

Leader *to* Leader

Nursing Regulation & Education Together

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Quality and Safety Education for Nurses

Linda Cronenwett, PhD, RN, FAAN

Dean and Professor, UNC–Chapel Hill School of Nursing
Principal Investigator, *Quality and Safety Education for Nurses*

Gwen Sherwood, PhD, RN, FAAN

Associate Dean for Academic Affairs and Professor, UNC–Chapel Hill School of Nursing
Co-Investigator, *Quality and Safety Education for Nurses*

When nursing educators hear “quality, safety and patient-centered care,” they consider these values “the heart of nursing and nursing education.” Yet nurses work in systems that are increasingly complex, with diffusion of accountability across multiple professionals and assistive personnel, and massive proliferation of technologies and medications. Sadly, quality, safety and patient-centered care are not key features of the lived experiences of most patients and families.¹⁻³

Which quality and safety competencies describe what it means to be a respected nurse?

In 2003 the Institute of Medicine report on Health Professions Education issued a call for change, specifically to alter learning experiences that form the basis for professional identity formation so that graduates are educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.⁴ The Quality and Safety Education for Nurses (QSEN) project, funded by the Robert Wood Johnson Foundation (RWJF), is working on behalf of nursing to answer the questions: What does this challenge mean for nursing education? What quality and safety competencies describe what it means to be a respected nurse? What teaching strategies will prepare graduates with the knowledge, skills and attitudes (KSAs) to continuously improve the quality and safety of the health care systems in which they work?

QSEN faculty and advisory board members (quality and safety thought leaders and representatives of professional organizations involved in nursing licensure, certification and accreditation of nursing programs) have been busy this past year. Six competency definitions were developed: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. Feedback was sought using survey methods and in person at national AACN and NLN meetings. QSEN faculty also drafted statements about the KSAs that should be developed for each competency during prelicensure education. The competency definitions and KSAs will be published in the May/June 2007 issue of *Nursing Outlook*. Thanks to the support of the National Council of State Boards of Nursing (NCSBN®) and RWJF, every nursing education dean and director in the country will receive a copy of this issue. The goal is to generate conversation and consensus about definitions that can serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs, and as frameworks

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Ask
NCSBN

Michael Tomaselli, NCLEX® Administration Manager,
answers your questions about NCLEX

Q. How can we smooth the NCLEX® process?

A. One of the best things we can do is assist candidates in understanding the differences/roles between NCSBN and the boards of nursing. NCSBN develops and administers the NCLEX examinations on behalf of its member boards that are the state and territorial boards of nursing. Candidates receive an authorization to test from the boards of nursing where they apply for licensure.

Q. How can candidates use the Web site to help them?

A. The NCSBN Web site (www.ncsbn.org) is a fantastic resource for students and should be promoted as such. For example, the Candidate Basic Info page contains the *NCLEX Candidate Bulletin*, an overview of the exam process and an NCLEX candidate tutorial.

Q. What other site is important to remind candidates about?

A. Candidates will find useful resources at Pearson VUE Web site, www.pearsonvue.com/nclex. The Web site contains information about exam registration and scheduling, a virtual tour of NCLEX test centers, the *NCLEX Candidate Bulletin* and NCLEX candidate tutorial.

Q. Is there a comprehensive brochure to guide students through the NCLEX® process?

A. *NCLEX Candidate Bulletin* — the most important resource document, covers all aspects of the NCLEX exam process.

Q. What else should educators remind students about?

A. Encourage candidates to use an e-mail address when registering for the NCLEX. This allows for faster and more efficient communication between the candidates and the test service. Additionally, candidates should keep their demographic information updated with their board of nursing and the test service, which ensures correct and efficient correspondence. It also avoids identification on the day of the exam.

Q. What is the Workforce Exception Program?

A. The Workforce Exception Program is for schools, social agencies, government agencies or other groups who assist with payment of a candidate, or group of candidates exams. Details are provided in the *NCLEX Candidate Bulletin*.

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



www.ncsbn.org

2007 IRE Annual Meeting

The fourth annual Institute of Regulatory Excellence (IRE) was held in San Diego, California, Jan. 8–10, 2007. The three-day event focused on organizational structure and behavior for nursing regulators. Discussion centered on examining concepts relevant to the study of behavior in organizations, developing innovative strategies for affecting collaboration with internal and external stakeholders to accomplish the mission of the board of nursing, analyzing the importance of organizational performance measurement, and examining the principles of effective governance and their application to boards of nursing.

Marty Latz, JD, of the Latz Negotiation Institute, discussed his five golden rules of negotiation and gave practical tips on how to apply them to real-life situations. Suzette Ashworth, PhD, president of iClass Systems, provided insights into the primary functions of a board.

Other speakers included: Kathy Scott, PhD, CHE, regional vice president, Banner Health, Arizona Region, who described high performance organizations; Jo Manion, PhD, RN, CEO, Manion & Associates, who discussed behavior in the workplace; and Kevin Kenward, PhD, NCSBN director of research, who gave an update on the Commitment to Ongoing Regulatory Excellence (CORE) project.

NCSBN has identified a need to assist regulators in their professional development by providing opportunities for both education and networking. The Institute offers seminars on an annual basis to provide nurse regulators access to the depth and breadth of regulatory knowledge they need.

The IRE Fellowship Program is a four-year program requiring the completion of yearly projects. In order to achieve recognition as a fellow, a nurse regulator must attend all four of the scheduled Institutes as well as complete a scholarly project each year they attend. Fellows are expected to make a significant contribution to NCSBN's body of knowledge. Individuals in the IRE Fellowship program displayed poster sessions of their projects during the meeting.

Rethinking Transition Programs

On Feb. 22, the NCSBN Practice, Education and Regulation (PR&E) Committee held a forum in Chicago with the theme "Transition of New Nurses from Education to Practice." Participants tackled an important issue affecting nursing regulation, practice and education: developing programs to help new nurses to effectively transition from education to practice.

The forum drew in registrants from 41 states and five countries, including educators, regulators and practice administrators. Attendees found common ground in the need for standardizing or improving transition and orientation programs to ensure their programs' long-term success, whether large, small, local or international.

Furthermore, new nurses are eager to gain access to better programs to improve their confidence and their patients' care. Much debate focused on how workplace transition programs could better understand workers who are still students in many respects.

One attendee, Jolene Beaumont, RN, vividly remembers struggling to switch from her nursing school environment into the day-to-day rigors of nursing at Marquette General Hospital in Marquette, Michigan.

"I had a fast, four-week orientation," said Beaumont. "Your ability to develop confidence takes a hit because technology is such that nurses can't possibly learn everything in school. Luckily, I have a supportive manager and a nurturing staff, so there's a family of people to hold you up when you're falling down."

that can be used by regulatory bodies that set standards for licensure, certification and accreditation of nursing education programs.

As we engaged in conversations with faculty at multiple schools and meetings, the consistent plea was to "tell us how to teach" the KSAs that are not embedded in current curricula. By April 2007, the QSEN Web site (www.qsen.org) will go live, and faculty everywhere will be able to access annotated references and a beginning set of teaching strategies for classroom, skills/simulation lab and clinical site teaching.

QSEN: Phase II begins April 2007, and the work will be extended through two parallel initiatives. In one, organizational representatives from groups that establish standards for the education, licensure and certification of advanced practice nurses will join QSEN faculty in drafting KSAs that would be appropriate for *graduate* education. In the other, faculty and schools involved in prelicensure education will be invited to help us learn about how to teach the quality and safety competencies in one of three ways:

Option A: Every faculty member in the country can participate in QSEN initiatives by reading about the competencies and KSAs for prelicensure education through links to Elsevier at www.qsen.org. Because many of the KSAs can be taught by role modeling and reflection or by adjusting an objective in a course assignment, every faculty member can contribute to quality and safety education in their *current* courses. Anyone can use the annotated references and teaching strategies on the Web site and contribute to QSEN by letting us know what we could do to make the Web site a more valuable resource for teaching.

Option B: The initial teaching strategies and assessment ideas on the QSEN Web site have been submitted by QSEN faculty and advisory board members. We want to help spread hundreds of ideas from faculty around the world. Faculty can join us by sharing *their own* teaching strategies through an electronic submission process launched through www.qsen.org. Learning what does and doesn't work will be equally valuable, and we hope to create a virtual faculty that can build on the innovations of others. We don't all have to "reinvent the wheel."

Option C: Some schools will choose to seek program-level participation in QSEN by submitting an application to be a member of the QSEN Pilot School Learning Collaborative. Given the limited exposure to quality and safety education in the health professions to date, we simply do not know how difficult it will be to integrate the teaching of the KSAs into all types of prelicensure nursing education programs. Will it be sufficient to direct faculty to a Web site for resources or will a more comprehensive approach to faculty development be required? Fifteen nursing education programs will be selected to join the QSEN faculty and advisory board on a journey to answer these questions. Information about this learning collaborative will be mailed to schools in March and will also be available on the Web site.

We are grateful to the Robert Wood Johnson Foundation for its commitment to changing health professions education by supporting this work in quality and safety education. They have given us the opportunity. Now it's up to all of us to do the work.

References

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3. Aspden P, Wolcott J, Bootman L, Cronenwett L, editors. Preventing medication errors. Washington, D.C.: The National Academies Press; 2006.
4. Institute of Medicine. Health professions education: A bridge to quality. Washington, D.C.: National Academies Press; 2003.

By April 2007, the QSEN Web site (www.qsen.org) will go live.



Left: Carol Dobson, RMN, BA, CPN, director at Scotland's Flying Start Programme, presented innovative Web-based approaches to training new health care providers.

Beaumont's experiences were echoed in the themes of the keynote address by David Leach, MD, executive director of the Accreditation Council for Graduate Medical Education (ACGME), who examined the context for health care work and described transition as a journey to authenticity.

Carol Dobson, RMN, BA, CPN, Cert Ed, RNT, MAED, Dip Clin Hyp, director at Scotland's Flying Start Programme, presented innovative Web-based approaches to training new health care providers. Flying Start is Scotland's national development program for newly qualified nurses, midwives and allied health professionals. It is a national online, learner-directed development program that takes the approach of blended work-based learning, supported by mentors.

Taking the presenters' viewpoints into account, Transition Forum participants brainstormed about how to effectively develop programs to help new nurses develop relationships with their preceptors while simultaneously gaining confidence.

On Feb. 23, NCSBN's PR&E Committee met to take action on the evidence and recommendations presented at the Transition Forum. For more information about the Transition Forum, contact npspector@ncsbn.org.

The NCLEX-RN® Test Plan for 2007

Anne Wendt, PhD, RN, CAE
Director, NCLEX® Examinations

The National Council Licensure Examination for Registered Nurses (NCLEX-RN®) assesses the ability of a candidate to provide safe, effective nursing care upon entry into practice. Various methods are used to provide evidence that support the 2007 NCLEX-RN® Test Plan and to maintain the currency of the examination.

... the NCLEX-RN examination reflects the current entry-level RN practice in each jurisdiction ...

The evidence to substantiate changes in entry-level nursing practice is collected by NCSBN on a three-year cycle through the performance of a practice analysis. The results of this analysis assist NCSBN in evaluating the test plan that delineates the content of the examination.

A practice analysis addresses the knowledge, skills and abilities that are needed by a nurse to practice safely and effectively in providing care and supports the validity of the examination. There are various practice analysis methods; the primary method used for the *Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* is a task analysis. Additional procedures used to support the practice analysis consists of content experts' review of job orientations, policies and procedures, performance evaluations and job descriptions, daily activity logs submitted by entry-level RNs in a variety of practice settings that serve as a proxy for direct observation of the nurses, and various competencies from specialty nursing practice areas and prior practice analyses.

The most recent RN practice analysis, *Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*, was completed in 2005 with results reported to the NCSBN Examination Committee in October 2005. The results were used by the committee to evaluate the 2004 NCLEX-RN® Test Plan and determine if changes were needed. The committee's recommendation of only minor changes to the test plan was distributed to NCSBN's member boards for feedback. The 2007 NCLEX-RN® Test Plan was approved at NCSBN's Annual Meeting in August 2006 with an implementation date of April 2007.

In accordance with a three-year cycle, another RN practice analysis will be conducted in 2008 in order to ensure that the NCLEX-RN examination is reflecting current entry-level RN practice in each member board jurisdiction.

NCSBN's ongoing research assists in keeping the NCLEX examination current and adaptive. For example, NCSBN is investigating a continuous computer-based practice analysis along with the traditional mail-based practice analysis. If results of the two methodologies are comparable, it will be possible for NCSBN to continuously monitor for practice changes—thus keeping the NCLEX even more current.

Nursing faculty are asked to encourage their graduates to complete the practice analysis surveys that they receive in order to provide a richer description of entry-level practice. Faculty are invited to access the NCSBN Web site to receive current information about the ongoing investigation into alternate items, and also are encouraged to participate on item development panels. You can download a copy of the application for participation on panels as well as the 2007 NCLEX-RN® Test Plan at www.ncsbn.org.

Setting the Passing Standard for the NCLEX-RN® Examination

Anne Wendt, PhD, RN, CAE
Director, NCLEX® Examinations

The NCSBN Board of Directors voted at its Dec. 5–7, 2006, meeting to raise the passing standard for the NCLEX-RN® examination. The new passing standard is –0.2100 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the previous standard of –0.2800. The new passing standard will take effect on April 1, 2007, in conjunction with the 2007 NCLEX-RN® Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills and abilities than was required in 2004, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

NCSBN uses a criterion-referenced method (a modified Angoff procedure) rather than a norm-reference method for determining a passing standard because it provides information on the specific level of knowledge and skills necessary to perform safely and not the proportion of candidates passing the test.

The NCSBN Board of Directors uses multiple, independent sources of data to inform its decision regarding a passing standard including: information from the 2006 RN Standard Setting Workshop, historical data on pass rates and passing standards, results of a standard-setting survey of employers and educators, and the educational readiness of high school graduates who express an interest in nursing. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice.

To assist nursing educators prepare their students, the 2007 NCLEX-RN® Test Plan can be downloaded at www.ncsbn.org. New this year is a detailed test plan targeted to the needs of nursing educators. A copy of both the educator and candidate versions of the 2007 NCLEX-RN® Detailed Test Plan can also be downloaded at www.ncsbn.org free of charge.

Selected Publications/Presentations Related to Education

Recent publications and presentations related to education issues authored by NCSBN staff members:

Publications

Li, S., Spector, N., & Kenward, K. (2006). A National Survey of Nursing Education and Practice of Newly Licensed Nurses. *JONA's Healthcare, Law, Ethics, and Regulation*, 8 (4), 110–115.

Li, S. & Kenward, K. (2006). A national survey on elements of education. National Council of State Boards of Nursing: Chicago, IL.

Spector, N. & Alexander, M. (2006). Exit exams: A regulatory perspective. *Journal of Nursing Education*, 45(8), 291–292.

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NCSBN's 2004 PN Focus Group: A Stimulus for Action

In the November 2004 *Leader to Leader* we reported on the PN Focus Group that NCSBN convened in April of that year. NCSBN invited participants from various nursing-related disciplines across the U.S., including professionals from boards of nursing, practice, nursing organizations and accreditors, and other organizations, such as the Joint Commission and Institute for the Future of Aging Services. It was an impressive group, and we had a rich discussion that day.

Based on the recommendations from the PN Focus Group participants, significant strides have been made. In 2005 NCSBN's Board of Directors approved the "PN Scope of Practice White Paper," which was written following a recommendation of the Focus Group members. It is available by going to www.ncsbn.org and searching for "practical nurse scope of practice." This paper incorporated findings from the PN Focus Group, results of a survey sent to boards of nursing, and other research and information on PNs that was gathered. By addressing the various PN studies in this paper, NCSBN began serving as a clearinghouse for PN data, as recommended by the PN Focus Group.

Also, based on the PN Focus Group recommendations, NCSBN's Board of Directors now carefully considers committee membership, appointing LPN/VN representatives from member boards whenever possible. Further, the NCSBN Model Rules are now available on the NCSBN Web site: www.ncsbn.org/312.htm and are periodically updated to include any changes in PN practice.

Once the standards are adopted, a committee will be tasked to develop national curricula ...

One very exciting initiative that arose from discussions at the PN Focus Group is that the National Association for Practical Nurse Education Service (NAPNES) has begun to develop a national PN curriculum. Patrick Mahan, the executive director of NAPNES, spearheaded this initiative, and he says they hope to ratify the new national education standards at their national convention (May 4–8, 2007). Once the standards are adopted, a committee will be tasked to develop national curricula for each type of PN school.

NAPNES will notify every school in the U.S. and its territories that new standards have been developed, and these standards and curricula will be available via the Web site and at the NAPNES office. Additionally, a copy will be sent to every state board of nursing, NCSBN, NLNAC, ANA and other key stakeholders.

The original draft was written by Ruth Davidhizar, FAAN, DNS, ARNP-BC, RN, and the review process began at the NAPNES PN Educator Workshop in Newport News. At that workshop, 78 educators from 11 states participated. NAPNES also called for reviewers from the *Journal of Practical Nursing* and via their Web site, asking for PN educators to participate as reviewers. PN educator groups participated in the review process. Additionally, NAPNES sent an invitation to every state board of nursing inviting them to participate in the review process. Finally, they invited employers to participate in the process.

Another opportunity for comment will be offered at the PN Educator Workshop in May 2007 and the final draft will be presented to the membership for adoption. In the end, hundreds of educators, regulators and/or employers will have been involved in the review process. Mahan says that they "have used the best available information in the creation of these standards, including IOM Standards, EBNER, historical documents, state regulations, NCSBN model regulation, and the needs of employers." (EBNER is the Evidence-Based Nursing Education for Regulation

document that NCSBN released in 2006.) Mahan further states that the standards were not written with any one state in mind, but will provide a very broad education and practice perspective. He adds that similar to NAPNES's work in the 1950s to get pharmacology as part of the national curriculum for PN education, they will once again seek to expand the basic education offered by practical nurse programs to account for new technologies and to meet the needs of the communities that LPN/VNs serve.

For further information, please contact Nancy Spector at nspector@ncsbn.org.

Selected Publications/ Presentations Related to Education

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Ghosh, A. K., Stengel, D., Spector, N., Murall, N. & Porzsolt, F. *Evidence-Based Health Care Seen from Four Points of View*. In F. Porzsolt & R.M. Kaplan (Eds.), *Optimizing health: Improving the value of healthcare delivery*. New York: Springer.

Garman, A., Leach, D. & Spector, N. (2006). Worldviews in collision: Conflict and collaboration across professional lines. *Journal of Organizational Behavior*, 27, 1–21.

Spector, N, Li, S., & Kenward, K. (2006). Evidence-Based Nursing Education for Regulation. *JONA's Healthcare Law, Ethics, and Regulation*, 8(3), 84–86.

Presentations

Oct. 11–13, 2006

Li, S., Spector, N., Smiley, R., & Kenward, K., 2006 Congress of Council of Advancement in Nursing in Washington, D.C. Evidence-based elements of nursing education.

Jan. 14–17, 2007

Li, S., Hicks, F., & Bosek, M., 7th International Meeting on Simulation in Health Care. (Poster), Lake Buena Vista, Florida (2006). "The effect of high fidelity simulation on students' learning: Interim analysis of a randomized trial."

Jan. 9, 2007

Spector, N. Mosby's Faculty Development Institute, San Diego, California, "Practice, Regulation and Education Initiatives at NCSBN."

Nov. 6, 2006

Spector, N. National Organization of Associate Degree Nurses (N-OADN) Annual Convention, Charlotte, North Carolina, plenary session, "Evidence-Based Nursing Education."

Nov. 3, 2006

Spector, N. National Student Nurses Association (NSNA) 24th Annual Midyear Conference, Atlanta, Georgia, "Your License to Practice," to students; "Evidence-Based Nursing Education for Regulation," to faculty; panelist on "New Directions in Nursing Panel."

Oct. 26, 2006

Spector, N. Oregon Consortium for Nursing Education (OCNE) Clinical Education Summit, "What's the Buzz — National and Statewide Issues and Innovations."

April 7–11, 2006

Kenward, K. & Webb, L. C., American Educational Research Associate Annual Meeting, San Francisco, "Techniques for Generating Higher Response Rates."

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111 E. Wacker Drive, Suite 2900
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Phone: 312.525.3600

Fax: 312.279.1032

Web site: www.ncsbn.org

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

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