While there are many similarities among states, there also are some differences. To assist the LPN/VN Continued Competence study, contact Anne Wendt, PhD, RN CAE at awendt@ncsbn.org or Lorraine Kenny, MS, is one of the best things any nurse can do to give something back to nursing.”

The differences in the scope of practice proved most challenging for the group. Panelist Gowdyoln Odorn, an LPN from Illinois, noted, “The experience, knowledge and commitment of the Panel of Experts to the practical nursing profession left me speechless.”

Advanced Practice Roundtable

The annual NCSBN Advanced Practice Roundtable was held in Chicago, Ill., on May 3, 2005. Forty individuals representing APN education, APN certification programs, accrediting agencies, boards of nursing and other nursing organizations attended.

The meeting was led by Kathy Thomas, executive director of the Texas Board of Nurse Examiners and chair of NCSBN’s Advanced Practice Advisory Panel. Presentations on the regulation of advanced practice nurses were given by panel members Kathy Thomas, Randy Kush, director of Patient Care Services at Saint Alphonsus Regional Medical Center, Boise, ID and president of the Idaho Board of Nursing; and Janet Younger, associate dean for Academic Programs at VA Commonwealth University, director for Academic Nursing VCU Health System, and president of the Idaho Board of Nursing.

NCSBN has sponsored the APN Roundtable since 1993 to discuss common issues involving and to promote communication with APNs about issues including APN certification programs. Many boards of nursing use APN certification examination results as an important tool to enhance the public protection in advanced practice. NCSBN has been working with professional organizations about APN competencies. Many boards of nursing use APN certification examinations as one criteria for advanced practice licensure. Information about the APN and APRN compacts and NCSBN’s 2002 position paper on the regulation of APNs can be found on NCSBN’s Web site at www.ncsbn.org.

We invite your questions. Please send your questions to Dr. Nancy Purcell at npurcell@ncsbn.org.
Impact on Health Care: Developing a Passing Standard for English Proficiency

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Building a New Level of Nursing Cultural Competence

When working with people from different cultural backgrounds, it is one of the most essential things nurses can do on a daily basis. Nurses need to pay attention to the uniqueness of each patient to understand their needs and preferences. To develop effective communication and care delivery, nurses need to be aware of cultural variations and how they affect patient care. Nurses should have a basic understanding of the patient’s cultural background and how it influences their health beliefs and practices. Nurses should also be sensitive to their own cultural biases and be willing to learn from other cultures.

A special thank you for all of you who completed our survey and provided input on the ways NCSBN can better serve you: the leader to leader newsletter. The 81 respondents from all over the United States reported that NLCOEU’s updates, NCSBN’s initiatives, and Ask NCSBN were favorite aspects of the newsletter. Respondents also noted that they would like to see more updates from NCSBN, NCSBN’s positions, and specific issues such as delegation and discipline in future issues. The survey respondents requested to provide a richer and more informative publication that facilitates a better understanding of nursing regulation. NCSBN also needs to provide an opportunity for nurses and members to connect and network with each other on the NLCOEU website.

We refer you to: how N.J. Amo, Ph.D, RN, FAAN, Professor and Dean Emeritus and Director, Academy of International Leadership Development, University of Illinois, Chicago, wrote our guest article for this issue of Leader to Leader.

Nurse Educators as Global Leaders

To develop future global nurse leaders, nurse educators need to pay serious attention to the curriculum so that it is capable of meeting cultural and international standards. The curriculum should include an international nursing course or integrate such content beginning at the bachelor’s degree program. The international nursing course should include topics such as how to communicate with nurses from other countries, various aspects of health care delivery, and how that affects the process of getting the work done. The work of international groups such as the International Council of Nurses, World Health Organization, International Council for Health Professionals, World Bank, and USAID are good resources.

Teaching and mentoring students with trust and respect for differences in culture will go a long way in helping them to become global leaders...

Clinical Instruction in Preclinical Nursing Programs

Nurse Educator, DNSc, RN

Director of Education, NCSBN

The NCSBN Practice Regulation & Education (PRE) committee recently published a position paper on Pre-licensure education programs to provide guidance to nursing educators in evaluating the clinical experience component of pre-licensure nursing programs. Because the primary purpose of the nursing program is to prepare the public, boards have the responsibility of ensuring that new graduates are prepared to practice safely.

Committee members reviewed available literature, surveyed the boards of nursing and nursing education organizations, and interviewed interested parties to develop the rationale for this paper. Their research addressed critical components of clinical education, further research must be conducted on clinical teaching in nursing. The literature supports the following as being essential elements of all nursing clinical experiences:

Deliberate practice

Feedback by qualified faculty

Time to reflect

Expected performance in the authentic environment

Becoming involved in the clinical setting by caring for actual patients

Collecting data in the clinical setting through the use of mentors

The simulation experiences and simulation demonstrations displayed the value of simulation as a complementary learning experience for nursing students. However, the simulation experiences are not the same for all students; therefore, the use of simulation must be planned in a way that considers each student’s level of progress and the place of actual clinical experiences. The experts said that if executed properly simulation can be costly to nursing programs, and thus this recommended that national health care programs share simulation resources.

Educational programs provided the PRE & Committee with their ideas on the future of nursing education and their thoughts about problems with finding facilities to house students for the program. The 2005 NCSBN Delegate Assembly recommended the following to boards of nursing; changing the number of clinical hours. Based on the research and other evidence, the PR&E Committee supported clinical experiences with actual patients and clinical experiences supervised clinical instruction and that clinical instruction must be part of the pre-licensure education. The survey responses of the boards of nursing strongly supported clinical experiences with actual patients and clinical experiences across the length of the program. They also supported the importance of simulation and simulation education.

The clinical experience component of nursing education programs position paper was approved by the NCSBN Board of Directors and the 2005 Delegate Assembly and is available on the Nursing Education page under Nursing Regulation on the NCSBN Web site (www.ncsbn.org). Please contact Dr. Nancy Spector at ncsbn@ncsbn.org if you have any questions.

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