

# LEADER LEADER

## AN INTERVIEW WITH

## Sarah Phipps

Associate Executive Director for Education and Practice at the Idaho BON, on the Practice/Academic Partnership in Idaho

During the COVID-19 pandemic, many hospitals suspended clinical experiences for nursing students. To benefit students and hospitals during the crisis, NCSBN joined with other national nursing organizations to promote a practice/academic partnership model. You can read more about it in the [special summer edition of \*Leader To Leader\*](#).

Idaho offers a case study of this practice/academic partnership model in action. In spring 2020, nursing clinical facilities were ceasing to allow nursing students to come for clinical experiences. Clinical opportunities are an integral component to nursing education. Concerned nursing programs began contacting the Idaho Board of Nursing, which approves and reviews nursing programs that operate in or have a physical campus in the state. Like much of the country, Idaho was also anticipating a need for additional health care professionals to serve in the state due to COVID-19. *Leader to Leader* spoke to **Sarah Phipps, MSHSA, BSN, RN**, associate executive director for education and practice, at the Idaho Board of Nursing about her experience working quickly and collaboratively to implement a practice/academic partnership model in Idaho.

### Can you describe how the process of implementing the practice/academic partnership in Idaho started?

On the academic side, I reached out to our partners and we spoke individually and then as a team. We talked through the proposal the board of nursing (BON) wanted to implement, recognizing that, should a student be hired, the BON would recognize one hour of work as one hour of clinical experience.

The conversations I had with the deans and chairs were great. We brainstormed on how we would implement this idea, what the BON needed to do to support this, and what the nursing programs would need to do to make sure that patients and students were safe. We also talked about outcomes of meeting not only the students' learning needs, but also the patients' needs. Those were just some of the ideas and aspects to the model that we implemented in Idaho.

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## Q & A

**Q:** We are thinking about implementing a practice/academic partnership. Are there any available resources out there?

**A:** On Oct. 15, 2020, we partnered with the American Journal of Nursing to present a webinar entitled, "Practice/Academic Partnerships in the Age of COVID—You Can Do This!"

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Sarah Phipps *continued from page 1*

On the practice side, we reached out to the two largest health care employers in this state that cover east to west and all of southern/central Idaho, where most of our nursing programs are located. We asked them if this model was something they would consider implementing at their facilities and hospitals, and they were both incredibly supportive and very interested.

“This has been a wonderful opportunity for the students to enhance skills they have already obtained. Our students embraced this opportunity to help meet the needs of our community during this unprecedented time.”

– Allison Baker PhD (c) MSN, RN  
Department of Nursing Chair,  
College of Western Idaho

### Can you elaborate on the role of the BON during this process?

Idaho already had a nurse apprentice program identified in our rules, but because of COVID-19, we were able to increase the scope of that so that it was up to the skills that the nursing student had obtained in their nursing program. Direct supervision from an RN was still required.

I have a chief nursing officer contact list throughout the state, so we outlined requirements, put together what those reports looked like, and sent it to the nursing programs. That’s how we built it and implemented it. The BON served as the spoke in the wheel by keeping communication going, keeping it open, and saying that we recognized these hours would count for clinical experiences. Nursing programs and facilities continue to contact us, so we serve as that communication tool for the state, as well as recognizing and agreeing to honor those hours one-for-one.

### Did COVID-19 positivity rates and/or community transmission levels affect the availability of clinicals in Idaho?

They absolutely did, especially in the springtime. The decreasing availability of clinicals was a big motivator for why we implemented the model. Suddenly, those students weren’t able to earn clinical hours as a *student*. However, through the practice/academic partnership, if they were hired by the organization, then they were considered an *employee* and could still obtain clinical experience as long as the BON recognized clinical experience for the hours that they worked.

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Phipps participated in [this video](#), which looks at the practice/academic partnership model and the successes Idaho and Iowa have had in implementing it.



### What have been the outcomes for students who participate in practice/academic partnerships?

I have had some great discussions with students and faculty. Many students have talked about their comfortability, competence and confidence during their experience. Many appreciate the opportunity and the teaching moments that nurses and doctors have been able to give them along the way. Deans at various programs have also commended the exciting innovation strategies created to help meet community needs.



### Have you received feedback from health care facility staff and administration?

I reached out to five health care facilities in August to ask how things went and what their interpretation of the program was. They raved about the program and about the students that they had hired. All five chief nursing officers or directors of nursing that I spoke with praised their clinical skillset, commitment, ambition and patient care. It was very exciting to directly hear from those health care facilities on how much they appreciated it.

### Has anything surprised you during this process, or were there any lessons that you learned?

I thought that the big health care systems would be the first ones to want to snatch up these students and hire them. It turns out, it was actually a lot of our critical access hospitals, rural health settings, skilled nursing facilities, and rehabilitation employers who eagerly hired these students. Those settings were the first to raise their hands, saying they wanted to hire these students. That was something I wasn't expecting, but I appreciated!

### Do you have any advice to share with those other states or programs who are thinking of going forward with a practice/academic partnership?

First and foremost, find your nursing student leader ambassadors to help support these programs. This was an important development that came out of my meetings with nursing programs. A couple deans and chairs asked if I would be willing to speak with the student nurse leaders from their different programs. Some students were excited about the opportunity, while others were a bit fearful and had questions. Because these conversations went so well, I scheduled a separate meeting with all the schools being represented by their student nurse leaders. I went through the program and highlighted the requirements, focus, outcomes and objectives. Those student leaders ended up becoming the ambassadors for the model at their schools. It was an exciting element to what Idaho did, and I would encourage other states to get that student ambassador buy-in and student nurse leader buy-in.

I'd also suggest being open to trying new things and willing to help facilitate communication. However it looks in your state, it's important to be actively involved and to be creative. Nursing education is constantly changing, and we can't be stagnant. We should constantly assess how we can do things that really meet the needs of the students in the communities that we're serving so that we can really build something amazing and sustainable.

### Implementing this program was quite an accomplishment. What are your thoughts when you reflect on it?

We have a great team at the BON and we're really proud of our nursing programs and health care facilities in Idaho. I'm so thankful for the communication and collaboration of

*"I have been blessed to have some amazing nurses and doctors assist me in this journey as I transition from being a student to being a graduate nurse and soon to be a registered nurse."*

– **Linda Beckman**  
Idaho Nursing Student

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“This isn’t the time to retreat. This is actually the time to offer our services to the communities that have allowed us to come in and provide care.”

– Sarah Phipps

all the stakeholders in Idaho — the nursing programs and the health care facilities that bought into this. None of this could have been possible if they weren’t willing to come together and build something together. They’re the ones who really made it possible. I appreciate their collaboration and their communication, so that we can all serve a stronger Idaho.

I remember, during a meeting I had with all the chairs and deans of one of our largest nursing programs, one dean spoke to the fact that these students are choosing to go into health care. This isn’t the time to retreat. This is actually the time to offer our services to the communities that have allowed us to come in and provide care. At the time, we were anticipating a very high census in our hospitals, so I greatly appreciated that during our discussions, the focus was on how we could help this community.

Nursing students, while still obtaining knowledge and skills, are already members of the health care team. By investing in our nursing students, the entire nursing community is stronger. Advocacy is a vital part of being a nurse, and who better to advocate for than the students that represent the future of nursing? As a nursing community, we need to recognize the contribution these students are already making. Through the practice/academic partnership model, we can honor the talented nurses who are supervising them, while simultaneously recognizing the energy, innovation and creativity students bring to the nursing profession. ♦

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In 2003, NCSBN launched *Leader To Leader* to increase communication and dialogue with educators, and to keep you updated on NCSBN programs and services. Over time, *Leader to Leader* has evolved from a two-page newsletter to a more substantive publication with in-depth interviews. While the primary audience for *Leader To Leader* is nurse educators, NCSBN’s newsletters are public documents, so nurses, nursing students and the public are welcome and encouraged to read them as well.

We’d appreciate it if you could take a few minutes to let us know how we are doing. Your opinion will help NCSBN continue to offer an informative and educational publication.

Let your thoughts be heard.

**TAKE OUR SURVEY** >>

## NCSBN's New Research Study:

# Assessing the Impact of COVID-19 on Nursing Education



by Brendan Martin, PhD  
NCSBN  
Director of Research

NCSBN's Research Department recently launched the National Prelicensure-RN Study: Assessing the Impact of COVID-19 on Nursing Education to coincide with the start of the fall 2020 academic term. The goal of this study is to identify the impact of the rapid changes being made in nursing education programs across the U.S., both in terms of didactic and/or clinical instructional formats, in response to COVID-19. As a first step, research staff surveyed all prelicensure RN programs in July 2020 to establish a baseline understanding of online didactic and simulation adoption in light of the pandemic. Using these responses, trends were identified and used to recruit programs for more in-depth study of students' academic performance and engagement. To this end, NCSBN will longitudinally track student outcomes for members of the spring 2022 cohort across approximately 70 prelicensure RN programs located in more than 30 states over the next two years.

The sweeping policy and regulatory decisions that have followed the onset of the COVID-19 pandemic are unprecedented in nature and have had a profound impact on traditional educational models. Assessing the academic and early career performance of students enrolled in prelicensure-RN programs implementing rapid changes to their instructional formats due to restrictions associated with the global health crisis is imperative to maintaining new nurse competency and readiness to practice. Stay tuned for the results, which may help to provide evidence for non-traditional and innovative teaching strategies for the future. ♦

## 2021 NCSBN Scientific Symposium

### *From Data to Policy*

The National Council of State Boards of Nursing (NCSBN®) invites nurse regulators, researchers, educators and practitioners to its 2021 Scientific Symposium. This one-of-a-kind event features diverse national and international studies that advance the science of nursing policy and increase the body of evidence for regulatory decision making.



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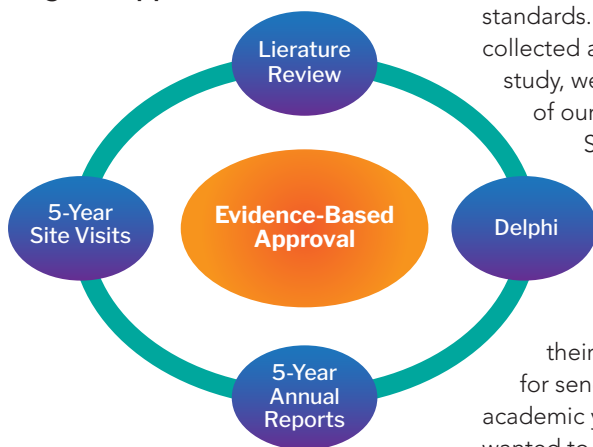


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# Core Data Annual Reports of Nursing Education Programs

In July, the *Journal of Nursing Regulation* published the results of our mixed-methods (national Delphi, qualitative and quantitative studies) research that determined quality indicators and warning signs of nursing education programs, along with evidence-based and legally defensible regulatory guidelines that nursing regulatory bodies (NRBs) can use when approving nursing programs. That issue, entitled, "NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs" is free to the public and can be found [here](#).

## Evidence-Based Model for Nursing Education Program Approval



(Figure from NCSBN Regulatory Guidelines and Evidence-Based Quality Indicators for Nursing Education Programs)

As part of that work and with the input of experts in nursing education, law, research and nursing regulation from across the country and Canada, we were able to develop a core data annual report for NRBs to use. In their public protection mission, most NRBs conduct annual reports of their nursing programs to monitor their compliance to nursing education standards. However, since each U.S. NRB develops their own annual report, the data collected across the NRBs are not always consistent. Therefore, from our groundbreaking study, we have developed a core data template that captures the significant findings of our research, thereby allowing us to collect data that is based on the evidence.

Since these are core data, the survey is only 52 questions long, though the NRBs can add some of their own questions. Additionally, we have included 16 questions related to COVID-19 since this is a good opportunity to learn about how nursing programs have accommodated their teaching strategies during the pandemic.

We have invited the U.S. NRBs to participate in our pilot year of conducting their annual reports, using this core data template. We have two time periods for sending these out: 1) September, for those U.S. NRBs that collect data on the academic year, and 2) January, for those that use the calendar year. A few U.S. NRBs wanted to participate at other times, so we remain flexible because we want to include as many U.S. NRBs as possible. Participating in our annual report project is a win-win situation, as not only will we be able to lessen the work of the U.S. NRBs, but we also are able to build a national core database on nursing education so that we can continue to analyze data related to quality indicators of nursing education programs.

Some U.S. NRBs postponed participation in the annual report project until the pandemic is over. If yours is not participating this year, perhaps they will in the future. Since this is the pilot year for conducting the U.S. NRB annual reports, for those of you who have completed them, we are open to any comments or suggestions from faculty. You may send them to [nsppector@ncsbn.org](mailto:nsppector@ncsbn.org). ♦

## Q & A

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The recorded webinar is available [here](#). It is a very practical webinar with speakers from organizations that have successfully implemented the model. It is based on the [policy brief](#) that was released in April 2020, with the endorsement of the following nursing organizations: National Council of State Boards of Nursing, National League for Nursing, American Organization for Nursing Leadership, Accreditation Commission for Education in Nursing, Inc., Organization for Associate Degree Nursing, NLN Commission for Nursing Education Accreditation, American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, National Student Nurses' Association, American Nurses Association. ♦



# NCSBN Offers Free COVID-19 Courses

## COVID-19 Series



The courses are provided without charge so that cost is not a barrier to nurses having this important information.

In response to the evolving pandemic, NCSBN staff identified the need for nurses to have pertinent and timely information on COVID-19. In collaboration with experts in disaster response and public health, courses were developed and offered through the International Center for Regulatory Scholarship (ICRS). The courses are provided without charge so that cost is not a barrier to nurses having this important information. Most courses have continuing education credits included.

The course content was designed to provide instruction on the aspects of COVID-19 that impact both nurses and patient care, such as the modes of COVID-19 transmission, reducing risk of disease transmission, the proper use of personal protective equipment and nursing care in the current environment.

In addition, there are courses on legal and ethical considerations in nursing practice and identification of inaccurate health information in the media.

This educational opportunity has reached a large audience of students, nursing faculty and practicing nurses. To date almost 65,000 individuals have enrolled. Many nursing programs made these courses a prerequisite to beginning the fall 2020 academic term. This information is particularly important for students entering clinical experiences.

Some courses were revised in August to provide updated information on newly published studies and guidelines pertaining to COVID-19.

NCSBN is pleased to provide these important educational resources to students and nurses around the world. [Learn more.](#) ◆

# NCSBN Approves APRN Compact at Annual Meeting

The newly adopted APRN Compact seeks to create necessary uniformity among states while recognizing the urgent need for APRN mobility as demonstrated in the current COVID-19 pandemic.

**O**n Aug. 12, 2020, NCSBN members approved a new APRN Compact model act. The previous compact had failed to gain traction, seeing enactments in only Idaho, North Dakota and Wyoming. The compact was short of its 10 state enactments needed for the compact to become effective, and no state had enacted the legislation after the 2017 legislative session. One of the key roadblocks for success was the continued variation among state laws and regulations governing APRN practice. Though states are moving toward adoption of the [Consensus Model for APRN Regulation](#), state-specific issues and political compromises often result in variations in APRN regulation and practice across the states. The newly adopted APRN Compact seeks to create necessary uniformity among states while recognizing the urgent need for APRN mobility as demonstrated in the current COVID-19 pandemic.

## The Changes

**The three major changes in the newly adopted compact include:**

- ◆ Changing the number of state enactments needed for the compact to become effective;
- ◆ Codifying elements of the Consensus Model into the compact's uniform licensure requirements (ULRs) and;
- ◆ Requiring a 2,080-hour practice requirement for eligibility for a multistate license (NCSBN, 2020-a).

It is common for compacts to set a threshold number of states needed for a compact to become effective (NCIC, 2019). The newly adopted compact requires seven party states to enact the legislation before the compact goes into effect—a decrease from 10 states in the previous compact legislation. Reducing the number of states from 10 to seven will allow for APRN licensure mobility to become effective sooner while additional states work toward enactment (NCSBN, 2020-a).



ULRs set the minimum requirements needed for a practitioner to obtain a multistate license. Similar to the Nurse Licensure Compact (NLC), the APRN Compact provides for ULRs, which include meeting home state licensure requirements, submitting to a federal criminal background check, not currently participating in an alternative to discipline program, among others (NCSBN, 2015). Additional ULRs codify key elements of the Consensus Model including graduate education, registered nurse (RN) licensure, licensure in one of the four APRN roles and population foci, national certification, and passage of a national certification examination (NCSBN, 2020-a). The addition of the ULRs in the newly adopted compact increase transparency and further advance the elements of the Consensus Model.

The APRN Compact requires all applicants for multistate licensure to have “practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant’s education and training” (NCSBN, 2020-a). The practice hour requirement is a response to the adoption of what are commonly referred to as “transitions-to-practice” for newly licensed APRNs. Rather than removing physician collaborative or supervisory restrictions entirely, the transitions generally require an APRN to have a set number of hours or years of practice under an agreement with a physician prior to independent practice. The transitions are the outcome of a contentious legislative process and are not

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supported by evidence that they increase safety or quality of APRN care (American Nurses Association, 2020). The APRN Compact looks to address this growing policy trend with a practical compromise— 2,080 hours of practice without requiring physician supervision or collaboration in order to be eligible for a multistate license — in order to accommodate the growing number of states enacting these transition periods.



### Mobility Now

Before COVID-19, the need for APRN licensure mobility was great. Once the pandemic changed the health care landscape, the need ballooned. During the pandemic, the majority of states authorized practice by out-of-state licensees by either a full waiver or temporary licensure or permit (Hentze, 2020). The goal of the policies is to permit health care practitioners the flexibility to assist with the pandemic relief wherever an acute need surfaced. The policies varied in their specifics and effective and expiration dates (Costich, 2020). We can contrast the uncertainty of state emergency actions to that of an

interstate compact like the NLC, which provided for an immediately mobilized workforce across 33 states in March as the first wave of virus hit, without waiting for the complex and variant emergency policymaking. The 34th state, New Jersey, partially implemented their law in order to mobilize the existing multistate workforce (NCSBN, 2020-b). However, APRNs who wanted to provide critical services in states other than where they held licensure were required to navigate complex and patchwork regulatory structures created by statute, regulation and the plethora of executive orders.

This pandemic has demonstrated just how vital it is for health care professionals to be able to move safely and freely. APRNs should enjoy the licensure mobility provided by an interstate compact to facilitate their practice and increase access to care for patients. The newly adopted APRN Compact is just that, and state legislatures looking for permanent solutions to the issues raised by COVID-19 can make joining the compact a reality. ♦

APRNs should enjoy the licensure mobility provided by an interstate compact to facilitate their practice and increase access to care for patients.

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# The DAISY Award® for Extraordinary Nursing Faculty

by Cynthia Sweeney, DNP, MSN, RN, CNOR, NEA-BC, FAAN, Vice President for Nursing, The DAISY Foundation



Cynthia Sweeney,  
DNP, MSN, RN, CNOR,  
NEA-BC, FAAN

**T**he DAISY Foundation (Diseases Attacking the Immune System) is a nonprofit organization that honors the nursing profession globally by recognizing exceptional nursing in a variety of practice settings. The foundation was created in 1999 by the family of Patrick Barnes, a patient who was hospitalized with idiopathic thrombocytopenia purpura (ITP) and subsequently passed away from complications of his diagnosis. Patrick's family wanted to recognize and thank the nursing profession, whose compassionate care touched the Barnes family, resulting in the creation of The DAISY Award® for Extraordinary Nursing. Now, in 2020, the DAISY Award® honors nurses in more than 4,500 health care facilities and schools of nursing in 29 countries around the world.

In 2018, along with the American Association of Colleges of Nursing (AACN), The DAISY Foundation began a national call to action to meaningfully recognize nursing faculty who are the early role models of compassionate and expert care for the next generation of nurses. The DAISY Award® for Extraordinary Nursing Faculty was specifically designed to honor faculty who model the art and science of nursing in every student or patient experience they have.

With the recent challenges of teaching nursing students in the midst of a global pandemic, nursing faculty should be recognized now more than ever for instilling compassion in the practices of the next generation of nurses. For more information on the DAISY Award® for Extraordinary Faculty, and how to nominate a faculty member, please visit the [official website](#). ♦



## New Look for International Center for Regulatory Scholarship (ICRS) Website

In addition to design updates, the new International Center for Regulatory Scholarship (ICRS) website makes it easier to find course, badge and instructor information. The ICRS is an educational initiative presented by NCSBN for nurse regulators that provides unprecedented opportunities for global networking and collaboration.

[icrsncsbn.org](https://icrsncsbn.org)



# Going Virtual for the Regulatory Scholars Program

## A Conversation with Alexandra Duke, NCSBN's first 100% remote Regulatory Scholar



Alexandra Duke,  
DNP, RN-BC, CEN,  
CHSE, CNEcl, EBP-C

“... with the support of the NCSBN Regulatory Innovations team and frequent touch base meetings with my leaders, I believe that I was able to make an impact to meet the vision and fulfill the mission of NCSBN.”

– Alexandra Duke

**D**ue to the ongoing COVID-19 pandemic, this year's scholar in residence, **Alexandra Duke, DNP, RN-BC, CEN, CHSE, CNEcl, EBP-C**, worked remotely from her residence in Los Angeles. *Leader to Leader* spoke with Duke about her activities and experience going virtual for the eight-week program.

### How did you find out about the Regulatory Scholars Program (RSP), and what made you apply?

I found out about the RSP through my role as an education consultant with the California Board of Registered Nursing. During one of our education calls last year, the previous scholar in residence, Dr. Beverly Hittle, talked about her work at NCSBN on the U.S. Patient Safety Study. It just so happened that I had recently taken an International Center for Regulatory Scholarship (ICRS) course on Administrative Law with Dr. Eileen Fry-Bowers, who was the first scholar in residence with NCSBN back in 2018. I met with Fry-Bowers to learn more about her experience in the program.

After meeting with Dr. Fry-Bowers and reflecting on my experience as a nurse regulator, I realized that I had a knowledge deficit regarding understanding health policy (from national and international perspectives), and also understanding contemporary and evidence-informed nursing regulation. Given my interests in nursing regulation and being that I was entering my third year in my PhD program, this seemed like the perfect opportunity for me to advance my scholarship.

### How was it working remotely in the Scholar in Residence position? Tell us about your experience.

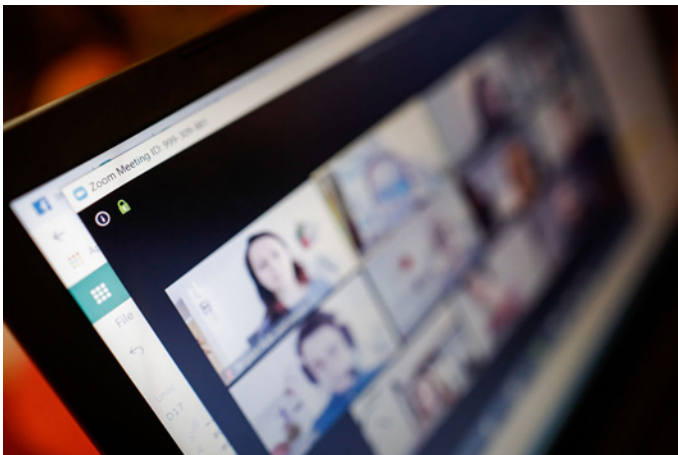
Working remotely in this position provided adequate flexibility for me to complete my work, although it does not come without challenges. Being able to meet in person and collaborate with projects face-to-face has obvious advantages. Being able to knock on someone's door for a quick impromptu meeting or conversation is valuable to someone who is new to such a dynamic organization. However, with the support of the NCSBN Regulatory Innovations team and frequent touch base meetings with my leaders, I believe that I was able to make an impact to meet the vision and fulfill the mission of NCSBN.

Additionally, with platforms such as Jabber and Microsoft Teams, I was able to easily stay connected.

### Were there any challenges or surprises in this experience, any unexpected benefits?

One of the biggest challenges in this experience was coming into a complex organization as a novice in nursing regulation, although within my first couple of weeks I was surprised by my ability to apply my knowledge and experience to support the work and mission of the organization.

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Virtual Regulatory Scholar *continued from page 11*

Also, feeling comfortable and confident delving into projects that were already in progress was a bit intimidating at first; however, because everyone at NCSBN was so collaborative, patient and welcoming, I had a smooth and seamless transition.

What surprised me the most was the pace at which everyone works. Coming from state and academic agencies where things move at a steady pace, the fast-paced environment at NCSBN was very refreshing and quite stimulating.

**What are your next steps?**

I will be developing a health care policy course for graduate students. I will also be moving toward dissertation and teaching. I am very excited! ♦



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The NCSBN Regulatory Scholars Program develops the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision-making, and encouraging scholarly dialogue and publications. It is a great opportunity for graduate nursing students and faculty to gain cutting edge experiences in nursing regulation and policymaking.

It consists of three positions: a grant program for doctoral students, a paid scholar in residence position, and an unpaid graduate internship in nursing regulation or policy.

**For applications and more information, visit our webpage or contact us at [regulatoryscholars@ncsbn.org](mailto:regulatoryscholars@ncsbn.org).**



*“Every nurse needs to be aware of the regulatory and policy issues that affect their practice setting, and NCSBN provides a wealth of resources for all nurses to become involved, whether at the micro or macro level.”*

– **Dena Hinkle, RN**  
(NCSBN's 2019 Graduate Intern)

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