

# Leader *to* Leader

Nursing Regulation & Education Together

Spring 2009

## Evidence-Based Nursing Education

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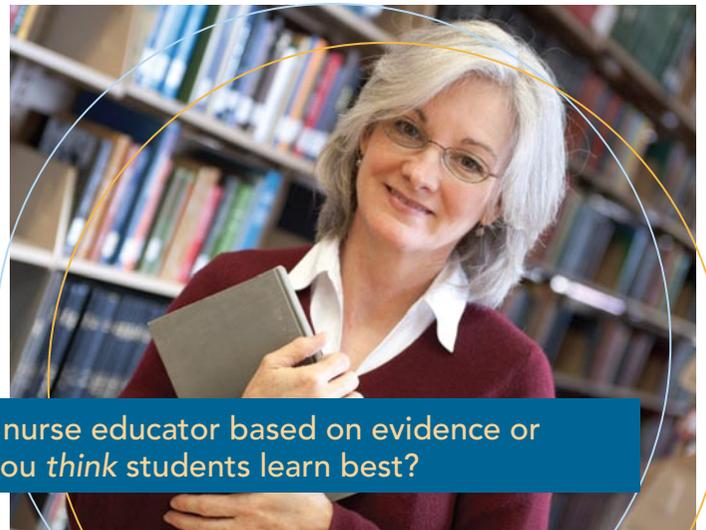
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Evidence-based nursing education is the integration of the best available evidence with the teacher's own judgment and in the context of the educational situation, for example, the available time and setting in which the instruction will take place.

Evidence-based nursing education requires: (a) evidence generated from research studies in nursing education and other fields applicable to teaching nursing; and (b) faculty members who search for and use the available

evidence in their own teaching. Nursing education's progress in developing an evidence base is hampered by a lack of sound research in this area. Those studies that do exist have only small samples, done in one nursing program using instruments that may or may not be valid and reliable. If these small studies were replicated across schools, findings could eventually be integrated and an evidence base built, but few are replicated. Research on concept maps illustrates the problem. Most studies on concept maps in nursing education explore their use in promoting critical thinking or problem solving, but define those outcomes differently and unfortunately, do not measure them with the same tools. It would be more useful for the development of the evidence base if researchers extended and replicated studies to learn more about the effectiveness of concept mapping with different student groups, in addition to learning when and how to use concept maps.

The second and equally pressing need is for faculty members to question their educational practices and search for evidence that is available. Adopting an evidence-based approach to teaching has four steps: asking questions about current practices and examining whether there are better educational approaches to use; searching for evidence to answer those questions and for descriptions of the experiences of other educators; evaluating the quality of the research; and deciding if the findings are applicable in one's own setting (Oermann, 2007, 2009).



Are your practices as a nurse educator based on evidence or do you teach the way you think students learn best?

How often do you search the literature for nursing education studies to guide your decisions as a teacher?

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## Ask NCSBN Q&A

**Q. How do boards of nursing use the annual reports that education program administrators submit?**

**Pamela K. Randolph, MS, RN, associate director, education and evidence-based regulation, Arizona State Board of Nursing, responds.**

**A.** The Arizona State Board of Nursing has collected Annual Reports from all Arizona prelicensure nursing education programs since 2001. Programs are asked to report on:

- Student capacity
- Enrollment
- Graduation
- Admissions
- Faculty
- Students who registered and failed to show
- Open student placements on the first day of class
- Number of qualified applicants not admitted to the semester for which they applied

As of 2008, programs also report the number of applicants who refused a placement and the number of RN to BSN, master's degree, doctoral degree, and AP students and graduates. The Annual Report covers a calendar year, from January 1 to December 31.

The Annual Report is quoted by policy makers to establish the need for additional faculty, nursing education and funding. The data are used to:

- Successfully support and secure \$20 million in funding for additional faculty to expand nursing program capacity;
- Inform the media and publish articles regarding the nursing shortage or nursing education;
- Respond to the many requests received for both the report and data from various stakeholders, including the governor's office, the Arizona Hospital Association, lobbyists and the Arizona Nurses Association; and
- Provide data utilized by prospective nursing programs to establish the need for a nursing program.

The full reports are available by visiting [www.azbn.gov](http://www.azbn.gov).

[www.ncsbn.org](http://www.ncsbn.org)

## Ask Questions About Best Practices

Similar to evidence-based nursing, the key is to reflect on current practices and ask if there are better ways of teaching nursing students. In some areas of nursing education there has been enough research done to establish best practices such as the characteristics and qualities of effective clinical teachers. But how many clinical teachers are aware of that research and use the evidence as a basis for how they teach students?

In other areas of nursing education, studies have described teaching practices that suggest the need for improvement. A good example is the research done on the levels of questions asked by nursing faculty. These studies have consistently shown that teachers ask questions that students can answer by recalling facts, not questions requiring higher level thinking or clinical judgment (Gaberson and Oermann, 2007; Profetto-McGrath, Smith, Day and Yonge, 2004). How many nurse educators use those research findings to guide the questions they ask students? Even when studies have not been done or are inadequate, a search may reveal descriptions of the experiences of other faculty, avoiding the need to “reinvent the wheel.”



A search might also reveal a systematic review done in another field applicable to nursing education. For example, a meta-analysis of Internet-based instruction in health professions education found that teaching methods using the Internet (Web-based courses, virtual patients, discussion boards and others) resulted in positive outcomes across a wide range of learners, courses and clinical specialties. Internet-based instruction had a significant effect when compared with no intervention, but was similar in efficacy to traditional teaching methods (Cook, Levinson, Garside, Dupras, Erwin and Montori, 2008). When reviews are not available, educators need to search for and critique individual articles to find evidence to support or change educational practices, comparable to the process used in clinical practice.

## Search the Literature

A search of the literature for evidence should begin with the Cumulative Index to Nursing and Allied Health Literature (CINAHL) because this database contains most of the nursing education studies. However, faculty members cannot stop there and should also search PubMed, the National Library of Medicine’s bibliographic database; the Education Resources Information Center (ERIC) database of education research; and other databases, depending on the questions.

The need to search multiple databases can be seen in the following example. A search in CINAHL for evidence on concept maps, using the key terms “concept maps” and “nursing students,” revealed 18 publications, some of which were dissertations. Using those same key terms to search PubMed yielded 23 publications (no dissertations), but only nine of the papers overlapped with the search in CINAHL. Two journal articles were found in ERIC, both of which were in CINAHL and PubMed. Searching multiple databases increases the likelihood of finding all relevant studies.

## Evaluate the Quality of the Evidence

Similar to searching for clinical evidence, the educator should look first for either systematic reviews, in which findings of high quality studies are synthesized, or integrative literature reviews.

## Decide if Findings are Applicable

After reviewing the evidence, nurse educators need to decide if it is applicable to their own students and nursing programs. Adopting an evidence-based approach to teaching also includes studying the outcomes of new educational practices faculty have implemented.

## What You Can Do

While some faculty will never conduct research to generate evidence for nursing education, all educators should reflect on their teaching practices; question if there are better approaches to use; ask what other nursing faculty are doing; and search the literature for answers. By integrating this process in your course planning and how you teach, you can adopt evidence-based nursing education as your framework.

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# Fostering Innovation in Nursing Education



## Background

On March 25, 2008, NCSBN held an invitational roundtable, which brought together leaders in education, practice and regulation to discuss how nursing can collaborate to innovatively enhance nursing education for the next generation of nurses. This meeting was facilitated by NCSBN staff and included representatives from seven organizations related to nursing education, three boards of nursing, the American Nurses Association and the Robert Wood Johnson Foundation.

The group addressed the meaning and implications of innovation in nursing education and discussed all perceived barriers to educational innovations, not only those related to regulation, but also the barriers set up by education systems, practice environments and the students themselves. A vision for the future was presented, which focused on improved communication and forming partnerships between education, regulation and practice.

The following day, March 26, 2008, NCSBN's Faculty Qualifications Committee hosted a conference on the faculty shortage that attracted both national and international educators, practitioners and regulators. At this meeting, some exemplar innovations were presented and nurse regulators discussed how these could be implemented in their jurisdictions.

## The Innovations in Education Regulation Committee is Established

Because of those two meetings and the 2008 report of NCSBN's Faculty Qualifications Committee (Spector, 2008), the NCSBN Board of Directors (BOD) established a new committee for 2008–09, the Innovations in Education Regulation Committee, and charged them with:

- Identifying real and perceived regulatory barriers to education innovations; and
- Developing a regulatory model for innovative education proposals.

The committee members began by developing definitions and premises, and reviewing the literature related to innovations in nursing education. The members of the committee reviewed the literature broadly, in order to learn different perspectives on innovations. Of particular interest to regulators was Hargreaves' (2008) exploration of the relationship between risk, ethics and creative curricula. Murray (2007) looked at five innovative trends that have

*A vision for the future was presented, which focused on improved communication and forming partnerships between education, regulation and practice.*

made a significant impact on nursing education, discussing the adoptability of a trend.

The committee members decided to develop model education rules that would foster innovations. It is hoped that adoption of these model rules will assist boards of nursing, particularly those that don't have flexible rules and regulations, to foster innovations in

nursing education. The model rules were presented to the NCSBN membership at their Midyear Meeting and a final version will be presented to the NCSBN BOD at their May 2009 meeting. If the BOD adopts these model rules, the NCSBN membership will vote on the model rules at their Annual Meeting in Philadelphia this August.

To guide the committee in investigating real and perceived regulatory barriers, committee members held a collaborative conference call with education organizations to better understand what the educators perceive as regulatory barriers. The participants of this call had the opportunity to review the model rules fostering innovation that the committee developed. The committee members have developed a conceptual framework that describes the regulatory influences on innovation, including the laws and rules themselves; the processes used by boards, such as the approval processes; and communication between the boards and educators.

The NCSBN BOD will review the work and recommendations of the Innovations in Education Regulation Committee at their May 2009 board meeting. Stay tuned for a full report of this work in our fall issue of *Leader to Leader*.

**For further information, please contact Nancy Spector, PhD, RN, NCSBN director, regulatory innovations, at [nspector@ncsbn.org](mailto:nspector@ncsbn.org).**

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## Center for Regulatory Excellence Research Grant Program

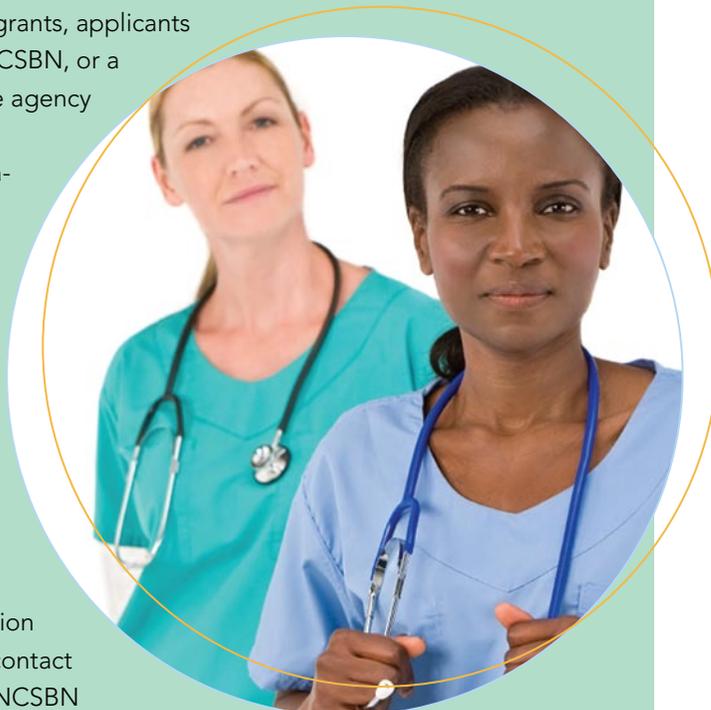
Established in 2007 to provide grants for research projects that promote NCSBN's mission to advance regulatory excellence for public protection, the Center for Regulatory Excellence Research Grant Program has awarded more than \$4.1 million to 16 U.S. organizations and one international organization.

The Center funds innovative projects that can have measurable impact on nursing regulation and can create meaningful change. Its research priorities include continuing competence, patient safety, licensure, discipline, regulation of nursing education, integration of the internationally educated nurse into the U.S. workforce and nursing regulation issues outside the U.S. Projects selected for funding focused on these priorities and had sound scientific merit.

NCSBN believes that the knowledge gained from these evidence-based research studies will aid boards of nursing in setting regulatory standards that will continue to safeguard the public welfare in the 21st century.

To be eligible for funding grants, applicants must be a member board of NCSBN, or a professional organization, state agency or individual interested in the advancement of nursing regulation that applies *in partnership* with a board of nursing in the U.S., District of Columbia, or U.S. territory that is a member of NCSBN. Grant awards have a \$300,000 per project limit.

For more information on the grant program or the application process, visit the Center for Regulatory Excellence Grant Program section at [www.ncsbn.org/389.htm](http://www.ncsbn.org/389.htm) or contact Maryann Alexander, PhD, RN, NCSBN chief officer, nursing regulation, at +1.312.525.3695 or [malexander@ncsbn.org](mailto:malexander@ncsbn.org).





## NCSBN Upcoming Research Briefs

*Upcoming research briefs from NCSBN highlight some intriguing areas of study that have not been previously explored with any depth or detail.*

### Post-Entry Competency Study

The Post-Entry Competence Study is a qualitative study designed by NCSBN to explore the characteristics of registered and licensed practical/vocational nursing from entry through five years of practice. This study reports on a cohort of nurses who had been in practice for six to 18 months and were followed for a period of five years. The purpose of the study was to discover how nursing practice changed post-entry, when the changes occurred and the competencies needed by nurses with up to five years of experience.

The study summarizes the settings and roles taken by these new nurses, including the issues of authority and delegation. The qualities of competence they demonstrated and admired are described, followed by the qualities of their early practice and how those qualities differed based on education. The study concludes with a discussion of implications for basic and continuing nursing education.

### The Effect of High-Fidelity Simulation on Nursing Students' Knowledge and Performance: A Pilot Study

Although simulation is widely accepted as an educational tool, little research has focused on the examination of the role of simulation in prelicensure nursing education in relation to clinical experiences. Moreover, it is unknown to what degree high-fidelity simulation would be an appropriate and suitable substitute for real clinical experiences now required by regulatory rules for these nursing programs. As the first step in the process is to address this question, it is important to determine if high-fidelity simulation is an effective learning strategy.

The goal of this NCSBN study is to compare the effectiveness of simulation to actual clinical experience among students enrolled in a prelicensure nursing curriculum. Three groups of students were compared: those who received only simulation-based learning; those who received a combination

of simulation-based and bedside actual clinical experience; and those who received only a bedside actual clinical experience. Students were examined on the effectiveness and applicability of high-fidelity simulation alone and in combination with clinical experience on knowledge acquisition/retention, self-confidence and clinical performance of nursing students using standardized patients.

### Remediation Among Disciplined Nurses in Six States

The goal of this NCSBN study is to identify factors that place nurses at risk for disciplinary action. The characteristics of disciplined nurses and the influence of various factors on remediation outcomes are described and analyzed.

This study showed that the majority of the disciplined nurses successfully completed their probation without any additional violations. However, more than one-quarter of the nurses committed a new violation while on probation or after completing their probation. Several factors seemed to affect remediation outcomes: whether or not the nurse had a prior legal history; changing employers during probation; and having committed multiple violations.

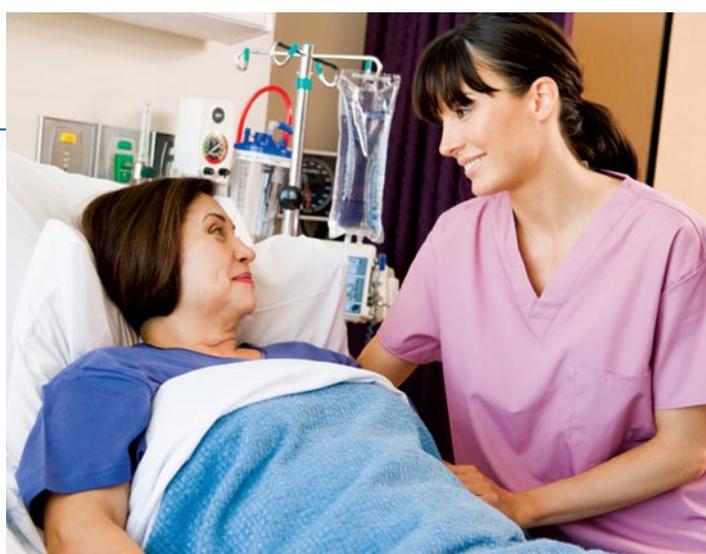
*For questions about these studies, contact Kevin Kenward, PhD, NCSBN director, research, at [kkenward@ncsbn.org](mailto:kkenward@ncsbn.org).*



## NCSBN Nursing Board Disciplinary Resources Outreach Toolkit

The NCSBN Disciplinary Resources Committee (DRC) is developing disciplinary resources for health care consumers in order to better inform them about the steps taken by boards of nursing to promote public health, safety and welfare. The general public may not be aware of how they benefit from existing regulatory services, nor how to interface with their own state or territorial nursing boards. The Outreach Toolkit will enhance consumer understanding of the following:

- How nursing practice is regulated and monitored;
- What types of behaviors constitute violations of the state's Nurse Practice Act;
- How to report a suspected violation of the Nurse Practice Act to a board of nursing;
- What the board of nursing does about unsafe practice; and
- How the boards of nursing network together.



Additionally, brochures and resources are being created to specifically target nurses, informing them about the circumstances that should be reported for a violation of the Nurse Practice Act and what steps need to be taken to do so.

The Outreach Toolkit will be provided to all NCSBN member boards electronically and in brochure format to help educate the general public, nurses and nursing students. Ultimately, it is important for all health care consumers and nursing professionals to gain a better understanding of the role boards of nursing play in protecting the public's safety and welfare. This new Outreach Toolkit is an important step in that process.

# Transition to Practice: Pregraduation Work-Based Summer Internships

## Minnesota Nursing Internship Implementation Group

Prior to 1994, graduate nurses generally received post-graduation transition experiences because they worked for a period of months under the supervision of a licensed nurse until they received the results of their licensure examination. With the advent of the computer-adapted licensure examination (CAT), graduates may become licensed in a few days and begin work as a nurse shortly after graduation. In response to this issue, the NCSBN Delegate Assembly directed member boards to partner with education and practice to “identify and promote effective models to facilitate a successful transition of new nurses from education to practice.”

The models of bridging the gap between nursing education and the reality of the nursing workplace may be categorized according to pregraduation and postgraduation transition experiences. Postgraduation models for transitioning new nurses from education to the practice setting were addressed in the Fall 2008 issue of *Leader to Leader* in an article entitled, “Toward an Evidence-Based Regulatory Model for Transitioning New Nurses to Practice.”

A form of pregraduation transition to practice model is a work-based experience in which practice institutions offer employment to students during their summer breaks from the nursing program and/or during the academic year. However, nurse practice acts may limit the scope of practice of students when they are not enrolled in a clinical course within an approved nursing program, resulting in the students having opportunities to practice only basic nursing assistant skills when they are employed.

### Development of a Pregraduation Work-Based Clinical Nursing Course in Minnesota

In Minnesota, educators, students and employers of nurses experienced uncertainty about what work a nursing student can perform during summer employment. In November 2002, this dilemma prompted the Minnesota affiliate of Colleagues in Caring to initiate a roundtable discussion with representatives from clinical agencies, nursing education programs and the Minnesota Board of Nursing. The objective of the discussion was to consider the legal and educational implications of nursing students in summer employment situations.



Representatives from the board of nursing informed participants that the Minnesota Nurse Practice Act exempts individuals who are students to practice professional nursing without a license only when they are enrolled in a formal course within a board of nursing approved program. In response to this information, a group of volunteers representing practice, education and regulation formed a Nursing Internship Implementation (NII) Group to develop a common clinical course for all schools to implement during the summer of 2003.

The Minnesota NII Group formed with the goal of moving away from outdated conceptions of education and training for the nursing student summer work experience. The Minnesota NII Group is a long-term partnership between service agencies, the state board of nursing and licensure-preparing professional nursing programs. The strengths of traditional professional nursing practice were incorporated and informed development, as did the nursing education tradition of theoretical understanding and rigorous questioning.

A criticism of a learning and assessment model for nursing education that is centered in the occupational setting is that competence is acquired in a mechanistic format. Professional roles are reduced to discrete abilities and therefore, the nursing students learn and are evaluated in a highly reductionist way (Ashworth and Saxton, 1990). Goncz (1994) describes competence as being able to integrate abilities with professional judgments in varying contexts.

Flanagan, Baldwin, and Clarke (2000) use the term “work-based” learning to describe a designated program of learning within an occupational setting where service and education collaborate to provide a clinical course for students occurring as

they work within the service setting. The work-based clinical course must integrate occupational competencies with the formal teaching and evaluation that occurs within an academic nursing course.

The Minnesota NII Group used research regarding the use of preceptors in nursing (Letizia and Jennrich, 1998), standards of professional practice and regulatory competencies to design a work-based learning experience that transcends the training and education dichotomy. This cooperative work-based learning approach allows education, regulation and service to assess nursing students for the acquisition and integration of knowledge, values, attitudes, and skills in the world of practice. The NII work-based learning approach includes attributes outlined by Foster (1996, as cited in Flanagan, Baldwin, and Clarke, 2000). The focus is on:

- Assignments emanating from the workplace;
- Engagement with complex work-based problems in management of care;
- Learners taking responsibility for ensuring their own learning in the work environment;
- Cooperation between people with different roles and expertise;
- Performance enhancement;
- New techniques or approaches, which create many opportunities for learning; and
- Reflection on specific areas of practice as to identify professional standards.

The Minnesota NII work-based clinical learning project provides clinical elective courses from each participating educational institution during a summer session. Students pay tuition for the course according to their school's requirements. The service agency makes the decision about allowing students to take the course within their agency and only at that point can students enroll in the course. Students are compensated by the agency while they are in the course. Educational institutions submit a list of the abilities for which a student has been evaluated thus far in the nursing curriculum. Students must be in good standing and have completed the junior year of a baccalaureate professional nursing program or the first two semesters of an associate degree professional nursing program.

Preceptors are chosen by the participating service institution and take part in an orientation session presented by agency education specialists and NII faculty participants. The course presenters outline the context for the Minnesota NII work-based experience in relation to the American Nurses Association scope and standards of nursing practice, code of ethics, social policy statement, National League for Nursing's *Educational Competencies for Graduates of Associate Degree Programs*, and American Association of Colleges of Nursing's *Essentials of Baccalaureate Education for Professional Nursing Practice*. The focus of the experience is three-part: the cognitive, which is the application of knowledge through attention to critical thinking; the affective, which is the enhancement of self-confidence and self-efficacy; and

*The work-based clinical course must integrate occupational competencies with the formal teaching and evaluation that occurs within an academic nursing course.*

the psychomotor, which includes practicing skills learned to date.

Within this orientation session, preceptors learn that their role is to facilitate attainment of students' objectives in the cognitive, affective and psychomotor domains, as well as to model standards of professional practice, standards of professional performance and code of ethics. Preceptors are made aware that the students must write goals for the internship, strategies to attain those goals and outcome criteria that illustrate that goals have been met. Teaching-learning strategies are also discussed. Additionally, the preceptor responsibilities are specified as: (1) their primary accountability is to the patient; (2) they must use the same standards to delegate to students they use to delegate to others; (3) they must determine the amount and type of supervision required in each situation; and (4) they have the authority to make decisions about what students can do.

Preceptors are informed that the student is in a course of study and therefore, the educational institution is accountable for the student's learning. Faculty are responsible for developing course objectives, and students are accountable to meet course objectives and to adhere to clinical site policies and procedures. Students, faculty and preceptors all cooperate to evaluate student performance.

### Implementation and Evaluation of the NII Pregraduation Work-Based Summer Internship

Since its institution by the small group of educators and practice partners in 2002, the NII summer clinical course has been offered each summer from 2003 through 2008 and will be offered again in summer 2009. Approximately 70 students from seven baccalaureate and one associate degree nursing programs and seven clinical agencies participated in the summer 2003 NII course. In contrast, the summer 2008 NII course included approximately 236 students from nine baccalaureate and seven associate degree nursing programs and 15 clinical agencies. During that period of time, the feedback was positive across the board from students, preceptors and faculty.

The Minnesota Center for Nursing convenes relevant work-groups to examine issues, such as clinical competence and safety, and make recommendations regarding nursing preparation and education. Because the internship experience is intended to enhance competence development, the Center submitted a proposal to the NCSBN Center for Regulatory Excellence Research Grant Program to examine students at time of graduation and whether this collaborative pregraduation work-based clinical experience facilitates the acquisition of clinical competence and minimizes the risk of practice breakdown.

The proposal was funded by NCSBN and data collection from students and faculty in the educational programs who participated in



**Faculty are responsible for developing course objectives, and students are accountable to meet course objectives and to adhere to clinical site policies and procedures. Students, faculty and preceptors all cooperate to evaluate student performance.**

the summer 2008 NII clinical study occurred in December 2008 and will be repeated in April/May 2009. Report of the findings will be presented to NCSBN and the Minnesota Center for Nursing in September 2009.

The fact that a small group of educators, regulators and practice partners could bring the NII summer clinical course from conceptualization to implementation in six months is noteworthy. The development and continuing implementation of the summer

internship program demonstrates how well collaboration can work to find solutions that are beneficial to all. The Minnesota NII Group continues to meet and welcomes all who are interested in finding out more or are ready to begin their own program. Contact Ann Jones, PhD, RN, nurse education specialist, at [ann.m.jones@state.mn.us](mailto:ann.m.jones@state.mn.us) or 612.617.2186, or Sharon Ridgeway, PhD, RN, nursing education specialist, at [sharon.ridgeway@state.mn.us](mailto:sharon.ridgeway@state.mn.us) or 612.617.2294.

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## NCLEX® Update

Reviewed on a triennial basis, the *NCLEX-RN® Test Plan* is once again scheduled to come to the Delegate Assembly for review and approval. In 2008, the NCLEX® Examination Committee (NEC) received the results of the practice analysis study entitled, *Report of Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*. Using the empirical results of the practice analysis, along with expert judgment, the NEC recommended revisions for the *2010 NCLEX-RN® Test Plan for the National Council Licensure Examination for Registered Nurses*. These proposed revisions were sent to all member boards for their review and input in November 2008. Responses from member boards will be reviewed by the NEC at their April 2009 meeting. Final changes will be incorporated into the test plan and presented at the NCSBN Delegate Assembly in August 2009 for approval. Once approved by the Delegate Assembly, the new test plan will take effect April 2010.

## Leader to Leader

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