IMPACT IN ACTION: Nurses Share their NLC Stories

Inside this Issue: 2020 Year of the Nurse and Midwife Update / CBS Community Partnership Program Educates the Public About Next Generation NCLEX®
Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN’s membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Copyright ©2020 National Council of State Boards of Nursing, Inc. NCSBN All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277, 312.525.3600 | www.ncsbn.org | infocus@ncsbn.org

In This Issue

5. A New Assessment Model for Internationally Qualified Nurses and Midwives in Australia

7. 2020 Year of the Nurse and Midwife: Celebrating Success, Identifying Challenges and Proposing Solutions

8. Impact in Action: Nurses Share their NLC Stories

14. Lights, Camera and Action! NCSBN Partners with CBS Community Partnership Program to Educate the Public About the Next Generation NCLEX® Project

13. Speed Round

18. News & Notes
NCSBN’s Global Regulatory Atlas Charts the Nursing Regulatory Landscape

This comprehensive online compendium of nursing regulation worldwide was created with the assistance of health care regulators across the globe. The atlas currently holds information from more than 300 jurisdictions representing more than 21 million nurses, and new jurisdictions are continually being added.

The Nursing and Midwifery Board of Australia (NMBA) has been working on a new model of assessment for internationally qualified nurses and midwives (IQNM) since 2014 and we are preparing for the commencement of the model in March 2020. The NMBA model is based on extensive research of assessment models of nurses, midwives and other health practitioners around the world.

NMBA Chair and Associate Professor Lynette Cusack, PhD, RN, MHA, DN, MID CERT (UK), says the new model had safe health care for the public at its heart. “The public expect the same high standard of care from a nurse or midwife, no matter where that person got their qualifications,” explains Cusack. “The new model of assessment for IQNMs is based on international research on how to ensure a consistent standard for any nurse or midwife wanting to practise here.”

IQNMs will be able to have their qualifications assessed via an online assessment portal. The online process is supported by a comprehensive online list of international nursing and midwifery qualifications which determine whether or not the IQNM’s qualification is a substantially equivalent or based on similar competencies to an Australian approved nursing or midwifery qualification.

After the initial online assessment those with substantially equivalent qualification or based on similar competencies to an Australian approved qualification (and who meet the mandatory registration standards) will progress directly to application for registration.

The other IQNMs (those that hold a qualification that is relevant but not substantially equivalent qualification or based on similar competencies to an Australian approved qualification and who meet the mandatory registration standards) will progress to the outcomes-based assessment (OBA) process. The OBA is a two-stage assessment including a multiple-choice question (MCQ) exam and an objective structured clinical exam (OSCE).

NCSBN has supported and enabled the work of the NMBA and Ahpra in validating and implementing the NCLEX® as the MCQ exam for internationally qualified registered nurses wanting to register in Australia.

For midwives, we have worked with the Midwifery Council of New Zealand to develop an online midwifery MCQ examination. The OSCEs will be run through the Adelaide Health Simulation in South Australia.

continued on page 6
All IQNMs will also be required to complete a two-part online orientation program. The first part is completed at the beginning of the assessment process and is an introduction to Australia, our health care system and working as a nurse or midwife in Australia. The second part is completed once the nurse or midwife is registered and contains detailed information about working as a nurse or midwife in Australia, the professional responsibilities of nurses and midwives.

There is also an orientation module on cultural safety, to ensure that the IQNMs understand how to provide culturally appropriate health care to Aboriginal and Torres Strait Islander Peoples.

As a regulator, we’ve made strong commitments to ensuring cultural safety for registered health practitioners and the people they care for. Ensuring internationally qualified nurses and midwives can apply cultural safety concepts is an important part of us meeting our commitments to contribute to closing the gap in health outcomes for Aboriginal and Torres Strait Islander Peoples.”

— Lynette Cusack

Leader To Leader informs nurse educators of critical issues affecting nursing education and regulation.

SIGN UP TODAY

2020 Year of the Nurse and Midwife: Celebrating Success, Identifying Challenges and Proposing Solutions

Although the author is unknown, this sentiment embodies the definition of a nurse: “To go above and beyond the call of duty. The first to work and the last to leave. The heart and soul of caring. A unique soul who will pass through your life for a minute and impact it for an eternity. An empowered individual whom you may meet for only a 12-hour period, but who will put you and yours above theirs.”

The International Year of the Nurse and Midwife — honoring the invaluable contributions of nurses and midwives to the health of the world’s population — is now underway. There are a number of upcoming events, and many organizations across the globe are actively participating in celebrations.

Over the next year, as a member of the Tri-Council for Nursing, an alliance of five* autonomous nursing organizations focused on education, practice and regulation, NCSBN will work with the other member organizations to celebrate success, identify challenges and propose solutions. Both collectively and as individual organizations, these members will lead and participate in events highlighting how the nursing profession can address contemporary health challenges, inform policy, generate consensus and produce results.

Additionally, as part of the 2020 celebrations the World Health Organization (WHO), in collaboration with the International Council of Nurses and the Nursing Now Campaign, will produce an inaugural “State of the World Nursing” report. This report will detail how the nursing workforce will help deliver universal health coverage and highlight areas for policy development for the next three to five years. In March, NCSBN will publish “The Global Profile of Nursing Regulatory, Education and Practice” — a special supplement of the Journal of Nursing Regulation.

From now until the end of the year a variety of articles, videos and publications will be released. NCSBN has created a special page on our website to serve as a repository for resources.

ICN Chief Executive Officer Howard Catton, MA, RN, noted, “We also want to use 2020 to bust myths and traditional stereotypes about nursing, show the public the reality of 21st century nursing and the amazing difference nurses can make when they are enabled to perform at the top of their game. Nurses are not the only solution to health care problems, but when they properly supported and well educated, their contribution can be extraordinary.”

*The American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the American Organization of Nurses Leaders and NCSBN.

Some key events to watch for include:

• April 7 | World Health Day including launch of the WHO’s State of the World’s Nursing report;
• May 12 | International Nurses Day including a celebration marking the birthday of Florence Nightingale;
• May 13–15 | WHO Global Forum of Government Chief Nursing Officers;
• May 18–23 | 73rd World Health Assembly including addresses by nursing champions in celebration of the International Year of the Nurse and Midwife;
• September – October 2020 | WHO regional committees, which includes potential regional commitments to be made on the health workforce based on the WHO’s State of the World’s Nursing report;
• October 27–28 | Florence Nightingale Foundation will host Nightingale2020, a conference to showcase how nurses and midwives can work collectively to transform global health and care.
IMPACT IN ACTION:
Nurses Share their NLC Stories

In the last year, the Nurse Licensure Compact (NLC) has experienced extraordinary change. Membership has grown to include 32 states that have implemented the NLC. Two additional states, Indiana and New Jersey, have pending implementation. NLC legislation has also been introduced in Alaska, California, Guam, Illinois, Massachusetts, Michigan, Minnesota, Pennsylvania, Rhode Island, Vermont and Washington.

With the NLC’s current state of evolution, the compact is becoming ever more vital to nurses and their employers. The NLC helps remove barriers or unnecessary burdens to borderless practice and increases access to care. It also helps address and reduce workforce shortages and enhances disaster preparedness.

In an effort to communicate these and other benefits of the NLC to policymakers and stakeholders in states considering joining, NCSBN is sharing compelling NLC stories to show how the compact can positively impact nurses and their patients. The common thread running throughout these stories is that these individuals have experienced firsthand the value of the NLC, and its positive impact on patient care.

Nursing Informatics Director Sees Opportunity and Peace of Mind in the NLC

As system director for nursing informatics at Franciscan Missionaries of Our Lady Health System, Charla Johnson, MSN, RN, ONC, attended an NLC webinar when the compact was implemented in Louisiana. She describes it as an eye-opening experience. “I wanted to lead the pack,” she says. “I can see the necessity of having a multistate license in my role in the integration of health care.”

Nursing informatics professionals work with others across the care continuum to maintain a focus on patient safety. “I’m not inside the hospital setting, but offsite we have case managers doing audit reviews, informaticists, I.S. analytics and trainers to name a few,” explains Johnson. “We recently added a facility in Mississippi to our health care ministry. In the future, there will be more onsite interaction as we integrate that hospital onto our electronic health medical records.”

In her role in the integration of health care, Johnson sees the benefits of a multistate license. “If I go into that facility in Mississippi — and if I’m talking to nurses who are having issues around the electronic medical record, or improving efficiencies related to the care of a patient — I now don’t have to worry about whether I am using my clinical skills or knowledge across a state line.”

Read Charla Johnson’s full story.

Triage Nurse Manager Sees the Benefits of the NLC on a Daily Basis

As a compact state nurse manager for Night Nurse Triage Services, Karen Holland, RN, sees the benefits of the NLC on a daily basis. Night Nurse pediatric nurses take calls nationally from parents who may be worried about their children and are trying to reach their physicians after hours. This vital service helps to connect sick children with the medical care that they need.

Holland oversees a staff of more than 30 pediatric nurses and is also responsible for licensing coordination and assisting staff with their licensing issues. As more states are added to the compact, this opens up a wider pool of candidates.

“As our health ministry grows across state lines, I realized that the multistate license would have an impact.” — Charla Johnson, MSN, RN, ONC, Louisiana

Read Karen Holland’s full story.

continued on page 10
“Bringing more states onboard means I have a lot more places I can work,” says Holland. “I just hired my first nurse from Kansas because they are now a part of the NLC. I hadn’t been able to do that before. I also just hired a nurse in Georgia and two nurses in Florida — until those states came onboard, that wasn’t an option for us.”

While Holland has benefited from the compact, others have not been as fortunate. “Personally, I know how it has affected me, but for others it’s been a nightmare because they’re not moving from compact state to compact state and they have to obtain additional licensing,” she says. “I’ve seen how difficult and frustrating it can be to obtain a license. I’ve known family members who were in the military and because they weren’t moving into compact state there was a huge delay. Nine months or more, and your husband’s out at sea and you don’t have the additional income that you need.”

“Bringing more states onboard means I have a lot more places I can work,” says Holland. “I just hired my first nurse from Kansas because they are now a part of the NLC. I hadn’t been able to do that before. I also just hired a nurse in Georgia and two nurses in Florida — until those states came onboard, that wasn’t an option for us.”

While Holland has benefited from the compact, others have not been as fortunate. “ Personally, I know how it has affected me, but for others it’s been a nightmare because they’re not moving from compact state to compact state and they have to obtain additional licensing,” she says. “I’ve seen how difficult and frustrating it can be to obtain a license. I’ve known family members who were in the military and because they weren’t moving into compact state there was a huge delay. Nine months or more, and your husband’s out at sea and you don’t have the additional income that you need.”

Read Karen Holland’s full story.

Two Nurse Leaders Share their Experience with the NLC in Montana

When the NLC was implemented in Montana in October of 2015, barriers to interstate practice were removed and increased access for quality nursing care for the citizens of Montana became a reality. Because neighboring states were already members of the compact, this also ensured that more nurses could provide cross-border care in an area of the country where there can be many miles between services.

Cynthia Gustafson, PhD, RN, division chair, Nursing Programs, University of Providence, and Heather O’Hara, MSN, RN, Vice President, Montana Hospital Association, both recall their experience working to get the compact passed, and the impact it has had on nurses and their patients since 2015.

Gustafson has a long career as a nurse educator, and before joining the University of Providence School of Health Professions, she was executive director at the Montana Board of Nursing when the NLC was implemented. As former president of the Montana Board of Nursing, O’Hara was directly involved in advocating for the NLC.

“If you know nurses, they’re going to speak up if they have concerns,” says O’Hara. “I check in with employers across the state, and their response has been very positive. They’re thankful to have another avenue for hiring competent nurses. Everything is working well, and I think that’s what the intent was. The NLC allows a lot of facilities in their rural setting to get specialized nurses in faster.”

“Montana was a pivotal state when it joined the compact, and I think all of us are very proud it happened,” says Gustafson. “I’m excited every time I see a new state join. It took so much work in those beginning meetings, when I was the executive officer of the Montana Board of Nursing, but to see that vision and how it came through in a positive way is rewarding for me.”

Read Cynthia Gustafson’s and Heather O’Hara’s full story.

“Even though my ‘business’ is nursing students, in the long run my business is providing quality nursing students who can provide quality patient care. This is what is happening with the compact. Whether it be in education or direct patient care, it gives our patients better access to quality nurses.”

— Cynthia Gustafson, PhD, RN, division chair, Nursing Programs, University of Providence

“Even though my ‘business’ is nursing students, in the long run my business is providing quality nursing students who can provide quality patient care. This is what is happening with the compact. Whether it be in education or direct patient care, it gives our patients better access to quality nurses.”

— Cynthia Gustafson, PhD, RN, division chair, Nursing Programs, University of Providence

NLC Spotlight on Alaska

A recent survey of Alaska’s nursing workforce indicates that the NLC is widely supported. Out of over 3,000 nurses who completed the survey, 91% are in favor of joining the NLC. Nearly 90% of Alaska resident nurses are in favor of joining the compact, and 87% indicated they would apply for an NLC multistate license if available. Additionally, there is support from organizations such as the Alaska State Hospital and Nursing Home Association, the Department of Defense, Fresenius Medical Care, the AARP and more.

Due to the NLC’s overwhelming growth, success and support, the Alaska Board of Nursing, in collaboration with the Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA), planned a series of town hall meetings for Alaska legislators and residents, held on Jan. 27, Jan. 28 and Feb. 24, 2020. NCSBN State Advocacy and Legislative Affairs Associate Nicole Livianos and NLC staff collaborated to ensure that legislators received invitations to attend.

The meetings provided an overview, explained how to obtain a multistate license and how the multistate license works, debunked NLC-related myths, provided an update on the status of pending legislation in various states, explained the requirements when changing primary state of residence, and answered questions.

For additional information about the NLC, visit www.ncsbn.org/nlc. For questions about the town hall meetings, contact nursecompact@ncsbn.org. And, for questions related to the Alaska survey results, visit the Alaska Board of Nursing website or call 907.269.8161.

continued on page 12
Evolving with Change: The Benefits of Expanding Interstate Licensure

Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN, FAONL, FNAP, chief clinical officer, AMN Healthcare Services, Inc., says he hears stories every day from NLC nurses who are making a difference in the lives of patients. In his role at AMN Healthcare, Inc., Edmonson is responsible for ensuring quality across the AMN enterprise and supporting professionals caring for patients and families at thousands of health care organizations in all 50 states.

Edmonson believes the NLC can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public, while advancing the profession holistically. In 2017, Edmonson co-authored Nurse Manager’s Guide to Retention and Recruitment. He says he has seen compact licensure come a long way, especially in the way it has benefited patients, health care organizations, and nurses.

“I believe the compact matches the mobility of today’s nursing workforce, the needs of patients, and the structure of modern health care organizations that serve in multiple states,” he says. “This can be particularly important for nurses who live close enough to the borders of other states. The practice of health care and caring should be less defined by traditional boundaries like lines on a map but rather driven by patient needs.”

Read Cole Edmonson’s full story.

Do You Have an NLC Story to Share?

The 2020 legislative session looks promising as we anticipate successful adoption of the NLC in several additional states. By sharing your NLC story, you will help contribute to continued success of the NLC by showing legislators in states considering the adoption of the NLC how much it positively impacts nurses and patients. We’ve set up two ways to share your story:

Share a Video Testimonial
Take a few moments to share your experience with the NLC, or tell us why you hope multistate licensure comes to your state, and why. Through our partnership with Gather Voices, you can easily create two short video testimonials. The tool will walk you through the recording process, which you can complete on your computer, tablet or wireless phone.

Submit Your Written Story
Tell us in your words what the NLC means to you, either as a nurse who has benefited from interstate licensure, or a nurse who hopes the compact soon comes to your state.

Speed Round
Get to know NCSBN staff:
Alyson Brenton, MSN, RN, CNL
RN Test Development Associate II, Examinations

What do you do?
I am an RN Test Development Associate II for the Examinations Department. I provide nursing content oversight to the exams’ products and services. There are many steps to the test development process that go into making a fair, comprehensive and entry-level exam for nurses. A lot of my work has involved outreach with the public in the form of webinars, in-person speaking engagements, panel meetings, newsletters and any additional correspondence that may arise. I have also worked with members of the NCLEX® Examination Committee, which has the final oversight for the NCLEX.

What are the best and most challenging aspects of your job?
The best part of my job is interacting with people all over the world in health care and nursing regulation. I feel lucky to be a part of all the research opportunities in order to benefit the public for patient safety and public protection. Since I worked in a hospital for about 10 years before this job, getting used to the quiet of an office has at times been challenging. More importantly, anything that comes up that could take attention away from work priorities for the exams’ services at NCSBN.

If you weren’t working at NCSBN, what would your dream job be?
My dream job would be a travel blogger or writer, similar to Rick Steves. Traveling is one of my favorite hobbies, and this would allow me to see different parts of the world and share my experiences in other cultures with the world.

Exciting Opportunities for Graduate Nursing Students and Nursing Faculty

Now Accepting Applications
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.

“ʼThe experiential learning that just happens with the day-to-day activities of an organization, for me, was profoundly valuable.”
— Eileen Fry-Bowers, PhD, JD, RN, CPNP-PC
(NU's Scholar in Residence, 2018)
For more than five years, NCSBN has worked on what is likely the most significant research it has ever conducted – the Next Generation NCLEX® (NGN) project. Out of this research the Clinical Judgment Measurement Model was created to explore new ways of testing clinical judgment in the nursing profession as part of the licensure examination. All of this represents more than an evolution in testing, it is actually a revolution in testing science. Now it is time for more audiences to learn how this will all potentially be deployed in the future.

NCSBN has employed a number of ways to inform nurse educators, nurses, nursing students, health care administrators and employers, and the general public about the NGN project. These varied methods include: published research, NGN Talks, the Next Generation NCLEX News and presentations about NGN at various conferences among others. All of this represents more than an evolution in testing, it is actually a revolution in testing science. Now it is time for more audiences to learn how this will all potentially be deployed in the future.

NGN Talks and Videos Webpage Provides Useful Information of the Next Generation NCLEX

In preparation for the launch of Next Generation NCLEX, the NCSBN Examinations department has been posting informational videos to the NGN Resources section of our website since 2018. Most of the videos are five minutes or less and focused on a very specific topic (e.g., Item Development). However, there is also a longer overview video and two full-length webinars. One of our most recent postings is a one-hour webinar presented in December 2019 to nearly 1,000 educators by Examinations team members Aly Brenton, MSN, RN, CNL, and Emily Petersen, MS, MJ, APRN, RN, CPNP.

The campaign launched in December 2019. There are several mechanisms by which the commercial spots are distributed: a combination of display, video, email marketing and social media will be used to increase awareness about NGN.

Emails about the NGN will be sent to nurse educators, nurse preceptors, registered nurses, nurse aides, directors of nursing and others who would be impacted by changes in the NCLEX exam, and who have granted permission to receive mailings of this type.

The campaign launched in December 2019. There are several mechanisms by which the commercial spots are distributed: a combination of display, video, email marketing and social media will be used to increase awareness about NGN.

Lights, Camera and ACTION!

NCSBN Partners with CBS Community Partnership Program to Educate the Public About the Next Generation NCLEX® Project

produce several commercials for broadcast television. With the changing viewing habits of Americans and the proliferation of new social media platforms, it was logical to explore disseminating our messages about NGN through a digital marketing campaign that the CCPP now offers.

With the gracious permission of Loyola University’s School of Nursing in Maywood, Ill., NCSBN and CCPP shot several spots at the school’s Health Sciences Lab. The 30-second commercial utilized NCSBN staff from across the organization and new NCLEX staff members Latrice Johnson, MS, test development manager, Examinations, and Emily Petersen MS, MJ, APRN, RN, CPNP, RN test development associate II, who doubled as actors and expert advisers. In addition to NCSBN staff, two professional actors were hired to play the main roles in the spot, one of whom is actually an RN. Playing the younger nurse in the scenario, her expertise added to the realism and made it easier for NCSBN’s nursing experts to explain what she needed to do in each scene.

Additionally, a long form, three-and-a-half-minute video that details the various types of questions that would be in the NGN exam, was also produced.

The campaign launched in December 2019. There are several mechanisms by which the commercial spots are distributed: a combination of display, video, email marketing and social media will be used to increase awareness about NGN.

Emails about the NGN will be sent to nurse educators, nurse preceptors, registered nurses, nurse aides, directors of nursing and others who would be impacted by changes in the NLCEX exam, and who have granted permission to receive mailings of this type.

There are also Facebook and Instagram posts of the 30-second spot on CBS-branded web platforms as well as NCSBN corporate sites. The commercial spots will also appear as video ads on those platforms.

continued on page 16
About the Program
The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

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

Research Priorities
Research priorities include, but are not limited to:
- Impact of legalized marijuana
- Substance use disorders in nursing
- National and international regulatory issues
- Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.
- Remediation
- Innovations in nursing education

Innovations in nursing education

Leadership Succession is Everyone’s Responsibility!

Leadership Succession Committee Call for Nominations
Attention NCSBN Potential Leaders!
The fiscal year 2020 NCSBN Leadership Succession Committee would like you to consider becoming a candidate for office, or encourage a colleague to do so. Complete the NCSBN Candidate Application form for a position on the Board of Directors or the Leadership Succession Committee.

Learn more about the positions and to view candidate application questions.

Access the online application today

Deadline to apply: March 20, 2020

Ignite the leader within
Florida Board of Nursing Staff Honored
at Employee Recognition Ceremony

Four staff members with the Florida Board of Nursing were recently recognized during the Division of Medical Quality Assurance's annual Employee Recognition Ceremony. Kathy Herron, regulatory supervisor, received a Leadership Award for her hard work with the CNA Team. Karen Williams, regulatory specialist II with the board’s call center, was recognized for being the high number of “Thanks-a-Millions” she received during the past year. These certificates are given where an applicant or licensee writes or calls to compliment excellent customer service. Constance Williams, regulatory specialist II with the Licensure Unit, and Joe Baker, Jr., executive director, were also honored for 30 years of service in state government.

Texas Alternative Disciplinary Option for Practice Remediation Shows Success

In 2014, the Texas Board of Nursing referred its first cohort of nurses in need of practice remediation to an alternative discipline program: Knowledge, Skills, Teaching, Assessment and Research (KSTAR) Nursing. KSTAR Nursing is a comprehensive program offered by the Texas A&M Rural and Community Health Institute that utilizes an individualized assessment of the nurse with practice breakdowns, to design a personalized remedial education plan aimed at correcting any knowledge deficits that may exist. The program includes cause mapping, online knowledge assessments and simulation exercises with standardized patients to form the basis for each nurse’s remediation plan. Monitoring and follow-up are built into the program through the assignment of a nurse coach for each participant.

Following a pilot study, the Texas Board of Nursing approved KSTAR Nursing as a permanent option in 2017 for nurses meeting the criteria of Board rule 213.35 relating to Targeted Assessment and Remediation Pilot Program. Currently KSTAR is an option as an alternative to a standard disciplinary order for nurses with practice violations that result in a disciplinary sanction of a warning and below. As of December 2019, 208 nurses have enrolled in the program. Of those 208 nurse enrollees, 148 completed successfully, 43 are in the process of program completion, and 17 nurses were referred back to the board for unsuccessful completion of KSTAR Nursing.

Following program completion, nurse participants are surveyed regarding their experience with KSTAR Nursing. As of September 2019, responses received (53% response rate) have been positive, with narrative comments highlighting the participants’ appreciation for having an assigned nurse coach to assist their navigation of the remediation program, as well as appreciation for the college of nursing faculty on staff. Learn more about the KSTAR Nursing program.

Have news to share?
Send your News & Notes submissions via email.

“I highly recommend the KSTAR program as alternative form of disciplinary action for nurses. Thank you and all the other KSTAR staff for your professionalism when conducting the assessments. I truly appreciate it.”
— KSTAR Nursing program participant

Thompson-May Recognized as Leaders in Law Recipient

The Mississippi Business Journal recently recognized Brett Thompson-May as a 2019 Leaders in Law recipient. Thompson-May earned her Juris Doctorate from Mississippi College School of Law and has been a practicing attorney for 16 years, serving as General Counsel to the Mississippi Board of Nursing for 13 years. She has been appointed to numerous national and state bar health and nursing related committees, is an adjunct professor and currently serves as co-chair to the NCSBN Compact Rules Committee. In addition, she has been a speaker and instructor in CLEAR’s and NCSBN’s investigator training programs presenting such topics as Administrative Law, Evidence and Testifying in Administrative Hearings. Most recently, Thompson-May played an integral role in the creation of the Mississippi Board of Nursing’s first alternative-to-discipline program, entitled the Mississippi Nurse Voluntary Program (MnVP), providing assistance in drafting legislation, promulgation of rules and regulations and drafting the program’s strategic plan and internal operations.

“高推荐

KSTAR

I highly recommend the KSTAR program as alternative form of disciplinary action for nurses. Thank you and all the other KSTAR staff for your professionalism when conducting the assessments. I truly appreciate it.”
— KSTAR Nursing program participant

Texas Alternative Disciplinary Option for Practice Remediation Shows Success

In 2014, the Texas Board of Nursing referred its first cohort of nurses in need of practice remediation to an alternative discipline program: Knowledge, Skills, Teaching, Assessment and Research (KSTAR) Nursing. KSTAR Nursing is a comprehensive program offered by the Texas A&M Rural and Community Health Institute that utilizes an individualized assessment of the nurse with practice breakdowns, to design a personalized remedial education plan aimed at correcting any knowledge deficits that may exist. The program includes cause mapping, online knowledge assessments and simulation exercises with standardized patients to form the basis for each nurse’s remediation plan. Monitoring and follow-up are built into the program through the assignment of a nurse coach for each participant.

Following a pilot study, the Texas Board of Nursing approved KSTAR Nursing as a permanent option in 2017 for nurses meeting the criteria of Board rule 213.35 relating to Targeted Assessment and Remediation Pilot Program. Currently KSTAR is an option as an alternative to a standard disciplinary order for nurses with practice violations that result in a disciplinary sanction of a warning and below. As of December 2019, 208 nurses have enrolled in the program. Of those 208 nurse enrollees, 148 completed successfully, 43 are in the process of program completion, and 17 nurses were referred back to the board for unsuccessful completion of KSTAR Nursing.

Following program completion, nurse participants are surveyed regarding their experience with KSTAR Nursing. As of September 2019, responses received (53% response rate) have been positive, with narrative comments highlighting the participants’ appreciation for having an assigned nurse coach to assist their navigation of the remediation program, as well as appreciation for the college of nursing faculty on staff. Learn more about the KSTAR Nursing program.

Have news to share?
Send your News & Notes submissions via email.

“I highly recommend the KSTAR program as alternative form of disciplinary action for nurses. Thank you and all the other KSTAR staff for your professionalism when conducting the assessments. I truly appreciate it.”
— KSTAR Nursing program participant

Thompson-May Recognized as Leaders in Law Recipient

The Mississippi Business Journal recently recognized Brett Thompson-May as a 2019 Leaders in Law recipient. Thompson-May earned her Juris Doctorate from Mississippi College School of Law and has been a practicing attorney for 16 years, serving as General Counsel to the Mississippi Board of Nursing for 13 years. She has been appointed to numerous national and state bar health and nursing related committees, is an adjunct professor and currently serves as co-chair to the NCSBN Compact Rules Committee. In addition, she has been a speaker and instructor in CLEAR’s and NCSBN’s investigator training programs presenting such topics as Administrative Law, Evidence and Testifying in Administrative Hearings. Most recently, Thompson-May played an integral role in the creation of the Mississippi Board of Nursing’s first alternative-to-discipline program, entitled the Mississippi Nurse Voluntary Program (MnVP), providing assistance in drafting legislation, promulgation of rules and regulations and drafting the program’s strategic plan and internal operations.

“高推荐

KSTAR

I highly recommend the KSTAR program as alternative form of disciplinary action for nurses. Thank you and all the other KSTAR staff for your professionalism when conducting the assessments. I truly appreciate it.”
— KSTAR Nursing program participant

Texas Alternative Disciplinary Option for Practice Remediation Shows Success

In 2014, the Texas Board of Nursing referred its first cohort of nurses in need of practice remediation to an alternative discipline program: Knowledge, Skills, Teaching, Assessment and Research (KSTAR) Nursing. KSTAR Nursing is a comprehensive program offered by the Texas A&M Rural and Community Health Institute that utilizes an individualized assessment of the nurse with practice breakdowns, to design a personalized remedial education plan aimed at correcting any knowledge deficits that may exist. The program includes cause mapping, online knowledge assessments and simulation exercises with standardized patients to form the basis for each nurse’s remediation plan. Monitoring and follow-up are built into the program through the assignment of a nurse coach for each participant.

Following a pilot study, the Texas Board of Nursing approved KSTAR Nursing as a permanent option in 2017 for nurses meeting the criteria of Board rule 213.35 relating to Targeted Assessment and Remediation Pilot Program. Currently KSTAR is an option as an alternative to a standard disciplinary order for nurses with practice violations that result in a disciplinary sanction of a warning and below. As of December 2019, 208 nurses have enrolled in the program. Of those 208 nurse enrollees, 148 completed successfully, 43 are in the process of program completion, and 17 nurses were referred back to the board for unsuccessful completion of KSTAR Nursing.

Following program completion, nurse participants are surveyed regarding their experience with KSTAR Nursing. As of September 2019, responses received (53% response rate) have been positive, with narrative comments highlighting the participants’ appreciation for having an assigned nurse coach to assist their navigation of the remediation program, as well as appreciation for the college of nursing faculty on staff. Learn more about the KSTAR Nursing program.

Have news to share?
Send your News & Notes submissions via email.
SAVE THE DATE

2020 NCSBN Annual Meeting
Aug. 12–14, 2020
Chicago

More information will be featured in the coming months.

Featuring keynote speaker Doris Kearns Goodwin, world-renowned presidential historian and Pulitzer Prize-winning author

NCSBN
Leading Regulatory Excellence