Winter 2014

IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

To Question, To Learn, To Discover

An in-depth look at two NCSBN studies

STRATEGIC INITIATIVES | THE ROAD TO LEADERSHIP | A GLOBAL PERSPECTIVE

WELCOME

You may have opened this and wondered is this the publication formerly known as *Council Connector* or is this something completely different? Historically, NCSBN has had a newsletter that chronicled news and events since 1980. It was first known as *Issues* and later became *Council Connector*. While its primary audience is our member boards, NCSBN's newsletters are posted as public documents, so nurses, nursing students, educators and the public are welcome (and encouraged) to read it as well. There are more than 4,000 subscribers who have chosen to receive this publication.

The newsletters began as a printed publications that eventually became digital only. The look and feel has evolved over time, but the general tone and content has remained consistent throughout the years.

You have likely already noticed that this publication looks nothing like the previous one, but this is more than a redesign or even a redo. This is a transformation of its essential elements. Rather than just bringing you what happened, we strive to tell you why it happened and will try to determine what might happen in the future. This is a pivotal transition from reporting the *what* into providing an explanation into the *why* and the *how*. We want to shift the content away from simply covering NCSBN facts and past events, and move toward a more "story telling" style of reporting that will include longer, more in-depth feature stories.

Are we tossing the dice or consulting a crystal ball? No, we are endeavoring to go to the source to find out what the experts are saying and discover what the educated hypotheses are about what the future may bring. In many cases these individuals are the acknowledged authorities in nursing and regulation, and they might also be your friends, colleagues or even the person you see in the mirror every morning.

We are not abandoning the articles that people enjoyed reading in *Council Connector*. Recaps of NCSBN events, elements of the "Leadership Perspective Series" and "Newsworthy" sections will remain, albeit with new names, and reporting of NCSBN products and services will be retained, but in an updated and expanded format to reflect the new look and feel.

So why the name change and what's the idea behind the name *In Focus*? Most revamped things often start with a new name because a new moniker sets a different tone and expectation revealing intention and purpose. According to *Webster's Dictionary*, as a noun, "focus" is "a subject that is being discussed or studied: the subject on which people's attention is focused, a main purpose or interest or a point at which rays of light, heat, or sound meet." As a verb, "to focus" means "to cause (something, such as attention) to be directed at something specific, to direct your attention or effort at something specific or to adjust (something, such as a lens or a camera) to make an image clear." To bring something "in focus" is to examine it more closely, to give it greater care, attention and concentration. That's our ultimate mission, to examine issues and challenges facing nursing regulation in an informative and entertaining manner, and to attempt to look at subjects more closely with additional input and participation from member boards.

So what other changes will you see besides the new name? *In Focus* is now a quarterly online magazine rather than a bimonthly newsletter. It will offer a behind the scenes look at NCSBN products and services, giving readers a peek at the inner workings of the organization. It will provide a venue where member boards can open their photo archives and publish photos from the past or recent events. It will spotlight the work of NCSBN committees by providing an overview of their charges and ongoing work. It will feature interviews with retiring executive officers, key member board staff who may have served on the NCSBN Board of Directors or as committee chairs, and introduce new executive officers. Associate members will also provide their international perspective on nursing regulation.

All of this is designed to bring into focus (pun intended) the vital work of nursing regulation done by member boards and the organization that serves them. If we highlight something that needs further attention, acknowledge an unsung hero or help you find a resource that was previously unknown we will have met our goal.

If something isn't meeting your needs; tell us what would. Like something? Let us know. Your feedback is crucial to making this new publication a success. We can't change or evolve without your important participation. Send us your feedback at infocus@ncsbn.org.

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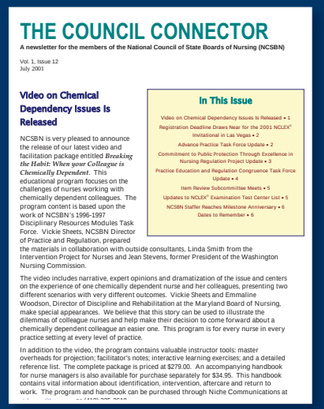

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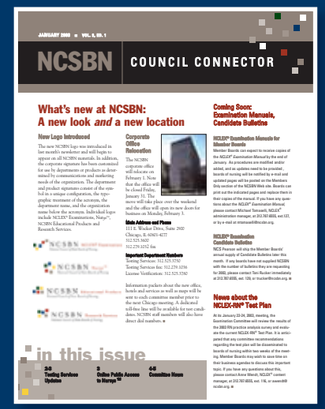

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Managing Editor and Writer

Jill Johnson | jjohnson@ncsbn.org

Contributing Editor and Writer

Dawn Kappel | dkappel@ncsbn.org

Designer

Kalona Rego | krego@ncsbn.org

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

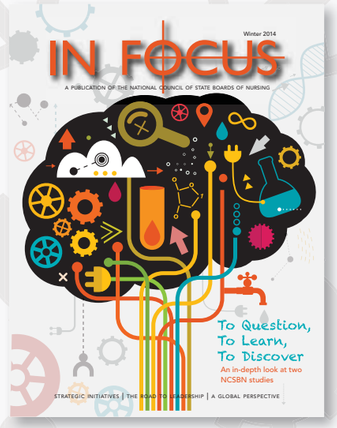
NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. 312.525.3600 | www.ncsbn.org | infocus@ncsbn.org

NCSBN
National Council of State Boards of Nursing



IN FOCUS

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In This Issue

Strategic Initiatives: *A Roadmap to Success*

In the not too distant past, a long-term strategic plan was the blueprint that corporations and organizations used to set their strategies for a 10-year period. When that period of time proved impractical, such plans were shortened to a five-year period. That approach might have worked in another era, but not in today's volatile world that thrives on change. Today's strategic plans must be flexible and nimble, capable of adapting to external influences while maintaining internal integrity of mission and purpose.

NCSBN is cognizant of the environment in which it functions and understands that the pace of the world is always accelerating. Recognizing that a three-year plan is much more realistic and adaptable, the NCSBN Delegate Assembly reviews and approves a set of strategic initiatives for the organization that establishes its agenda for the ensuing years. These high-level goals drive the organization forward and provide marching orders for everything it does.

The NCSBN Strategic Initiatives for 2013–16 are an ambitious set. Carefully crafted to reflect the organization's mission, vision and values, these initiatives become its work and lifeblood. For the next three years the combined effort of the NCSBN Board of Directors, committees, member boards and NCSBN staff will help translate strategy into action and make the following goals a reality.

Devising strategy without defining the desired result is much like asking for directions without picking a destination.

NCSBN's Strategic Initiatives
Oct. 1, 2013 – Sept. 30, 2016:

- Advance regulatory relevance and responsiveness to changes in health care.
- Promote regulatory solutions to address borderless health care delivery.
- Expand the active engagement and leadership potential of all members.
- Develop competency assessments to support the future of health care and the advancement of regulatory excellence.
- Promote evidence-based regulation.

Rationale: Why These Initiatives and Why Now?

Advance regulatory relevance and responsiveness to changes in health care.

The implementation of the Affordable Care Act, evolution of technology affecting health care, cost containment constraints, the evolution of nursing practice and NCSBN's own push for the APRN Consensus Model are but a few of the ingredients in the complex stew that is modern health care. It is imperative that NCSBN remains cognizant of current trends, maintains open lines of communication with its stakeholders and target audiences, and be able to distinguish trends and important statistics from the multitude of data and information available. NCSBN needs to be on the cutting edge of knowledge regarding regulatory relevance in health care and play a lead role at the national level in support of state-based licensure.

Promote regulatory solutions to address borderless health care delivery.

Telehealth has the attention of the nation's lawmakers and this new political influence will impact the state-based licensure system. NCSBN and its member boards will have to wrestle with defining the nurse licensure regulatory framework for borderless health care delivery. NCSBN must be vigilantly aware of the legislative process in order to know when to become involved and/or facilitate the process so that public protection remains paramount.

Expand the active engagement and leadership potential of all members.

NCSBN's success in achieving its vision, mission and goals is built upon the dynamic engagement and energetic leadership of its members. NCSBN is dedicated to developing programs and services that enhance board of nursing participation and experience in sharing its time, talent, and expertise. Exploring structured methods for leadership development, implementing leadership succession planning, addressing the specific needs of the executive officer, embracing generational changes in nursing regulation and building the regulatory expertise of the members will help make this initiative a reality.

Develop competency assessments to support the future of health care and the advancement of regulatory excellence.

NCSBN is internationally recognized for its state-of-the-art competence assessments that are psychometrically sound, secure and legally defensible.

Enhancing precision of the measurement of NCLEX® candidates through the use of technology, investigating the use of NCSBN's exam resources to support the work of regulatory boards, and increasing the NCLEX exam's presence within the international nursing and testing community are arenas for special concentration.

Promote evidence-based regulation.

NCSBN is dedicated to building the science of nursing regulation by conducting meaningful research that follows sound scientific principles. The knowledge is gained through careful study and analysis can influence policy through developing BON performance measurement data; cultivating patient safety measures and activities; regulatory standards setting; and advancing evidence-based regulation in the areas of discipline, licensure, education and practice.

Determining Success

"Strategies are mere roadmaps for producing results. As such, devising strategy without defining the desired result is much like asking for directions without picking a destination" (Davenport, 2011).

At NCSBN, strategic planning is a critical management activity that effectively focuses organizational energy and resources, but it is not enough to merely work toward goals; it is imperative to measure progress toward the obtainment of these milestones.

By carefully assessing objectives met and skillfully evaluating the current environment, appropriate course corrections can be made in order to reach long-term goals. A "living" strategic plan with updated action plans will continue to support the mission of the organization. Its most basic strategic initiatives enable organizations to make things happen. To that end, NCSBN has wisely put in place performance measures that establish benchmarks and standards by which progress toward targets can be assessed.

The success of these strategic initiatives will be determined by examining outcome data and gauging impact. Ultimately, NCSBN's strategic initiatives are designed to bring about quantifiable and meaningful results that will support and enhance the work of its member boards and their mission of protecting the public.

Reference
Davenport, C. (2011). Guide to outcomes-based strategic planning and program brainstorming. [Web blog post]. Retrieved from http://missionmeasurement.com/ideas/blog_entry/guide-to-outcomes-based-strategies-and-brainstorms

2014 NCSBN Scientific Symposium

April 10, 2014 | Arlington, VA

FROM SCIENCE TO POLICY

NCSBN

www.ncsbn.org/events

My Road *to* Leadership

By: Gloria Damgaard, MS, RN
Executive Director, South Dakota Board of Nursing

As I approach the 40 year mark in my career as a nurse, leadership is a concept that I seem to examine on a fairly regular basis. Early on in my career, I used to wonder when a person actually arrived at being a leader and how one would know when you got there. At this point in time, what I know about leadership is that it is a personal journey and a way of life. The foundation of my personal leadership journey is highly influenced by the work of nurse theorist, Rosemarie Rizzo Parse. In particular, the three essentials that she described as inherent in leading: commitment to a vision, willingness to risk and reverence for others (Parse, 1997).

Commitment to a vision is defined as a passionate presence to something of value that offers hope and enlivens others to move in a particular direction (Parse, 1997). As nursing regulators, we value public protection and are passionate about the work. It involves being innovative and flexible to generate new ideas and carry them forward to completion. The South Dakota Board of Nursing recently completed a research study entitled "Virtual Nursing Care for Children with Diabetes in the School Setting." During the course of this study, I was reminded how much of an impact regulation can have on the lives of others and how passionate we are to make that impact a positive one. A willingness to risk is defined as a persistent openness to venture forth accepting the ambiguity that arises from a commitment to a particular vision (Parse, 1997). I see this leadership essential demonstrated over and over again in my work with the NCSBN Board of Directors, the Nurse Licensure Compact Administrators and the Executive Officer Leadership Council, to name a few. These leaders press on not knowing what dangers or painful challenges will come their way as they commit to a vision. Lastly, and perhaps most importantly, is reverence for others. This leadership essential is described as honoring the uniqueness of individuals by not expecting each person to contribute to the vision in the same way (Parse, 1997). It involves respectfulness on the part of the leader. It has always amazed me that within NCSBN, we have varied ideas and opinions about issues, yet we are able to remain respectful of one another.

My career path in nursing regulation began in the early 1980s when I received an appointment to serve on the South Dakota Board of Nursing. Associate degree nursing education was my primary employment and I was recruited to assist with the on-site approval visits to nursing education programs in our state. I will never forget the

first visit that I made with a team of board members and staff. The lead site visitor informed me that I was allowed one visit to orient to the process and after that I was expected to be a fully functioning member of the team and participate accordingly. I took that to heart realizing that it wasn't enough to just land on the team, I knew I had to perform and do the job as well. I have never forgotten that directive when it comes to being a member of a team. It's not enough to just show up, you have to do your share.

By the early 1990s, I had experience teaching in associate, diploma and baccalaureate degree nursing education programs in South Dakota. It was a unique background, along with the experience of being a board member, that qualified me for a full-time position with the South Dakota Board of Nursing as the nursing education specialist, which I accepted in 1991. This position in turn prepared me to accept the executive officer position in 2002. A lesson that I learned throughout my experience is that preparation and timing are critical to forward movement. You have to put in the time to earn the credentials and develop expertise in your chosen field and then be able to step forward when the opportunity for advancement presents itself.

NCSBN is an organization that I have known and respected since the early 1980s. This organization has also been foundational in my professional leadership development. The first NCSBN Delegate Assembly that I attended as a board member was in Portland, Ore. in 1984; Joyce Schowalter was the president. It was this early exposure to the organization that connected me to a group of regulators that had regulatory excellence as a mission and made me want to stay connected to the organization. Although it wasn't until I became the executive director that I became totally engaged in the work of the NCSBN, it was that early exposure that made a lasting impression on me. The organization has always been about wonderful, dedicated professionals that come together to promote excellence in nursing regulation. I have been privileged to have outstanding mentors within this organization, both on a formal and informal basis.

Over the years, as I attended NCSBN meetings, I always admired the individuals that held leadership positions within the organization. I bore witness to the success of some and the disappointments of others as the Board of Directors were elected from the membership year after year. In 2012, I decided it was the right time for me to step up and at least offer to give back to a group of people that have done so much for the regulation of nursing in our country. Pivotal to my decision to seek an elected office was the ability to visualize myself in all aspects of the process. I had to see myself asking the members of this prestigious organization to vote for me and then see the process of either being selected or not selected unfold. When that vision became clear to me, I was ready to seek elected office. Once again, the preparation and timing was critical.

It is a privilege and an honor to serve on the NCSBN Board of Directors as a director-at-large. It is a highlight of my career in nursing regulation. As a result, my worldview of regulation continues to grow and change, moving from a state perspective to a national and international one. I have a new appreciation for the work of a nonprofit organization. As a member of the Board of Directors, you need to step out of the role of the executive officer (or board member or staff) of a state board of nursing and view issues from an organizational and global perspective. It is challenging and rewarding work. I know I will never regret stepping out of my comfort zone and taking the risk to serve. I would encourage any member to do the same.

There are many leadership paths and opportunities for members of NCSBN to support professional development. Learn more through the NCSBN Leadership Development Program (ncsbn.org username and password required).

Reference

Parse, R.R. (1997). Leadership: The essentials. *Nursing Science Quarterly*, *10*, 109.

To Question,
To Learn,
To Discover

An in-depth look at two NCSBN studies and their potential impact on the future of nursing

Walk the halls of the NCSBN Nursing Regulation department and there's a good chance you'll hear the words "simulation study" and "TTP" (that's short hand for transition to practice). That's because after three years of research, the National Simulation Study and the Transition to Practice® Study are finally coming to a close. Final data are still being collected and analyzed, which means outcomes are not far behind. But before we look forward, let's take a look back to see how it all started.

In the Beginning

Boards of nursing (BONs) utilize research data to inform regulatory decisions. Where do the BONs get that data from? A variety of sources, including peer-reviewed journals and industry studies. Sometimes though, the literature is lacking and more information is needed to make regulatory decisions.

Every three years, the NCSBN Board of Directors (BOD) selects new areas of scientific study that will build on the body of knowledge and provide vital data to the BONs. "The goal of NCSBN research is to turn data into evidence-based policy BONs can use as they continue their mission of public protection," said Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN.. Based on feedback from the BONs and recommendations from NCSBN staff, the BOD chooses a variety of topics that need further study. These projects are outlined in the NCSBN Research Agenda, which serves as the blueprint for the NCSBN Research division for a three year-period.

In 2010, the BOD approved the 2011-2013 NCSBN Research Agenda. Included in the agenda were several topics of interest to BONs, among them, simulation and transition to practice. The need for data on these subjects led to the development of two multisite, multiyear studies: the National Simulation Study and the Transition to Practice Study, both of which report their final outcomes and conclusions later this year.

National Simulation Study

Back in the late 1990s/early 2000s, high-fidelity simulators started to appear in nursing. These simulation manikins had the ability to standardize the nursing education experience. With these manikins, a school could ensure that every student would learn how to handle a patient in a cardiac arrest. As schools of nursing began to invest in these simulators, BONs were inundated with requests to allow the simulators to be used in lieu of traditional clinical sites. "Competition for clinical sites was on the rise," said Jennifer Hayden, MS, RN, associate, Research, NCSBN. "There were more nursing students and less clinical sites available. Simulation looked like a good solution." But did simulation really provide the same educational experience as a clinical site did? "Boards of nursing needed answers, but the literature was lacking," Hayden explained. "So, the BONs turned to NCSBN and asked us to conduct a study that would provide them with the evidence they needed to make regulatory decisions on simulation in nursing education."

The National Simulation Study was divided into three phases. Phase I consisted of a survey that was sent to all prelicensure nursing programs in the U.S. to determine the prevalence of simulation use—types of equipment used and the courses in which simulation is used; faculty training and development to use simulation; and if simulation is used as a substitute for clinical hours. Phase II involved randomizing nursing students to receive varying amounts of simulation in place of traditional clinical hours. Hayden and her research team set out to find nursing schools willing to participate. "We wanted to include associate degree and baccalaureate programs so the study could be generalizable. We also needed schools that were large enough to have three groups of participants that would each have various amounts simulation," Hayden said. There were 23 schools applied, 10 were chosen. In August 2011, 847 new nursing students were randomized into one of three study groups: traditional clinical (the control group), 25 percent simulation or 50 percent simulation.

Each semester and in each of the core clinical courses, students were assessed on their nursing knowledge, clinical competency and how well they perceived their learning needs were met in both the clinical and simulation environments.

In May 2013, 667 of the study cohort graduated (several students dropped out the study or left the nursing program all together). To determine their readiness to practice, 587 nurses agreed to participate in a longitudinal follow-up study (Phase III). To date, 62 percent of follow-up study participants have been hired as registered nurses (RNs).

The data collected from the study, in addition to NCLEX® pass rates, end-of-program competency assessments, end-of-program nursing knowledge, how students rated simulation environment and how simulation works on a course-by-course basis will all be explored when Hayden reports her outcomes in a supplement that will be published with the *Journal of Nursing Regulation* (JNR) later this year. "The results of this research will be so valuable to nurse regulators and educators. What we learn from this study and future studies that build on our work will be used for years to come to guide and shape clinical education," Hayden explained.

Transition to Practice Study

The transition from nursing student to newly licensed nurse can be exciting, yet overwhelming. Newly licensed nurses are expected to take the knowledge and skills they acquired in an educational setting and apply them seamlessly into clinical practice. For some, this transition is easy, but for many new nurses, the transition can be stressful and difficult. Studies suggest that when newly licensed nurses don't properly transition into practice, nurse retention, competency and patient safety are affected.

NCSBN began studying transition to practice back in 2002. In 2008, the first evidence-based model was introduced. "Transition to practice is just as relevant today as it was when I started at NCSBN in 2002," Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN, said. "We can't hire a new nurse and expect them to hit the ground running. Too much is at stake." The Transition to Practice Study investigated whether NCSBN's Transition to Practice Model improved quality and safety outcomes, and whether it could be generalized into diverse

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A GLOBAL PERSPECTIVE:

Nursing Regulation *in* Ireland

By: Maura Pidgeon, PhD
CEO, Nursing and Midwifery Board Ireland

In Ireland, nursing and midwifery regulation is carried out by An Bord Altranais agus Cnáimhseachais na hÉireann (this is the Irish language version translating as the Nursing and Midwifery Board Ireland [NMBI]). The Nursing and Midwifery Board, which was formerly An Bord Altranais (Nursing Board) was established in 1950 following the commencement of the Nurses Act 1950. This legislation was reviewed in 1985 and again in 2011. Therefore the legal framework in which nurses and midwives are regulated in Ireland is the Nurses and Midwives Act 2011, which, for the first time, recognises midwives as a distinct profession, with "midwife" being a protected title, as is "nurse." The legislation provides for every aspect of regulation, including the governance of the organisation and its board.

NMBI is an independent, self-funding organisation under the aegis of the Department of Health. The overarching function of the board as the competent authority is to protect the public through the regulation of the professions of nursing and midwifery and the registration of nurses and midwives ("Registrants"). Nurses are not licensed in the way U.S. nurses are to practice; however, anyone wishing to practice and call themselves a nurse or midwife must be registered with the NMBI.

The management of this Register is at the heart of regulation and the NMBI set standards and requirements for entry to practice, which are the standards and requirements for the validation of undergraduate nursing and midwifery programmes. In addition to setting standards, compliance is monitored. NMBI does not deliver these programmes, rather all curriculae, provider universities and clinical partners are validated and accredited by the Board.

Undergraduate nursing/midwifery education is a four-year full-time primary honours degree. There is only one level of nurse, but there are four types of registered nurse (divisions of the Register are: general; psychiatric (mental health); intellectual disability; and children's). Midwifery has two tracks to entry, either directly, which is four years, or as a second registration programme (post-registration).

Professional advice and guidance encompasses the validation and accreditation of post-registration programmes leading to second registrations, including advanced nurse or midwife practitioners (akin to nurse practitioners in the U.S.) and nurse/midwife prescribing.The second major function of the management of the Register is the provision of professional advice, guidance and support to Registrants to help ensure they continue to practice in accordance with the Code of Professional Conduct and within their Scope of Professional Practice (both of these documents are being evaluated and revised). NMBI has a substantial portfolio of standards and guidance documents for Registrants.

The third function of managing the Register is the handling of complaints against a Registrant, known as "Fitness to Practice." This process is managed in two phases: firstly the investigation; and then, if there is prima facie evidence, the complaint is managed as a quasi-judicial procedure. Under the new legislation, hearings will be held in public.

The major differences under the new legislation commenced in October 2012 can be summarised as follows:

- Greater openness and transparency in governance - a smaller board with a lay majority, with professional representation being a combination of elected representatives and nominees from key stakeholders;
- Mandatory competence assurance;
- New Fitness to Practice machinery including a Preliminary Proceedings Committee ("PPC" for screening/triage) and Public Hearings with greater openness in regard to communications in respect of public safety; and
- Midwifery as a distinct profession from nursing.

Challenges facing NMBI:

- Funding and implementation of the new legislation in an efficient and effective manner;
- Organisational development such that the culture reflects the strategic direction of the organisation in respect of the new legislation;
- Sustaining public trust and confidence in the professions and the health system given the economic pressures in Ireland due to the recession, recent national reports on standards of care, as well as the impact of health events in our near neighbor, the United Kingdom;
- Making regulation more relevant to the Registrants and being able to support them in the knowledge that support and facilitation enables better practice for patients and clients; and
- Working within the revised European Union Directive for professional qualifications.

Our recent successes include:

- Managing the huge increase in the number of overseas applications from 2002-2007 (during boom times in Ireland's economy);
- Sustaining public confidence in the quality of care and standards of nursing practice (as evidenced by a recent survey); and
- Leading edge developments in respect of nurse prescribing and advanced practice.

Differences between nursing regulation in the U.S. and Ireland:

- Ireland only has one level of registration, i.e. primary honours degree (four years; 3,600 hours);
- Ireland has four different points of entry to the profession (divisions of the Register);
- Ireland has direct entry midwifery;
- Ireland has an all graduate profession;
- Ireland does not operate a licensing process as in the U.S. - registration follows successful completion of validated and accredited programmes; and
- Ireland has one legislative framework for nursing and midwifery (albeit currently exploring with other health regulators possible synergies and better regulation through shared elements of the regulatory process).

Regulators should provide leadership by developing an enabling regulatory process in addition to an enabling scope of practice, so that Registrants are supported in their pursuit of providing quality care in a most adverse and complex health care industry, whether in a primary or tertiary care settings. Registrants could then significantly impact the health requirements of the population. Strong and effective leadership is required to complement what nurses are very good at (as is often said, "nurses are hard wired for management").

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NEWS & NOTES

Winter 2013/2014

Title : Passing Standard Increased for NCLEX-PN® Examination

It's not easy deciding whether or not to increase the passing standard. There's a lot of evidence the NCSBN Board of Directors (BOD) needs to consider, including the results from a standard-setting workshop (held September 2013 in Chicago); the historical record of the NCLEX-PN® passing standard and candidate performance; the educational readiness of high school graduates who expressed an interest in nursing; and the results from annual surveys of nursing educators and employers conducted between 2011 and 2013.

Based on this evidence, the BOD determined that increased patient acuity requires a greater level of knowledge, skills and abilities to practice entry-level nursing than was required three years ago. This resulted in the decision to increase the NCLEX-PN passing standard to -0.21 logits (a logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties). The revised passing standard will be implemented on April 1, 2014, in conjunction with the launch of the *2014 NCLEX-PN® Test Plan.*

Streamlining Nursing Licensure in Ohio

The Ohio Board of Nursing (OHBON), with 265,832 licenses and certificates, handles an enormous volume of applications. Nurses can renew online, but all other applications are paper, with multiple documents required. The inflow of paper is never ending.

Determined to simplify and streamline the process, OHBON leadership, along with LeanOhio experts (an organization dedicated to improving government services in Ohio) organized a Kaizen event. The five-day improvement blitz involved a cross section of staff who mapped and scrutinized all licensing processes to uncover inefficiencies; the result was an incredible transformation! The team developed the "Future State," which included:

- Reducing the 82 licensure steps to 26;
- Reducing the renewal steps from 64 to 16;
- Reducing examination/endorsement delays from 29 to 8;
- Reducing costs by $86,350; and
- Being able to more effectively handle applications with discipline issues.

All licensure and certification applications will be online in 2014, dramatically decreasing paperwork and expediting all licensure processes.

From left to right: Karen Unroe, Eric Mays, Norm Heading, Betsy Houchen, Brenda Murphy

Tools of Collaboration (TOC) Project Kicks Off

NCSBN is implementing a new collaborative software solution to:

Increase participation by members who have not previously been involved in NCSBN activities;

Expand opportunities and remove barriers for active engagement of members;

Replace the existing wiki tool with a system that better enhances and facilitates collaboration; and

Enhance communication with new Web/video conferencing options.

A task force has been assembled and consists of a comprehensive representation of staff from various NCSBN departments. The task force provides guidance to the core TOC team and provides input that will result in the project successfully exceeding membership and staff needs and expectations. In addition, feedback has been collected via surveys, focus groups and interviews with members and staff. On-going feedback will be solicited at various stages throughout the duration of the project.

A new collaboration solution will be implemented for members by September 2015.

Keep a look out for more updates on our progress!

New Mexico Board of Nursing Chair Receives Distinguished Alumni Award

New Mexico Board of Nursing Board Chair Terri Fortner, MSN, RN, PMHNP-BC, was recently selected by the University of New Mexico (UNM) College of Nursing Alumni Association to receive the Distinguished Alumni Award for 2013, the college's highest honor. Fortner was presented with the award at the annual homecoming celebration for the UNM College of Nursing reception on Sept. 27, 2013. Fortner's name was added to a plaque that hangs in the College of Nursing/Pharmacy building.

Pictured (left to right): Nancy Darbo, Nancy Ridenour & Terri Fortner

A GLOBAL PERSPECTIVE: Nursing Regulation in Ireland, continued from page 13

Nurses must constantly believe in who and what they are, because what they do and the difference they make affects patient outcomes. Nurses must never lose sight of what they are about: "careful nursing" as knowledgeable, competent and confident practitioners.

Dr. Maura Pidgeon is a trained nurse and midwife; she has held several management and executive leadership positions, including teaching, throughout Ireland during her 30-year career.

Bord Altranais agus Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

18/20 Carysfort Avenue
Blackrock, Co. Dublin
Ireland

Phone: 353-1-639 8500
www.nursingboard.ie

To Question, To Learn, To Discover

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settings. To study this, two phases were developed. Phase I focused on RNs in hospital settings; Phase II studied RNs and licensed practical/vocational nurses (LPN/VNs) in long-term care, home health, ambulatory and public health settings. According to Spector, "The Transition to Practice Study is one of the first to randomize sites to an intervention and control group. This is important because the control group, which used its traditional orientation procedures, served as a comparison to the intervention group's use of a standardized transition to practice model. Therefore, if there are significant differences in the outcomes between the two groups, they are likely because of the use of the transition to practice model being used in the intervention group."

A large sample size was needed in order for the study to be successful, so Spector and her research team started looking for sites. Ten states showed interest; three were selected. In the end, 108 hospitals and 42 nonhospital settings in Illinois, North Carolina and Ohio participated in Phase I, which had 1,437 newly licensed RNs participating. Phase I ended in March 2013; Phase II ended in January 2014. Because of this, outcomes are still being collected and analyzed, so it's too soon to even give us a glimpse at the results. Guess we're going to have to wait until later this year when they're officially published. But if Hayden and Spector's excitement about their studies are any indication, we have much to look forward to!

Want to read the outcomes from the National Simulation Study and Transition to Practice Study as soon as they are published? Then make sure you subscribe to JNR by visiting http://jnr.metapress.com.

The Future of NCSBN Research

As the two studies come to an end, several more are just beginning, as outlined by the 2014-2016 NCSBN Research Agenda (which is available at www.ncsbn.org/169.htm). Take the Continued Competency Study for example. The lack of evidence on the topic, coupled with the fact that each state has its own competency requirement, has made it difficult to determine whether there is any one thing that predicts nurse competency. Furthermore, competency is measured in a variety of ways, including the use of examinations, self-assessment, continued education and certifications. With so many measurement tools, which is the best? Which tool accurately measures competency? Several hospitals in Illinois are currently serving as study sites to help NCSBN answer these questions. The data collected in this study will help NCSBN determine whether a large scale, multi-site national study should be implemented. No problem though. NCSBN is used to successfully pioneering research studies.

Avoiding Confusion

Language Usage in the NCLEX®

Since the beginning of its development, the NCLEX® has served as a fair, reliable tool to measure the minimum competency required to deliver safe, effective entry-level nursing. The exam is developed to ensure that no candidate is afforded an unfair advantage when testing. The language and terminology selected for exam items must be universal and support the assessment of one construct—entry-level nursing knowledge—while eliminating the inadvertent assessment of other factors.

The exam uses consistent language for every examinee. In order to achieve accurate, stable measurement, terminology used in exam items can have only one meaning. A challenge is presented in instances where two terms can have the same meaning. In these cases, NCSBN selects the use of only one term, allowing the NCLEX to reflect consistent use of the selected term throughout exam delivery.

NCSBN understands most clinicians acknowledge both generic and brand/trade names when referring to medications. The NCLEX will reflect, on most occasions, the use of generic medication names only. We take into account that the use of the medication generic name is more consistent, while a brand/trade medication name may vary.

As we continue to support efforts directed at client safety and public protection by developing an assessment tool nursing regulatory bodies can use in making entry-level licensure decisions, it is our hope that we provide useful information available to those interested in the NCLEX exam. Be sure to visit **nclex.com** to find additional NCLEX resources.

Speed Round

Get to know NCSBN staffers in three, quick questions. First up, Andrew Hicks, associate, Member Relations.

1. What do you do?

   I work in the Member Relations department. The department serves as a resource for NCSBN programs and services.

2. What is the best part and most challenging part about your job?

   I really enjoy being in a position to interact with the membership on a regular basis. It's by far the best part of my job. On occasion it can be challenging to keep a lot of balls in the air and meet the needs of the membership in a timely manner.

3. If you weren't working at NCSBN, what would your dream job be?

   Psychology has always fascinated me…specifically cognitive psychology. Growing up, I had always wanted to be a psychiatrist, or a relief pitcher. I suppose the two jobs aren't totally unrelated.

Oh the Weather Outside is *Frightful…*

Icicles in Alabama?!

Georgia Board of Nursing

Winter Storm Hercules. Winter Storm Maximus. Polar vortex. Different names, same problems: record low temperatures, freezing wind chill and snow. So much snow! Eleven boards of nursing (and even NCSBN) had to close their doors due to the harsh winter weather. And while it's fun to get a snow day or two as an adult, there's usually a mountain of work waiting for us when we get back, since closing an office can have a big impact on the organization's operations. Two boards of nursing share their stories on how the winter weather affected them.

Alabama Board of Nursing
N. Genell Lee, JD, MSN, RN, executive officer

Tornadoes and hurricanes in Alabama? Common. Snow and ice in Montgomery? A rarity. When the weather forecast for Tuesday, Jan. 28 came out, Montgomery was in the warning areas for snow and ice. No, we do not know how to drive in snow. However, our biggest problem has always been ice. The run on grocery stores for milk, bread, and eggs was underway!

The governor declared a State of Emergency at 6:00 am on Tuesday. At approximately 9:15 am, I closed the office. Roads north of Montgomery were icing over very early and many of our employees lived in that direction.

We posted a message on our website and on our telephones that we were closed due to weather. We informed candidates scheduled to take the NCLEX® to send a message to our main email address as I was responding to those. We also added a message that those scheduled for drug screening were excused until Jan. 30.

At the time we closed, we did not have any idea how long the winter storm would last. I received an email from a candidate who was unable to take NCLEX that day due to the weather. After reaching out to NCSBN, Phil Dickison, Chief Officer, Examinations told me about the weather emergency plan in the NCLEX Board Manual. Quite honestly, I had not thought about it until the candidate notified me because I was so concerned about closing the office and making sure I checked on staff.

There were significant issues with the testing centers telling candidates they would have to reschedule and pay the fee again because the candidates were "no shows." If we declare a weather emergency, candidates are able to reschedule without paying an additional fee. Fortunately, we were able to get them all rescheduled.

I also received an email from a nurse we are monitoring through drug screens who had to find a collection site on Tuesday, though most of the collection sites in her area were closed. I contacted our third party administrator, FirstLab, to eliminate anyone scheduled for testing on Jan. 29; by this time, the entire state had issues with travel. One of the lessons learned? Be sure staff advises the appropriate people when the manager of an account changes. I was not told that the account manager was changing and spent a lot of time sending emails to the wrong person.

The Governor announced that state offices would reopen at noon on Thursday, Jan. 30. I implemented the call tree, calling each supervisor who then notified their staff. We had a meeting first thing on Thursday when we reopened so everyone would know about the issues with NCLEX and drug screens.

Fortunately, all the board members and staff were safe and did not experience what many others in Alabama did---stuck in a car on the interstate, children having to spend the night in schools and a few without power. We will be adding snow and ice to our inclement weather policy, in addition notifying NCSBN and Pearson VUE!

Georgia Board of Nursing

Georgia Board of Nursing
Jim Cleghorn, executive director

The threat of snow or sleet is usually enough to send Georgians scurrying to the grocery store to stockpile milk and bread. When the snow actually begins to fall, our day-to-day routine can quickly grind to a halt. This year, weather forecasters began issuing winter weather watches several days before the "snowpocalypse" was to impact our area. (Please note that in Georgia, snowpocalypse means anything over five snowflakes.) To make matters worse, forecasters were calling for the snow to start on Tuesday, Jan. 28—just three days before the renewal deadline for registered nurses.

Staff reported to work on Tuesday morning and diligently tried to concentrate on the day's work while taking quick peaks out the windows to see if anything was falling from the overcast sky. After lunch, the rain started and then the sleet began coming down. Around 3:00 pm the governor closed all state offices and staff members were sent home. As people were packing up and heading out the door with thoughts of building a snowman, they couldn't begin to imagine the chaos and gridlock that would characterize our state over the next 48 hours.

The BON office is south of Atlanta and all board staff members were able to reach their homes safely and with little difficulty, even as the sleet gave way to snow. Other employees of state government were not so fortunate. Many areas of the state received 2 to 3 inches of snow and sleet between Tuesday afternoon and early Wednesday morning. To complicate matters, temperatures in much of Georgia did not rise above the mid-20s until Thursday afternoon. All state agencies were closed until Friday morning.

When the office opened on Friday morning most staff members were excited to be out of the house for the first time in two days (Most Georgians don't drive well in the snow) and were ready to tackle the mountain of work that waited. At 8:03 am, more than 60 callers were on hold waiting to speak with a call center agent. Some staff members started work at 6:30 that morning and the last task was completed around 11:30 pm.

The snow was fun and provided some enjoyable family time in the middle of an otherwise busy week, but it was definitely an inconvenience to licensees and other stakeholders. Staff members are getting back to the normal routine, savoring the wintry memories and basking in temperatures reaching the mid-70s this week. Only in Georgia…

Opening the *Archives*

Research Department: 1991
To obtain data from a job analysis study, an NCSBN staff member prepares a mailing that was sent to thousands of nurses and hospitals throughout the country.

Believe it or not, NCSBN still gathers data for some of research studies this way. There's a reason it's considered a tried-and-true method: it works!

NCSBN
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277
312.525.3600 | www.ncsbn.org