

LEADER LEADER

Trends in Employment of New Graduates When COVID-19 First Impacted Schools



Veronica D. Feeg
PhD, RN, FAAN

Excerpts from the NSNA 2020 Annual Survey of New Graduates Graduating Seniors in Winter 2019, Spring and Summer 2020

By Veronica D. Feeg, PhD, RN, FAAN, Camilita Rahat Goberdhan, MS, ANP,
and Diane J. Mancino, EdD, RN, CAE, FAAN

When COVID-19 struck America in March 2020, the country faced an abrupt closure of schools and businesses as nonessential workers were asked to stay at home. Nursing schools across the country quickly adapted by necessity to redesign the last months of a normal semester of clinical and classroom learning to survive the halt of most clinical relationships while hospitals braced for unprecedented surges of very sick patients.

In the fall of each year, the National Student Nurses Association (NSNA) conducts an annual survey of employment of new graduates from the prior spring and summer semesters in order to capture trends in their job searches. These have been published annually in *Deans Notes — Dean's Notes* | Anthony J. Jannetti, Inc. (ajj.com). The surveys are sent electronically to students indicating their graduation in the prior winter, spring and summer, with a typical return of 3,000 to 6,000 respondents from new graduates across the country. The 2020 survey yielded $n = 3,074$ cleaned responses who responded to the key question of whether or not they were employed as registered nurses (RNs) at the time of the survey.

Not surprisingly, this year the data were different from previous years as new graduates faced the job market with a different repertoire of skills, changed by COVID-19's impact on student clinical experiences. The survey captured some of these changes as well as a snapshot of the changed array of job opportunities in their search for employment.

This brief report of excerpts from the NSNA 2020 Annual Survey of New Graduates showcases answers to several key questions about post-graduation employment in general, and how the COVID-19 pandemic affected students' education in nursing schools and their subsequent employment after graduation.

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Camilita Rahat Goberdhan
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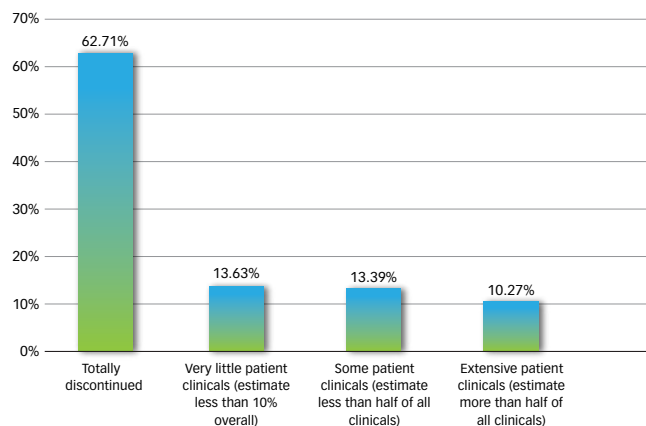
IN THIS ISSUE ...

- ▶ Q&A: Can student nurses administer COVID vaccine?
- ▶ We Are Listening: Readership Survey Results
- ▶ An Historic Moment for Nursing Students
- ▶ Questions about Nurse Licensure?
- ▶ Next Generation NCLEX® Advances Toward Launch
- ▶ NCSBN's National Prelicensure-RN Study
- ▶ Safe Student Reports Study
- ▶ First-ever Nursing Education Core Database

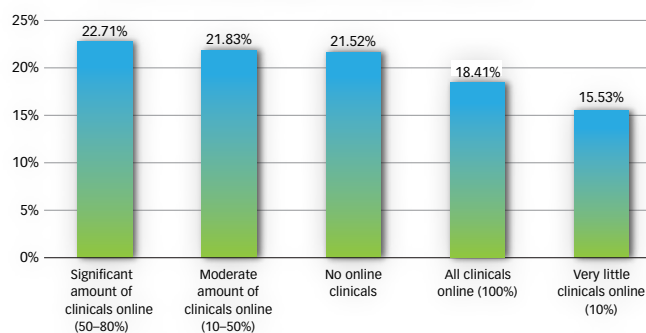
... and more

Table 1: Clinical Experiences Changed

As a result of Covid-19, were clinicals with patients ...

**Table 2: Clinicals Online**

Please estimate how much of your clinical education was online in the spring 2020 semester as a result of COVID-19. Choose the one best answer that fits your experience.

**QUESTION 1:**

How were students' learning experiences affected in the early months of the pandemic by their adapted clinical experiences prior to graduation?

With different areas of the country feeling the impact of the early days of the pandemic, there was a wide variation in how schools of nursing adjusted students' clinical hours and experiences. According to the survey, 62.7% of students reported that their clinical experiences with patients were totally discontinued (Table 1) and substituted with online clinicals for all (18.4%), moderate (21.8%) and significant (22.7%) amounts of time (Table 2).

QUESTION 2:

What were the trends in employment prior to and including 2020 graduates across the country, by types of programs (associate degree in nursing [ADN] and bachelor of science in nursing [BSN]) and by types of schools (public, private, proprietary [for profit])?

Overall, employment of new graduates in 2020 was down to 85% from 2019 (87%) and 2018 (89%), declining by 2% each year over the past three years. Employment trends across the country have demonstrated the regional aspects of the job market with this year lower than last year in all regions but the South (Table 3). The lowest employment was experienced in the West (77%) and the Northeast (79%), reflecting the areas hit hardest by the surges of COVID cases inpatient admissions.

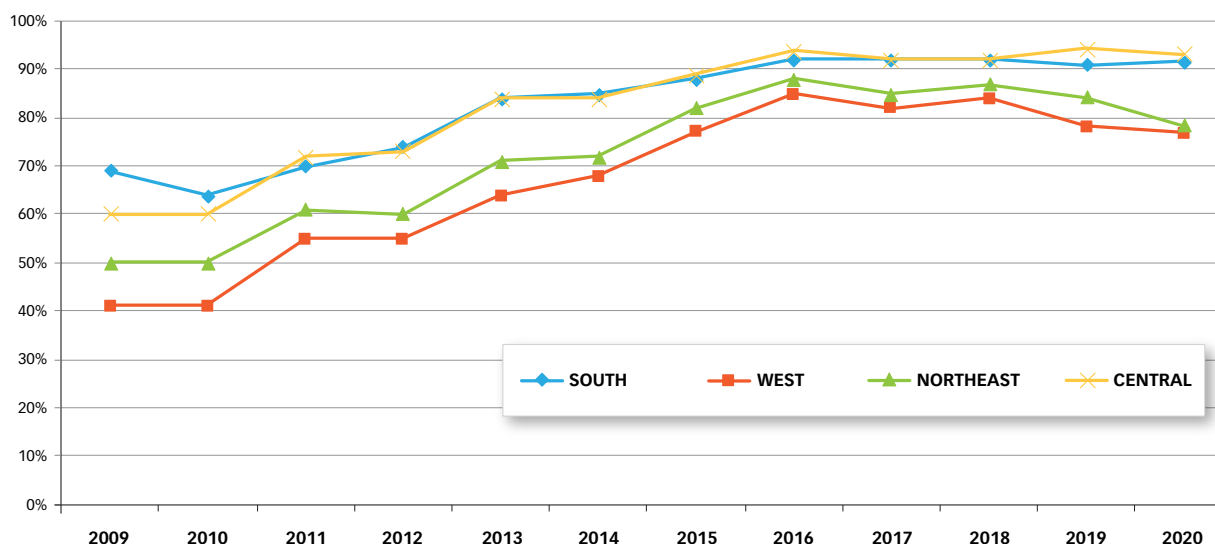
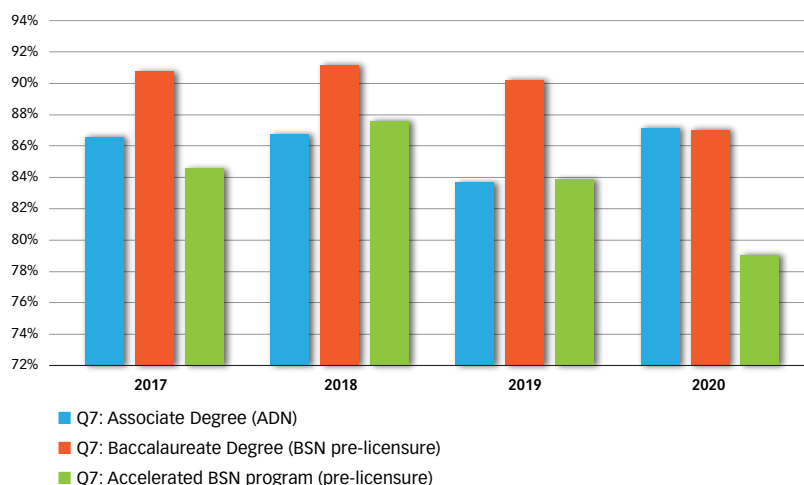
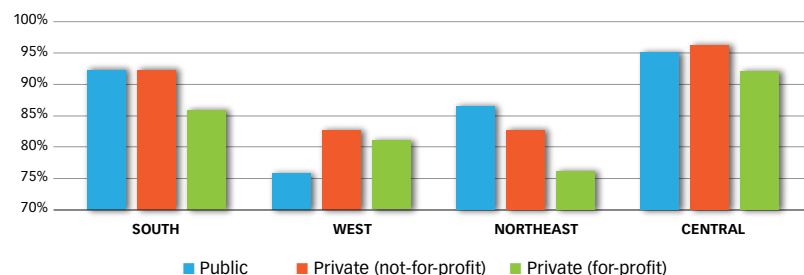
*continued on page 3***Table 3: Employment Trends by Regions of the Country**

Table 4: Employment Trends by Types of Programs

Employment by types of programs continued to vary over the past years. This year, new graduates employed from ADN programs (87.4%) were minimally higher than BSN programs (86.8%), while both were higher than accelerated baccalaureate graduates (79%), which marked a significant change from the past years (ADNs increased by 3% and baccalaureate decreased by 3%) (Table 4).

Employment trends by types of schools also continued to vary over the past years (Table 5). This year, rates of employment for new graduates from public schools (88%) were more than private and proprietary (for-profit) schools (each 82%) (Table 6).

Table 5: Employment Trends by Region**QUESTION 3:****What did new graduates report about the job market in their searches for employment?**

Over the past years, the new graduate survey asked the same questions about how students reported the job market. These charts have shown trends over time, and 2020 data reflected important new findings (Table 7, see page 4). Significantly increased were perceptions about hiring freezes (48%), hospitals closing departments (33%) and RNs being laid off (24%) among other indications that employment in 2020 for new graduates was acutely disrupted by how the pandemic affected hospitals and health care employment.

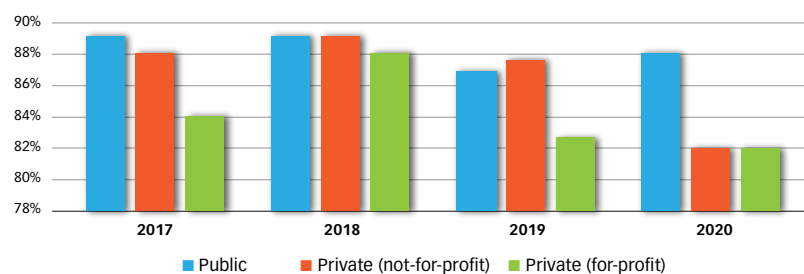
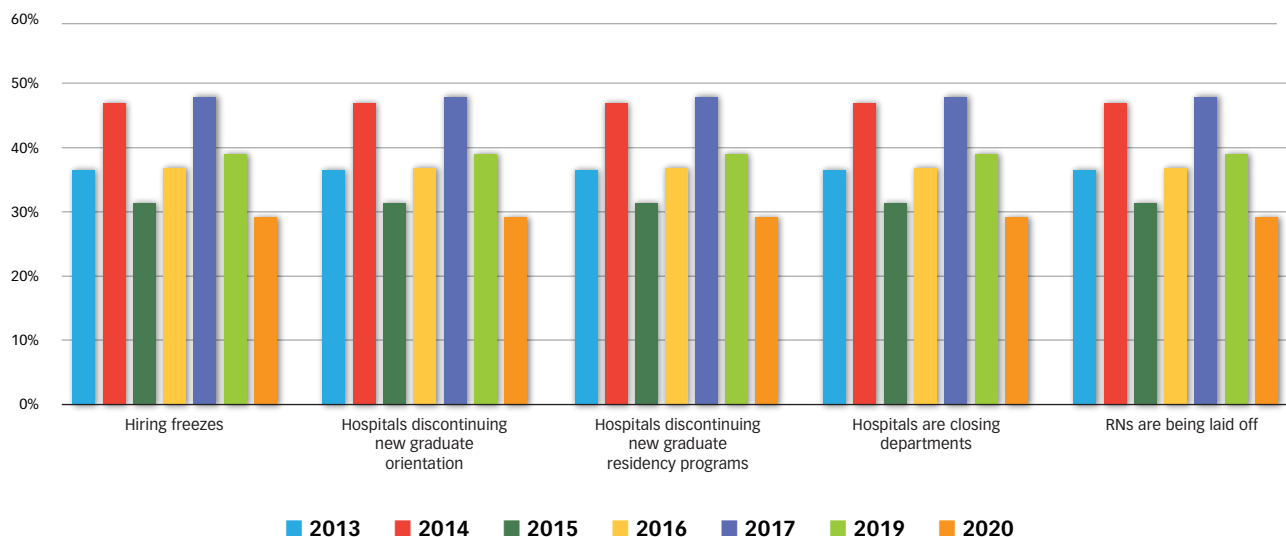
*continued on page 4***Table 6: Employment Trends by Types of Schools**

Table 7: New Graduate Perceptions of the RN Job Market in 2020

SUMMARY

There was clear evidence in the NSNA Annual New Graduate Survey that the job market for graduating seniors — whose clinical education was disrupted by surges of acutely ill patients in hospitals — was challenging, and that their job searches were difficult after graduation and continue to be difficult today. While these data captured the situation for the graduating class of 2020, explanations about their experiences and hospital employers remain open for discussion as we anticipate continuously evolving changes this year and the impending graduations for the class of 2021. (Note: The full report for 2020 will be published in Deans Notes later this summer). ♦

Q & A

Can student nurses administer the COVID-19 vaccine?

Yes, definitely. Leading nursing organizations have released policy statements that students can make valuable contributions to safeguarding the public by participating in administering the COVID-19 vaccine. In its policy brief on the COVID-19 vaccine administration from the regulatory perspective, NCSBN proposed that students should administer the vaccine under the supervision of faculty or other appropriate licensed practitioners. Additionally, the Organization for Associate Degree Nursing (OADN) and the Accreditation Commission for Education in Nursing (ACEN) have released a [statement](#) announcing a strategic collaboration to support nursing education's role in COVID-19 vaccine administration. Likewise, the American Association of Colleges of Nursing (AACN) and the National League for Nurses (NLN)



have collaborated to ensure that prelicensure nursing education programs are fully engaged in vaccination efforts.

This is an unprecedented opportunity for nursing students to participate in the largest vaccine initiative in years to protect communities against this public health threat, which has already killed more than 500,000 people in the U.S.

alone. Students will not only gain experience in giving intramuscular injections, but they will be able to use their assessment and teaching skills. Most boards of nursing (BONs) will allow nursing programs to use these hours of providing vaccines as clinical experience hours, though it is always best to check with your BON first. Read about some exemplars in this issue. ♦

WE ARE LISTENING

Thank You for Taking the *Leader to Leader* Reader Survey

By Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations, NCSBN, Editor of *Leader to Leader*



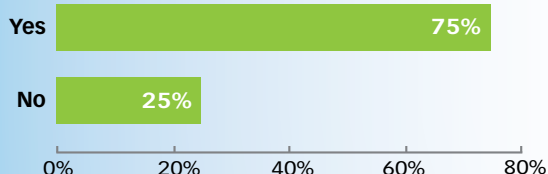
Nancy Spector,
PhD, RN, FAAN

You may have noticed the cover story of this issue of *Leader to Leader* was co-authored by **Veronica D. Feeg, PhD, RN, FAAN**, associate dean and director of the PhD Program in Nursing at Molloy College. Feeg and her co-authors examine trends in the employment of new graduate nurses when COVID-19 first impacted nursing programs.

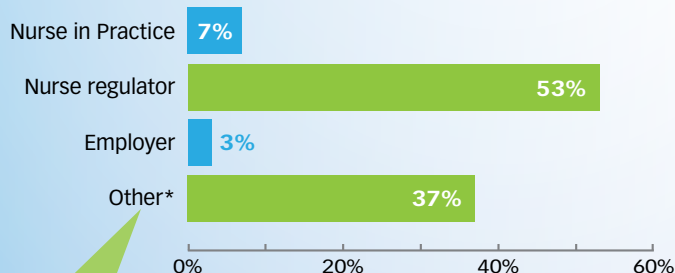
It's an article we are excited to share, and it also marks the first time we have "handed over the reins" to guest authors, a departure from our normal cover Q&A interviews. This shift was directly inspired by the responses we received from the readership survey featured in the *Fall 2020* issue of *Leader to Leader*.

We were thrilled to read the responses we received from our readers who took the time to give us their thoughtful feedback about the publication and offer their ideas on content they would like to see in the future. We would like to share some of the interesting results we received.

Are you a nurse educator?



Describe your primary professional role



*Other:

- Clinical Resource
- Nursing board public member
- Health unit coordinator
- Director of nursing program
- Nurse lawyer
- Administrator
- Board of nursing public member
- Director of case management
- Nursing program administrator
- Nurse manager



75% of respondents identified themselves as nurse educators. Most respondents described their primary professional roles as: nurse regulators, practicing nurses, nursing program faculty/directors, public nursing board members and nurse administrators.

While it was helpful to confirm that an overwhelming majority of respondents rated *Leader to Leader's* areas of focus (Regulation, Education, Research and NCSBN Programs) as excellent or good, our goal with this survey wasn't simply to confirm we are on the right track. We greatly

continued on page 6

These survey responses have already sparked ideas we are very excited about, so we look forward to what *Leader to Leader* will bring to you in the future.

value our readers' input and we are always seeking to enhance and grow the publication — there is always room for improvement.

It's no surprise that when we asked readers what topics they want to see featured in future issues of *Leader to Leader*, these ranked highest on the list:

- ◆ Research
- ◆ Next Generation NCLEX®
- ◆ COVID-19
- ◆ Leadership
- ◆ Nurse regulation
- ◆ Innovations in education

We plan to focus on these subjects in the future, giving readers the latest updates in each subject area. However, we also received interesting responses that people appreciated the following:

- ◆ Variety
- ◆ Resources
- ◆ Clinical experience solutions
- ◆ Stories about real people

Thank you for providing your valuable feedback. We are listening. These survey responses have already sparked ideas we are very excited about, so we look forward to what *Leader to Leader* will bring to you in the future. As you can see from this issue, we are interested in pieces from outside contributors. If you would like to publish on a relevant topic in *Leader to Leader*, please [contact me](#). ◆

Regulatory Scholars Grant Program

Because of the pandemic, the Regulatory Scholars Internship and Scholar in Residence Programs have been cancelled this year, though they will be open for applications in October 2021 for the summer of 2022. Please see more information [here](#).

However, the Regulatory Scholars Grant Program is still in effect. Each April and October doctoral students can apply for a grant of up to \$30,000. The research must address policy or regulation issues that are relevant to NCSBN. Grant [guidelines](#) can be found here. The funding is for two years, and it is expected that the results will be published in the Journal of Nursing Regulation.



An Historic Moment for Nursing Students

By Nancy Spector, PhD, RN, FAAN, Director, Regulatory Innovations, NCSBN

... it assisted the students to become competent in giving intramuscular injections (IM), benefitted the community by staffing clinics and helped students improve their communication skills.

A The pandemic has presented many challenges to nursing education, particularly related to providing quality clinical experiences because many clinical facilities closed their doors to nursing students. However, it has presented many opportunities as well. Now that we have effective COVID-19 vaccines, nursing students have been participating in the massive, national public health vaccination effort. Let's take a look at a few exemplars.

The Western Kentucky University (WKU) School of Nursing, which is one of the programs in NCSBN's *National Prelicensure RN Study: Assessing the Impact of COVID-19 on Nursing Education* (see page 11), has provided their nursing students with an unprecedented opportunity to administer vaccinations to the public during this pandemic. I spoke with **Mary Bennett, DNS, APRN-FNP**, director of the School of Nursing and Allied Health in Bowling Green, Kentucky, about their experience with students vaccinating people. The WKU School of Nursing is located on the Bowling Green Medical Center campus, and the vaccination clinic is operating in the WKU School of Nursing reception area, at times occupying some of their classrooms. This is an active clinic that vaccinates from 800–1,200 people daily, seven days a week, from 7:00 am to 7:00 pm.



WKU Nursing student Preston Palmer helped administer COVID-19 vaccines to Bowling Green Medical Center Health employees.

The WKU faculty has aligned this experience with their medical-surgical course objectives, finding that it assisted the students to become competent in giving intramuscular injections (IM), benefitted the community by staffing clinics and helped students improve their communication skills. To prepare for this experience, the WKU faculty created a PowerPoint presentation to refresh the skills of the students for giving IMs and educating them on the vaccine. Additionally, they included YouTube videos and evidence-based articles from the U.S. Centers for Disease Control and Prevention (CDC) website.

Bennett says that the students have been very grateful for this vaccination experience. Despite the pandemic and the pivot to online learning, **Andi Barefoot**, a WKU nursing student who enthusiastically participated in vaccinating patients, said, "I think it's really been a blessing in disguise. We became health care workers in the middle of a health crisis." According to Jenkins, "This has really pulled our community together, showing that we are all interconnected. I am so proud of our students, faculty and nurses at WKU!"

In another part of the country, prelicensure nursing students at the Springfield campus of the University of Illinois, Chicago (UIC), gave some of the first COVID-19 vaccinations in the city at HSHS St. John's Hospital. The UIC students vaccinated nearly 600 people on Jan. 28, 2021, including front-line workers at HSHS St. John's Hospital and people from the community who were 65 or older. Their clinical instructor, **Jennie Van Schyndel, PhD, RN**, said, "Students were able to see

continued on page 8



Karly Schmitz, prelicensure student at UIC College of Nursing, Springfield campus.

how much effort it is for a health care organization to organize and efficiently carry out mass vaccination clinics. They saw how hospital managers volunteered their time to be there and support the efforts. They interacted with senior citizens who came on a cold and icy day — many who thought they had won the lottery by being able to get their first dose.” Van Schyndel also noted that students gained valuable clinical experience in the vaccination clinic, interacting with older adults, educating them on the vaccine, making appointments, assessing them post-vaccination, and listening to their health histories and medications.

One UIC student, **Presches Keck**, said she had not previously given an IM, though she had practiced it in the simulation lab. However, she said she quickly became adept at it after giving 40 injections back-to-back. “You would have thought it was Christmas for many of them. It was nice to be a part of that moment for so many people,” Keck said. Another UIC prelicensure student, **Karly Schmitz**, shared a heartwarming story: “I remember one individual in particular who told me she was so grateful to be getting the vaccine with her husband that day because they had lost their son to COVID a few months ago.” This is an experience that these nursing students will never forget. ♦

NCSBN Members Volunteer to Administer COVID-19 Vaccines

There is an unprecedented and urgent need for qualified personnel across the country to safely administer COVID-19 vaccines. Many medical professionals have stepped up to volunteer their skills and expertise, and it’s no surprise that NCSBN’s members are among them.

Nevada State Board of Nursing Board President **Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP**, and Executive Director **Cathy Dinauer, MSN, RN, FRE**, both volunteered as vaccinators through the Nevada Battle Born Medical Corp.

“The experience has been amazing and humbling,” says VanBeuge. “Vaccine recipients were grateful, happy, and some were visually moved to tears. While I know my time and efforts are supportive of the vaccination efforts, I get so much more out of it personally, and I am grateful for the opportunity to serve my community.”

Dinauer says she felt like she needed to do something to give back to the profession that has for so long taken care of her. “I felt like I was part of something important; something historical,” she says. “I have volunteered again and again and have offered my staff one administrative day of pay per week if they wish to volunteer. What better way to give back?”

Read more vaccinator stories at NCSBN’s new series, Administering Hope: Nursing’s New Front Line. ♦



Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP



Cathy Dinauer MSN, RN, FRE,

Questions About Nurse Licensure?

NCSBN's Nurse Licensure Guidance Tool Provides Resources and Direction on Becoming a Licensed Nurse in the U.S.



NCSBN is excited to unveil an innovative online tool for nurses interested in learning more about licensure in the U.S. Launched in March 2021, our [Nurse Licensure Guidance tool](#) was created for both international nurses and domestic nurses to help teach them more about state-specific licensure requirements based on their selections of where they want to live and where they want to practice in the U.S. There are two separate pathways to the tool:

For internationally educated nurses:

This pathway aims to help internationally educated registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) learn more about the licensure requirements where they plan to live and practice in the U.S. It also gathers important information directly from board of nursing (BON) websites, such as:

- ◆ BON-accepted English proficiency exams
- ◆ BON-accepted credentials evaluations services
- ◆ Social Security number requirements
- ◆ Other relevant application information
- ◆ BON contact information

For nurses educated in the U.S.:

This pathway helps new and prospective RNs and LPN/VNs who were educated in the U.S. learn more about the licensure requirements in their state, jurisdiction or territory and points them to helpful resources, such as:

- ◆ Direct link to licensure application (or application portal)
- ◆ Other relevant application information
- ◆ Link to state/jurisdiction's Nurse Practice Act
- ◆ BON contact information
- ◆ Nurse Licensure Compact (NLC) links

To accompany the licensure results, both sections of the tool also include an interactive U.S. map to illustrate where the user would and would not have authorization to practice based on their selections. We hope this interactive visual will add another dimension to nurses' understanding of licensure in the U.S.

There are several steps in the process of obtaining nurse licensure in the U.S. This tool seeks to break down this process for nurses and provides guidance for those with questions on their licensure journey. It can also be helpful for BONs, too, as it provides answers and direct links to questions that BONs field every week from international nurses. It also provides easy-to-understand information on the NLC for new and prospective U.S. nurses.

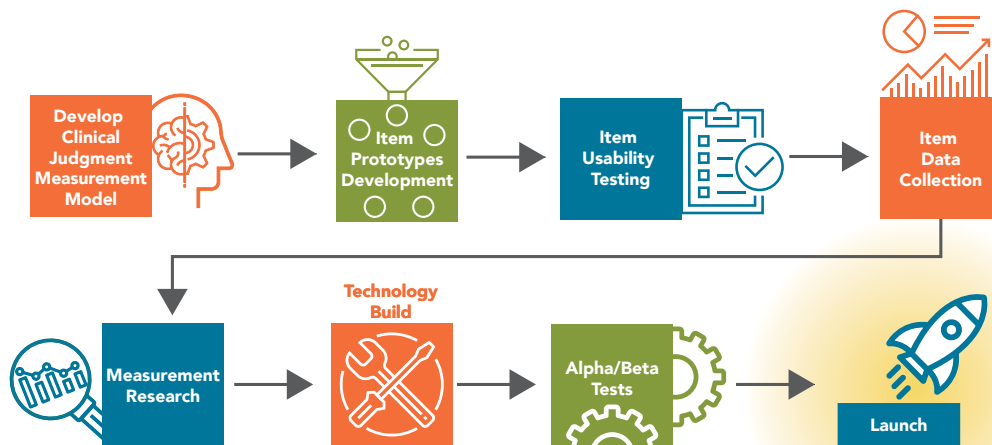
Try out the [Nurse Licensure Guidance tool](#) today! ◆

Next Generation NCLEX® Advances Toward Launch

Just over a year ago, NCSBN temporarily halted NCLEX® testing in response to the rapid spread of COVID-19 across the U.S., Canada, and other countries where Pearson VUE maintains testing sites. When we were able to resume testing, though limited and with a lengthy list of expanded health and safety protocols, the exam itself had changed as well. To reduce overall testing time, which minimized risk to candidates, we removed our Next Generation NCLEX (NGN) Special Research Section as well as our standard experimental (or “pretest”) items. At the time the decision was made, the duration of the changes (as with all things pandemic-related) was uncertain. However, we did know that prolonged suspension

of the Special Research Section would present challenges to an on-time launch of the NGN.

Just over six months later, with our highest volume testing months behind us and a multitude of safety and capacity mitigations in place, we reinstated the NCLEX Special Research Section on Oct. 1, 2020. This milestone not only marked the continuation of the NCLEX-RN Special Research Section, but included its debut on the NCLEX-PN exam. Though



... we are pleased to report that all systems indeed point to “go” for a successful launch as we turn the corner into the final 24 months of the project.

the research sections have always been optional, we are pleased to see that a large percentage of candidates are completing the items, providing NCSBN with the data required to keep the launch of the new exam on schedule.

Beyond the collection of data, which initially was an important check on the efficacy of new item types and now provides useful information on individual items and case studies, there is still a significant amount of work to do prior to the launch of the NGN.

With the “Measurement/Research” phase ongoing, we are now working with Pearson VUE to ensure that all technology systems can support the new NGN item types, scoring methods and data structures. This includes significant software development as well as numerous levels of validation subsumed under the “alpha testing” and “beta testing” headings. Importantly, NCSBN is also providing timely and accurate information about the NGN to stakeholders through [webinars](#), [research papers](#), quarterly [newsletters](#) and other [information resources](#).

Testing candidates safely during the pandemic while keeping the NGN launch on track was by no means easy or a given this past year. However, we are pleased to report that all systems indeed point to “go” for a successful launch as we turn the corner into the final 24 months of the project. There is still substantial work to do, but it appears the most significant hurdles, expected and unexpected, have now been cleared, perhaps not only with the exam but with the pandemic itself. Stay safe, stay healthy and get ready for NGN! ♦

NCSBN's National Prelicensure-RN Study: Assessing the Impact of COVID-19 on Nursing Education

by Brendan Martin, PhD, Director of Research, NCSBN



Brendan Martin, PhD

This study seeks to document and assess the nontraditional and innovative teaching strategies employed by programs across the U.S. and to gauge their impact on student learning.

In September 2020, NCSBN's Research Department launched the *National Prelicensure-RN Study: Assessing the Impact of COVID-19 on Nursing Education*. As we start the second term of the two-year longitudinal study, approximately 60 programs located across more than 30 states continue to make progress in tracking students' academic outcomes and engagement. The primary objective of this research is to assess the impact of the rapid changes that were made by U.S. nursing education programs in response to the pandemic. Specifically, using the results from a survey of all prelicensure RN programs in July 2020, we established a baseline understanding of online didactic and simulation adoption in light of COVID-19. Using these insights, trends were identified and used to recruit programs for more in-depth study of students' academic performance and engagement.

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 is imperative to maintaining new nurse competency and readiness to practice. This study seeks to document and assess the nontraditional and innovative teaching strategies employed by programs across the U.S. and to gauge their impact on student learning. NCSBN's Research Department will provide periodic updates on its progress through the anticipated completion of the study in late 2022. ♦





ICRS

International Center
for Regulatory Scholarship

invites faculty and students from around the world,
who wish to learn more about regulation, to enroll

NCSBN's International Center for Regulatory Scholarship (ICRS) now accepts international professionals and students who are interested in regulatory careers or serving on a regulatory body/board into our ICRS certificate program, a pioneering online and blended course of study that offers courses along three distinct Pathways:



Governance and Leadership



Public Policy and Legislation



Research and Measurement

Courses are taught by experts in their fields, are generally eight weeks long and are offered in English, unless otherwise noted. Courses provide program credits toward earning the ICRS certificate along with continuing education credits for eligible professionals. Once participants earn six program credits, they are invited to a required ICRS Advanced Leadership Institute where they demonstrate their learning, network with colleagues and graduate from the ICRS certificate program.

Program Fees

There is a US\$50 per course fee, which includes electronic course materials. Additional costs will be incurred to attend the ICRS Advanced Leadership Institute.*

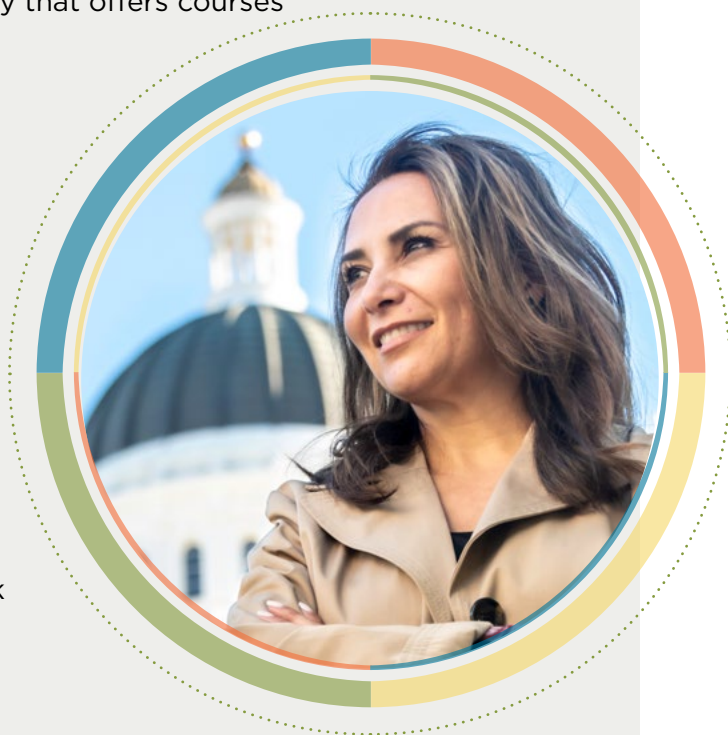
Application

To apply, click **APPLY→]** on the [ICRS website](https://icrsncsbn.org).

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* ICRS courses are complimentary for NCSBN members, associate members and exam users.

Faculty Implications for the Prelicensure Student Error and Near Miss Data

NCSBN has collected student error and near miss data from prelicensure programs since early 2018 through the Safe Student Reports (SSR) Study. Since the beginning of the study, almost 900 errors and near misses were submitted in simulation, clinical settings, learning lab, classroom and other settings. Data collection and analyses is ongoing through the remainder of this year.

Jane Barnsteiner, PhD, RN, FAAN, and **Joanne Disch, PhD, RN, FAAN**, the researchers who originally developed and piloted the student error and near miss data collection tool, envisioned creating a fair and just culture in schools of nursing. Since 2018, when NCSBN implemented the Safe Student Reports study nationally, the NCSBN Research team has held quarterly calls with participating nursing programs, giving them an opportunity to share questions and ideas about the study and about speaking with students about errors and near misses. Some participating programs reported that the ability to dialogue with students about errors and near misses allowed open, nonjudgmental communication that fostered a just culture.

Some participating programs reported that the ability to dialogue with students about errors and near misses allowed open, nonjudgmental communication that fostered a just culture.

SSR
Safe Student Reports

Additionally, at the beginning of the study some programs stressed the importance of initiating the root cause analyses process earlier in the program in order to create an open and honest reporting environment, and thus promoting patient safety. Nursing programs can use the SSR database to promote transparency and provide programs with data to develop policies and improve their systems involving the handling of student errors and near misses.

NCSBN has provided participating programs with deidentified aggregate data biannually in addition to brief interim analyses of the data since the start of the study. Each interim analysis has repeatedly shown that the largest category of errors and near misses is medication errors,

continued on page 14





which during the last interim analysis (in January 2021) is 57.2% of all occurrences submitted. When analyzing the reasons for these medication errors, the research team found that many of these are due to wrong dose, which is directly related to calculation errors. This finding suggests that efforts need to be focused on potentially reforming mathematical education in nursing in order to decrease these calculation errors. NCSBN participated in the [High-Quality Mathematics Education for Nurses Task Force](#) meeting in October 2019. The task force is supported by the Charles A. Dana Center at The University of Texas at Austin, the Mathematical Association of America, and Quality and Safety Education for Nurses. The task force recently released the following recommendations, “Convening Recommendations: Math and Statistics Education for Nurses,” aimed at providing a foundation for ongoing collaboration among nursing, mathematics, statistics and education.

The SSR study lays the groundwork for nursing programs to study errors and near misses in their students’ clinical experiences and begins to examine potential strategies faculty can implement to diminish student errors. For more information, please visit the [Safe Student Reports webpage](#) or email us at ssr@ncsbn.org. ♦

The First-ever Nursing Education Core Database

Because this is a core database, the data are collected consistently across jurisdictions.

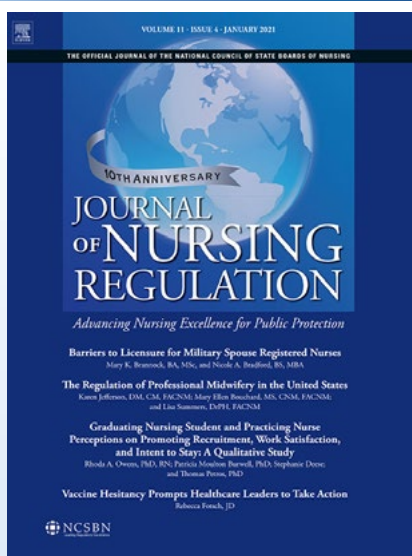


As part of the regulatory approval process of nursing education programs, many boards of nursing (BONs) send surveys to their nursing programs to collect annual report data. In the past, the questions were quite varied among the jurisdictions so that it was difficult to compare the data across BONs and establish benchmarks. Therefore, a core nursing education database was established, where NCSBN collaborates with the BONs to collect and analyze their data from nursing programs. This first-ever U.S. nursing education database is built on the evidence-based [Nursing Education Approval Guidelines](#) and was highlighted in the fall 2020 issue of *Leader to Leader*. Because this is a core database, the data are collected consistently across jurisdictions. In this database there are 52 core questions, which means that every question must be answered before proceeding, in the areas of nursing program, program director, faculty and students. Faculty have commented that having only 52 questions makes it a very feasible survey to complete.

Currently 19 BONs, with 1,052 nursing programs, from around the U.S. are participating in this core nursing education database. Other BONs have delayed participation because of the pandemic and will be joining in the future. Aggregate data will be analyzed in July 2021. Generalized estimating equation logistic regression models will be used to identify quantifiable trends to develop evidence-based recommendations for further refining the Nursing Education Approval Guidelines. In the future, we would like to include international nursing regulatory bodies in this database, thus creating an international core database of nursing education. ♦

CALL FOR PAPERS:

JOURNAL OF NURSING REGULATION



DEADLINES:

January Issue –
Deadline: September 15th

April Issue –
Deadline: December 15th

July Issue –
Deadline: March 15th

October Issue –
Deadline: June 15th

SUBMIT MANUSCRIPTS TO:

Sherri L. Ter Molen, PhD, MA
Acquisitions Editor,
Journal of Nursing Regulation

National Council of State Boards
of Nursing (NCSBN)

jnr@ncsbn.org

Special Call for Prelicensure and Advanced Practice Nursing Education Topics

Journal of Nursing Regulation (JNR), the official journal of the National Council of State Boards of Nursing (NCSBN), is an interdisciplinary, quarterly, peer-reviewed academic and professional journal. The journal supports evidence-based decision making by addressing issues related to public policy, patient safety, public protection, and other related issues around the world.

JNR welcomes contributions from global scholars and practitioners, including educators and others who have expertise in prelicensure and graduate nursing education, who examine subjects from all theoretical perspectives and use all forms of inquiry. The journal publishes scholarly articles (5,000-8,000 words); "Innovation" research reports that describe original approaches to issues (3,000-3,500 words); features that address how legislation or current events affect patient safety and public protection, book reviews of volumes related to health care regulation (600-800 words); and case studies that address nursing education discipline, best practices, or other regulatory and policy topics (1,500-3,000 words).

Manuscripts should not be published or be under consideration elsewhere and must be prepared in accordance with JNR's "Guide for Authors," which adheres to the Publication Manual of the American Psychological Association, 7th Edition (APA Style). The "Guide for Authors" is located on [JNR's website](#).

NCSBN members, associate members and exam users have complimentary access to JNR's insightful, evidence-based content by logging in through Passport. JNR can also be found in institutional libraries in the Elsevier ScienceDirect database. In addition, subscription information is available online: www.journalofnursingregulation.com/action/ecommerce.

Notice to Nursing Education Programs regarding U.S. Department of Education Regulation

It has come to the attention of NCSBN that there is some misinformation being disseminated in the nursing education community about the [U.S. Department of Education \(USDE\) regulation](#) that went into effect July 1, 2020. Please pay special attention to the specific language found in 34 CFR 668.43 (a) (5) (v) and CFR 668.43(c). The misinformation being circulated is that this regulation only affects online programs. This is not the case. This regulation affects all programs, whether online, in-person or hybrid. This regulation applies to all professional programs designed to meet the educational requirements for a license or certification (registered nurse [RN], licensed/practical/vocational nurse [LPN/VN] and advanced practice registered nurse [APRN]) if they participate in Title IV HEA funding.

The federal regulation specifically requires the following:

- Make available (public notification) the institution's determination in each state whether the program curriculum "meets," "does not meet," or "no determination made" regarding the state educational requirements. This is regardless of where the students are located or reside.
- AND, provide individualized notifications in writing to prospective students where the student is located prior to enrollment in the program if the program does not meet or no determination made. The program must notify the enrolled student if the curriculum no longer meets state educational requirements where the student is located.

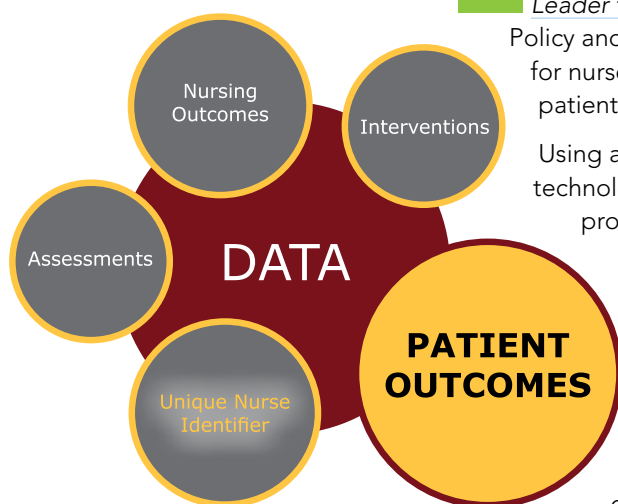
NCSBN has provided nursing educators with a valuable [resource](#) in making the determination as to whether a graduate can or cannot be licensed or certified in states. Each board of nursing (BON) website was examined to see what they require for licensure or certification, and then verified what was found with each BON. Programs can use this resource to make their determination, and it will be updated annually. Colleagues in nursing education have expressed that it should take just an afternoon of time to do this. Please, however, do not contact your BON to make this determination for you. According to the regulation, this determination should be made by the nursing program. BONs could not possibly make this determination for the more than 5,000 programs affected by this new regulation.

NCSBN has disseminated information about this regulation in our 2020 summer supplement of [Leader to Leader](#), as well as in the 2021 [Journal of Nursing Education](#) [2021 Environmental Scan](#). Speakers have discussed this issue on the NCSBN Education Knowledge Network calls with our education consultants, so that they can inform their nursing programs of the accurate information.

Please contact [Nancy Spector, PhD, RN, FAAN](#), director, Regulatory Innovations, NCSBN, if you have any questions.



Updates on the Unique Nurse Identifier (Nurses' NCSBN ID)



Tracking and analyzing how individual nurses contribute to patient health outcomes is currently a difficult task. As reported in the fall 2019 issue of *Leader to Leader*, NCSBN has worked with the Nursing Knowledge: Big Data Policy and Advocacy Workgroup on a Unique Nurse Identifier (an “NCSBN ID” for nurses) to demonstrate how they can positively impact the health of patients and communities by leveraging technology.

Using a nurse’s unique NCSBN ID in electronic health records and other technology systems will enable nurses and nursing leaders to track the career progression of a nurse and provide data that specifically shows how nurses contribute to individual health outcomes. Essentially, the data can help communicate and measure how nurses contribute in all areas, underscoring the value nurses provide in the health care sector, to improve essential processes in nursing practice and clinical effectiveness.

In fall 2020, the Alliance for Nursing Informatics (ANI) approved the Nursing Big Data workgroup’s Policy Statement. ANI helped to disseminate the policy and shared educational resources to increase nurses’ understanding of the NCSBN ID. Since then, ANI has posted relevant links on their website to informational materials about the unique nurse identifier/NCSBN ID, including:

- ◆ [Policy Statement from November 2020](#)
- ◆ [FAQs](#)
- ◆ [Infographic: The Essentials and Implications of a Unique Nurse Identifier](#)
- ◆ [ANI Webinar: Big Data Unique Nurse Identifier Policy Statement](#)

To further the education, adoption and advocacy for the NCSBN ID in 2021, the Nursing Knowledge: Big Data Policy and Advocacy Workgroup will present podium and poster presentations at several national nursing and big data conferences. Additionally, the workgroup will publish more nursing literature and hold live and recorded events to educate nurses about the approved policy statement, benefits and value of implementing the NCSBN ID. For more information, please visit the [ANI website](#) or contact **Whende Carroll**, the Nursing Big Data workgroup chair, at whende@nurseevolution.com.

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