NCSBN Releases Findings of Landmark Simulation Study
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11. **2014 Regulatory Symposium Gives Attendees a Clear View of the Big Picture**

13. **The Continuous Practice Analysis**

14. **NCSBN Opens Registration for NCLEX® in Canada**

15. **A Review of Entry-level Nurse Characteristics and the NCLEX®**

16. **A Global Perspective: Nursing & Midwifery Regulation in Australia**
By: Dr. Lynette, Cusack, PhD, RN, MHA, DN, MID CERT (UK)
Chair, Nursing and Midwifery Board of Australia
Tanya Vogt, LLB
Executive Officer, Nursing and Midwifery Board of Australia

19. **Speed Round**

20. **Pathways to Leadership**

22. **News & Notes**

24. **2014 NCSBN Year in Review**
ANNUAL MEETING NOTES

Board of Directors and Leadership Succession Committee

Members Elected

President: Shirley Brekken, MS, RN, executive director, Minnesota Board of Nursing

President-elect: Katherine Thomas, MN, RN, FAAN, executive officer, Texas Board of Nursing

Treasurer: Julia L. George, MSN, RN, FRE, executive director, North Carolina Board of Nursing

Directors-at-Large:

§ Joe Baker, Jr., executive director, Florida Board of Nursing

§ Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing

Leadership Succession Committee (LSC):

§ Area I – Pamela Randolph, MS, RN, FRE, board staff, Arizona State Board of Nursing

§ Area II – Deb Haagenson, RN, board member, Minnesota Board of Nursing

§ Area III – Patricia Dufrene, MSN, RN, board staff, Louisiana State Board of Nursing

NCSBN Inducts Fellows of the Institute of Regulatory Excellence (IRE)

The IRE began in 2004 with the purpose of providing boards of nursing with high quality regulatory education, expanding the body of knowledge related to regulation through research and scholarly work, developing the capacity of regulators to become expert leaders, and developing a network of regulators who collaborate to improve regulatory practices and outcomes.

The IRE Fellowship Program is a four-year comprehensive educational and professional development program designed for current regulators who want to enhance their knowledge of and leadership in nursing regulation. An individual who completes the Fellowship Program requirements is called a Fellow of the NCSBN Regulatory Excellence Institute.

The 2014 class of Fellows includes:

§ Gillian Lemermeyer, MN, RN, FRE, policy associate, College of Registered Nurses of Alberta

§ Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission

§ Erin Tilley, MN, RN, FRE, policy analyst, College of Nurses of Ontario

§ Susan Wong, MBA, MPA, RN, FRE, former chair, Washington State Nursing Care Quality Assurance Commission

§ Suzanne Wowchuk, MN, RN, FRE, director, Registration & Professional Conduct, College of Registered Nurses of Manitoba

NCSBN Affirms Commitment to Facilitating Interstate Practice

NCSBN passed a resolution affirming its commitment to facilitating interstate practice. With this resolution, NCSBN affirms its endorsement of a uniform mutual recognition model for state-based nurse licensure to enhance public protection and use of telehealth technology for access to health care as well as facilitate the mobility of nurses.

NCSBN recognized the importance of facilitating interstate practice by endorsing the mutual recognition model
of nurse licensure in 1997. In 2000, the Nurse Licensure Compact (NLC) for registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVN) was implemented. The Nurse Licensure Compact Administrators (NLCA) representing the 24 states in the NLC, have continuously explored potential revisions to the NLC to enhance its operations.

Congratulations to Our Annual Award Recipients

NCSBN recognized its dedicated and exceptional membership and guests at its annual awards ceremony. Specific award recipients included:

- Myra Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, honored with the prestigious R. Louise McManus Award (for sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN).
- Gloria Damgaard, MS, RN, FRE, executive secretary, South Dakota Board of Nursing, received the Meritorious Service Award (for positive impact and significant contributions to the mission and vision of NCSBN).
- Ann L. O’Sullivan, PhD, FAAN, CRNP, board member, Pennsylvania State Board of Nursing, received the Exceptional Contribution Award (for significant contribution by a member who is not a president or executive officer).
- The Nevada State Board of Nursing was awarded the Regulatory Achievement Award (for making an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare).

Service awards were given to the following executive officers of BONs:

Five Years
- Louise Bailey, MEd, RN, executive officer, California Board of Registered Nursing
- Anne Coghlan, MScN, RN, executive director, College of Nurses of Ontario (Associate Member)
- Jennifer L. Filippone, chief, Practitioner Licensing and Investigations Section, Connecticut Board of Examiners for Nursing
- Mary-Anne Robinson, MSA, RN, CEO, College and Association of Registered Nurses of Alberta (Associate Member)

NCSBN will meet again in Chicago Aug. 19-21, 2015, for the 2015 Annual Meeting and Delegate Assembly.
The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

**Award Information**

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

**Research Priorities**

Research priorities include, but are not limited to:

- National and International Regulatory Issues
- Patient Safety
- Scope of Practice (licensed practical/vocational nurse [LPN/VN], registered nurse [RN] and advanced practice registered nurse [APRN])
- Nursing Education
- Continued Competence
- Nursing Mobility
- Substance Use Disorder

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**NCSBN Grant Program**

**Upcoming proposal submission deadline:** April 3, 2015

The annual NCSBN Awards program recognizes outstanding achievements of members and celebrates significant contribution to nursing regulation.

Members can submit nominations beginning Jan. 5 through **March 2, 2015**. Recipients selected in March will be honored at the Awards ceremony at the August Annual Meeting. The awards program not only recognizes the successes of your peers, but highlights the key factors that contribute to their success. We encourage all members to nominate themselves and their peers. You can learn more about the NCSBN Awards program and view reflections of past recipients on our [website](#).

All inquiries can be directed to Alicia Byrd at abyrd@ncsbn.org.
**In Memoriam**

Jennifer K. Hayden, MSN, RN, associate, NCSBN Research department 1972–2014

The principal investigator of the NCSBN National Simulation Study died Nov. 3, 2014, after a 13-year battle with breast cancer. An employee of NCSBN since 2009, Jennifer is remembered for her perseverance and dedication as an inspired nursing researcher as well as generous and respected colleague. She will be greatly missed.

Under her direction, the National Simulation Study was the recipient of two prestigious awards honoring its contributions to the body of nursing knowledge.

The International Nursing Association for Clinical Simulation & Learning (INACSL) presented Jennifer with the first INACSL President’s Award in recognition of her role as the project director for the National Simulation Study and her leadership in bringing this seminal work to fruition. INASCL has also named a scholarship in her honor.

NCSBN was the recipient of the first Excellence in Educational Research Award, a program of the Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education, presented at STTI’s International Nursing Research Congress in Hong Kong. It was unanimously selected by the judges because it was a broad-based study that has nationwide and potentially international impact on nursing education.

Jennifer graduated from Indiana University in 1992 with a BS in Psychology. She then went on to pursue a career in Nursing, receiving a Bachelor’s Degree in Nursing from Rush University in 1996, and a Master of Science in Nursing in 1999. Her work has been published in numerous medical and nursing journals.

She is survived by her husband and two children.

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**NCSBN Releases Findings of Landmark Simulation Study**

NCSBN recently released the findings of its award-winning “National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education.”

This landmark study is the largest and most comprehensive research to date that examines the use of simulation in the prelicensure nursing curriculum. Substantial evidence obtained from the study shows that substituting high-quality simulation experiences for up to half of traditional clinical hours produce end-of-program educational outcomes comparable to those of students whose experiences are mostly traditional clinical hours, and produce new graduates ready to practice.

The potential impact of the study’s findings cannot be understated as the study makes a substantial contribution to scientific literature that has been void of a large-scale, multisite study of simulation across the prelicensure nursing curriculum. It provides invaluable data for boards of nursing (BONs) so that regulators, armed with a better understanding of simulation and its impact on education, can more effectively develop prelicensure education requirements, guide programs and develop policy.

**Background**

Providing high-quality clinical experiences for students has always been a challenge for nursing programs. With high-fidelity simulation, educators have replicated many patient situations, and students can develop and practice their skills in an environment that does not endanger patients. As the sophistication of simulation has grown, the number of schools using it has increased, and BONs have received requests for permission to use simulation to replace some traditional clinical experience hours.

Previous studies indicated that simulation could be effective, but they lacked the rigor and generalizability to provide the evidence needed to make policy decisions. The NCSBN National Simulation Study was the first of its kind; a large-scale, randomized, controlled study encompassing the entire nursing curriculum.

**Study Details**

Did simulation really provide the same educational experience as a clinical site? This was the question NCSBN set out to answer.

The study included incoming nursing students from 10 prelicensure programs across the U.S. who were randomized to one of three study groups:

- Control group (traditional clinical where up to 10 percent of clinical time was allowed in simulation)
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013.

To ensure consistency, a standardized curriculum was developed, and faculty selected the simulations that would meet their learning objectives. Scenarios included in the curriculum included medium- and high-fidelity manikins, standardized patients, role playing, skills stations and computer-based critical thinking simulation, all subject to the same requirements as a traditional clinical setting.

“The nursing programs selected for this study had no small task,” said Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN. “Teams of faculty and simulation lab staff dedicated two years to the study and in preparation underwent three rigorous, weekend-long training sessions in which they were tested to ensure they were prepared to lead the study at their school.”

Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation.
Game Changing Results

"I believe the results reflect preparation, dedication of faculty and the ability to see the future, redesign nursing education and incorporate innovation into the nursing curriculum,” said Alexander.

It was found that up to 50 percent simulation was effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX® nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX®

Faculty underwent extensive training in the delivery and debriefing of simulation content, and their proficiency was monitored throughout the study by team leaders to ensure consistent delivery of content.

The faculty and staff of each program were fully committed to the changes required by the study, adapting to new teaching methods and allocating the needed infrastructure, resources, equipment and staffing to make the change successful.

"I believe the results reflect preparation, dedication of faculty and the ability to see the future, redesign nursing education and incorporate innovation into the nursing curriculum,” said Alexander.

“Whether these results really say is that it does not matter whether traditional clinical experience or simulation is the modality of the future,” said Alexander. "What does matter is an undergraduate nursing education program that has a dedicated faculty that is well-prepared, inspires students to do their best, understands the need for research, and is willing to take calculated risks to learn more and create new methods and modalities for the future of nursing."

Alexander points to the final statement in the study report: “The most significant finding of this study is the effectiveness of the two types of education methods: traditional clinical and simulation experiences. In both environments, when structure, an adequately prepared faculty with appropriate resources, dedication, foresight and vision are incorporated into the prelicensure nursing program, excellent outcomes are achieved."
always thought that it is their favorite thing to do. I know that the membership highly values the opportunities they have to step away from the day-to-day and talk to other people about what they do. That really was the purpose of this meeting. To ‘stretch’ our thinking and have the opportunity to reflect, share best practices and ask those critical questions that get you thinking.”

Yolanda Delgado, MSN, RNC, is a recently-appointed member of the New Jersey Board of Nursing and member of the Board’s Regulatory Committee. She valued the content provided at the symposium.

“The information today with the last speaker (“Regulatory Performance and Structure Driven by Data” by Paula Meyer, MSN, RN, FRE, executive director, Washington State Nursing Care Quality Assurance Commission) touched a nerve and brought the message home,” said Delgado. “In general I think there has been a lot of information. I look forward to applying it when I return home.”

“I came to this event because it’s all interesting,” said Carla Castro, board secretary at the Guam Board of Nurse Examiners. “I work in nursing start-to-finish. This is good for me because I get to understand not necessarily just every state but every country as well… It’s nice to understand those different perspectives. There’s always something in these meetings that applies to me. I do enjoy it. The hardest part is the time difference!”

As for what the future holds, Kathy Apple is optimistic.

“Our outcome of all this work is harmonizing regulating standards around the world,” she said. “That helps facilitate mobility of nurses around the world. We know there’s a global nursing shortage, and we believe there will be the need to move nurses around the world, a need that...”

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NCBNS is responsible for the preparation of psychometrically sound and legally defensible licensure examinations. The NCLEX-RN® and NCLEX-PN® examinations are developed to assess the minimum knowledge, skills and abilities required to practice safe, effective nursing using entry-level nursing content which is fair, comprehensive and current. An understanding of the existing practices of an entry-level nurse is imperative as a foundation to this process. It facilitates the development of an exam which accurately measures the activities engaged in by entry-level nurses.

NCBNS conducts the triennial nursing practice analysis to evaluate the validity of the NCLEX Test Plan. The periodic performance of practice analysis studies assists NCBNS in understanding practice characteristics of entry-level nurses and evaluating the validity of the test plans. Due to the ever-changing nature of the U.S. health care industry, entry-level nursing practice analyses are conducted on a triennial basis. In 2006, NCBNS began development of a series of continuous practice analysis studies to be conducted in the three-year gaps among the regular practice analysis cycles. The purpose of conducting these continuous practice analyses is to discover emerging trends in entry-level nursing and to provide consistent validity evidence for the NCLEX test plans.

A large number of entry-level nurses are randomly sampled every three months to receive an electronic survey on nursing practice. The sample consisted of candidates who successfully passed the NCLEX within the past six months. In essence, no individual sampled would have been working as a licensed nurse for more than six months. The electronic survey contains an extensive list of nursing activities as determined by a subject matter expert (SME) panel, questions about the respondent’s nursing experience and work environment and respondent’s demographic information. Each continuous practice analysis survey is nearly identical to the prior triennial practice analysis survey in terms of survey process and survey contents. More information on the triennial practice analysis is available online.

Using a comparative approach, data collected over a number of years in both the NCLEX practice analysis and NCLEX continuous practice analysis were compared to analyze notable trends. The results of data analyses indicated some differences from one NCLEX practice analysis to the next; however, there were no significant differences when comparing the NCLEX practice analysis data with NCLEX continuous practice analysis data. The results of the data analyses remain important to the nursing profession to ensure the validity of the NCLEX test plans during the interim phase of NCLEX practice analysis cycles. NCBNS continues to develop nursing licensure exams which are reflective of the assessment of current knowledge, skills and abilities required to practice safe, effective nursing at the entry level as well as make necessary adjustments to the NCLEX test plan as required by the NCLEX practice analyses.
In November, NCSBN opened NCLEX-RN® Examination registration for Canadian students and graduates, international applicants and others looking to take the NCLEX for licensure/registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan.

Once a student is deemed eligible by their regulatory body and receives an Authorization to Test, they may schedule an examination appointment on or after Jan. 5, 2015. Canadian registered nurse (RN) regulators initially selected the NCLEX-RN Examination in 2012 after identifying the need for an exam that employs the latest advances in computerized adaptive testing. In partnership with 10 Canadian RN regulatory bodies, NCSBN will develop and deliver the exam that will be used as a licensure requirement in Canada.

The NCLEX-RN Examination is currently offered in 10 countries around the world for the purpose of domestic licensure in the U.S., but this partnership marks the first time that the test will be used for the purpose of licensure in another country.

In the last three years, NCSBN has worked with 10 Canadian registered nurses (RNs) to prepare for the Canadian transition to the NCLEX.

Learn more by visiting the Canadian Educators & Students Frequently Asked Questions on our website.

NCSBN has finalized agreements to provide its computerized adaptive test (CAT), the NCLEX-RN Examination, in Canada beginning in 2015. In partnership with 10 Canadian RN regulatory bodies, NCSBN will develop and deliver the exam that will be used as a licensure requirement in Canada.

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*Association of Registered Nurses of Newfoundland and Labrador
Association of Registered Nurses of Prince Edward Island
College and Association of Registered Nurses of Alberta
College of Nurses of Ontario
College of Registered Nurses of British Columbia
College of Registered Nurses of Manitoba
College of Registered Nurses of Nova Scotia
Nurses Association of New Brunswick
Registered Nurses Association of the Northwest Territories and Nunavut
Saskatchewan Registered Nurses Association

A Review of Entry-level Nurse Characteristics and the NCLEX®

The NCLEX® Examination is developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment’s effect on the length of the entry-level period. NCSBN conducts the NCLEX practice analysis every three years to analyze entry-level practice.

Using the data collected in the practice analysis, NCSBN then moves to develop the NCLEX Test Plan. Analysis of data from a nine-year span indicated that the environment had become more complex; thus, the question arose about the current length of the entry-level period.

The entry-level nurse exhibits characteristics such as limited confidence, critical thinking and clinical judgment with the need for additional skill acquisition (Cockerham, Figueroa-Altmann, Eyster, Ross & Salamy, 2011; Martin & Wilson, 2011; Welding, 2011). Additionally, the newly-licensed nurse delivers client care in today’s fast-paced health care environment. The current practice setting of the entry-level nurse reflects delivery of complex care coupled with the need for rapid, appropriate clinical decision making (Dyess & Parker, 2012).

Each profession sets out to define parameters focused on how long a newly-licensed incumbent practices with entry-level characteristics. No one profession has identified a methodology to uncover the length of time entry-level characteristics exist (Williams, Kim, Dickson & Woo, 2014). Given the profile of entry-level characteristics, the literature has established that newly-licensed nurses are more likely to commit practice errors and therefore require structured transitional support during the entry-level period (Cockerham et al., 2011; Martin & Wilson, 2011; Sainsing, Gibson, & Pennington, 2011; Zhong & Thomas, 2012).

Given these circumstances, the length of time an entry-level nurse practices in the current health care environment with the identified characteristics remains unknown. As a result, NCSBN conducted an analysis to evaluate the effects of the current practice environment and client population on the length of time entry-level nurse characteristics remain. Before the analysis, the entry-level period for the NCLEX examinee profile was considered to be six months (Williams et al., 2014).
Nursing and midwifery regulation in Australia has undergone a substantial change in the last five years. From eight pieces of legislation across Australia, nursing and midwifery is now regulated through nationally consistent laws that allow members of the professions to register once, renew yearly and practise anywhere in Australia (within their registration). Members of the public can now look up their registered health professional, including nurses and midwives, on the Register of practitioners. The register shows an individual’s registration, including reprimands and conditions.

The population of Australia is 23.5 million people (with a land size only slightly smaller than the U.S. contiguous 48 states). Australia is a federation with a constitution that sets out how the eight state and territory governments work with the Commonwealth (federal) government. The regulation of health professions is a state and territory based responsibility and under the Australian constitution; the federal government has no power in this area.

Prior to July 1, 2010, there was a nursing and midwifery board in each of the eight jurisdictions and each had its own legislation. This meant that nurses and/or midwives who practised in more than one jurisdiction had to work to different legislation/requirements and be registered in each jurisdiction.

On April 1, 2008, the Council of Australian Governments (comprising the state, territory and federal governments) agreed to establish a National Registration and Accreditation Scheme (the National Scheme) for 10 health professions, including nursing and midwifery. Four additional professions joined the scheme in 2012. There is no cross-subsidisation across professions in the National Scheme, which is funded by health practitioners’ registration fees.

After a period of consultation and the passage of legislation through eight state and territory parliaments—the Health Practitioner Regulation National Law (the National Law) — Australia introduced the world’s first National Scheme regulating health practitioners in 10 professions on July 1, 2010, underpinned by a nationally consistent law.

The key objectives of the National Law are as follows:

- Protection of public safety;
- Facilitation of workforce mobility;
- Facilitation of high-quality education and training;
- Facilitation of assessment of overseas-trained health practitioners;
- Promotion of access to health services; and
- Development of a flexible, responsive and sustainable workforce.

The NMBA & AHPRA partnership – how the National Scheme works in practice

The National Law established the 14 national boards responsible for regulating the registered health professions, including the Nursing and Midwifery Board of Australia (NMBA). It also established the Australian Health Practitioner Regulation Agency (AHPRA), which supports the National Boards in protecting the public.

The NMBA comprises 12 members (eight practitioner and four community members) and has established State and Territory Boards to support its work. The NMBA sets policy and professional standards; and the State and Territory Boards have the delegation to make individual decisions affecting individual nurses and midwives. AHPRA has offices located in each of the states and territories that support the work of the National and State and Territory Boards.
The NMBA works in close partnership with AHPRA to implement the National Scheme and protect the public by:
- Registering health practitioners and students;
- Developing standards, codes and guidelines for the health professions;
- Investigating notifications and complaints two jurisdictions have co-regulatory arrangements, meaning that New South Wales and Queensland have their own systems for dealing with notifications/complaints about registered nurses and midwives;
- Conducting panel hearings and referring serious matters to Tribunal;
- Assessing health practitioners who trained overseas and who wish to practise in Australia (in conjunction with accredited authorities also recognised under the National Scheme); and
- Approving accreditation standards and accredited courses of study (in conjunction with the NMBA accreditation authority).

On June 30, 2014, the NMBA had 362,450 nurses and midwives on the register. The number of registered nurses and midwives has gradually increased since the commencement of the National Scheme. There are 60,468 enrolled nurses; 262,839 registered nurses; 31,233 dual registered nurses and midwives; and 3,173 midwives. The remaining registrants are nonpractising registrants.

One of the objectives of the National Law is to facilitate the provision of high-quality education of health practitioners. The accreditation function is the primary way of achieving this objective, using a robust approach where the respective roles of the NMBA and its appointed accreditation authority, the Australian Nursing and Midwifery Accreditation Council Limited (ANMAC) are defined in the National Law. The accreditation function is independent from the NMBA. Once an Australian graduate has successfully completed an NMBA-approved education program they are eligible to apply for registration.

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Advancing Potential: Discover the Leader Within

NCSBN needs experienced and emerging leaders who:

- Serve the purpose, mission, vision and values of NCSBN;
- Advance and promote excellence in nursing regulation;
- Sustain the success and viability of NCSBN;
- Represent diversity in opinions and perspectives; and
- Cultivate good relations, stewardship and service.

Individuals who serve in NCSBN leadership positions and committees have much to gain:

- Impact nursing regulation;
- Network with state, national and international health care leaders;
- Advance leadership and professional development;
- Stay abreast of emerging global events affecting nursing regulation; and
- Recognition by peers.

Eligibility and Competencies

Board members and staff of NCSBN Member Boards are eligible to apply. Each individual should consider the skills and competencies necessary to be successful in the position if elected.

Board of Directors Competencies:

Knowledge and skills that add to the strength and value of the collective governing body, including governance, investment policy, regulation, negotiation, consensus building, critical thinking, forecasting, and state, national and international health care policy.

Leadership Succession Committee Competencies:

Knowledge and skills that add strength and value to the committee in carrying out its charges, including effective communication, leadership, critical thinking, and public policy.

Time Commitment

Board of Directors: Five 3-day meetings per year, in addition to Midyear and Annual Meetings.

Leadership Succession Committee: Four 2- to 3-day meetings per year, in addition to Midyear and Annual Meetings.

2015 Election Positions

Board of Directors


- Serves as the chair of the Finance Committee.
- Assures quarterly reports are presented to the Board of Directors, and that annual financial reports are provided to the Delegate Assembly.

Director-at-Large (2 positions) (2015 – 2016)

One-year term only per Bylaws Proviso

- Serves as a representative of all member boards.
- Transacts the business and affairs, and acts on behalf of NCSBN.

Area Directors

- Serves as a representative of designated Area
- Transacts the business and affairs, and acts on behalf of NCSBN.

Area I Director (2015 – 2017)


Area II Director (2015 – 2017)

Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin.

Area III Director (2015 – 2017)

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Area IV Director (2015 – 2017)


Leadership Succession

Member-at-Large (3 positions) (2015 – 2017)

- Recommends strategies for the ongoing sustainability and advancement of NCSBN through succession planning.
- Presents a slate of candidates through a determination of qualifications for inclusion on a ballot for the election of the Board of Directors and the Leadership Succession Committee.

For more information, visit the Leadership Succession Committee page and the Leadership Development Program page on NCSBN’s website (members only login required).

NCSBN analyzed practices used in other professions to identify the entry-level period, the current entry-level practice environment, today’s client population and the results of a nurse focus group. A group of 35 registered nurse (RN) and licensed practical/vocational nurse (LPN/ VN) volunteers experienced with entry-level RN or LPN/ VN practice were divided into four groups. Each group participated in a facilitated discussion surrounding entry-level nurse practice, the practice environment and the current client population. After 15 minutes, the participants were asked to respond to the question of how long a newly licensed nurse must practice before entry-level characteristics begin to dissipate. Each nurse wrote the response on paper; individual responses were not revealed to the group. The RN panel responses ranged from six weeks to 24 months with a mean of 12.19 months and a standard deviation of 6.43. The LPN panel responses ranged from six to 24 months with a mean of 13.40 months and a standard deviation of 6.88.

As a result of the findings, the NCSBN Board of Directors (BOD) approved a revised definition of the entry-level nurse in the NCLEX environment. With the start of the next NCLEX practice analysis cycle and subsequent NCLEX test plan development and item generation, the NCLEX entry-level nurse will be defined as a nurse having no more than 12 months of experience. The revised definition may result in an amended list of entry-level nursing activities. If new entry-level nursing activities are discovered and applicable, they will appear on the NCLEX represented by examination items across varying difficulty strata. Uncovering a vastly different list of activities is unlikely, but a few additional activities may be discovered (Williams et al., 2014).

References


Each nursing program approved by a board of nursing is identified by a unique code assigned by NCSBN. Currently, this code is five characters in length with the first two digits representing the state in which the program is located. The third digit represents the program type, and the fourth and fifth digits represent the specific program. For example, program code 70483 is the code assigned to the Daytona State College Associates Degree program in Daytona Beach, Fla.

The existing format has led to constraints in jurisdictions with more than 100 approved programs of one type. NCSBN was able to circumvent this constraint temporarily by adding additional identifiers, but some jurisdictions will begin to outgrow even those identifiers in the near future.

In order to support the expansion of new nursing programs within existing jurisdictions, as well as to accommodate the addition of the nursing programs in Canada, NCSBN is lengthening the program codes to 10 characters.

The new program code for the example (Figure 2) will look like this: US70408300. The information from the existing 5-character code remains intact while the code has been lengthened to provide more information specific to the program code. The cutover date for this change went into effect April 1, 2014.

Please contact NCLEXprogramcodes@ncsbn.org with any questions regarding the new program code format.

Ohio Board Member Receives Prestigious Honor

Ohio Board Member Patricia Sharpnack, DNP, RN, CNE, NEA-BC, was selected as one of the 20 distinguished nurse educators for the eighth class of fellows for induction into the Academy of Nursing Education of the National League for Nursing. Dr. Sharpnack is associate dean of Undergraduate Nursing Programs at Ursuline College.

Through a competitive process, applicants were evaluated for their contributions to innovative teaching and/or learning strategies; nursing education research; faculty development activities; academic leadership; promotion of public policy that advances nursing education; and/or collaborative educational, practice, or community partnerships.

The Ohio Board of Nursing is proud to congratulate Dr. Sharpnack!

Arizona Team Wins Safety Award

The Arizona State University (ASU) President’s Medal for Social Embeddedness recognizes teams that have demonstrated excellence in fostering community partnerships with the community to identify a need and implement a solution that leads to positive social change.

In April 2014, the medal was awarded to a team from ASU’s College of Nursing and Health Innovation (CONHI), Scottsdale Community College’s (SCC) Nursing Program and the Arizona State Board of Nursing (ASBN). The team developed a testing process to support health care patient safety through assessing the continued competence of registered nurses.

ASU College of Nursing & Health Innovation Team Members: Debra Hagler, Beatrice Kastenbaum, Ruth Brooks, Jill Lockhart, Eric Perneck, Janet O’Brien, Denise Goepfert, Teresa Hart, Mary Z. Mays, Dan Weberg

Community Partners: Arizona State Board of Nursing Pamela Randolph

Scottsdale Community College

Carol Frazier, Janine E. Hinton, Nicholas DaFalco, Kathy Miller
20 Years of CAT, April 1
NCSBN marked the 20th anniversary of the first NCLEX Examination administered via computerized adaptive testing (CAT). Since NCSBN implemented this technology, more than 4.3 million candidates for nurse licensure have taken the exam.

Nursys e-Notify® Provided Free of Charge to Employers, July 21
NCSBN began providing automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through Nursys e-Notify.

Professional Boundaries Video Debuts, July 14
NCSBN launched the “Professional Boundaries in Nursing” video to explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. NCSBN provides a variety of other resources to educate nurses about professional boundaries.

Definition of Entry-Level Nurse Revised, Aug. 4
After careful analysis, the definition of the entry-level nurse in the NCLEX® environment was revised and defined as a nurse having no more than 12 months of experience. Previously it was defined as a nurse having no more than six months of experience.

Simulation Study Results Released, Aug. 18
The NCSBN’s award-winning National Simulation Study concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produce comparable educational outcomes to those students whose experiences are mostly just traditional clinical hours and produce new graduates that are ready for clinical practice.

NCSBN Supports H.R. 5380, Aug. 29
Acknowledging the increasing need for providers to have the ability to practice across state lines, NCSBN endorsed H.R. 530, the Medicare Telehealth Parity Act. The bill amends title XVIII of the Social Security Act to provide for a phased-in expansion of telehealth coverage under Medicare.

NCLEX Registration Opens in Canada, Oct. 16
In November, NCSBN opened the NCLEX-RN® Examination registration for Canadian students and graduates, international applicants and others looking to take the NCLEX for licensure/registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan.

New NCSBN Website Launches, Oct. 20
NCSBN launched a redesigned www.ncsbn.org, complete with engaging graphics and enhanced navigation designed to improve the visitor experience. Each diverse audience group (nurses, nursing students, nursing educators, researchers, consumers and NCSBN members) has their own unique section that offers materials and resources tailored especially for them.

www.ncsbn.org
Wishing you peace and happiness this holiday season with a future full of possibilities.

The Board of Directors and staff of
the National Council of State Boards of Nursing

NCSBN
National Council of State Boards of Nursing