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Compact states also designate an administrator. Licensure is granted in the primary state of residence of the nurse, but multistate licensure privileges to extend practice in other party states. Each party state holds the nurse accountable for acceptable practice.
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The boards regulate RNs, LPN/VNs, or both.

LEADER to
Nursing Regulation & Education Together

INFLUENCE
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Kristen Hellquist, NCSBN’s Associate Director of Policy and External Relations, has provided tips on becoming politically active.
Individuals and organizations involved in nursing regulation, education and practice can effectively increase their influence related to improving health care both nationally and internationally by following a few simple steps.

Get to know the players.
All too often people forget that relationship-building with many diverse groups and individuals is the most effective way to gain information, to be invited to participate, and to build your personal and organizational intellectual capital. Try inviting colleagues from other disciplines or organizations (especially those you’d like to get to know better) to breakfast or lunch or informational meetings.
Nursing regulators and educators would benefit from getting to know one another in an informal and collegial setting.
Who are the stakeholders for nursing?
• Nursing regulators, educators, and practice groups (trade).
• Other health care regulators, educators and practice groups (both professionals and settings of care).
• Elected and appointed lawmakers and policymakers (local, state, federal and international).
• Certified accreditors and other standard-setting bodies of health care professionals and care settings.
• Consumer groups (especially patients).
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• Others as identified.

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www.ncsbn.org
National Council of State Boards of Nursing

March 2004

ASK

I applaud your desire to be active on your board of nursing! Participation in your state board will keep you updated on changes to your board’s rules, regulations and practice act (a responsibility of every nurse). Interaction with your board can also be a valuable experience, not only for your professional growth, but also for the profession of nursing. Remember, the mission of all 60 boards of nursing is public protection.
Your input will help shape the future of your board of nursing, and nursing in your state or territory. There are numerous ways to be active on your board of nursing, though it does vary from state to state. Here are some suggestions from Sharon Weisenbeck, the Executive Officer of the Kentucky Board of Nursing:
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• Attend board of nursing meetings every so often. You can request an agenda to see if there is something that interests you.
• Some boards have open forums during board meetings where nurses can dialogue with the board.
• Read your board of nursing’s Web site, as there is a variety of information provided by boards.
• Check to see if your board’s committee structure allows nonmembers to participate on committees and ask about the process if you’re interested in doing this.
• Attend public hearings regarding the promulgation of new rules.
You might also consider being nominated as a board member on your board of nursing. A board member for a state board of nursing once told me that her experience with the board of nursing was the “pinnacle of her career” in education. This experience can be very rewarding as you can make and influence decisions about nursing. Each state or territory differs in its procedures for becoming a board member, although often the governor appoints board members with input from professional organizations.

What is an influence?
Putting one’s views forward in a manner that resonates with another person or group.

Who are stakeholders?
Those who have a stake in something, such as board members, regulators, educators, or the community.

What do I ask?
What do you want to influence? Who is the decision-maker? What is your end goal? What are you asking for?

Why must I repeat?
Getting your message across can take more than one attempt.

What is a coalition?
A group of organizations or individuals who work together for a common purpose.

What is a fellowship?
A group of individuals who share a common interest or purpose and who contribute to the public good.

What is a committee?
A group of individuals who meet to discuss issues, make decisions, and implement policies.

What is a legislative body?
A group of individuals who make laws or regulations.

What is the legal agreement between states to recognize this privilege? The Nurse Licensure Compact (NLC) refers to the legal agreement between states to recognize this privilege. Practice is defined as occurring where the client is, and refers to both physical and electronic nursing; it is also subject to each state’s practice law and regulation. Under mutual recognition, a nurse may practice across state lines, unless otherwise restricted. Each state must enact legislation authorizing the Nurse Licensure Compact Act and adopt administrative rules and regulations for implementation. Compact states also designate an administrator. Licensure is granted in the primary state of residence of the nurse, but multistate licensure privileges to extend practice in other party states. Each party state holds the nurse accountable for acceptable practice.

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NCSBN Initiatives Gain International Awareness

As globalization makes the world smaller, collaboration and improved cultural understanding are important for a number of professions, including nursing regulation. Some NCSBN initiatives are capturing the attention of nursing professionals and regulators around the world and may be of interest to educators as well.

NCSBN’s work on research-based indicators of quality nursing education programs as a method of improving practice, and in particular the pathway to developing these indicators, was of particular interest to attendees at the 2nd International Conference of Evidence-Based Health Care for Teachers and Developers. Attendees were also interested in other NCSBN research that links nurses’ reports of utilizing research findings to being competent in practice because it provides objective data in support of evidence-based practice. Through this conference, NCSBN has agreed to share its work on outcomes of transition programs with a group from Ireland that is identifying ways to prevent problems with transitioning nurses from education to practice.

These ongoing projects have implications for the improvement of nursing practice...

The 6th International Conference on the Regulation of Nursing and Midwifery provided attendees with a global perspective of issues in nursing, and evidenced-based outcomes were also a hot topic here. NCSBN representatives provided a regulatory viewpoint on a panel to discuss the impact of research on regulation and the need for evidence-based decisions by regulators.

A member of the NCSBN Board of Directors, Polly Johnson, MSN, RN, executive director of the North Carolina Board of Nursing, discussed her Board’s work with the Practitioner Remediation Enhancement Partnership (PREP), sponsored by the Citizen Advocacy Center (CAC). PREP provides a nondisciplinary approach for addressing competence, nursing errors and remediation to improve practice by identifying health-care system errors that can lead to problems in nursing practice.

NCSBN also had an opportunity to present preliminary findings from its Commitment to Ongoing Regulatory Excellence project, which incorporates internal and external data to identify best practices. These will improve regulatory practice by monitoring outcomes of regulatory activities. They will also provide a basis for strategic planning and performance improvement.

These ongoing projects have implications for the improvement of nursing practice and NCSBN looks forward to continued collaboration with representatives from practice and education on issues of global concern for solutions that will benefit patients all over the world.

New NCSBN Study: Regulatory Oversight of Chemically Dependent Nurses

A study entitled “Regulatory Oversight of Chemically Dependent Nurses,” will be conducted in 2004 to identify the elements that are most effective in protecting the public for regulating chemically dependent nurses. A team of five people from the boards of nursing will serve as the primary researchers and will be supported by NCSBN staff in the departments of Research Services and Practice & Regulation.

Research identity answers to the following questions:

• What elements of the process of regulating chemically dependent nurses are most effective in protecting the public?

• How are alternative-to-discipline programs different than traditional discipline in:
  – monitoring practice during intervention/investigations,
  – preparation of the nurse to return to practice,
  – the type of follow-up conducted upon completion of the program/board action.

This two-year case study will use a cross-sectional design that incorporates elements of cross-sectional and longitudinal methods. Data from chemically dependent nurses as well as case histories of discipline cases, will be collected from NCSBN jurisdictions with alternative programs and from those without such programs. Data from boards of nursing and alternative-to-discipline programs will also be used for data analysis. The results of this study will be valuable for boards to identify best practices in regulation.

Examination Passing Standard Revised for Public Safety

In December, NCSBN’s Board of Directors voted to revise the passing standard for the NCLEX-RN® examination. The rationale for increasing the passing standard included changes in U.S. health care delivery and nursing practice, which have resulted in increased acuity of clients as seen by entry-level RNs. After considering all available information, it was determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills and abilities than was required in 1998, where the current standard was established. The new passing standard will take effect April 1, 2004, in conjunction with the implementation of the new NCLEX-RN® Test Plan.

The Board of Directors used multiple sources of information to guide its discussion and evaluation of the passing standard. NCSBN convened an expert panel of nurses to perform a criterion-referenced standard-setting procedure. The nine-member panel represents the four NCSBN Areas, minorities, newly licensed RNs, clinical practice areas of newly licensed nurses, and faculty who supervise basic/undergraduate students in the clinical area. The panel’s findings supported creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals for input.

The NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice.

Learn to Write NCLEX-Type Items that Assess Critical Thinking

Nursing educators who want to increase their assessment competencies learn directly from the experts in NCSBN’s online course entitled Advanced Assessment Strategies. The course author is NCSBN staff member Lenore Harris, MSN, RN, AOCN, CNE. NCSBN® Content Associate, who manages the content and item writing process for the NCLEX-PN® and NCLEX-RN® examinations.

Experienced educators and participants who have completed the “Test Development & Item Writing” course will learn to write items that assess critical thinking. Participants are guided through the process of writing and converting items to higher-level items.

This five-week course offers 15.6 CEUs. The fee is $199 per participant.

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1 Demonstrate understanding of the foundation for writing higher-level items
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To sign up and for complete details regarding the course, visit http://www.learningext.com or contact campusadministrator@ncsbn.org.

NCSBN in the News

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NCSBN has recently issued statements and information about taking the NCLEX exams for the VisaScreen™, and on issues surrounding recently reported cases of health care serial killers. Advance magazine will publish an article on this topic in March, written by Valerie Smith, MS, RN, associate director for Nursing Practice at the Arizona State Board of Nursing. She also chairs NCSBN’s Discipline Resource Advisory Panel.

NCSBN’s Nancy Spector wrote a book chapter in the recently published Teaching Nursing: The Art and Science by Caputi and Engelmann. And NCSBN’s NCLEX Content Manager Anne Wendt, PhD, RN, CAE, was recently published in Nurse Educator on “The NCLEX-RN® Examination: Charting the course of nursing practice.”
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Recently Published By NCSBN

2003 LPN/VN Practice Analysis: Linking the NCLEX®-PN® to Practice

Describes practice characteristics and activities of newly licensed practical/vocational nurses (LPN/VNs). The empirical findings are used to evaluate the 2003 NCLEX-PN® Test Plan.

Test Plan and Detailed Test Plan for NCLEX-RN®

The actual test plan used to construct each administration of the NCLEX-RN® examination, effective April 2004.

2002 Licensure and Examination Statistics

National and state summary data on board of nursing licensure activities, as well as data on candidate performance on NCLEX examinations.


This study of newly licensed nurses covers care of pediatric patients, mathematical calculations performed, use of nursing diagnoses, RN educational preparation for selected competencies and characteristics of a typical work day.

2002 Profiles of Member Boards

Data on board of nursing structure, educational programs, entry into practice, licensure requirements, continued competency mechanisms, nurse aide competency evaluations and advanced practice data. By jurisdiction.

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Medication Errors: Detection & Prevention is the latest continuing education course from NCSBN Learning Extension.

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Making Rounds

Mark your calendar and look for us at conferences in 2004! NCSBN will have an exhibit booth with information on programs and services of interest to you at conferences of these organizations this year.

• American Association of Critical Care Nurses
March 27-30, Washington, DC

• National Student Nurses’ Association
Annual Convention
March 31-April 4, Nashville, TN

• American Organization of Nurse Executives
Annual Meeting
April 17-21, Phoenix, AZ

www.ncsbn.org

National Council of State Boards of Nursing

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A map of all participating states and territories can be accessed at www.ncnbo.org/nursing regulation/nurse licensure compacts.

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Fast Facts

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Your input will help shape the future of your board of nursing and nursing in your state or territory. There are numerous ways to be active on your board of nursing, though it does vary from state to state. Here are some suggestions from Sharon Weisenbeck, the Executive Officer of the Kentucky Board of Nursing:

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• Check to see if your board’s committee structure allows nonmembers to participate on committees and ask about the process if you’re interested in doing this.
• Attend public hearings regarding the promulgation of new rules.

You might also consider being nominated as a board member on your board of nursing. A board member for a state board of nursing once told me that her experience with the board of nursing was the “paradigm of her career” in education. This experience can be very rewarding as you can make and influence decisions about nursing. Each state or territory differs in its procedures for becoming a board member, although often the governor appoints board members with input from professional organizations.

We invite your questions. Please send your questions to Nancy Spector, NCSBN’s director of Education, at nspector@ncsbn.org, and we will call on our experts to answer them for you.

Repeat, Repeat, Repeat!

Nursing regulators and educators are only two of the numerous stakeholder groups that impact and value nursing, overall health care, and patient protection. Reaching out to a wider audience, again and again, can only benefit us all.

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