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## ***Past Event: 2023 NCSBN Annual Meeting - Panel Discussion: Detecting Fraud*** **Video Transcript**

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### **Event**

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### **Presenters**

Moderator: Nancy Spector, PhD, RN, FAAN, Director of Nursing Education, NCSBN;  
Robin Begley, DNP, RN, NEA-BC, FAAN, CEO, American Organization for Nursing Leadership;  
Beverly Malone, PhD, RN, FAAN, President and CEO, National League of Nursing;  
Gerianne Babbo, EdD, MN, RN, Director of Nursing Education, Nursing Quality Care Commission;  
George Zangaro, PhD, RN, FAAN, Chief Policy and Scientific Officer, American Association of Colleges of Nursing

- [Nancy] Okay. Hello, everyone. I'm Nancy Spector, the Director of Nursing Education at NCSBN. And I am here today with a panel where we're going to talk about fraud detection in nursing. And I have to tell you, I love all the lights in here because when I got ready this morning at 5:30 a.m., all our power went off at our house.

And so, I got totally ready with no lights at all. Just flashlights. So all of you women in the audience know how that is to get mascara on. Not easy. So as you know, fraud is pervasive across all the professions. So the educators and employers as well as regulators really must be able to identify fake credentials that are sometimes presented.

And therefore, NCSBN established a fraud detection task force. And that has been made up, we're still meeting, of leaders in nursing regulation, education and practice. And today, we have four esteemed representatives from that task force. And we're going to talk about some of the situations that they've experienced and give you some recommendations for detecting and hopefully preventing fraud.

But before we get started with our discussion, our panelists would like to introduce themselves to you. So we'll start here with George.

- [George] Hi. My name is George Zangaro. I'm from the American Association of Colleges of Nursing. I'm the chief policy and scientific officer.

- [Gerianne] Hello, everyone. I'm Gerianne Babbo, Director of Education for the Washington State Board of Nursing.

- [Beverly] Good morning, colleagues. My name is Beverly Malone. I'm the president and CEO for the National League for Nursing.

- [Robyn] Hi, everyone. Good morning. My name is Robyn Begley. I'm the CEO for the American Organization for Nursing Leadership. I also serve as chief nursing officer for the American Hospital Association and it's great to be here with you this morning.

- Thank you. And they have been great on this task force. So first question to all of you, to each of you. In your roles, have you ever experienced individuals presenting themselves with false credentials? And if so, what did you do or what could you have done now that you've been on our task force?

Who wants to get started with that one?

- I'll be happy to start. And actually, I've been in my role for almost five years, so I'm putting on my chief nursing officer hat, where I, you know, I was in New Jersey for 20 plus years prior to this role. And I'm going to, my brief story will be illustrating what I did wrong and what I learned. So this was in my early days as chief nurse, probably around the year 2000.

I had been in my organization already for 15 years. We had processes we thought that were strong. And we had a robust tuition reimbursement program. My story is about a nurse who was a nurse manager.

She was an RN, associate degree grad. This is back in the day when, in our pursuit of magnet, the requirement for a BSN-prepared nurse was, you know, was becoming the requirement. We had lots of our nurse managers, not a lot actually, a few nurse managers that did not have their bachelor's degree that needed to go back to school.

But one nurse in particular started back. This was a little bit pre-online, lots of online education. So she went to Philadelphia twice a week, time off, tuition reimbursement, graduated. We had celebrations at work when she graduated, diploma hanging on the wall. She then decided she wanted to pursue her advanced practice degree, enrolled in a program, only to find out after about three and a half years that she never went to school.

Never completed her baccalaureate. Never entered the program. Never entered, you know, a master's program. And when we did the deep dive, and someone tipped us off to this, and when we did the deep dive, we found that our internal processes were not obviously not sufficient.

So lesson learned. Even if you know a person who is part of your organization, it's not necessarily a new hire, you know, those strict processes that we had after that, of course, implemented, you know, were something that you really need to use for everybody. And I'd like to emphasize now too, it's not so much, you know, paper.

You know, we had paper transcripts. We had paper receipts for tuition reimbursement, things like that. And we dealt...now we, well, when I left, we were dealing directly with the schools. A real big lesson learned for me, for sure.

- Yeah. Did you have any red flags or anything that, you know, it might have really predicted that this could have happened or?

- You know, I ask myself that probably 1,000 times since this incident happened. You know, maybe because we, you know, one of the things was that it was always a reimbursement in this case, you know.

And everything was to the person, not to the school. So we did see canceled checks, for example. I mean, things like that.

But when you think about how easy it is to, you know, really to falsify some of that today, especially with modern technology, you know, that was a real big clue, I think, in retrospect.

- Yeah. Right. Bev?

- I'll follow my colleague, Robin. She's not a bad person to follow, colleagues. I hired someone, not too long ago into a position and found out that...there's an old song called, "It Was Just My Imagination." And it was just his imagination, his whole CV basically.

And the way that that was revealed was through a probationary period where you had time to observe. So to me, the issues have to do with having something where you have an opportunity to view, examine, follow up, find out details and does it match what the...

does the lived experience match what the paper or whatever is saying. With AI now, and with all of, you know, artificial intelligence, people, the imagination goes quite interesting beyond anything we thought of. So I think this is a time for vigilance and for management, for actual oversight and taking it responsibly and putting issues on the table when you find them.

The only other thing that I would add to that, we helped him leave. It's called let the door hit you where the dog should have bit you. And helping people leave, it's a good thing. It's not always a bad thing.

Some people need to leave the system. The only other thing that I wanted to say, this is a systems issue. Nursing is not immune from it. Look at the rest of the world. Look at the rest of the U.S. Look at Congress. We have folks who are getting very inventive.

And so, why should nursing be any different? I know that our recorders were fantastic and some people believe we're angels, and you know better than that. And so, I'm thinking that we really need to be sincere and straight up about the fact, we are human beings. We need ethical standards.

We need oversight. We need management. We need to make interventions. Thank you, Nance.

- Gerianne?

- My story is from a regulation standpoint and this happened a few years ago before we were talking about fraud detection in nursing education. Our licensing team had asked me to review nine transcripts, education preparation of applicants for licensure. And I was doing it on Sunday afternoon, and I tell you that because I could do it uninterrupted and I could do it sequentially.

And I was almost done. I was on the very last transcript and I'm looking at it and I thought, "I've seen this transcript." So I went back, probably the third transcript I had done, and they are identical transcripts. But the degree conferred on one was a BSN and the degree conferred on the other one was an associate degree.

But the same transcript with different people from the same school. So that was an alert, for sure.

- Yeah. And what you were saying before when we talked about this, if it wouldn't have been so close to when you had first reviewed it, you might not have picked it up, right?

- Yes, I might not have. I think it was because it was still fresh in my mind, I saw it.

- Right. We need, like Bev says, systems to help us out with, you know, things like that.

- Absolutely.

- Yeah. Anything from you?

- So I have, like Robin, an older issue that happened several years ago. An anesthesia provider practiced in the hospital for 10 years and did well, wasn't any issue, until there was a bad outcome with one of his patients.

When the root cause analysis was done, it was investigated. His transcripts were incomplete. And his certificate, his graduation certificate was fraud. And we found out he went through most of the way through anesthesia school, but was dismissed from school for, you know, various reasons.

So the lesson there is now with AI, we can detect a lot of this. We can find this, you know, ahead of time and look at systems and collaborate with our other organizations. One other thing I'd like to mention is preceptors. You know, a lot of education is moving to an online environment or has moved to an online environment. And when you vet a preceptor, when an advanced practice nurse comes and says, "I have a preceptor.

Here's their email address, their phone number, their name," look at the email address. If it's not an address that is connected with the institution where they're employed at, if it's a Yahoo address, a Gmail account, AOL, I would question that. They, students, from my experience, have made up preceptors.

They've made up clinical sites on the web and made a, you know, a site that you could go to and it looks like a hospital site. And looks like these are valid people. And they're not. So be cautious of emails that you're given for your preceptors.

- It was a bad outcome that caught you onto this, would there have been anything else before that that might have been a red flag or a trigger that something was wrong? Or there just wasn't?

- No. I mean, he practiced and, you know, was well respected by his peers.

- Nancy, I think you bring up a really great point that we need to teach our industry partners and post secondary education institutions to look at transcripts, you know, to really look at those, to look at licensing, to truly investigate.

- Yes. Bev?

- I want to mention that when I do my CV, I'm very cautious about what I put down or what I give over for someone else to put down, because I'm just very concerned that it can be misconstrued in some way. And so, I just would suggest that you also take a look at your own papers and your own CVs. See how it's packaged.

See if somebody said that because you spent a year in a family therapy institute, that you actually got that certificate. No, it was a two-year program so you didn't really get it, but you did do the one year. So I'm talking about things that seem very ordinary and you wouldn't even think of. But suddenly, it can become an issue.

- Right. So how might we make education and practice leaders, like yourselves, aware that this fraud does occur? Because I think we all know that a lot of the educators in practice settings just don't realize it. Any ideas, thoughts?

- I'll start.

- I'll kick it off. First of all, you know, what Beverly said earlier about unfortunately fraud being, I don't want to say pervasive, but exists in all aspects of our society is certainly true. However, given that I truly do believe that most of the nurses, you know, providers that I've encountered in my career, have really been trustworthy individuals.

So we are talking about the exception here. We're not talking about the rule. What I did in my previous role as chief nursing officer, but even more so now that we are, you know, leaders of our tri-council organization, regulatory, education and practice, is that we, on a national level, collaborate and communicate in a very prescribed and intentional matter.

And that's what our practice leaders and our, you know, our education leaders and regulatory leaders need to do in our states and in our, you know, in our counties and regions on a regular basis. When we talk to our colleagues, you know, that are really, you know, at the front lines, practicing, leading their teams, educating our future nurses, we need to say to them, "You don't just need to meet once a year when you determine how many clinical sites you need. It really needs to be an ongoing conversation."

And this is one of those topics that we should bring up and talk, and we do bring up at the national level, how we can, you know, how we can collaborate. What are those red flags we all need to be aware of? And then, we need to take that back and speak about that with our respective members.

- Right. Bev?

- I just want to say ditto to what my colleague said. There's nothing to add to that at all. It was perfect. But I'd also just want to acknowledge the tri-council members that are not on the stage with us, who are represented by my colleagues here too. And that is Deb Troutman is out there of AACN with George and somebody named Benton, is it a David somewhere?

You kind of know him. And then, Loressa Cole, but Debbie Hatmaker is here representing ANA. So I just want to acknowledge them.

- Yeah, yeah. Gerianne, what about regulation? You know, we certainly know about the fraud. What can regulation do to help to, you know, identify it, that it's occurring with practice and education?

- I think there's a couple of different avenues. Certainly educating your teams, your licensing team, your educators, for fraud detection. The National Council of State Boards of Nursing has a wonderful pamphlet on fraud detection of transcripts. Communicating with your nurse educators in the state. We have a, what we call, CNEWS, the Council of Nurse Educators in Washington State.

Our practice partners, again, as my colleagues have said. But I also think we need to educate students who are progressing in their education so they know what institutions that are representative of quality and legitimacy, so they have an awareness, they have the knowledge to choose a solid nursing program.

- And really, that means going down to the high schools, because that's when they begin to choose.

- Yeah. At all levels.

- Yeah. Any ideas from you, George?

- Yeah. I agree with what's been said here in collaboration is important. We can't work in silos. We have to collaborate across our organizations and not be afraid to say something's happened and speak to others as to how we can go forward to make it right.

- Yeah. I think that collaboration can be really important for identifying fraudulent credentials, that we all come from different perspectives. And we have to work together and how best can education practice and regulation work together? A lot of times, when I've been at meetings, you know, they'll be talking about education and practice, education and practice.

And I'll get up and I'll say, "Don't forget regulation," because, you know, the partnership can be really important. I mean, Gerianne, you go to the deans and director meetings, right? And there's a lot of information that can be shared there.

- Sure. Absolutely.

- Yeah. So that collaboration, I think, is really important. So as you know, our fraud detection task force is writing a guidance paper for all of you on detecting fraud, you know, such as using those fake credentials. I think that's really important.

How might we disseminate that widely? And we can put it on our websites, but how can we really make the nursing community know about it? Any thoughts about that?

- Yeah. We have a GovDelivery system that nurses in our state can sign up for. I imagine you all have something similar, but certainly that is an avenue that would have wide communication abilities. And then, taking it to all of our interested parties, to our practice partners, our education partners, to our nurses.

I think we can disseminate it widely.

- Yeah. And Bev?

- I think the tri-council is another avenue, especially, because you've got education practice certification and regulation all in there. And our accrediting bodies as well.

- Yes. Yeah. I think also publications and nursing outlook can be really helpful because it really takes everything into consideration. Bev?

- I was just thinking that if all the folks here in this meeting would anxiously wait for that report and then tell somebody else about it when it comes out, that that would be a great way to kick it off. There's nothing like the word of mouth and the excitement that goes with that. I know that the internet and the social media is wonderful, I guess. But there is still nothing like hearing from a colleague that you treasure, their excitement when they say, "This is happening. Have we thought about this? What do you think about it? You've got to read it."

So we need all of us here to take it back to our own shops. And nurses, we have so many identities. So I'm a psych nurse, as well as a nurse administrator, as well as a clinical psychologist, as well, you know,

it goes on and on and on. And I think if we use all of our organizational sides of ourselves, that that's another way to get the word out.

- Great idea.

- Anything, Robin, or?

- You know, I agree with her...

- For practice?

- Yeah. I agree with what's been said and I really do think that, you know, all the organizations of the tri-council, the five organizations, have their members and really formal ways of communicating, whether it's the journals, whether it's the biweekly emails that we send to our members. So we could link reports and information to that, and that is, you know, I know some of my members say, "I just get inundated. But your top three line items in the newsletter, I do always click on and read."

So we have to prioritize and that's not at the bottom of the list. You know, put that up to the top and make sure that we send it out and maybe more than once, depending on the importance of the message.

- And those relationships, those partnerships that we can develop, definitely.

- Of course.

- So in your institutions, do you have any fraud detection training of people or do you know of any in some of your members who will be, you know, maybe they'll be reviewing transcripts or applications. And do you think that would be an important step to have that? But do any of you know of any that are in your institutions?

- Yeah. We actually have several different mechanisms. We have what we call a licensing suspected fraudulent document review worksheet that actually is a checklist of different areas to look at, things like what does the seal look like on the transcript?

What are the signatures? Do the dates match? Looking at misspellings, discolorations, just some of those, you know, obvious kinds of things that sometimes cannot be that obvious. And then, we also have education verification forms that, if, you know, we have any questions or it's not clear from a transcript, that can further validate information.

And a third document that we developed with our licensing team are supplemental education questions that specifically ask questions about where were your clinicals? What was the modality of your clinical. What was the modality of your skills labs?

And that has been very interesting information too that we have received back.

- Yeah. I'm going to be talking about now, a minute, a fraud toolkit that we're going to be, fraud detection toolkit that we're going to be developing and definitely will have some of that in there, because I think that can be very helpful. But what about education in practice?

You know, regulation, we've been working at this for a while. But do you have any fraud training that you know of going on in education or practice?

- Yeah. I know that in several hospitals that I'm familiar with, there's a course that actually was developed by the risk managers who, in many cases, are also nurses. And that is one of the things that they regularly offer to not only nurse managers or, you know, nursing leaders, but also, you know, you have to think about those folks that touch the, you know, the applications and interview applicants.

So it might be HR people, you know. I know especially right now, there is a real push as we all know, to really compress the time from interview or intake to hire. And because we are, you know, experiencing such a shortage in so many parts of the country.

So in fact, recently, for AONL, in our compendium of practices, we have a flow chart about the steps to hire and how to look at the duration of time. But I think we have to underscore that it's really important that these, you know, important safeguards still take place.

So we can't skip over steps that are required. And I think the toolkit, perhaps when we develop the toolkit, some of that will really be able to be formalized perhaps across the country.

- Oh, that'll be great. Yeah. Bev, did you?

- You know, I'm a systems person and so, I think about what is the system that you're in and the culture that you developed in your organization. And one of the things the AONL has is one of our core values is integrity. And I think that's, like, a foundational piece. Now you say, "Oh, nurses are always full of integrity." Well, yes, most times.

But we just don't happen to be angelic and we're not there. So we're not quite there. So how do we hold ourselves accountable for the humanistic piece of us? And I think you have to have some core values to establish your culture. And that's part of that toolkit piece that you're describing, that will be there. So I'm thinking in that way, put your culture together to say, "It is not acceptable."

- Right. And I love your idea about looking at the system, because I think that's what really has to change. George?

- One other... At AACN, we offer our schools the opportunity to enter into what's called NursingCAS, and that's a centralized application service. And along with that comes a criminal background check at the application process to detect fraud. We also then know that when students go into clinical, they get a background check as well. So that's a service that's offered to our schools and it does streamline the application process for the students that are applying to multiple schools, so...

- Yeah. Good. So were you going to say something, Gerianne?

- No.

- Okay. What advice do you have for nurse leaders about fraud detection? If you were going to just think of one piece of advice to our nurse leaders in the audience, what would you say?

- Collaborate.

- Collaborate. Okay. You heard him. Well, I'll be collaborating with AACN.



- I think I would say to do due diligence. I think when we get a nurse who goes into industry or wants to continue their education, we're thrilled. But to take the time to look at the educational background of your new hire and your applicants, to make sure that it has been a solid educational background.

- Mine would be simply while you're pointing your finger at someone else, make sure that you also check out yourself or your organization so that the finger can go both ways. It's usually very helpful.

- Well, in addition to what's been mentioned, I think evaluate your processes in your system.

- Right. Good. Well, thank you to our panelists for a great conversation today. And as I said, I was going to tell you a little bit later. We are developing a toolkit and this will be our task force that will have a lot of say in it. And I can see we're going to use a lot of your resources.

The guidance paper on detecting fraud will be in the toolkit. and that just has some major areas of really guidelines that you can use for detecting fraud, such as, you know, having fraud training in your organization. And there will be information in there as well about eNotify, which you remember is a licensure notification system that institutions that use it, and remember it's free, so anybody can use it, can receive real-time licensure and discipline data on their nurses.

So eNotify could really help to prevent fraud from preventing maybe employers from hiring individuals with fraudulent credentials or faculty from admitting them to a nursing program. And, you know, there will be other materials in the toolkit as well, such as, you know, some of the tools you both just talked about.

So I hope we have alerted all of you today that fraud does occur in nursing, but that there are resources available that will help you to detect and prevent fraud. So thank you to the audience for your attention and thank you to our wonderful panel for such an insightful discussion.

And it just says 00 on our time, so we made it.

- Perfect.

- Thank you.