



HONORING OUR PAST  
TO CREATE OUR FUTURE:  
CELEBRATING 25 YEARS

**Session Book**  
2003 NCSBN Annual Meeting

Alexandria, Virginia 🌐 August 5-8, 2003  
National Council of State Boards of Nursing, Inc.

■ ■ ■ ■ ■ NCSBN  
*Leading in Nursing Regulation*



## MEETING PRESENTATIONS

**Delegate Orientation ..... Tab 1**

Tuesday, August 5, from 8:00 - 8:50 am

Donna Dorsey, MS, RN, NCSBN President

Joan Bouchard, MN, RN, Executive Director, Oregon State Board of Nursing

Julia Von Haam, Parliamentarian

**Examination Committee Forum ..... Tab 2**

Tuesday, August 5, from 1:30 - 2:00 pm

Anita Ristau, RN, MS, Chair, NCSBN Examination Committee

Casey Marks, PhD, NCSBN Director of Testing Services

**Optional Session: Research Services Update ..... Tab 3**

Tuesday, August 5, from 4:30 - 5:00 pm

Lynda Crawford, PhD, RN, CAE, NCSBN Director of Research Services

June Smith, PhD, RN, NCSBN Research Services Manager

**Optional Session: Nursys™ Update ..... Tab 4**

Tuesday, August 5, from 4:30 - 5:00 pm

Angela Diaz-Kay, NCSBN Director of Information Technology

**PR&E Model Revision Subcommittee Forum ..... Tab 5**

Wednesday, August 6, from 2:30 - 3:30 pm

Barbara Newman, MS, RN, Chair, NCSBN PR&E Models Revision Subcommittee

**Social Security Number Forum ..... Tab 6**

Wednesday, August 6, from 3:30 - 4:00 pm

Kristin Hellquist, MS, NCSBN Associate Director, Policy & External Relations



**Delegate Assembly  
Orientation**

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**Donna Dorsey – Maryland  
Joan Bouchard – Oregon  
Julia VonHaam - Parliamentarian**

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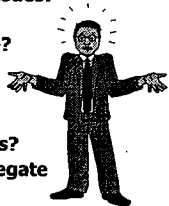
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- How is the Delegate Assembly organized?
- Where do I find out about issues?
- What is the Business Book?
- Where am I supposed to be?
- What is a forum?
- What is my role?
- How are motions made?
- How do I comment on issues?
- What happens after the Delegate Assembly?



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## **Vision**

**The National Council of State Boards of Nursing will advance optimal health outcomes by leading in health care regulation worldwide**

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## **Mission**

**The mission of the National Council of State Boards of Nursing is to lead in nursing regulation by assisting member boards, collectively and individually, to promote safe and effective nursing practice in the interest of protecting the public health and welfare**

*2003 Business Book, p. 246*

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## **Role of NCSBN**

**To serve as a consultant, liaison, advocate, and researcher to member boards, and as an education and information resource to the public and policy makers.**

*2003 Business Book, p. 246*

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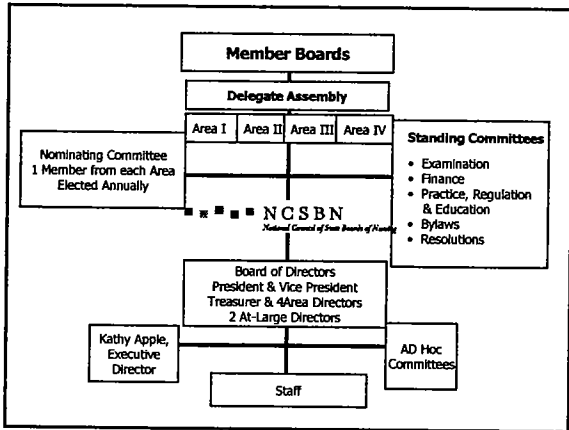
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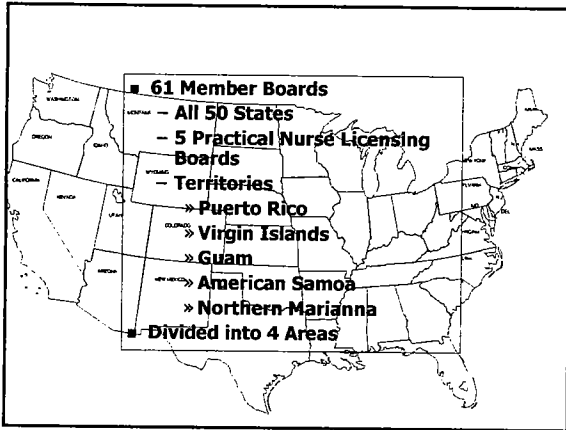
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### What is the Delegate Assembly?

- Legislative Body of the NCSBN
- Composed of 2 Voting Delegates from Each Member Board




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### **Role of the Delegate Assembly**

- **Adopts**
  - **Bylaws**
  - **Mission**
  - **Strategic Initiatives**
  - **Test Plans**



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### **Role of the Delegate Assembly**

- **Actions at Annual Meeting (Resolutions)**
- **Approves Test Related Decisions**
- **Elects Officers**
- **Approve Test Service**
- **Establish Test Fee**
- **Substance of Contracts between NSCBN and Member Boards**



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### **Role of the Board of Directors**

- **Acts on behalf of NSCBN and transacts NSCBN business and affairs**
- **None of actions can conflict with direction of the Delegate Assembly**



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### Major Issues

- Revision of Bylaws
- Adopt Mission
- Enhancements to NCLEX Test Plans
- Adopt Slate of Candidates
- Additional Examination Time
- Approve Financial Statement and Report of Auditors
- Act on any Resolutions

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### Forums

- What determines a Forum?
- Provide overview of an issue
- Update participants on ongoing issues
- Provide opportunity for open discussion
- Allow for changes to be made prior to the voting session

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### Role of Participants

- Review Information in Business Book
- Ask Questions
- Bring up any Concerns
- Participate



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## Getting Information

- Business Book
- Bylaws
- Committee Chairs & Members
- NCSBN Board Members and Staff
- Other Boards

*Look for the Ribbons*

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## Resolutions

- When is a Resolution Required?
- Process of Creating a Resolution
- Resolutions Committee Role
- Working A Resolution



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## Delegate Assembly Sessions

- Purpose
- Open vs. Closed Sessions
- Role of Delegates
- Role of Non Delegates
- Who can speak?

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## Parliamentary Procedure

Point of Order!



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## Rights of Delegates

- Make Motions
- Debate
- Vote



I Move ...

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## Debate

- Rules of Debate
- Ways to limit or close debate



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## Voting

- Options besides Yes/No
- Amend
- Refer to Committee
- Refer to Board of Directors

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## What Happens Next?

- Board of Directors Role
- Committees
- Member Boards



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## Questions?



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## Examination Committee Forum

Anita Ristau, RS, MS  
NCSBN Examination Committee Chair

NCSBN 15th Anniversary Celebration 2003 Annual Meeting August 5-6, 2003, Alexandria, Virginia

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## Examination Committee Strategic Initiatives

### Relationship to Strategic Plan

#### *Strategic Initiative 1*

Nursing Competence.  
National Council will assist Member Boards in their role in the evaluation of nurse and nurse aide competence.

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## Examination Committee Strategic Initiative Outcomes

- NCLEX® is state of the art entry-level nurse licensure assessment.
- NCLEX is administered at international sites for purposes of domestic licensure.
- International testing exams are explored for foreign nurse licensure.
- Targeted constituencies utilize NCLEX programs and related products/services.

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### Examination Committee Charge

The committee will provide general oversight of the NCLEX® examination process, including item development, examination security, psychometrics, examination administration and quality assurance to ensure consistency with the Member Boards' need for examinations. It will approve item development panels and recommend test plans to the Delegate Assembly.

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### Examination Committee Members

- Anita Ristau, MS, RN, VT, Area IV- *Chair*
- Christine Alichnie, PhD, RN, PA, Area IV
- Teresa Bello-Jones, JD, MS, RN, CA-VN, Area I
- Claire Doody-Glaviano, MN, RN, LA-PN, Area III
- Sheila Exstrom, PhD, MA, BSN, RN, NE, Area II
- Faith Fields, MSN, RN, AR, Area III
- Mary Kay Habgood, PhD, MSN, BSN, RN, FL, Area III
- Rula Harb, MS, RN, MA, Area IV
- Lorinda Inman, MSN, RN, IA, Area II
- Pamela Randolph, MS, RN, CPNP, AZ, Area I

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#### Board of Director Liaison

- Marcia Hobbs, DSN, RN, KY, Area III

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### Examination Committee IRSC Charge

The subcommittee will evaluate all RN and PN pretest questions as well as all operational items. It will evaluate actual candidate examinations in relation to a variety of criteria. Individual committee members act as chair of the Item Review Subcommittee on a rotating basis.

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### Examination Committee IRSC Members

- Cheryl Anderson, MS, RN, CA-VN, Area I
- Louise Bailey, Med, RN, CA-RN, Area I
- Mary Calkins, PhD, RN, CCN, WY, Area I
- Lois Churchill, MN, RN, IA, Area II
- Beverly Foster, BSN, MN, MPH, PhD, RN, NC, Area III
- Susan Jones, PhD(c), MSN, RN, KY, Area III
- Carmen Lopez, MSN, RN, CNP, PR, Area IV
- Maris Lown, MS, RN, NJ, Area IV
- Sandra MacKenzie, MS, RN, MN, Area II
- Janette Pucci, MSN, KS, Area II
- Donna Roddy, MSN, RN, TN, Area III
- Linda Shanta, MSN, RN, ND, Area II
- Ellienne Tate, MS, EdD, RN, LA-RN, Area III
- Calvina Thomas, PhD, RN, AR, Area III

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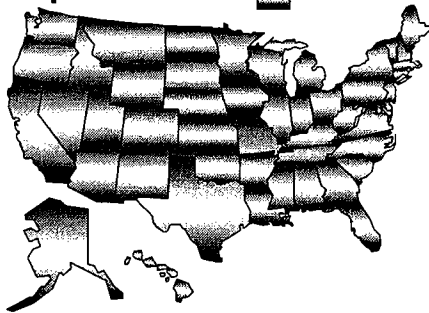
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### Committee & Subcommittee Representation

 = Member



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### Outcome 1:

- NCLEX® is state of the art entry-level nurse licensure assessment.

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### Examination Committee Recommendations for FY03

**Adopt the proposed changes to  
the NCLEX-RN Test Plan.**

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### Rationale for NCLEX-RN® Test Plan Recommendations

- Recommendations are based upon
  - 2002 RN Practice Analysis Study
    - Empirical data collected from newly licensed nurses
    - *Linking the NCLEX-RN® National Licensure Examination to Practice: 2002 Practice Analysis of Newly Licensed Nurses in the U.S. (Smith, Crawford, & O'Neill)*
  - Expert judgment
    - Examination Committee
    - Practice Analysis Panel of Experts
    - Member Boards
    - NCSBN Staff
    - Pearson Test Development Staff

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### List of Boards Responding

- Forty-one of fifty-six (73%) RN Member Boards
- Five of five PN Member Boards (100%)
- A total of 46 of 61 (75%) NCSBN jurisdictions are represented.

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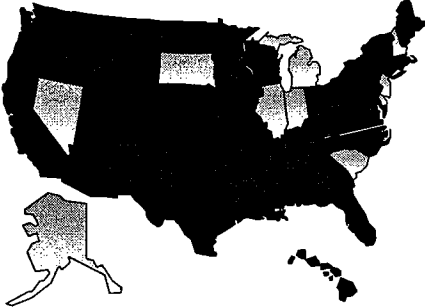
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## Boards of Nursing Responding

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## Proposed 2004 NCLEX-RN® Test Plan

- Overall test plan format retained
  - Minor edits for currency and clarity
- "Client Needs" structure retained

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## Recommendation: Condensing the "Client Needs" Subcategories from 10-6

RECOMMENDED 2004 RN TEST PLAN	2001 RN TEST PLAN
Client Needs Categories/Subcategories	Client Needs Categories
<b>Safe Effective Care Environment</b> <ul style="list-style-type: none"> <li>• Management of Care</li> <li>• Safety and Infection Control</li> </ul> <b>Health Promotion and Maintenance</b>	<b>A. Safe, Effective Care Environment</b> <ol style="list-style-type: none"> <li>1. Management of Care</li> <li>2. Safety and Infection Control</li> </ol> <b>B. Health Promotion And Maintenance</b> <ol style="list-style-type: none"> <li>3. Growth and Development Through the Life Span</li> <li>4. Prevention and Early Detection of Diseases</li> </ol>
<b>Psychosocial Integrity</b>	<b>C. Psychosocial Integrity</b> <ol style="list-style-type: none"> <li>5. Coping and Adaptation</li> <li>6. Psychosocial Adaptation</li> </ol>
<b>Physiological Integrity</b> <ul style="list-style-type: none"> <li>• Basic Care and Comfort</li> <li>• Pharmacological and Parenteral Therapies</li> <li>• Reduction of Risk Potential</li> <li>• Physiological Adaptation</li> </ul>	<b>D. Physiological Integrity</b> <ol style="list-style-type: none"> <li>7. Basic Care and Comfort</li> <li>8. Pharmacological and Parenteral Therapies</li> <li>9. Reduction of Risk Potential</li> <li>10. Physiological Adaptation</li> </ol>

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## Recommendation:

### Allocating New Percentage Ranges for Subcategories

PROPOSED 2004 RN TEST PLAN CATEGORIES		2001 RN TEST PLAN	
Client Need Categories/ Subcategories	Percentage of Items From Each Subcategory	Categories	Percentage of Test Items
<b>Safe Effective Care Environment</b>		<b>A. Safe, Effective Care Environment</b>	
• Management of Care	13-19%	1. Management of Care	7-13%
• Safety and Infection Control	8-14%	2. Safety and Infection Control	5-11%
<b>Promotion of Wellness</b>		<b>B. Health Promotion And Maintenance</b>	
• Health Promotion and Maintenance	6-12%	3. Growth and Development Through the Life Span	7-13%
		4. Prevention and Early Detection of Disease	5-11%

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## Recommendation:

### Allocating New Percentage Ranges for Subcategories Cont.

PROPOSED 2004 RN TEST PLAN CATEGORIES		2001 RN TEST PLAN	
Client Need Categories/ Subcategories	Percentage of Items From Each Subcategory	Categories	Percentage of Test Items
<b>Psychosocial Integrity</b>		<b>C. Psychosocial Integrity</b>	
• Psychosocial Adaptation	6-12%	5. Coping and Adaptation	5-11%
		6. Psychosocial Adaptation	5-11%
<b>Physiological Integrity</b>		<b>D. Physiological Integrity</b>	
• Basic Care and Comfort	6-12%	7. Basic Care and Comfort	7-13%
• Pharmacological and Parenteral Therapies	13-19%	8. Pharmacological and Parenteral Therapies	5-11%
• Reduction of Risk Potential	13-19%	9. Reduction of Risk Potential	12-18%
• Physiological Adaptation	11-17%	10. Physiological Adaptation	12-18%

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## Recommendation:

### Change Section Name to Integrated Processes

- Revising Integrated Processes section

PROPOSED 2004 RN TEST PLAN CATEGORIES	2001 RN TEST PLAN
<b>Integrated Processes</b>	<b>Integrated Concepts and Processes</b>
Nursing Process	Nursing Process
Caring	Caring
Communication & Documentation	Communication & Documentation
Teaching/Learning	Cultural Awareness
	Self-Care
	Teaching/Learning
* Cultural Awareness is now part of "Psychosocial Integrity"	
* Self-Care is now part of "Health Promotion & Maintenance"	

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### Implementation Timeline for 2004 NCLEX-RN® Test Plan

- January 2003  
Examination Committee receives results of 2002 RN practice analysis
- February 2003  
Proposed 2004 NCLEX-RN® Test Plan distributed to NCSBN Member Boards for feedback
- April 2003  
Examination Committee review of feedback and approval of proposed 2004 NCLEX-RN® Test Plan

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### Implementation Timeline for 2004 NCLEX-RN® Test Plan

- May 2003  
Examination Committee makes final recommendations; submitted to Delegate Assembly for review
- August 2003  
Delegate Assembly action
- October 2003  
Board of Directors evaluates passing standard
- April 2004  
**Implementation of 2004 NCLEX-RN® Test Plan**

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### Board Recommendation for FY03

#### Time Length for the NCLEX-RN

Authorize the Board of Directors to negotiate a proposed contract amendment with Pearson VUE to implement a time limit extension for the NCLEX-RN examination supported by the data and the analysis of the Examination Committee with the negotiated proposed contract reported back to the 2004 Delegate Assembly for approval.

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## Time Length for the NCLEX-RN

### Rationale

The Examination Committee recommends to the Board of Directors an increase in the current time five-hour time limit for the NCLEX-RN examination. The recommendation is based on:

- An increasing number of candidates who are running out of time, approximately 6% of the total RN candidate population
- The expectation that future enhancements, such as alternate item formats, will require more time for completion
- More time will allow candidates to have their competency assessed by the optimal passing rule (the 95% Confidence Interval Rule)

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## Outcome 2:

- International testing exams are explored for foreign nurse licensure.

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## Other Testing Initiatives

- Puerto Rico nurse licensure comparison
- English Proficiency Examinations
- Both expected to be completed in FY04

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### Outcome 3:

- Targeted constituencies utilize NCLEX programs and related products/services.

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### NCLEX Programs, Products and Services

- NCLEX Outreach
  - Presentations
  - Video
  - Publications
  - NCLEX Program Reports
  - NCLEX Invitational

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### 2003 NCLEX Invitational

*Constructing the NCLEX of the Future*

Friday, September 26, 2003 Boston, MA

- Learn first-hand about how NCLEX examinations are constructed, how they are administered, how changes in the NCLEX examination impact the nursing profession.

- For More Details Go To:  
<http://www.ncsbn.org>  
and click on events

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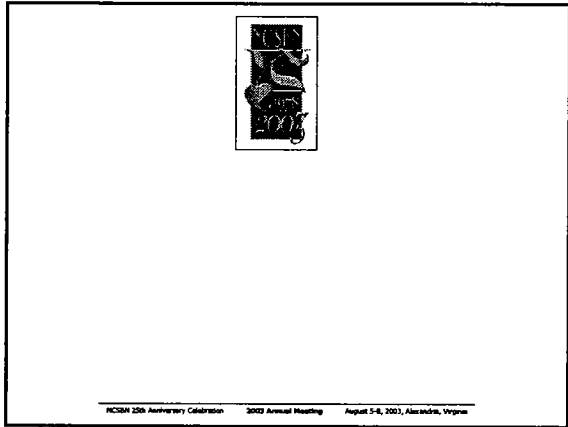
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# Post-Entry Competence Study

National Council of State Boards of Nursing

NCSBN 25th Anniversary Celebration 2003 Annual Meeting August 5-8, 2003, Alexandria, Virginia

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*Post Entry Competence Study*

## Research Questions

- How do nurses perform after the entry period?
- Does performance evolve over time and, if so, in what ways does it evolve?
- What factors (internal and external) influence the evolution of a nurse's practice?
- What are the characteristics of safe and unsafe practice?

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*Post Entry Competence Study*

## Panel of Experts

- Monitor findings to capture practice
  - How are findings different from expected?
  - What additional data do we need?
  - Are we capturing essential elements of practice?

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Post Entry Competence Study

### Advisory Panel

- High level review of study
- Assure findings are relevant to study questions
- Advise on methods

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Post Entry Competence Study

### Survey Questions

- Type of education program
- Additional education
- Work history
- Experience
  - As RN or LPN/VN
  - For RNs – as previous LPN/VN

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Post Entry Competence Study

### Survey Questions

- Describe a typical workday
  - What done
  - Relationship with health care team
  - Most important aspect of nursing
- Describe a situation involving a client with a problem or unmet need
  - How problem identified
  - How situation was addressed

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**Post Entry Competence Study**

*Survey Questions*

- How do you believe AP should be used?
- How are AP used in your setting?
- Do you find working with AP challenging?
- What would you do if you saw an AP giving poor care?

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**Post Entry Competence Study**

*Demographic Questionnaire*

1. Licensure and education
2. Preparation for 14 specific tasks
3. Prior assistive personnel or PNVN
4. Certification
5. Work orientation
6. Hours and overtime hours worked
7. Setting/specialty area
8. Patients/clients
9. Roles
10. Continuing education
11. Age, race, sex
12. State of residence

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**Post Entry Competence Study**

*The First 579 Cases*

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Post Entry Competence Study

# Respondents

**376 RNs**  
**184 LPN/VNs**

Includes longitudinal and cross-sectional groups

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Post Entry Competence Study

## RN Respondent Education

**Diploma            11**  
**ADN                211**  
**BSN                157**  
**Master's            5**  
**Outside US        1**

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Post Entry Competence Study

## Cohorts

RN Longitudinal	140	PN Longitudinal	54
RN 1 year	36	PN 1 year	27
RN 1.5 years	20	PN 1.5 years	13
RN 2 years	28	PN 2 years	20
RN 2.5 years	15	PN 2.5 years	14
RN 3 years	16	PN 3 years	17
RN 3.5 years	10	PN 3.5 years	11
RN 4 years	25	PN 4 years	15
RN 4.5 years	12	PN 4.5 years	5
RN 5 years	22	PN 5 years	19

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**Post Entry Competence Study**

**133 RNs Previously LPN/VNs**

**Years worked as LPN/VN:**

up to 1 year	48
1.5 - 3 years	34
4 - 10	17
10 - 20	8
more than 20	4

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**Post Entry Competence Study**

**Work Settings**

	<u>LPN/VN</u>	<u>RN</u>
Hospital	29	114
Home Health	3	6
LTC	33	5
Ambulatory Clinics	3	5

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**Post Entry Competence Study**

**Specialty Areas**

	<u>LPN/VN</u>	<u>RN</u>
Cardiac Care	1	5
Medical/Surgical	9	13
Child Health	1	5
Mental Health	4	3
Maternal/Child	4	12
Critical Care	3	21
Emergency Room	1	11
Critical Care/ER	0	2
Oncology	1	5

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Post Entry Competence Study

Specialty Areas (cont.)

	LPN/VN	RN
Occupational Health	0	1
Surgery	0	2
Ortho/neuro	1	2
Telemetry	2	9
Pediatric Psychiatry	0	1
Dialysis	2	2
Pediatric ICU	0	2
Multiple Areas	4	4

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Post Entry Competence Study

**Example 1**

The patient was very agitated and not sleeping. She had a very high BP correlated with her agitation. The patient was very sensitive to pain med and sedation as noted in the hx. Even after a mild dose of a sleeping pill she was really out. I performed or delegated the tasks of maintaining airway, finding out chem properties of drug, drew stat ABG (arterial line in place), and administered Romazicon. No intubation was needed. Patient returned to normal.

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Post Entry Competence Study

**Example 2**

I recently experienced a patient who was showing signs of EPS from an antipsychotic medication she had recently started. Being a new nurse I wasn't very familiar seeing this in patients but I knew to test for cogwheeling. I immediately called for the charge nurse and we assessed the patient together. The physician had ordered too high of a dose of Risperdal and I contacted him immediately to get an order for Cogentin. I was scared what would have happened to this patient if I hadn't noticed these side effects. This situation has made me watch all patients taking a new medication very carefully.

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Post Entry Competence Study

**Example 3**

I entered my patients room and found my client nearly unresponsive. It was a male client in his late 50's early 60's. He was blubbering, (like blowing spt bubbles). He responded with incoherent answers when I asked questions to see if he was oriented. ... I called in another RN to assist me in pulling him up in bed and get a second opinion. She had been an RN for sixteen years. She thought he needed oxygen. I thought his blood sugar might be too low. (I noticed an HS snack untouched on his bedside table). ... When I checked his sugar he was 27. I called the Lab tech for a stat recheck and notified the doctor. We gave him a stat shot of (I can't remember the name of this) And brought his sugar up to a normal level. He was fine then but we passed along to first shift nurses how fast this patient can drop and to keep an eye on him. The patient was thankful for our team reaction.

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Post Entry Competence Study

**Example 4**

A surgical pt. stated he had many things to worry about, very distantly. I could tell from his nonverbal cues that this was an identifiable need, to discuss or relieve his mind of some concerns. I asked if he would like to visit a while. By using good interviewing questions, and silence as a communication tool, he [I was able to encourage him] to explain his concerns openly. He was worried about test results, payment, diagnosis and being away from family.

I offered for a social worker to visit him re: his financial concerns at home and in regards to his stay. His family was an admittedly great support group, which the pt. was able to rely on, and we discussed this. (cont.)

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Post Entry Competence Study

**Example 4, cont.**

I used touch, gestures, positive approaches in getting him to discuss his concerns.

He relayed that he felt much better afterwards.

We discussed that the doctor would address these concerns in the morning, and that I'd be there to help him understand everything and be supportive.

Financial support info was also provided, with a listing of agencies that could assist the patient with expenses.

He even stated his earlier-noted pain was fading away after our talk.

I gave him a backrub and fresh water before tucking him soundly into bed, where he slept well through the night.

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**Post Entry Competence Study**

**Constructs Being Explored**

- Delegation/Assignment
- Power/Source of Power
- Lack of experience/Dependency on education
- Patterns of information (not controlled as it was in nursing program)
- Role of feedback in expert knowledge
- Critical thinking/clinical decision making (Questioning attitude a forerunner of critical thinking, necessary to keep patient safe. Includes questioning the norm.)

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**Post Entry Competence Study**

**Competencies Being Explored**

- Supervision/Management of People
- Assessment (what information to collect, what is important and unimportant within a situation, what information seems the most reliable)
- Ability to synthesize large amounts of information within context
  - Pattern building/finding/recognition
- Direct care skills

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**Questions?**

NCSN 25th Anniversary Celebration 2003 Annual Meeting August 5-8, 2003, Alexandria, Virginia

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## Nursys™ Update

Pamela A. Rogalski  
August 5, 2003

NCSN 25th Anniversary Celebration 2003 Annual Meeting August 5-6, 2003, Alexandria, Virginia

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## New Participating BONs

- Added this past year:
  - Maine Minnesota
  - Utah Wisconsin
  - Delaware Arizona
  - Mississippi Florida
- Scheduled:
  - Colorado – end of Aug
- In Progress:
  - Alaska New Jersey
- **Currently 27 Participating BONs**

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## Nursys™ Activity

- Total individuals – about 2,500,000
- Discipline cases added
  - 2002 (for the entire year) – 7,910
  - 2003 (for Jan thru Jul) – 4,518
- Verifications in June
  - Online – 1,548
  - Manual – 2,026
- Nursys.com QuickConfirm access
  - Up to payment / visitors – 2,411
  - Paid requests – 240

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## Accomplishments

- Nursys.com (Verification & QuickConfirm)
- Discipline Report Reformat
- Verification Report Reformat
- Discipline Flag Correction
- Discipline Entry for an Applicant
- Discipline Update Date Report
- HIPDB Reporting
- Revamped New Participant Package

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## In Progress

- Pending Investigation Alert
- Duplicate/Multiple Compact License Report
- Exam Data Pass/Fail
- HIPDB / Discipline Upload Process
- Daily Licensure Update Process
- Imposter / Fraudulent Tracking
- Track APRNs in Nursys™
- Nursys.org Information web page
- Fees for Information Requests
- Export Process (Duplicate Cleanup)

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## HIPDB Update

- HIPDB Submission –
  - Sept 2001 thru Feb 15, 2003
- Began to receive reports June, 2003

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### Issues and Concerns

- Nurses' Disputing Credit Card Charges
- NCSBN Verification by Phone Is NOT an Option
- Discontinue Use of Paper Verification Form
- Monthly Licensure Update Submissions:
  - Meet Donnelley Submission Deadlines
  - Submission Confirmation eMails
  - Update Dates on Licensure Update Submissions are Critical
- Use Advance Searching Techniques

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### NCSBN IT Summit 2003

- May 19-20, 2003 – San Antonio, TX
- IT Bulletin Board
- Planning for 2004 IT Summit

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### NAP Committee for 2004

- Ad-hoc Focused Committees
  - APRN
  - Tracking of Fraudulent / Imposter Activity
  - Increase Submission of Discipline Data

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## Models Revision Forum

Barbara Newman, MS, RN  
Chair, PR&E Models Revision Subcommittee

NCSBN 25th Anniversary Celebration 2003 Annual Meeting August 5-8, 2003, Alexandria, Virginia

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## PR&E Models Revision Subcommittee Members

- Barbara Newman, RN, MS; MD, Area IV, Chair
- Margarita Bautista-Gay, RN, BSN, MN; GU, Area I
- Maura Egan, BSN, MHP, PhD; WA, Area I
- Gwelliam Hines, LPN; DE, Area IV
- Nathan Goldman, JD; KY, Area III
- Carol Swink, RN, PhD; NC, Area III
- Cynthia VanWingerden, RN, MS; VI, Area IV
- Sandra Webb-Booker, PhD, RN; IL, Area II

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## Working with Subcommittee

- Greg Harris, JD; AZ, Area I; Board Liaison
- June Smith, PhD, RN; NCSBN Staff
- Vickie Sheets, JD, RN, CAE; NCSBN Staff

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## Subcommittee Charge

To update and revise:

- *Model Nursing Practice Act*
- *Model Nursing Administrative Rules*

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## Background

- First NCSBN Model Nursing Practice Act (1982) and Model Nursing Administrative Rules (1983) supported by Kellogg Foundation Grant
- Fourth models revision underway
- Revised Model Nursing Practice Act and Model Nursing Education Rules adopted by 2002 Delegate Assembly

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## The Purpose of Models Are:

- Promoting public safety in a dynamic health care environment by
- Supporting Boards of Nursing in their regulatory functions



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### Three Guiding Principles

#### All Nurses Share

- Fundamental set of principles
- Common core of nursing knowledge
  - Scientific principles
  - Clinical skills
  - Ethical values
  - Legal parameters
  - Management strategies

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### Guiding Principles



- Nurses are  
Accountable to  
Practice within  
Standards
  - Legal
  - Ethical
  - Professional

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### Five Assumptions

- (1) Statues and rules need to be understandable and useable
- (2) Nurses experience frequent and sustained nurse interactions with clients and families
- (3) There is value in each nursing education pathway and nursing licensure level
- (4) Nursing practice is the utilization judgment in application knowledge/skills to achieve patient outcomes
- (5) Both theoretical and experiential learning contribute to evolution of nursing and life-long learning

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## Resources Consulted

- Current NCSBN Models and other NCSBN publications
- FARB and other models
- Review existing State NPAs/rules/regs
- Nursing and business literature
- Various NCSBN committees and groups
- Member Board innovations

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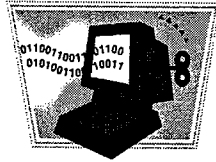
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## Data Support

- (1) LP/VN Practice Analysis Study
- (2) Practice and Professional Issues Surveys
- (3) NCSBN Employer Survey



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## 2002-2003 Activities

- Used Model Act as framework for rules
- Conceived of new side-by-side format for models
- Developed regulatory content, including definitions
- Planned to use appendices as additional resources
- Planned for models to be on-line resource

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### 2002-2003 Activities

- Discovered some incongruent elements with opportunity to see content areas together
- Accordingly, will be proposing some revisions to Model Act as well as revised rules

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### Proposed Rule Changes

- Incorporates work of other NCSBN groups
  - Previously approved core licensure requirements
  - APRN Task Force
  - Foreign Nurse Subcommittee

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### Proposed Rule Changes

- Language compatible with Nurse Licensure Compact
- Nursing Education Standards reordered and added content
- New content disciplinary process and alternative programs

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### Specific Areas for Feedback

- Should RN graduates be allowed to sit for the PN licensing examination?
- Do the rules appropriately address licensure of nurses educated outside the U.S.?
- A different approach to mandatory reporting is proposed, developed in consideration of increasing caseloads along with diminishing resources. Can it work?
- Is the new content regarding the disciplinary process and alternative programs helpful?

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### FY2004 Activities

- Review comments from Member Boards, nursing organizations and other interested parties
- Complete content for two areas
  - Delegation
  - Continued Competence
- Present final comprehensive models to FY2004 Delegate Assembly for adoption

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### Subcommittee's Goal: a User-friendly and Useful Resource

- Principled
- Current and Timely
- Easily Accessible
- Easily Updated
- Reflective of Realities
- Blueprint of Critical Elements
- Guide for Forward Thinking

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## Discussion and Feedback

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## Social Security Number Resolution Update

2003 Policy Report  
Kristin Hellquist, NCSBN

NCSBN 25th Anniversary Celebration 2003 Annual Meeting August 5-8, 2003, Alexandria, Virginia

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## Background on Delegate Assembly '02 Resolution

- 2000: 45 Boards of Nursing required SS# for licensure
- 2002: 29 Boards of Nursing require SS# for licensure

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## Potential Solutions

- Change documentation required in DOL/INS regulations
- Create ways Member Boards might issue license without requiring SS#
- Amend Labor Certification Procedures

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## Comments to INS

- Related 'Foreign Healthcare Worker Certification' Rules

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## Additional Information

- Social Security Administration
- International Tax Identification Number (ITIN#)
- State/Federal Legislation

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## Related Issues

- Guam
- NMI
- "Premium" Processing

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### Next Steps

- Monitor the environment
- Submit applicable comments to related Federal Rules/legislation
- Foster and nurture key relationships

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### Additional Current Policy Matters

- Federal Legislation
- Foreign-Educated Nurses
- Other

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