursing programs, formed to enact a common nursing curriculum for students to achieve competencies needed for contemporary and future care needs of the population. This common curriculum leads to the bachelor of science degree with a major in nursing and provides an option for

continued on page 2

...the Oregon Nursing Leadership Council set forth bold strategic plans that called for the transformation of basic education for professional nurses.

INSIDE...

Learn to Delegate with Confidence in New Online Course

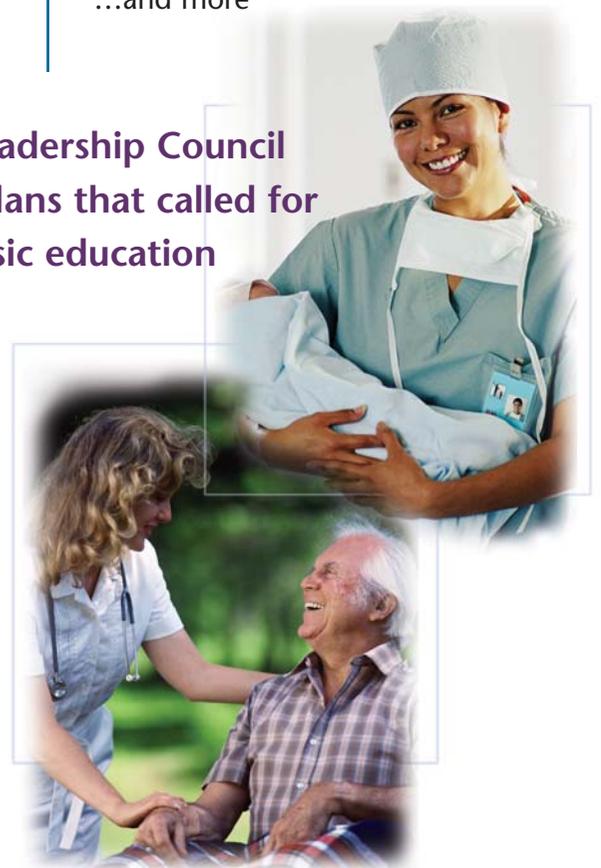
FAQ about the NCLEX®

NCSBN Forum on Evidence-Based Elements of Nursing Education

NCSBN Upcoming Events

Transition of Newly Licensed Nurses to Practice

...and more



Ask NCSBN



Q: Can I talk with my students about the NCLEX® exam after they have taken it?

Tom O'Neill, PhD, associate director, NCLEX® Examinations, answers this question:

A: Technically, if your students were to discuss the exam with you they would be in violation of "terms of confidentiality" they must agree to before they take the exam. These terms include not disclosing the content of the examination items before, during or after the examination. Legal action could be taken against candidates that break the examination confidentiality agreement, including criminal prosecution and civil litigation as well as other administrative disciplinary actions.

If test items are shared, it compromises the integrity of the results of the examination, which obviously places the public at risk of having licensed, yet incompetent, nurses.

Sometimes educators will occasionally and unwittingly cross the line and they must understand that they are putting both the candidate and themselves at risk. If these items are recorded, it violates NCSBN's intellectual property rights and they are putting themselves and their institutions at risk.

Educators can learn what is going to be on the NCLEX® by accessing resources available to them via NCSBN's Web site at www.ncsbn.org. Resources include:

- *Test Plan for the NCLEX® Examination for Registered Nurses and for Practical Nurses*
- *Detailed Test Plan for the NCLEX® Examination for Registered Nurses and for Practical Nurses*
- Frequently Asked Questions
- 2006 NCLEX® Examination Candidate Bulletin

In addition to these documents that describe the NCLEX specifications, it is also possible to receive candidate performance reports that are specific to your program. Program Directors can subscribe to *NCLEX® Program Reports* by visiting <http://nclex.mountainmeasurement.com>

Another way to get up-to-date information on the NCLEX is to attend the NCLEX Invitational which will next be held on September 11, 2006 in Philadelphia, Pennsylvania.

NCSBN is committed to supporting the boards of nursing in their mission to protect the public through the regulation of nursing and is dedicated to sharing appropriate information about the NCLEX with educators, test review programs and candidates. Please help NCSBN to defend the integrity of nursing licenses in your state by making your students and colleagues aware of these very important issues and reporting violations when they occur. If you have any information about attempts to compromise the NCLEX, please tell us by contacting our tip line at pvtestsecurity@pearson.com.

We invite your questions. Please send your questions to Nancy Spector, DNSc, RN, director of education, at nspector@ncsbn.org

www.ncsbn.org

Learn to Delegate with Confidence in New Online Course

The health care environment that nurses practice in today is fast-paced and often under-staffed. With the nursing shortage escalating every year, nurses cannot provide needed care without assistive support; but nurses need to know who can delegate, who can be delegated to, what nursing tasks can be delegated and the red flags to watch out for in the delegation process. The *Delegating Effectively* online course developed by NCSBN Learning Extension (www.learningext.com) is designed to break down the process of delegation. Developed for both registered nurses (RNs) and licensed practical/vocational nurses (LPN/VN) who delegate nursing care functions, the course content was created utilizing learning aides developed by NCSBN for the *Delegating Effectively: Working Through and With Assistive Personnel* video and facilitation package (NCSBN 2002) and the document, *Working with Others: A Position Paper* (NCSBN 2005).

The course utilizes various e-learning instructional techniques to help learners meet the course objectives.

Features include:

- Clips from the *Delegating Effectively* video that follow the story of a client in a hospital and her care by an RN, an LPN and a nurse aide. As her story unfolds, viewers get a first hand look at how critical skill of delegation can be. The clips blend narrative and expert guidance on the topic. Clips are viewed as streaming video in Windows Media or QuickTime.
- Key terms and “Links to Knowledge” throughout the online course content to expand learner understanding.
- A downloadable workbook where learners apply knowledge to real life situations.
- A posttest to evaluate learner understanding of key concepts.

The course is \$25 and learners receive three weeks of unlimited, 24-hour access to the course and earn 4.2 contact hours. Online registration can be completed at www.learningext.com. Access to the course begins immediately after registration.



the completion of an associate degree in nursing and eligibility for RN licensure.

A fundamental premise of the OCNE development is that the current focus of the health system is inadequate to meet the needs of the population and the current education of nurses does not fully prepare them for the growing complexity of care or develop the skills needed to provide care to individuals, families and communities at the level of sophistication required for twenty-first century practice.

Today, chronic diseases account for seven out of every 10 deaths in Oregon, a statistic which is similar to national statistics. As the “baby boomer” population ages, the number of those affected by chronic diseases will escalate and significantly impact both the population’s health status and resultant health care needs. The fastest growing segment of the population is the “over 85” age group. It is estimated that a minimum of 50% of this group will require help with activities of daily living. In 1950 the “parent-support ratio” was three, which is calculated by dividing the number of persons 50–64 years old by the number of persons 85 years or older, multiplied by 100. By 1993 this ratio had tripled to 10; by 2050 the ratio is projected to almost triple to 29.^{5,6} In short, the family caregiver support for the aging population will be less and less adequate to meet the need. Nursing practice within this context will dramatically change, and so must the educational preparation of nurses.

The health care system in the United States is both large and complex. During the last 15 years, significant reductions in hospital length of stay have produced a cascade of unintended consequences and burden for families in caring for the acutely ill, disabled and chronically ill. Often, multiple transitions among the many levels of care have produced lack of coordination and lack of assessment of the true needs required by families

for safe care in the home. Unfortunately, this focus on “setting” specific strategies rather than on family-centered care planning that is coordinated through time and person has produced chaos, redundant costs and unmet need.

In the last 10 years there has been an overwhelming proliferation of scientific and technological advances, and information about diagnosis, treatment and standards of care. Health care clinicians can no longer expect that they will be able to easily recall this information. In addition, the majority of clinicians exist in complex organizations within whose culture they must learn to navigate, which represents a very real daily challenge. All clinicians, including nurses, require better educational preparation toward the competencies necessary now and in the future.⁷

The OCNE plan in Oregon was developed through a collaboration of nurse educators across public and private sectors as well as community college and university programs, clinical leaders in a variety of care settings, and public constituencies through several “feedback” mechanisms.⁸

The basic tenets of the education plan are:

- Competence-based education directed at learning the application of the contemporary nursing science and related disciplines in the enactment of care. Curriculum focuses on the knowledge and skills needed to provide scientifically sound, patient-centered care across the life span in highly complex environments that increasingly require interdisciplinary teamwork, leadership, and the use of quality improvement, informatics and technology systems.
- Curricular and instructional approaches based on advances in the science of learning and best practices in nursing education. Nursing educators in community colleges and baccalaureate schools have collaborated in the design of the standard curriculum, admission and progression processes for students to have seamless advancement through the achievement of these competencies and completion of a baccalaureate degree. The program of study includes the opportunity for students enrolled through a community college to leave the program with an associate degree in nursing and to sit for RN licensure in the State of Oregon if circumstances preclude completion of the program. However, all students are encouraged to matriculate through the full baccalaureate program.

continued on page 4

FAQ about the NCLEX®

Has the introduction of alternate item formats on the NCLEX® Examinations caused a decrease in the candidate pass rate?

No. Items which use alternate formats do not affect the candidate pass rates. Such items have a calibrated difficulty level as do multiple-choice items and, as such, will be counted like standard items when computing a candidate’s final ability estimate. For more information about Alternate Item Formats, visit the NCSBN Web site at www.ncsbn.org/testing/index.asp

Why is the “Client Needs” structure used as the framework for the NCLEX-RN® Test Plan?

The “Client Needs” structure was selected because it provides a common framework that is easily understood by candidates and other stakeholders. More importantly, this structure focuses on the client as the recipient of care. This structure also allows for updating content without a test plan change and facilitates reliable item coding.

Is the speed with which a candidate responds to items an important factor for passing the NCLEX®?

The speed with which candidates answer items is not an important factor with regard to passing the NCLEX examinations. Currently, there is a six-hour time limit to complete the NCLEX-RN examination and five-hour time limit to complete the NCLEX-PN® examination. For more information on this question, access NCSBN’s Web site at www.ncsbn.org/testing/index.asp

Look for FAQ about the NCLEX as a regular feature in each issue of *Leader to Leader*.

YOUR FEEDBACK REQUESTED

The APRN Advisory Panel has been working on an APRN Vision Paper for close to three years with the purpose of producing a vision that will bring uniformity, simplicity and clarity to the regulation of APRNs. At their February meeting, the Board of Directors approved a dissemination plan to obtain feedback on the draft Vision Paper.

As part of the dissemination plan, the APRN Advisory Panel is asking for feedback from both its members, boards of nursing and from other APRN stakeholders. The Vision Paper has implications not only for regulation but also for education, certification and accreditation bodies. The Vision Paper can be found on the NCSBN Web site www.ncsbn.org

Please forward feedback to Nancy Chornick as soon as possible.

Nancy Chornick, PhD, RN, CAE
Director of Practice and Credentialing
National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

Phone: 312.525.3646
FAX: 312.279.1032
E-mail: nchornick@ncsbn.org
ncsbn.org

NCSBN Forum on Evidence-Based Nursing Education

In January 2006 key stakeholders from around the country were invited to collaborate and to respond, from their diverse perspectives, to NCSBN's inquiry on evidence-based nursing education.

Why is NCSBN Studying Evidence-Based Elements of Nursing Education?

Because the mission of the boards of nursing is to protect the public, 58 of the 60 boards of nursing approve nursing programs, thus ensuring that graduates are competent to provide safe and effective care. The boards have identified the trend toward outcome measurement. Further, state legislators have asked the boards of nursing for evidence to support their rules and regulations in the face of faculty and nursing shortages. Therefore, the NCSBN Board of Directors charged the Practice Regulation and Education (PR&E) Committee to study evidence-based nursing education.

Background of NCSBN's Work with Evidence-Based Elements of Nursing Education

During 2002 and 2003, NCSBN surveyed newly licensed nurses about their education and their transition programs. Simultaneously, employers were surveyed about their perception of the competence of newly licensed nurses. From 2003 to 2005 the NCSBN research staff, Education Department and the PR&E Committee worked on the elements study, where 7,497 newly licensed nurses' responses were matched to the program (410 programs) from which they graduated. The goal of the study was to explore the relationship of the characteristics of the graduates, nursing programs (including faculty, curriculum and program characteristics), transition programs and practice to the graduates' perceptions of their preparedness and their difficulty with client assignments. NCSBN's Research Brief on the elements study will be available this spring. Further, a systematic review of research of nursing education outcomes (available at www.ncsbn.org/regulation/nursingeducation_nursing_education_papers.asp) was conducted to provide evidence from the literature.

Discussion at the Forum

The results of NCSBN's systematic review and elements study were presented at the forum, and the participants, from their diverse perspectives, shared their views of evidence-based nursing education. The transition of new graduates from education to practice was a key thread that was discussed during the Invitational. It was emphasized that transitioning of newly licensed nurses is a two-way responsibility between practice and education, as there was extensive conversation about the need for practice and education to work together more closely. For example, past NCSBN studies and the elements study have shown that newly licensed nurses report better outcomes when their programs had experiences in delegation and in collaborating across disciplines. Yet, many RN and LPN/VN programs reported that they did not allow students to supervise care or to call physicians during their clinical experiences. Discussions between practice and education may need to take place to change these current practices. The participants also concluded that more evidence on effective and qualified faculty members is needed. While the results of NCSBN's elements study clearly showed the importance of faculty-student contact and interaction, more data on faculty qualifications would be valuable for boards of nursing. The group strongly urged NCSBN to disseminate their work with evidence-based elements of nursing education.

Next Steps

NCSBN's PR&E Committee will meet in April to analyze the results of the elements study, their systematic review of nursing education outcomes, and stakeholder and board of nursing input. PR&E Committee members will then identify preliminary evidence-based elements of nursing education for the boards to use as a resource. This is just the beginning of this ambitious work, and as more evidence is reported, it will be updated. NCSBN welcomes feedback and collaboration from educators.

Contact Nancy Spector, DNSc, RN, director of education, if you have any comments or questions about evidence-based elements of nursing education, at nspector@ncsbn.org.

References

- Smith, J. & Crawford, L. (2003). *Report of Findings from the Practice and Professional Issues Survey*, Spring 2002. Chicago: NCSBN.
- Smith, J. & Crawford, L. (2004). *Report of Findings from the 2003 Employers Survey*. Chicago: NCSBN.



3

NCSBN UPCOMING Events

NCLEX® Invitational

NCSBN will present the 2006 NCLEX® Invitational Monday, September 11, 2006 in Philadelphia, Pennsylvania. Conducted since 1999 by NCSBN's NCLEX Examinations staff, the Invitational is a one-day educational conference that allows attendees the opportunity to ask important questions regarding the NCLEX, to learn more about how the test is developed and to receive the latest statistics regarding pass rates, trends and candidate demographics.

For more information visit the Events section of NCSBN's Web site at www.ncsbn.org

NCLEX® Regional Workshops

As part of the NCLEX® Examinations Department outreach activities, staff will conduct state board of nursing-sponsored regional NCLEX workshops. The workshops are designed to provide information to educators preparing students to take the NCLEX examination.

The first regional workshop is planned for April 8, 2006, and is sponsored by the Minnesota Board of Nursing. Applications for additional regional workshops will be considered based on location and staff availability.

For additional information contact Jen Gallagher, NCLEX® Examinations operations manager, at jgallagher@ncsbn.org

LPN/VN Practice Analysis

NCSBN will be conducting a LPN/VN Practice Analysis study beginning in May 2006. This study, conducted every three years, is used as the basis for the *NCLEX-PN® Test Plan*. The practice analysis questionnaire will be sent to candidates who were successful on the NCLEX-PN® examination, via mail and online. All nurses receiving the survey are strongly encouraged to complete and return it as their participation in this study offers a unique opportunity to contribute to the nursing profession. If you are an educator and work with recent LPN/VN graduates, NCSBN asks that you also encourage survey recipients to participate in the study.



2005 RN Practice Analysis

The practice analysis for entry-level RNs entitled, *Report of the Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* is now available as an NCSBN Research Brief. The practice analysis describes and compares the practices, characteristics and activities of newly licensed RNs. Information from the practice analysis was used by NCSBN's Examination Committee to evaluate the 2004 NCLEX-RN® Test Plan and will form the basis for the 2007 NCLEX-RN® Test Plan. To order, call **800.765.3944** or go online to www.ncsbn.org/resources. The cost of the research brief is \$30. More detailed information about the practice analysis results and the implications for the NCLEX-RN® Test Plan will be available in the next *Leader to Leader*.

Transition of Newly Licensed Nurses to Practice

One of NCSBN's strategic initiatives is to promote evidence-based regulation that provides for public protection. One of the many ways this initiative is being addressed is through the investigation of outcomes and models used in effective transition programs. In the last decade, an unintended consequence of the NCLEX's use of computer adapted testing (CAT) is rapid results reporting; candidates now receive their licenses very quickly. In the past there was a period of a few months where newly licensed nurses could practice as graduate nurses under the supervision of a licensed nurse, but that is no longer the case. One day, candidates are students mentored by professors and the next, they are LPN/VNs or RNs working in a professional health care setting. Further, the complexity of health care today, coupled with the nursing shortage, often means that the practice arena has unrealistic expectations of newly licensed nurses. In fact, NCSBN's 2003 employer's survey found that fewer than 50% of employers felt that newly licensed nurses (RNs at all levels of education and LPNs) were prepared to provide safe and effective care.

In response, NCSBN has been studying the transition of newly licensed nurses to practice in recent years. Studies thus far have already identified some best practices for transition programs. One approach, a transition program using one preceptor, in which the student or newly licensed nurse and the preceptor have the same hours, has yielded significantly better outcomes. Similarly, transition programs with specialty knowledge have had better outcomes, though core knowledge is also recommended in transition programs. While educational transition programs are important, it was found that post-hire transition programs have significantly better outcomes. In fact, Kentucky has just passed legislation that requires 120 hours within a transition

program with preceptors before graduation and another 120 hours after graduation, before the new graduate can be licensed. NCSBN's ongoing research studies also support transition programs offering the opportunity to:

- Make decisions
- Provide direct care
- Know when and how to call the physician
- Supervise care
- Work effectively within a team.

Currently, NCSBN's departments of Education and Research Services are working with the PR&E Committee to study the models and outcomes of statewide transition programs. A progress report on this initiative will be presented at NCSBN's annual meeting in August. At the conclusion of this work the study results will be published in a Research Brief, and a document outlining effective transition models and best practices will be written for the boards of nursing to use as a resource.

If you have any questions, please contact Nancy Spector at nspector@ncsbn.org or Suling Li, PhD, RN, associate director of research, at sli@ncsbn.org.

References

Smith, J. & Crawford, L. (2004). *Report of Findings from the 2003 Employers Survey*. Chicago: NCSBN.

continued from page 2

The Future is Now

- Students will be able to complete all four years in their home community through a combination of distance delivery from baccalaureate programs, joint faculty appointments and other means to offer upper division coursework.
- Curricular flexibility that will maximize local control and richness of community resources and expertise.

Nursing leaders agree that the strengths of the plan are as follows:

- It is the "right thing to do." The competencies describe the right scientific base and skills that nurses need now and in the future.
- It is flexible and efficient, giving students maximal choice in their own community.
- It capitalizes on the expertise of faculty in all existing programs and encourages collaboration that will strengthen each program, eliminate redundancies and be cost-effective.
- It allows for increased enrollment capacity without proportionate increases in faculty, facilities and other resources.
- It increases diversity of the nursing workforce, nursing faculty and leadership, by eliminating barriers to baccalaureate education.
- The public needs better educated nurses in this environment of ever-increasing complexity of health care needs. The care needs to be delivered in a manner that is cost effective in terms of matriculation time and financial burden to schools and students. Everyone, including families, health and business leaders, neighborhood associations, legislators, faculty, nurses, other health care professionals and policy makers must engage this challenge aggressively and with pinpoint focus. Nurses must create the solutions together. Now is the time. This is a choice that nursing leadership in Oregon made for its future and one that is hoped others will emulate.

If you would like more information on the Oregon Consortium for Nursing Education, please see OCNE's Web site at www.ocne.org or contact Louise Shores, EdD, RN, OCNE project director.

* Member organizations of the Oregon Nursing Leadership Council are the Northwest Organization of Nurse Executives, Oregon Council of Associate Degree Programs, Oregon Council of Deans, Oregon Nurses Association and the Oregon State Board of Nursing.

References

1. U.S. Department of Health and Human Services, Health Resources and Services Administration (2005). *Preliminary Findings: 2004 National Sample Survey of Registered Nurses*. Available at <http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm>
2. Northwest Health Foundation (2001). *Oregon's Nursing Shortage: A public health crisis in the making*. Available at: http://nwhf.org/asses/nursing_shortage_health_crisis.pdf
3. Oregon Nursing Leadership Council (2000). *ONLC Strategic Plan*. ONLC Publications: Portland, Oregon.
4. Oregon Nursing Leadership Council (2005). *ONLC Strategic Plan: Solutions to Oregon's Nursing Shortage*. ONLC Publications: Portland, Oregon. Available at: www.oregoncenterfornursing.org/documents/ONLCreport2005.pdf
5. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2000). *Healthy People 2010: Understanding and improving health*. U.S. Government Printing Office, Washington DC. Pp. 7-11.
6. Hobbs, F.B. & Damon, F.L. (1996). *65+ in the United States*. U.S. Bureau of the Census: Current Population Reports, Special Studies. U.S. Government Printing Office, Washington, DC.
7. Institute of Medicine (2003). *Health Professions Education: A bridge to quality*. Eds. Ann C. Greiner & Elisa Knebel. The National Academies Press: Washington DC.
8. Oregon Consortium for Nursing Education (2005). *OCNE at a Glance*. Available at: <http://ocne.org/at-a-glance.php>

4



Leader to Leader

Leader to Leader is published biannually by National Council of State Boards of Nursing (NCSBN)
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
Phone: 312.525.3600
Fax: 312.279.1032
Web site: www.ncsbn.org

Editor: Nancy Spector, DNSc, RN
Director of Education, NCSBN
nspector@ncsbn.org

The National Council of State Boards of Nursing (NCSBN), composed of member boards, provides leadership to advance regulatory excellence for public protection.

Copyright©2006. All rights reserved.

www.ncsbn.org