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An Analysis of Nursing Program Self-Study Reports at the Texas Board of Nursing

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This article illustrates how one NRB analyzes the self-study data they receive from nursing programs during the approval process.

Nursing regulatory bodies (NRBs) approve nursing education programs to ensure the programs comprehensively cover the knowledge and skills that students will need to be licensed as registered nurses (RNs) and vocational nurses (VNs), and to practice safely and competently as new graduate nurses. While national nursing accreditation of nursing programs is also valuable, the two processes are very different (Spector et al., 2018). This article illustrates how one NRB analyzes the self-study data they receive from nursing programs during the approval process.

The Texas Board of Nursing (TXBON) uses a four-year approach in the ongoing approval process for VN and RN education programs. One outcome criterion used is NCLEX® first-time pass rates, though the TXBON also examines trends of NCLEX pass rates. When a program's first-time NCLEX pass rate drops below

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Many programs commented that returning nursing education to the classroom and clinical practice areas was a major improvement for faculty and students alike.

80%, there are usually areas where quality indicators of the program (Spector et al., 2020) are not being met since the pass rate is a “lagging indicator” of performance. “Lagging indicator” means that many other program characteristics had fallen below quality indicator standards (such as frequent turnover in directors, or low percentage of full-time faculty), thus eventually leading to a fall in outcome measures. The four-year process outlined below is designed to give a program time to improve their status:

- 1) First year of below 80% pass rate:** Self-Study Report (SSR) required in which the faculty members analyze which factors in their program may have contributed to the low NCLEX pass rate and make plans for corrective measures and improvement.
- 2) Second year of below 80% pass rate:** Approval status is changed to Full Approval with Warning, and TXBON staff make an in-person survey visit.
- 3) Third year of below 80% pass rate:** Approval status is changed to Conditional Approval (probationary), and the program may not admit new students.
- 4) Fourth year of below 80% pass rate:** TXBON may withdraw approval. The program usually elects to voluntarily close when the outcome is inevitable. A closed program may submit a new proposal after one year has passed.

Pass rates for all VN and RN programs are presented to the TXBON at the April board meeting, and any changes in approval are formal. At the April 2023 board meeting, the TXBON accepted the 2022 pass rates and 26 programs received a requirement to develop a SSR according to the Education Guideline and submit it to TXBON staff no later than July 15, 2023. The 26 programs included 10 BSN programs, 10 ADN programs and six VN programs.

Following SSR reviews by the education consultants, a final comparative analysis revealed some key points and common themes throughout the reports.

Key Points

Pass rates reflected the lagging effects from the adjustments in nursing education during and after the COVID-19 pandemic ended. Many programs commented that returning nursing education to the classroom and clinical practice areas was a major improvement for faculty and students alike. Most are taking a hybrid approach to didactic education, but student-faculty interactions and meeting together as a class were valuable.

A number of VN programs mentioned the challenges with teaching students who are non-native English speakers and are seeking strategies to help these students.

continued



Major issues mentioned in the SSRs were categorized to focus on areas for change and improvement:

Faculty Development Needs:	IT training, item writing, development in interrater reliability
Faculty Orientation:	More attention to new faculty
Areas for Consideration:	Use of vendor products, remediation plan for students, recognition of at-risk students, adequacy of the Total Program Evaluation Plan
Problem Areas:	Faculty turnover, inadequate admission and readmission policies, students with jobs that draw their energy and time
Inadequate curriculum:	Lack of currency of curriculum, need to include clinical judgment in curriculum
Clinical:	Need for more hands-on clinical practice, more effective clinical evaluation tool

Programs are expected to evaluate the effectiveness of implementing corrective measures and provide outcomes to TXBON staff the following year. Many programs' pass rates improve the following year with knowledge gained from the SSR.

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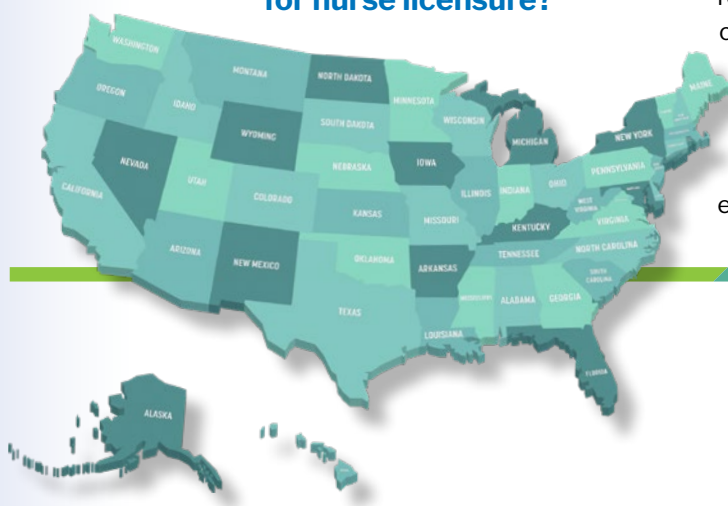
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Q & A

Q: With the new U.S. Department of Education (USDE) regulations, where can educators find each state's curriculum requirements for nurse licensure?

A: That is a very timely question. The new USDE regulation took effect on July 1, 2024. Every nursing program that participates in Title IV Higher Education Act funding and is designed to meet the educational requirements for a specific professional license or certification required for employment must provide a list of states where its program meets, and does not meet, the educational requirements. Each state's educational requirements for nursing programs can be found [here](#). It is the responsibility of the educational institution to make that determination. ♦



Transitioning to Competency-Based Nursing Education

By Susan Corbridge, PhD, APRN, FAANP, FCCP, FAAN, chief essentials implementation officer; and Joan Stanley, PhD, NP, FAANP, FAAN, chief academic officer, American Association of Colleges of Nursing

Preparing adequate numbers of highly competent nurses is a top priority of leaders in academia and practice.



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For years, employers have called for greater clarity around the expectations they should set for nurses entering the workforce, often citing gaps in skillsets, preparation and confidence. Deficits in these areas have led to increased rates of burnout, low job satisfaction and an understaffed workforce—further perpetuating the cycle of nurse turnover. In fact, a 2021 study by Emory University found that nearly one-third of nurses who left their employment cited burnout as the primary reason for leaving. Subsequent studies from the National Council of State Boards of Nursing and the American Nurses Foundation underscore the need to address multiple stressors facing today's nurses, which impact retention in the profession and workforce supply.

In an effort to address these concerns and prepare new nurses for contemporary practice, nursing schools across the U.S. are moving to implement the standards endorsed by the American Association of Colleges of Nursing (AACN) in April 2021 titled *The Essentials: Core Competencies for Professional Nursing Education*. This landmark set of curriculum guidelines calls for nursing programs to transition to competency-based education (CBE) with the goal of preparing more practice-ready nurses, facilitating the transition to practice and addressing workforce shortages.

So, what is CBE, and how can it result in improved health care outcomes and nurse retention?

AACN defines CBE as, “a system of instruction, assessment, feedback, self-reflection, and academic reporting that is based on students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education.” This definition differs from that of other organizations, including the U.S. Department of Education, which more narrowly identifies CBE as a pedagogy that “organizes academic content according to competencies—what a student knows and can do—rather than following a more traditional scheme, such as by course” (October 2022).

The 2021 AACN *Essentials* clarifies that CBE is not a checklist of tasks or demonstrated solely through an objective test or a one-and-done learning experience. Instead, CBE creates a common set of expectations for all key players—students, faculty, employers, health care professionals and the public. As a pedagogy, CBE embraces the needs of diverse learners, enabling a more tailored educational journey for students to meet their individual goals. Expectations for learners are clear, and faculty move from being a “sage on the stage” to a coach, supporting students in their efforts to demonstrate the identified behaviors reflective of competency attainment.

The *Essentials* and CBE aim to improve engagement between students, faculty and their clinical partners. Rather than focusing on the structure of the educational system, the

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“Now is the time to develop and sustain an enduring mutual respect for our education/practice partnerships, making a commitment to finding one ‘vision’ for the profession, our professional identity and competencies of nurses.”

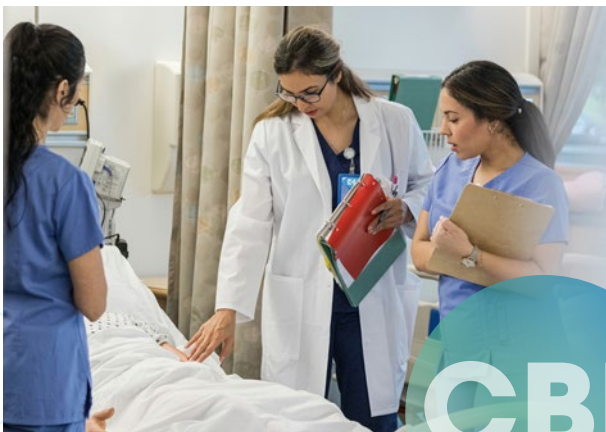
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Medical Branch

primary focus is shifted to the desired outcomes for learners, emphasizing the importance of inclusivity, continued self-assessment and the real-world application of new skills and expertise. By reviewing the competencies and sub-competencies outlined in the *Essentials*, students understand the skills and knowledge they are expected to develop and can take ownership of their education with support from faculty, mentors and practitioners. CBE promotes the integration of theoretical knowledge and clinical experience while enhancing critical thinking, decision-making and problem-solving abilities. Experiential learning with frequent formative feedback is foundational to CBE, helping students become well-rounded, practice-ready nurses who can adapt to the evolving health care environment.

“CBE gave us the tools to create a low-stress, self-paced setting for developing competencies,” said Nicole Warren, PhD, MSN, MPH, CNM, FAAN, associate professor at the Johns Hopkins University School of Nursing. Johns Hopkins is a pilot school in AACN’s Competency-Based Nursing for Practice-Ready Nurse Graduates Initiative, which provides 10 schools of nursing across the U.S. with funding, coaching and resources for streamlining the implementation of CBE and the *Essentials*.

“Whether it was using evidence-based strategies to mitigate bias in the clinical setting, therapeutically responding to a patient who feels shame about a diagnosis, or navigating hospital policy resources to identify the safest care management option, we’ve never been so confident that every single one of our graduates can bridge the ‘know-do’ gap,” Warren said.

Developed by leaders in nursing education and practice, the collaborative expectations set by the *Essentials* provide flexibility in designing curricula and programs, which can be adapted over time to meet the needs of the health care system. In particular, the 2021 *Essentials* and CBE align closely with the Next Generation NCLEX® objectives, emphasizing critical thinking and the ability to demonstrate clinical decision-making skills in real-world scenarios and practice. Faculty undertake the role of a coach, guiding students through a complex variety of situations and learning experiences while providing frequent formative feedback. Students are not left wondering what can be improved—their successes and growth indicators are shared consistently and in detail.



Schools working on implementing the *Essentials* are already seeing the benefits of CBE in the confidence of their students. A nursing student at Johns Hopkins University, when providing feedback on formative assessments, said, “It was helpful to [identify] what I was misunderstanding. Having someone work with me on what I missed, took the stress out of getting it right or perfect the first time and put the focus on my understanding and comprehension instead.”

Transitioning to competency-based education will take time, but nursing schools are making steady progress in the work to re-envision conventional approaches to nursing education. Our purpose is clear: to better equip the future nursing workforce to meet the challenges of an ever-evolving health care landscape. Faculty have expressed excitement about the process, highlighting previously unnoticed gaps and redundancies in curriculum as well as new opportunities for innovation.

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AACN supports full implementation of the *Essentials* and is dedicated to providing educators with easily accessible resources to streamline the process. Schools on the journey are guided by a wealth of *Essentials* implementation tools, including dozens of free webinars, guidance documents, talking points and a database of more than 100 peer-reviewed learning strategies that facilitate CBE. AACN regularly hosts regional CBE workshops and offers individualized coaching to schools of nursing to further support programs in transition.

As schools across the nation redouble their efforts to improve nursing education and health outcomes for all patients, AACN invites you to become an active participant in the transformation. To receive updates on the *Essentials* implementation efforts and the release of new tools and resources, faculty and practice partners are encouraged to sign up for a free AACN account. Our next CBE workshop, *Unlocking the Power of Simulation – Coach for Competency*, focuses on the use of simulation in designing competency-based learning and assessment opportunities within the curriculum. This workshop will be held Dec. 3–4, 2024, in New Orleans. All are welcome to join us to learn more about the new wave of innovation reshaping how nurses are educated and how they will ultimately practice. ♦

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The proliferation of telehealth and virtual nursing services continues well beyond the COVID-19 pandemic. As both are integrated into nursing practice, the implications will be widespread. From workforce and patient care to licensing and education, technology is reshaping the nursing profession from every perspective.

This special issue of the *Journal of Nursing Regulation* (Volume 16, Issue 3) will examine how telehealth, virtual nursing, AI, robotics and other innovative technologies currently impact nursing regulation and the nursing profession, as well as what awaits us in the near future.

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Empowering Nurse Educators: Unleashing the Power of Next Generation NCLEX®

Dodie Serafini, PhD, MSN, RN, CNE – Director of Assessment Services, National League for Nursing



In the ever-evolving health care landscape, nurses stand as the cornerstone of patient care, their roles extending far beyond bedside assistance to encompass critical thinking, decision making and problem solving. As the demands on nursing professionals grow more complex, so must the methods used to assess their competence. Enter the Next Generation NCLEX (NGN), a revolutionary approach to nursing licensure examinations that aims to reflect the complexities of contemporary health care practice. However, the launching of the NGN does present one challenge for faculty: crafting test questions that reflect the new item types in the NGN. This article will provide some tips on designing item types similar to the new NGN items so that students will be ready.

Central to the development of NGN-style questions is the recognition that traditional multiple-choice items may not effectively capture the nuanced abilities required of today's nurses. Instead, NGN questions embrace innovative formats such as clinical judgment scenarios and situational

Next Generation
NCLEX®

analyses. Crafting these questions demands a deep understanding of both nursing practice and the principles underlying the NGN. Therefore, the training of nursing faculty to write NGN-style questions is not merely a technical endeavor but an educational journey that intertwines theory with practical application.

The training process begins by familiarizing faculty with the core principles of the NGN, including clinical judgment, decision making and critical thinking. Resources providing information to faculty about the NGN are available on the [NCSBN website](#).

Once equipped with the requisite knowledge, faculty embark on the creative process of question development. They are tasked with designing scenarios that mirror real-world clinical situations, each question

representing the challenges nurses encounter in their daily practice. This process demands meticulous attention to detail, as every aspect of the question — from the patient's presentation to the available interventions — must align with the core principles of the NGN.

As faculty learn to design exam questions that are appropriate for the NGN format, they are encouraged to think beyond the confines of traditional assessment methods. They are challenged to incorporate elements of uncertainty, ambiguity and complexity into their questions, reflecting the unpredictable nature of health care environments. By doing so, educators not only assess their students' clinical knowledge but also their ability to navigate the variety of uncertainties present in nursing practice.



Crafting these questions demands a deep understanding of both nursing practice and the principles underlying the NGN.

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Peer review sessions can provide opportunities for educators to critique each other's questions, offering constructive feedback aimed at enhancing clarity, relevance and validity.

Educating faculty to write NGN-style questions is a collaborative endeavor. Nursing faculty should work in teams, drawing upon the expertise of other educators and, when available, psychometricians. This collaborative approach fosters creativity, diversity of thought and a shared commitment to excellence in assessment. Moreover, it ensures that questions reflect the rich representation of health care settings, encompassing diverse patient populations, care delivery models and clinical scenarios.

As nurse educators refine their item-writing skills, they should engage in ongoing evaluation and feedback processes. Peer review sessions can provide opportunities for educators to critique each other's questions, offering constructive feedback aimed at enhancing clarity, relevance and validity. Additionally, at these peer review sessions faculty can assess each item for bias and sensitivity content.

Beyond technical proficiency, educating nursing faculty to write NGN-style questions instills a profound sense of responsibility and accountability. Nursing faculty recognize the pivotal role they play in preparing their students to pass the NCLEX. This awareness inspires their work with a sense of purpose, driving them to uphold the highest standards of integrity, fairness and professionalism.

Ultimately, educating faculty to write NGN-style questions is not an end unto itself but a means to an end — a pathway for continuous improvement in nursing education and practice. By empowering faculty to become active participants in the assessment process, the NGN transcends the limitations of traditional licensure examinations. Through their collective efforts, nurse educators pave the way for a future where excellence in nursing is not just measured but actively cultivated, ensuring that every nurse who enters the workforce is equipped with the skills, knowledge and judgment necessary to deliver safe, effective and compassionate care.

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Practice Experiences in Entry-Level Post-Licensure Nursing Programs

To update curricular expectations to align with the 2021 American Association of Colleges of Nursing (AACN) paper, *The Essentials: Core Competencies for Professional Nursing Practice*, AACN recently released a white paper on *Practice Experiences in Entry-Level Post-Licensure Nursing Programs*, which expands upon the previous expectations released in 2012. The updated document now touches on all post-licensure programs (RN-BSN, RN-MSN, and RN-DNP) and introduces a new section on competency-based education (CBE), along with new and expanded definitions. Below you will find an overview of the white paper, which we highly recommend reviewing.

Background

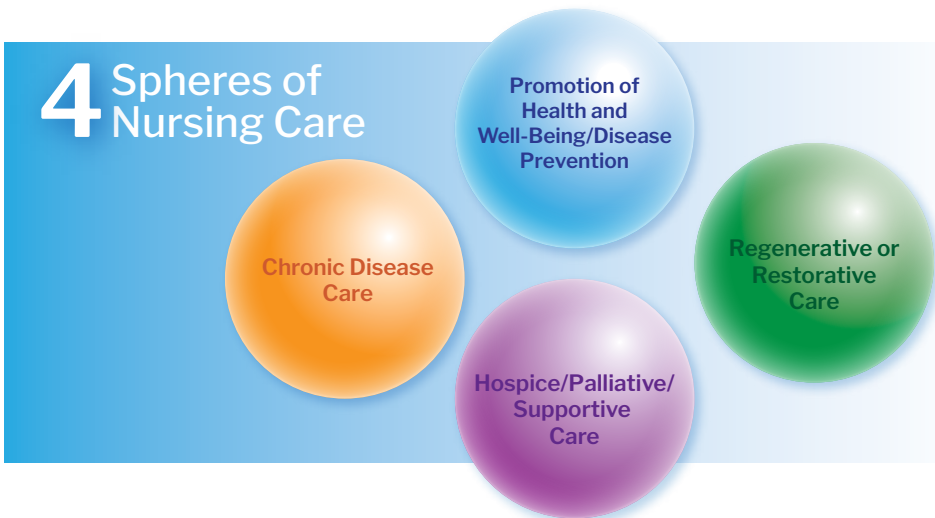
In a post-pandemic world, RNs are facing new challenges amongst an already aging population. With nurses reporting an intent to leave at an alarming rate, it is integral to address the needs of the workforce to promote a healthier and safer nursing environment.

While nursing schools previously experienced steady enrollment growth, as of late there has been a decrease in RN-BSN enrollment that is coupled with an increasing demand for baccalaureate-educated nurses. Because of this, action is needed to bolster post-licensure RN-BSN, RN-MS, and RN-DNP programs. Post-licensure programs enroll diploma or associate-degree registered nurses.

CBE in Entry Level, Post-Licensure Programs

A new addition to the white paper addresses the ongoing shift towards CBE in nursing education. This educational model puts the student at the center of the learning process and ensures they come through the education process with the knowledge, skills and attitude necessary for real-life experiences in the ever-evolving nursing world. The shift to CBE required educators to reevaluate their curriculum and examine where it could be redesigned to better fit the approach.

The shift to CBE required educators to reevaluate their curriculum and examine where it could be redesigned to better fit the approach.



Practice experience in post-licensure degree programs

Post-licensure programs are built upon the mission to include direct and indirect care activities that prepare students across both the lifespan and the four spheres of care which include: the promotion of health and well-being/disease prevention, chronic disease care, regenerative or restorative care and hospice/palliative/supportive care.

The practice experiences that educate in these spheres can occur in any setting where health is influenced or health care is delivered. These practice experiences can be aided by, but not replaced by, simulation and laboratory experiences. Programs and students should be able to provide evidence of completion of competencies they have gained through their practice experiences.

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Along with examples of direct and indirect care experiences, the white paper provides key aspects to note for those designing curricula for post-licensure baccalaureate programs that transition students from an associate degree or diploma to the baccalaureate level.

Definitions & Appendix

The white paper provides definitions based on the current AACN position statements for the following terms: patient, nursing practice, direct care and indirect care.

A noteworthy update to the direct care definition is the clarifying statement the care must include a professional encounter between a nurse and patients, which can be face-to-face or virtual.

The appendix of the white paper provides 10 examples of various direct and indirect patient experience assignments, including a direct care/simulation example. Each example lists the spheres of care, concepts, domains, competencies and sub-competencies. These examples can assist in CBE curricula design that produces nursing professionals competent in the nursing spheres across the lifespan. In addition to these examples, five practice project examples describe the impact and outcomes of some example experiences.

Take the time to review the white paper [here](#). ♦

Fraud Detection

Guidance for Employers and Educators



While it isn't a common occurrence, some individuals use fake credentials to apply for a job, enroll in a nursing program or apply for a license. Preventing fraud requires awareness and astute detection methods. Therefore, NCSBN worked with a number of nursing organizations and individuals to develop [Fraud Detection Guidance for Employers and Educators](#), a free resource to alert nursing professionals that fraud exists and to provide basic methods that may prevent it.

This fraud detection guidance paper has 10 recommendations employers and educators can use. For example, one recommendation is to provide initial and ongoing fraud detection training for all individuals who will be reviewing and accepting applicants for their institutions or agencies. That is a vital recommendation that should be followed now. Another is that those reviewing applications should always check [nursys.com](#) to ensure every applicant has a valid, unencumbered license.

It is important for employers and educators to recognize that the majority of nurses are honest, competent and caring individuals, so the public has no need for concern. However, there are occasional opportunists who may cover up their background to obtain a job, attend a nursing program or use fraudulently obtained credentials to pose as a nurse and seek employment. This resource will assist those who review applications to become more vigilant. ♦

The NCSBN Regulatory Scholars Program: Developing Future Educators and Regulators



Christopher Peters, PhD, RN; and Mandy Sheriff, MSN, RN

NCSBN works tirelessly to protect the public to meet the challenges of today and prepare for tomorrow. One crucial part of preparing for the future is providing education and experience to the next generation of nursing educators and regulators.

In 2017 NCSBN launched its [Regulatory Scholars Program](#) to offer unmatched opportunities to graduate students and early career researchers in nursing education and regulation. The Regulatory Scholars Program offers two unique opportunities: an internship for graduate students providing up to 48 hours of clinical experience to satisfy requirements of their graduate nursing program, and an eight-week full-time appointment as Scholar in Residence for doctorally prepared researchers.

Here, the 2024 cohort of Regulatory Scholars reflect on their experiences and share their advice for future applicants.

“As the profession of nursing and health care systems continue to evolve, it is important to see and learn about all entities advancing the profession.”

– Mandy Sheriff, MSN, RN

Graduate Internship: Mandy Sheriff, MSN, RN

Graduate student interns with an interest in nursing regulation, education and policy meet their degree requirements by earning residency hours through exposure to NCSBN operations. Interns gain experience in the vital functions of NCSBN and may enrich their experience through focus on an area of specific interest.

Mandy Sheriff, MSN, RN, is a graduate student at Edgewood College in the Doctor of Nursing Practice Executive Leadership program and a clinical assistant professor in the School of Nursing at the University of Wisconsin-Milwaukee. “I chose to apply for the internship because I was intrigued to learn more about nursing regulation and the breadth and depth of the work NCSBN does,” she says. “As the profession of nursing and health care systems continue to evolve, it is important to see and learn about all entities advancing the profession. Having worked in nursing education for almost 20 years, I understood the role of NCSBN in terms of the NCLEX®, but I was not aware of all the different things NCSBN works on.”

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“I highly recommend the NCSBN Regulatory Scholars program to any graduate student or nurse researcher with an interest in nursing education or regulation.”

– Christopher Peters, PhD, RN

During her time with NCSBN, Sheriff explains that she learned about the different areas that NCSBN focuses on and the role they play in public protection. “I was able to meet with leaders in nursing research, nursing education, nursing policy/advocacy and nursing regulators,” she explains. “Understanding the essential role of nurse regulators for each state and how states work together towards a shared goal while maintaining their unique state-specific processes was a highlight of the experience.”

Sheriff enjoyed learning about nursing regulation through online modules and in-person meetings. Another favorite activity was learning about initiatives for the Nurse Licensure Compact and the APRN Compact. “I gained a deeper understanding of why these initiatives exist and how NCSBN helps support states in that work.”

Working with the Nursing Education department, Sheriff learned about how NCSBN tracks each state on education quality measures, and NCSBN’s research on nurse transition to practice programs. “As an educator, this type of work is valuable and highlights strategies that can be used for program reflection and improvement,” says Sheriff. “I really had no understanding of the amount of data NCSBN collects and the various ways the data is disseminated to improve nursing, which ultimately improves patient outcomes.”

Sheriff says her experience came to an end all too quickly. “Overall, this was a fantastic experience, and I wish I could have spent more time there. It was just the tip of the iceberg and left me with many thoughts and ideas on what more I want to do in my professional practice and other ways I can increase my mindset. Gaining leadership experience outside the health care and academic settings was insightful, and much of the knowledge and skills I am gaining through my doctoral experience in leadership were exemplified by the leaders and individuals I met at NCSBN. I take that experience and knowledge into my additional graduate residency experiences.”

Sheriff recommends that graduate nursing students consider applying for the Unpaid Graduate Student Internship. “I believe you take out of the experience what you are willing to put into it and the openness you come with. NCSBN was flexible in working the dates and times around my schedule and considered my commute time as well. The experience was brief, but so informative and well worth it.”

Scholar in Residence: Christopher Peters, PhD, RN

The Scholar in Residence is an immersive opportunity focused on advancing the scholar’s program of research in nursing regulation, education or policy. It differs from the internship in that the scholar is selected based on the alignment of their research focus with NCSBN objectives. Doctorally prepared researchers complete a scholarly project during this 8-week residency. The scholar is paired with an NCSBN researcher for mentorship and collaboration. Scholars receive a stipend to support their research work during the period of their residency.

Christopher Peters, PhD, RN, is an assistant professor in the School of Nursing at the University of Wisconsin-Milwaukee. His Scholar in Residence project focused on the adaptation of NCSBN [criminal background check guidelines](#) for use by educators.

Peters applied for the 2024 Scholar in Residence to have the opportunity to work with nursing regulators focused on protecting the public. His research is focused on the impact of background check findings on nursing students in the admission and clinical placement process. “As a nurse and educator, I understand the importance of protecting the public

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“I look forward to building on my research in collaboration with NCSBN experts and disseminating results through NCSBN to advance public protection and nursing education.”

– Christopher Peters, PhD, RN

from individuals who may pose an elevated risk due to prior involvement with law enforcement,” Peters explains. “Unfortunately, there is little published in the nursing literature on how educators should assess background check findings to determine risk. In most states, students do not fall under the purview of their regulatory board until they complete nursing school and apply for licensure. This means that educators need to make admission and clinical placement decisions with little guidance. During my residency with NCSBN, I worked with regulatory experts such as Victoria Priola, PsyD, a clinical psychologist in private practice at Powers Wellness & Consulting Group. In 2014, NCSBN published a guide for use by boards of nursing to evaluate background check findings. Priola was lead author of the guidelines for regulators and we worked together to adapt them for use by educators.”

Peters also participated in working groups where he learned about other NCSBN educational offerings, including [International Center for Regulatory Scholarship](#) courses.

“I discussed ongoing studies in the NCSBN research department, such as their work on nurse remediation and discipline. I learned about the impact of some of the nuances of the [Nurse Licensure Compact](#) on interstate nurse licensure,” he recalls

Peters says his time as Scholar in Residence was one of the most rewarding opportunities he has ever experienced. “I highly recommend the NCSBN Regulatory Scholars program to any graduate student or nurse researcher with an interest in nursing education or regulation. One key to success as regulatory scholar is having a well-developed project idea for presentation during your interview. Expert educators, like Director of Nursing Education Nancy Spector, PhD, RN, FAAN, and regulators such as Chief Officer of Nursing Regulation Maryann Alexander, PhD, RN, FAAN, will help the scholar refine their project into one that can be accomplished in eight weeks. And they will introduce the scholar to subject matter experts and provide the necessary resources for project completion. My residency culminated in a presentation to NCSBN educational staff and I am preparing to disseminate my guidelines nationwide.”

Peters also praises the program for giving him the ability to network with scientists and regulators closely aligned to his program of research. “As we discussed my Scholar in Residence project, we found opportunities for future collaboration,” he says. “I look forward to building on my research in collaboration with NCSBN experts and disseminating results through NCSBN to advance public protection and nursing education.”

Nurses interested in furthering their regulatory education and expertise can find more information at [ncsbn.org/regulatoryscholars](https://www.ncsbn.org/regulatoryscholars). ♦

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NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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