

# LEADER TO LEADER

**INTERVIEW:**

## Researchers Discuss Groundbreaking Study

In 2013, NCSBN awarded a Center for Regulatory Excellence (CRE) grant to two researchers, **Jane Barnsteiner, PhD, RN, FAAN** and **Joanne Disch, PhD, RN, FAAN** (see bios on page 2). They developed an innovative reporting and tracking tool, called **Safe Student Reports (SSR)**, for nursing student errors and near misses. Nothing like this exists in the health professions, nor outside the U.S. NCSBN is now making it available to schools of nursing free of charge through participation in a research study. NCSBN spoke with Barnsteiner and Disch about the SSR.



Jane Barnsteiner, PhD, RN, FAAN



Joanne Disch, PhD, RN, FAAN

**What is your experience with nursing programs policies and procedures dealing with student errors?**

**DR. JANE BARNSTEINER:** In a national faculty workshop that we did with support from the Robert Wood Johnson Foundation, Joanne and I were teaching the Institute of Medicine (IOM) and the Quality and Safety of Nursing (QSEN) competencies. While teaching, we learned from faculty questions that schools of nursing had limited policies in place for managing near misses or errors by students or faculty, particularly in the clinical setting, but also in simulation.

Additionally, we found that when students do make a mistake, faculty often-times work with them based on their own personal beliefs rather than with school systems/structures in place. Moreover, their approaches were often punitive. Joanne and I identified the need to learn more, and with a grant from NCSBN, we did a national study on schools of nursing, finding that only 16 percent (of those that responded) had policies/processes in place to address handling errors/near misses. That study was published in the October 2017 *American Journal of Nursing (AJN)*. Based on the research findings, we designed a data repository with a standardized tool, and developed and piloted a form that is integrated into the tool.

[continued on page 2](#)

**IN THIS ISSUE ...**

- ▶ New Nurse Booklet
- ▶ Hot Topics in Nursing Education
- ▶ Nursing Education Outcomes and Metrics Committee
- ▶ Next Generation NCLEX®
- ▶ APRN Compact
- ▶ eNLC Resources
- ... and more

## Q & A

**Q: As an educator, how can I get involved with NCSBN?**

**A:** One of the best opportunities NCSBN offers to educators is to serve on an **Item Review** or **Item Writing panel**. The volunteers who participate on these panels are an integral part of the NCLEX item development process, thus making an impact nationally on the licensing of new graduates. They will learn,

[continued on page 5](#)



**NCSBN**

National Council of State Boards of Nursing

## Jane Barnsteiner, PhD, RN, FAAN

Dr. Barnsteiner is Professor Emerita at the University of Pennsylvania, School of Nursing, and Editor for Translational Research and Quality Improvement for the *American Journal of Nursing*. She has served as a Magnet Hospital appraiser since 2006. She is internationally recognized as a leader in quality, safety, and evidence-based practice.

Barnsteiner has been honored for her work with the Eastern Nursing Research Society Distinguished Researcher Award and the Sigma Theta Tau International Dorothy Garrigus Adams Award for Excellence in Fostering Professional Standards. In 2009 she was awarded the Lindback Award for Distinguished Teaching from the University of Pennsylvania and in 2014 she received the Alumni Award for Distinguished Leadership from the School of Nursing. She is a member of The Joint Commission Patient Safety Advisory Group and a member of the American Academy of Nursing.

## Joanne Disch, PhD, RN, FAAN

Dr. Disch is Professor ad Honorem at the University of Minnesota School of Nursing. Starting her career as a staff nurse in cardiovascular intensive care, Disch served as chief nurse executive at two major medical centers, as interim dean at the University of Minnesota School of Nursing, and as president of the American Association of Critical-Care Nurses and the American Academy of Nursing.

Disch has received a number of awards for her work, including two from Sigma Theta Tau International — one for excellence in fostering professional standards and one for excellence in leadership. Other awards include the Polly Bednash Lectureship Award from the American Association of Colleges of Nursing; the President's Award from the American Academy of Nursing; and the Distinguished Alumna Award from the University of Wisconsin.

## Researchers Discuss SSR *continued from page 1*

### Why did you develop the SSR tool?

**DR. JOANNE DISCH:** The first reason was to standardize what they reported and also the process they use to report. We needed a standardized reporting mechanism because nursing programs did not always define errors the same way. Therefore, we wanted to shape the thinking in order to have a baseline of what counts as an error and a near miss. We also introduced recommendations on who should complete the tool because oftentimes this was not standardized either. For schools just getting started, this really gives them a focus. Our experiences in designing the online data repository and the reporting tool were published in the *Journal of Nursing Regulation* in 2014.

A second reason is, by having a very open, receptive tool, we hope that it would help destigmatize errors. Sometimes people in our work would call these “violations of practice,” which are very broad words, so we came up with the language of “incident occurrence.” This was not to help normalize errors, but to not condemn before we even know the nature of the error.

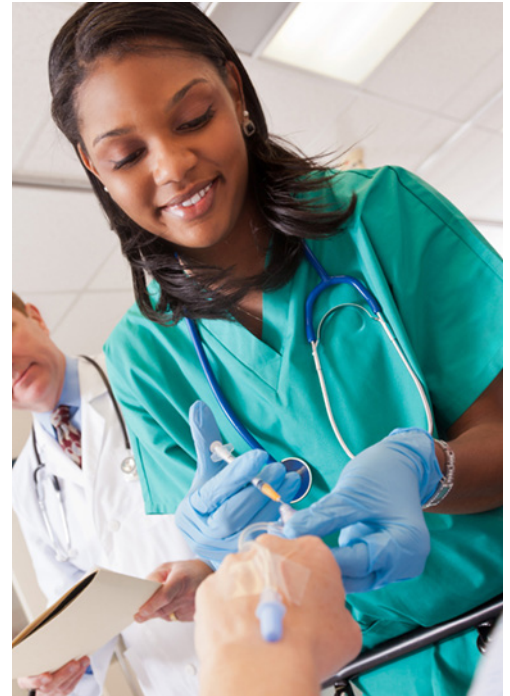
The third reason is we can identify trends and areas for improvement.

For example, if an error is happening in one school of nursing, and you see it is also happening in another school, maybe it is a bigger system issue and not just one program being aberrant. This really helps us identify trends. Because of that, we have a database where we can do ongoing research and look into the sources of errors and those types of things.

### Were faculty interested in using the SSR tool when you developed it?

**DISCH:** The vast majority of faculty were supportive. We have heard that many faculty are excited and have been waiting for a tool like this, one that is well used and subscribed to. Some faculty were nervous, thinking there would be repercussions if they reported errors; some even stated that none of their students have ever made an error. The vast majority, however, saw that it would be incredibly helpful to look at why these things are happening and what they can learn from them.

**BARNSTEINER:** For many faculty, this is a light bulb moment. Sometimes their approach is so steeped in tradition that they have not thought of another way of looking at it, and it changes their thinking 180 degrees. Along with our study results published in the October edition of the *AJN*, we also published an article in November on steps faculty could put in place to move to a just culture. It has



*continued on page 3*

had a tremendous response, and is one of the *AJN's* most downloaded articles of 2017. That has made us concretely very hopeful that people really want to do the right thing; they just have not had a mechanism in place previously on how to put systems and structures in place. There is no doubt that there will be a certain percentage of faculty who will lag in getting involved, but clearly, people are enthusiastic about this new approach for schools of nursing.

“With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data.”

– Jane Barnsteiner, PhD, RN, FAAN

# SSR

Safe Student Reports

■ ■ ■ ■ ■ N C S B N

### How should the SSR tool be used?

**BARNSTEINER:** It can be used in a number of ways very effectively to promote safe and high-quality care in the learning of students as well as faculty. First of all, within a school of nursing, it provides a standardized approach for faculty and students to use in reporting occurrences. A school can look across their entire program to see what kind of occurrences are taking place, and whether or not these occurrences should inform their teaching. That internal piece can be extremely informative for a school of nursing.

Secondly, having a national data repository allows the aggregation of knowledge. There is nothing that exists today in schools of nursing or any other professional health schools that will allow the aggregation of data to be able to look at similarities or differences across programs/schools of nursing. With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data. Schools can then decide changes that may need to be made in a curriculum, or in the way students are taught across the board.

### What is meant by a “just culture” and how could use of the SSR tool promote that?

**BARNSTEINER:** A “just culture” is one where a provider, student or faculty member can report an error or near miss without fear of retribution. It is an approach that does not start with, “Who did this?” Instead, we talk about five questions that need to be answered when a just culture is in place: “What happened? Has this happened before? Can it happen again? What caused it? Who needs to be told?”

The tool can be used to analyze the vulnerabilities in a system and what needs to be corrected to have a safe environment or safe care. We know through many studies in safety science that roughly 90 to 95 percent of errors and near misses that take place are the result of system errors. Things are not designed to be mistake-proof, so that is where the emphasis needs to start: to look at what the vulnerabilities are in the system. Then, 5 percent or so at a time, you have egregious behavior on the part of the individual. For a student who never comes to clinical prepared, or blatantly disregards safe practices, individual action needs to take place. People are held accountable for their actions, but we also look at the system and see what changes need to take place. Sometimes, in the just culture, you have to take individual action. Sometimes students need to repeat a course, and sometimes nursing is just not cut out for them. The use of the tool helps to promote that analysis.

“... it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors.”

– Joanne Disch, PhD, RN, FAAN

### What would be the advantages of schools becoming part of the SSR tool community?

**DISCH:** Our real hope for this tool is to create a common database and common terminology, to develop a research base, and as we exchange information and look at trends, to

*continued on page 4*



not just record it into a data dump, but to provide reports. With this common database and the ability to look at sources of frequent errors/near misses and share this information, it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors.

We also think it creates a movement with forward-thinking schools who demonstrate a concern for quality and safety and who want to use data to improve how they teach students. We hope it becomes a prideful thing to become a part of this community, to show your school is on the cutting edge of doing whatever it can to improve not only the student learning experience, but also to develop safe practitioners going into the clinical setting. We hope it will be a very vibrant community of learning, improving quality and safety, and preparing students for realistic clinical practice. ♦

Visit the [SSR webpage](#) for further information on how to join this groundbreaking research study. For the purposes of this study, NCSBN has obtained a Certificate of Confidentiality from the National Institutes of Health (NIH), which means the data collected during this study cannot be disclosed to anyone who is not connected with the research. Only your program will have the ability to see its data, and only national aggregate data will be reported by NCSBN. All deans and directors from prelicensure nursing programs should have received letters inviting them to participate. For any comments or questions, contact [ssr@ncsbn.org](mailto:ssr@ncsbn.org).

## NCSBN Grant Program

Upcoming proposal submission deadline: **Oct. 5, 2018**

### About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

### Award Information

Investigators may apply for grants up to \$300,000. All Projects must be completed in 12–24 months following the project start date.

### Research Priorities

Research priorities include, but are not limited to:

- Substance use disorders in nursing
- National and international regulatory issues
- Remediation
- Innovations in nursing education
- Delegation
- Impact of legalized marijuana
- Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.

**APPLY TODAY**

## Our 40th Anniversary Gift to New Graduates:

# A Booklet Welcoming Them to Practice!



NCSBN is commemorating our 40th anniversary with many celebrations and surprises! One such surprise is a gift to all new graduates: we have published a first-ever booklet welcoming newly licensed nurses to the profession, from a regulatory perspective. "NCSBN Welcomes You to the Nursing Profession" helps new graduates learn about their responsibilities with maintaining and renewing their licenses and of the importance of reading their Nurse Practice Acts (NPA). Some typical violations of the NPA are presented, and cases are integrated throughout the booklet, highlighting principles violated (when appropriate) and nursing takeaway.



Important issues in nursing are discussed, such as substance use disorder and the opiate crisis, social media violations in health care, maintaining professional boundaries and ethical dilemmas new graduates might face. Whenever possible, we have included links to valuable online resources like our brochures and videos. New graduates often are put in the position of needing to speak up for patient safety, but they are sometimes hesitant because of being so new to nursing. TeamSTEPPS strategies are provided to help them take action when they are concerned about safety issues.

At the end of this booklet is a risk control self-assessment checklist, used with permission from the Nurses Service Organization and their insurance carrier partner, which is designed to enhance patient safety and to minimize liability exposure. ♦

This is a must-have resource for all new graduates and it is available now! Visit our [website to download or order free printed copies.](#)

*continued from page 1*

firsthand, how the NCLEX is developed. While of course the educators must maintain confidentiality of the items, the training they receive to develop or review the items is invaluable. Further, they will network with educators from across the country and Canada, developing an appreciation for different perspectives in nursing education.

If you are interested in volunteering to be an item writer or reviewer, simply complete an [online application](#).

#### TESTIMONIAL:

*"It has strengthened my understanding of test-taking processes and helped me to learn how to write effective test questions. "*

– Janna Hackett, MSN, RN,  
clinical instructor at  
Clovis Community College  
in New Mexico



# Hot Topics in Nursing Education: An Interactive Panel at the 2018 IRE Conference

## HOT TOPICS IN NURSING EDUCATION

### TOP FOUR:

- Clinical Scarcity
- Faculty Shortage
- Gap between Education and Practice
- Curriculum Models

### OTHER TOPICS:

- New Generation of Students
- Teaching Strategies
- Accreditation
- Interprofessional Education
- Tracks (RN to BSN, other)
- Preceptors
- Standardized Examinations
- Simulation
- Clinical Evaluation
- Global Clinical Experiences
- At-risk Students
- Next Generation NCLEX
- Technology
- Faculty Development

**T**he 2018 Institute of Regulatory Excellence (IRE) Conference in San Francisco, Jan. 24–25, 2018, focused on “Using Data to Navigate the Future of Nursing.”

In one of the sessions, an interactive panel discussed the leading issues in nursing education today and their impact on nursing education and nursing regulation. The future of nursing relies on the state of nursing education, and nursing education programs constantly face challenges educating nurses who will be prepared for the evolving and changing health care environment. Panel members from boards of nursing (BONs) were, in essence, describing their use of data in decision making for advancing nursing education.

A list of “hot topics” was compiled for the IRE participants through a review of BON publications, current nursing journals, topics included in recent professional meetings, discussions in the Education Outcomes and Metrics Committee, a report from NCSBN’s 2016 Issues and Trends Committee, a BON survey, and conversations with program directors. All of these hot topics pose serious challenges for nursing programs as they try to meet the needs of society by providing safe, competent graduates who can practice in the complex health care system. Items on the list were clustered and culled down to the leading hot topics listed at the left.

The panel’s moderator was **Janice Hooper, PhD, RN, FRE, CNE, FAAN, ANEF**, nursing consultant for education at the Texas Board of Nursing.

The panel members were selected from across several states, based upon their areas of expertise. They included:

- ◆ **Sue Petula, PhD, RN, NEA-BC, FRE**, nursing education advisor, Pennsylvania Department of State, Bureau of Professional & Occupational Affairs
- ◆ **Tammy Buchholz, MSN, RN, CNE**, associate director for education, North Dakota Board of Nursing
- ◆ **Anne Marie Shin, MN, RN, MSc (QIPS)**, manager, Education Program, College of Nurses of Ontario
- ◆ **Mary A. Baroni, PhD, RN**, professor, Nursing and Health Studies, University of Washington, Bothell; board member of the Washington State Nursing Care Quality Assurance Commission; and chair of the IRE Committee

Each panel member discussed the impact of one of the hot topics and invited questions from the audience. The audience was encouraged to continue with the hot topic discussion during the reception that followed the panel presentation.

## HOT TOPIC #1 – CLINICAL SCARCITY

Petula described the Pennsylvania State Board of Nursing’s deployment in 2007 of a web-based information technology system designed to create efficiencies in information exchange between the BON and all prelicensure nursing programs across

*[continued on page 7](#)*

the Pennsylvania commonwealth. This database supports the ability of prelicensure nursing education programs to timely identify clinical settings and to achieve prompt BON approval of the sites. These efforts arise from the fervent desire to provide essential, and quality, clinical learning experiences where nursing students could provide nursing care for actual patients.

In preparing future nurses to enter complex work environments, the system contains close to 4,000 clinical agencies where students are engaged in supervised clinical experiences, including ones in acute care, wellness clinics, school districts, neighborhood centers, inter-professional health care settings and housing projects. In addition, the use of simulation developed in accordance with established national standards augments clinical experiences.

The results of this study supported the establishment of a structured developmental program for graduate nursing students in the role of nurse faculty.

### **HOT TOPIC #2 – FACULTY SHORTAGE**

Tammy Buchholz discussed an innovative approach implemented by the North Dakota Board of Nursing (ND BON) through a Faculty Developmental Program (FDP) that began in 2004-2005, and was enforced by legislation in 2011. The FDP permits the use of graduate students as baccalaureate-level nursing instructors in the clinical area. In order to gather evidence of the effectiveness of this model, the Nurse Faculty Intern (NFI), a pilot study was conducted by the ND BON from 2006–2009, and was funded by NCSBN’s Center for Regulatory Excellence Grant Program. The results of this study supported the establishment of a structured developmental program for graduate nursing students in the role of nurse faculty. The new and amended North Dakota Administrative Code that

included the FDP and related requirements was approved by the North Dakota attorney general and adopted by the BON on April 1, 2011, as an innovative approach to the faculty shortage in North Dakota. The program has been especially helpful to rural nursing programs to meet their faculty needs.

Audience responses indicated similar programs have been implemented in Louisiana, New Hampshire and Texas. These initiatives have relieved faculty shortages to some degree and provided a mechanism for programs to “grow their own” nursing faculty, without negative impact on program outcomes.

### **HOT TOPIC #3 – GAP BETWEEN EDUCATION AND PRACTICE**

Anne Marie Shin offered a perspective from our Canadian neighbors. The challenges of new nurses transitioning to the

level of nursing practice expected by employers is correlated with the “gap” between education and readiness for practice. The regulator is perhaps best poised to develop strategies to build and strengthen the bridge across the gap. The College of Nurses of Ontario is involved in a process of developing a standardized program approval method for all entry-level nursing programs in Ontario that would apply the same objective academic standards to all nursing programs. A scorecard based on three standards and 10 indicators will provide the framework for program approval, with safety being the overarching concept.



*continued on page 8*

### Hot Topics continued from page 7

Two strategies that were used in the development process that facilitated the bridge were (1) using data from practice to inform program approval processes, and (2) meaningful stakeholder engagement with the academic sector. Data were collected over five years and analyzed to determine the top five nursing standards that were breached and were used to form the foundational standards for curriculum mapping. Initial engagement with practice representatives and academia, and later with students, nurses, practice leaders, and more academic leaders, resulted in gaining various perspectives and establishing effective professional relationships.

The goal of these strategies is to use the data to inform downstream processes (mandatory curriculum indicators) to affect upstream consequences and to see a decrease in breaches of the nursing standards by the new graduate nurses.



The regulator is perhaps best poised to develop strategies to build and strengthen the bridge across the gap.

### **HOT TOPIC #4 – CURRICULUM MODELS**

Baroni described an emerging initiative in Washington state referred to as ACTION NOW. This initiative is sponsored by the Washington Nursing Care Quality Assurance Commission, the Washington Center for Nursing, and the Council for Nursing Education in Washington state. A nursing education solution summit is scheduled for Oct. 18, 2018, that will build on the previous four years of Robert Wood Johnson Foundation grant funds to address academic progression in Washington state. Four active statewide workgroups areas for the initiative include:

- ◆ Opportunities to advance nurses' education;
- ◆ Opportunities to assure a diverse nursing education faculty and administrator pool;
- ◆ New models for quality practice experiences; and
- ◆ Venues for assuring sustainable financial support systems for nursing education.

The workgroups are composed of representatives from practice, education and regulation committed to the "maximum impact concept" as a guiding mechanism for selection of possible solutions that can be a "triple win" for students and faculty, practice partners and communities. The end goal is to identify one or two evidence-based curriculum models

*continued on page 9*



Hot Topics continued from page 8

... committed to the "maximum impact concept" as a guiding mechanism for selection of possible solutions that can be a "triple win" for students and faculty, practice partners and communities.

for a formal, statewide demonstration project that will engage students and faculty in practice that will impact population health. Currently, five models are under consideration:

- ◆ Structured Preceptor Preparation;
- ◆ Simulation Care Delivery Model;
- ◆ Lifestyle Change Program;
- ◆ Hospital Elder Life Program; and
- ◆ Accountable Care Organization.

### Final Thoughts

While final solutions to the challenges the "hot topics" posed to nurse regulators were not provided, the dialogue was stimulating and provoked ideas that BONs could consider using in their states. Attendees were encouraged by the fact that BONs are reaching out to stakeholders and designing strategies to assist programs to maintain quality in nursing education. ◆

SAVE THE DATE

# 2018 NCSBN Scientific Symposium

Oct. 24 , 2018 | Chicago

# Enhanced Nurse Licensure Compact (eNLC) Update

**T**he eNLC has been implemented in 29 states as of April 2018, and it will be implemented in Kansas as of July 1, 2019. **This is excellent news for the nursing community!**

Building on the existing Nurse Licensure Compact (NLC), the eNLC increases access to health care by allowing nurses to provide care in-person or via telehealth (and other state-of-the-art technologies) in other compact states. It also enhances patient safety by allowing other eNLC states to take action quickly on unsafe or incompetent nurses.

Licensure costs are reduced because nurses hold one multistate license in the state of residence and are able to practice in all eNLC states. This can benefit employers who bear the expense of multiple licenses for nurse employees. Likewise, the eNLC removes multiple and duplicate regulatory requirements, thus further cutting down on costs for nurses.

Additionally, recent disasters such as hurricanes in the south and southeast helped to raise awareness of interstate compacts for health care professionals. These compacts would allow providers to cross borders into states impacted by disasters and begin providing care immediately.



For educators, the eNLC allows faculty to teach distance education courses/content to students in other eNLC states without holding a separate license in those states. It is important for faculty to remember that providing education is practice, and practice takes place in the state

where the recipient of nursing service is located. This includes distance education as well as telephone or telehealth contact with patients located in other states.

Below are some resources nursing faculty or students may access. We suggest that you meet with faculty and students to discuss the eNLC and its implications.

## Public Resources:

**eNLC Fast Facts** – Check out our new infographic for a quick overview of the eNLC.

**Nursys Authorization to Practice Map** – NCSBN's new interactive Nursys Authorization to Practice Map is a free resource that can help you quickly determine if a nurse has a multistate license and in which states the nurse may practice.

**Uniform Licensure Requirements** – Review the multistate license requirements

**Take Action** – The eNLC advocacy site is a one-stop resource providing an overview of the compact, a quick reference of each state's status, and a tool for sending a letter of support to legislators.

**Follow the eNLC on [Facebook](#) and [Twitter](#).** ♦

# The APRN Compact: A Modern Nurse Licensure Solution for the 21<sup>st</sup> Century

Educators can raise awareness of the APRN Compact by educating their students on the elements of the compact, in addition to the various ways a multistate license could open up practice opportunities.

**E**ducators and their students should know about the APRN Compact which is being discussed in a number of states. The APRN Compact offers a solution to roadblocks in modern health care delivery. This compact is an interstate agreement allowing an advanced practice registered nurse (APRN) to have one multistate license with the privilege to practice as an APRN in other states party to the compact. Introduced into state legislatures in 2016, the APRN Compact increases access to care electronically, telephonically, and in-person while maintaining public protection at the state level. Advancements in technology have expanded access to health care and telehealth is transforming care delivery, but without the APRN Compact, multiple licenses are required for APRNs who work with patients across state lines. By adopting the APRN Compact, however, qualifying APRNs will not require additional licenses to practice in other compact states, via telehealth or in person.

As of early 2018, the APRN Compact has been enacted in three states (Idaho, North Dakota and Wyoming). To join the APRN Compact, states must enact the model language legislatively. Once 10 states have enacted the legislation, the APRN Compact will come into effect. Several states have pending APRN Compact legislation, and more are expected to introduce the language in the coming legislative sessions.



Increased mobility for APRNs will assist primary care provision in health professional shortage areas and increase access to services for rural and underserved populations. APRNs living across a border from these areas will be able to provide care for these populations, and those providers using telehealth can reach these areas from afar.

Another advantage of the APRN Compact is when APRNs who hold a multistate privilege to practice use the Prescription Drug Monitoring Program (PDMP) in participating states. If their border states are also APRN Compact members, APRN prescribers may be able to, or required to, check the PDMP in their neighbor states. Without it, the patient may acquire meds across a state border without their ability to check for that.

The APRN Compact encompasses many elements of the APRN Consensus Model. The seven elements of the APRN Consensus Model are title, role recognition (all four), maintenance of national certification, dual licensure as an RN and APRN, graduate or post-graduate education, and independent practice and prescribing. As graduate-level prepared practitioners, all roles' education and certification begin with a common core with identical assessment, physiology, and pharmacology requirements in the four roles. In addition to the common core, the APRNs are then educated and certified in their role and population. As states continue to adopt elements of the APRN consensus model, they are increasingly interested in joining the APRN Compact.

**APRN**   
**COMPACT**

*continued on page 12*

If your state has introduced a bill to enact the APRN Compact, you can help get the legislation passed!



States are trying to broaden their coalitions for supporting the APRN Compact—looking beyond nursing organizations to groups representing disaster preparedness, military families, consumers and patients, business partners and educators to help efforts.

Educators can raise awareness of the APRN Compact by educating their students on the elements of the APRN Compact, in addition to the various ways a multistate license could open up practice opportunities (for example, in areas of telehealth, telephonic nursing and online education). Remember, practice occurs where the patient or student is, and having a discussion on how APRN nursing education crosses state lines can be helpful. This is particularly important for faculty who supervise clinical experiences for APRN students located outside of the state where the nursing program is located. When preceptors reside in Compact states, they can supervise students in other compact states without needing another license.

If your state has introduced a bill to enact the APRN Compact, you can help get the legislation passed! Access the [APRN Compact advocacy site](#) for more information on the APRN Compact, view an up-to-date map on which states have and are pursuing the compact, and contact your lawmakers to ask them to support the APRN Compact. Additionally, you can visit the [NCSBN APRN Compact page](#) for more information and resources. ♦

Coming August 2018

## **NCSBN** **Global Regulatory Atlas**



NCSBN is creating the first comprehensive resource of nursing regulation around the world. Providing invaluable information to nurses, educators and researchers, this free publication will detail the regulatory bodies of each country, registration or licensure requirements, levels of nursing and mandatory education, as well as many other aspects of regulatory data.

Find out what information the Regulatory Atlas will offer, when it will be available and more.

[Watch the video now!](#)

# Nursing Education Outcomes and Metrics Committee Update

by Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN, and  
Janice Hooper, PhD, RN, FRE, CNE, board staff, Texas Board of Nursing

**T**he NCSBN Board of Directors (BOD) established the Nursing Education Outcomes and Metrics Committee in September 2016, and the first meeting was held in January 2017. The BOD charged this committee with establishing a set of outcomes and associated metrics to recommend processes to assess nursing education programs:

- ◆ Review current literature on program approval metrics and their relevance to public safety.
- ◆ Recommend factors in addition to first-time NCLEX pass rates that can be used to determine criteria for a legally defensible Board of Nursing's (BON) approval/removal process.

From January to May 2017, the committee spent a considerable amount of time collecting available data and evidence that would assist us in meeting our charge. Some of the actions we took included:

- ◆ Reviewing the literature;
- ◆ Interviewing the national nursing accreditors;
- ◆ Analyzing the differences between first-time NCLEX pass rates when programs are accredited by national nursing accreditors, versus when they are not;
- ◆ Conferencing with experts about the U.S. Department of Education requirements;
- ◆ Conferencing with experts in systematic evaluation of nursing education programs;
- ◆ Meeting with a legal expert about legally defensible recommendations;
- ◆ Meeting with the chief officer of Exams and chief operating officer at NCSBN to learn about the role of NCLEX pass rates for measuring nursing program outcomes; and
- ◆ Conferencing with Canadian nurse regulators for their perspectives.

Armed with that background information, we are now moving forward with conducting research to provide us with more evidence supporting program approval. One study we are conducting uses the Delphi technique, and the participation of expert nurse educators will be crucial to this study. The Delphi technique uses multi-staged surveys (three in our study) to gain consensus on important issues. We will be surveying regulators who approve nursing programs, educators who teach prelicensure RN and LPN students, and

employers of new graduates to identify consensus among these three groups with characteristics of programs that graduate safe and competent students, red flags when programs don't meet that standard and outcomes that are feasible for BONs to collect. We need your help with this important study. If you receive an email inviting you to participate, please take the time to read about the study and consider participating.

When the Delphi study is completed, we will integrate the results with the literature and other studies we are conducting to provide our BONs with recommendations on improving the approval process. Stay tuned for the results. ◆



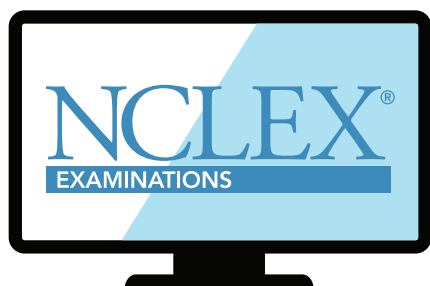
# NCSBN CELEBRATES 40 YEARS



IN 2018, NCSBN HAS **59 MEMBERS AND 30 ASSOCIATE MEMBERS** ACROSS THE GLOBE.



NCSBN CALLED TO ORDER ITS FIRST MEETING ON **JUNE 5, 1978**.



FROM APRIL 1, 1994 THROUGH DEC. 31, 2017, MORE THAN **5.4 MILLION** CANDIDATES FOR NURSES LICENSE HAVE TAKEN **NCLEX® EXAMINATIONS** VIA CAT.

MORE THAN **138,300 NURSE LICENSURE CANDIDATES** HAVE TAKEN THE **NCLEX®** IN **10 INTERNATIONAL TEST CENTERS**.



1. AUSTRALIA
2. CANADA
3. ENGLAND
4. HONG KONG
5. INDIA
6. JAPAN
7. MEXICO
8. PHILIPPINES
9. PUERTO RICO
10. TAIWAN



U.S. BOARDS OF NURSING REGULATE MORE THAN **4.8 MILLION LICENSED NURSES**.

# NCSBN's Next Generation NCLEX® Endeavors to Go Beyond the Leading Edge



Paramount in NCSBN's approach to potential evolutionary transformation to its exam was the foundational tenet that any changes must be evidence-based.

**A**s the producer of one of the preeminent exams in the world, NCSBN is taking an analytical look at its NCLEX® exams to determine how to take what is already the standard bearer of testing further beyond the leading edge.

The way students learn and the environment in which they are educated is rapidly changing. Can nurses at the entry level, appropriately put together the facts they learn, assess the client under their care, and make crucial clinical judgments about the care they need to deliver? And, from a licensure exam perspective, is decision making and critical thinking measurable? That is what NCSBN is trying to find out.

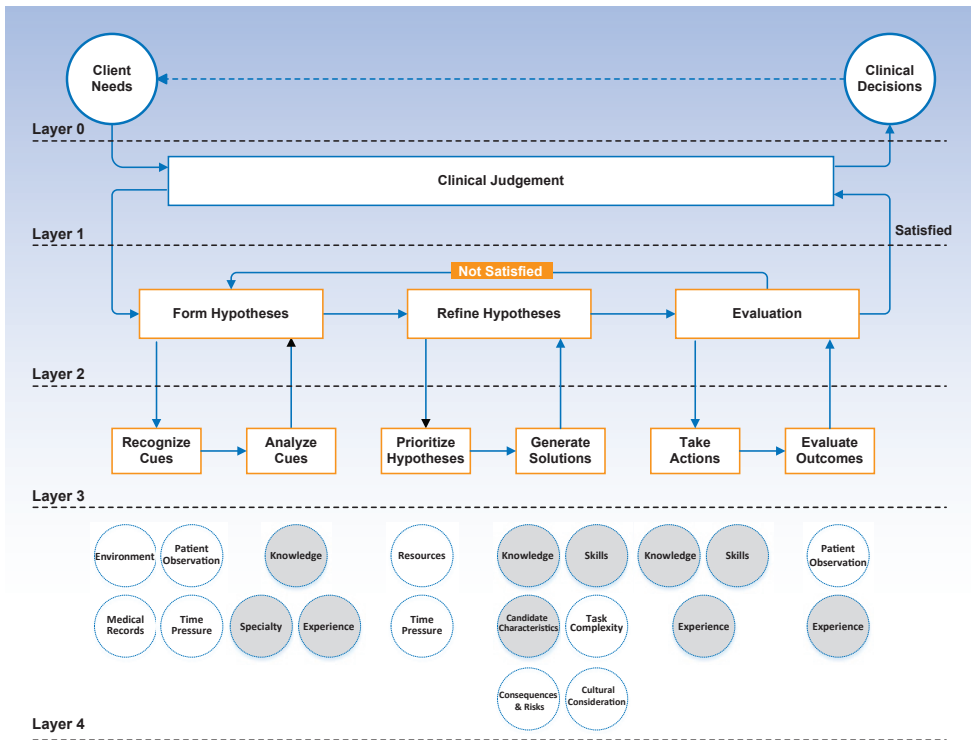
To determine whether the test is actually assessing what needs to be measured, NCSBN commissioned a literature review of 200 peer-reviewed articles detailing what is occurring in nursing practice, education and testing. What emerged was that nursing education had already made critical thinking, clinical decision making, and clinical judgment a standard part of nursing curricula.

Recognizing that the NCLEX measures practice, not education, NCSBN decided that it needed to do an observational practice analysis. The country was divided into quadrants and observers were deployed to watch novice nurses do their job. Everything that happened was recorded. Focus groups of both novice and experienced nurses were also conducted. What was observed was divided into either task, skills or attributes. This generated 1,000 plus pages of data, which were analyzed to determine the strength of association between entry-level nurse tasks and nurse skills. Many of the attributes and tasks required problem solving, critical thinking and clinical judgment. This is the evidence of how important those three proficiencies are.

The next step in the process was an assessment of the current NCLEX item bank to ascertain whether its item types adequately measure clinical judgment, critical thinking and problem solving skills on a consistent basis. The analysis found that there were three areas where the current items could measure clinical judgment, about a half that could moderately measure it but there were still large gaps.

*[continued on page 16](#)*

Paramount in NCSBN’s approach to potential evolutionary transformation to its exam was the foundational tenet that any changes must be evidence-based. The construct must be built first and then the items that can be used to measure it can be described. NCSBN first defined clinical judgment as “the observed outcome of critical thinking and decision making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.”



NCSBN then embarked upon research, another literature review and pilot studies to develop a comprehensive clinical judgment assessment model (Dickison, Luo, Kim & Woo, 2016). **The Clinical Judgment Model (CJM)** represents a fundamental shift from the current dichotomous measurement models in which something is either right or wrong. When context is removed and items are extremely sterile, a very precise and stable measurement can be obtained. The CJM (see Figure 1 at left) is complex but can be broken down into four levels: the nurse (1) forms hypotheses, (2) prioritizes them, (3) generates solutions and then (4) takes actions. The next layer is one that has not been introduced in any psychometric models before now — the context. Philip Dickison, PhD, RN, NCSBN chief officer, Examinations, explains, “The question is

whether you can put context around items in a way that you actually make it more real. In addition to the exam being psychometrically sound and legally defensible, one more condition must be introduced as we move forward into the future — fidelity. Does it look like what we do as nurses?”

NCSBN believes that measuring clinical judgment is not only new to how it tests its candidates but also new to the field of measurement. It is a game changer that stretches beyond nursing into all instances where public safety is involved.

# Next Generation NCLEX®

Recognizing that it was necessary to ascertain whether clinical judgment is more than just possessing nursing knowledge, NCSBN conducted a pilot study in 2016 (Muntean et al. 2016 AERA presentation). The study found that the average ability of a nurse to demonstrate the different steps in the clinical judgment process (cue recognition, hypothesis generation, hypothesis evaluation, taking actions and evaluating outcomes) is progressive. Thus, a nurse’s ability to recognize cues, develop hypotheses and take appropriate actions does not guarantee the ability to evaluate the outcomes of the action taken. In short, having content knowledge does not always translate to having clinical judgment skills.

Armed with this knowledge, NCSBN chose to move forward with what is now called the Next Generation NCLEX® (NGN) project. Bringing together experts from technology,

*continued on page 17*



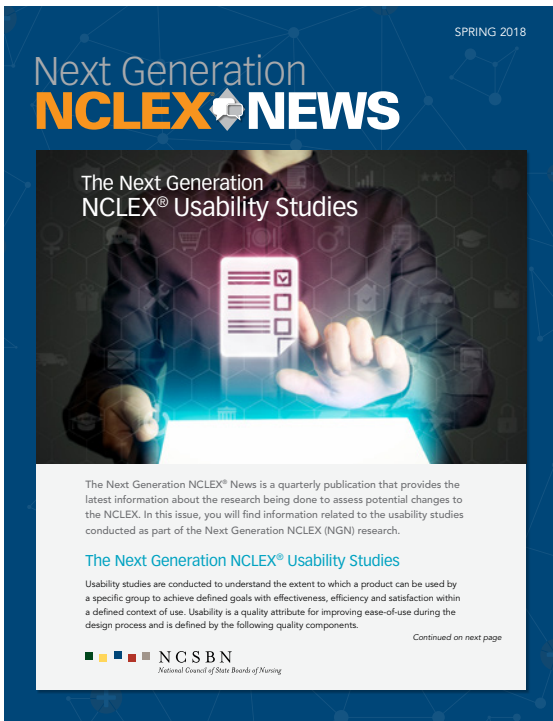
content and measurement to imagine item prototypes that could measure clinical judgment, NCSBN worked on creating items that could be inserted as a Special Research Section in real candidate examinations. These new item prototypes being tested have the possibility to measure the second, third and fourth layers of the CJM. Examples of the prototypes include: enhanced hot spots, enhanced multiple response and extended drag and drop.

The first set of these NGN prototypes were included as a voluntary component on the NCLEX exam beginning in July 2017. The Special Research Section is offered to select candidates taking the NCLEX-RN and takes approximately 30 minutes to complete. This section is administered following the regular exam and does not count as part of the NCLEX score. Candidates are making valuable contributions by their participation. Data obtained will be used to ascertain which items accurately measure clinical judgment and nursing competence.

NCSBN plans to provide continual updates about this long-term research endeavor. One such mechanism is the new *Next Generation NCLEX® News* that will be published quarterly. Information about the Next Generation NCLEX can be found on the [NCSBN website](http://www.ncsbn.org). As time goes on, various other communications vehicles will be implemented.

#### REFERENCES

Dickison, P., Luo, X., Kim, D., Woo, A. (2016). Assessing Higher-Order Cognitive Constructs by Using an Information Processing Framework, Vol. 17(1). Retrieved from [www.jattjournal.com/index.php/atp/article/view/89187](http://www.jattjournal.com/index.php/atp/article/view/89187). Muntean, W., Lindsay, M., Betts, J., Kim, D., Woo, A., Dickison, P. (2016, April). Separating Assessment of Subject Matter Knowledge from Assessment of Higher-Order Cognitive Constructs. Paper presented at American Educational Research Association Annual Meeting, Washington, D.C.



## LEADER TO LEADER

**NCSBN**  
National Council of State Boards of Nursing

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 [www.ncsbn.org](http://www.ncsbn.org)

Phone: 312.525.3600

Editor: Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations, NCSBN  
[nspector@ncsbn.org](mailto:nspector@ncsbn.org)

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

Copyright © 2018 NCSBN. All rights reserved.