



**BOARD OF NURSING**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Dan Williams (608) 266-2112**  
**June 14, 2018**

*The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.*

**AGENDA**

**9:00 A.M.**

**OR IMMEDIATELY FOLLOWING THE NURSE PRACTICE ACT (NPA) EDUCATION  
WORKGROUP MEETING**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

**A. Adoption of Agenda (1-4)**

**B. Approval of Minutes of May 10, 2018 (5-12)**

**C. Administrative Matters – Discussion and Consideration**

1. Board Members – Term Expiration Dates:
  - a. Paul Abegglen – 7/1/2019
  - b. Jennifer Eklof – 7/1/2021
  - c. Elizabeth Smith Houskamp – 7/1/2020
  - d. Peter Kallio – 7/1/2018
  - e. Sheryl Krause – 7/1/2018
  - f. Lillian Nolan – 7/1/2019
  - g. Luann Skarlupka – 7/1/2021
  - h. Cheryl Streeter – 7/1/2018
  - i. Pamela White – 7/1/2019
2. Department Updates

**D. Education and Examination Matters – Discussion and Consideration**

1. Madison College – Request for Authorization to Plan a Licensed Practical Nursing School **(13-40)**
2. Safe and Student Report Study from NCSBN **(41-60)**

**E. Credentialing Matters**

1. Review Approved APNP Certification List **(61-63)**

**F. Legislative/Administrative Rule Matters – Discussion and Consideration**

1. Act 262 Report Relating to Controlled Substances
2. Update on Legislation and Pending or Possible Rulemaking Projects

**G. Speaking Engagement(s), Travel, or Public Relation Request(s) – Discussion and Consideration**

1. Attendance at the 2018 NCSBN Annual Meeting on August 15-17, 2018 in Minneapolis, MN  
**(64-67)**

**H. NCSBN Items – Discussion and Consideration**

1. Update as to Nurse Compact (NLC) and Enhanced Nurse Compact (eNLC)
2. Update from the NPA Education Workgroup

**I. Board of Nursing Liaison Reports – Discussion and Consideration**

**J. Deliberation on Items Added After Preparation of Agenda:**

1. Introductions, Announcements and Recognition
2. Election of Officers
3. Appointment of Liaison(s)
4. Delegation of Authorities
5. Administrative Matters
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Legislative/Administrative Rule Matters
10. Liaison Reports
11. Board Liaison Training and Appointment of Mentors
12. Informational Items
13. Disciplinary Matters
14. Presentations of Petitions for Summary Suspension
15. Petitions for Designation of Hearing Examiner
16. Presentation of Proposed Stipulations, Final Decisions and Orders
17. Presentation of Proposed Final Decision and Orders
18. Presentation of Interim Orders
19. Petitions for Re-Hearing
20. Petitions for Assessments
21. Petitions to Vacate Orders
22. Requests for Disciplinary Proceeding Presentations
23. Motions
24. Petitions
25. Appearances from Requests Received or Renewed
26. Speaking Engagement(s), Travel, or Public Relation Request(s)

**K. Public Comments**

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).**

**L. Deliberation on Division of Legal Services and Compliance (DLSC) Matters**

**1. Attorney Alicia Nall**

- a. Stipulations and Final Decisions and Orders
  1. 17 NUR 003 – Stacy R. Hoyt, R.N. **(70-82)**
  2. 17 NUR 305 – Diana M. Slaughter, R.N. **(83-89)**
  3. 17 NUR 692 – Sara A. Ross, R.N. **(90-95)**

**2. Monitoring**

**a. Department Monitor Jesse Benisch**

1. Mallory Fife, R.N. – Requesting a reduction in screens, termination of AODA therapy and access to controlled substances **(96-126)**

**b. Department Monitor Erin Graf**

1. Joni Eberhardy, R.N. – Requesting Full Licensure **(127-151)**
2. Margaret Grevstad, R.N. – Requesting Full Licensure **(152-174)**
3. Julie Harley, R.N. – Requesting Full Licensure **(175-198)**
4. Puronica Leonard-Kroupa, R.N. – Review Violation of Board Order **(199-211)**

**M. Deliberation on Order Fixing Costs in the Matter of Donna J. Klimek, R.N. Respondent, DHA Case No. SPS-17-0014/DLSC Case No. 15 NUR 345 (212-235)**

**N. Review Conviction History for Stacy Rutsch #614654 (236-417)**

**O. Deliberation on Proposed Final Decisions and Orders**

**P. Deliberation of Items Added After Preparation of the Agenda**

1. Education and Examination Matters
2. Credentialing Matters
3. Disciplinary Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Administrative Warnings
10. Review of Administrative Warnings
11. Proposed Final Decision and Orders
12. Matters Relating to Costs/ Orders Fixing Costs
13. Case Closings
14. Board Liaison Training
15. Proposed Interim Orders
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

**Q. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**R. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**S. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**

1. Newsletter Update (**68-69**)

**T. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration**

**ADJOURNMENT**

**NEXT MEETING DATE: JUNE 27, 2018 (TELECONFERENCE)**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**BOARD OF NURSING  
MEETING MINUTES  
May 10, 2018**

**PRESENT:** Paul Abegglen (*via GoToMeeting/arrived at 9:08 a.m., disconnected at 11:35 a.m., reconnected at 12:31 p.m.*), Jennifer Eklof, Sheryl Krause, Luann Skarlupka (*via GoToMeeting/ disconnected at 11:35 a.m., reconnected at 12:31 p.m.*), Elizabeth Smith-Houskamp (*via GoToMeeting, joined the meeting at 12:31 p.m.*), Cheryl Streeter, Pamela White, Peter Kallio

**EXCUSED:** Lillian Nolan

**STAFF:** Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other DSPS Staff

**CALL TO ORDER**

Sheryl Krause, Chair, called the meeting to order at 8:33 a.m. A quorum of six (6) members was confirmed.

**ADOPTION OF THE AGENDA**

**Amendments to the Agenda**

- Open Session – After item “C. Administrative Matters”
  - **ADD: “8:30 A.M. APPEARANCES: Division of Legal Services and Compliance (DLSC) Attorney, and Attorney for the Respondent, Marlene Garvis – Oral Arguments in the Matter of the Disciplinary Proceedings Against Donna J. Klimek, R.N. (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345)”**
- Closed Session – Under item “M. Deliberation on Division of Legal Services and Compliance (DLSC) Matters; 1) Attorney Alicia Nall; b. Stipulations and Final Decisions and Orders”:
  - **ADD:** 17 NUR 165 – Rescha L. Bloedow, R.N., A.P.N.P.
  - **ADD:** 17 NUR 242 – Francis Joseph Reyes, R.N.
  - **REMOVE:** 17 NUR 003 – Stacy R. Hoyt, R.N.

**MOTION:** Peter Kallio moved, seconded by Jennifer Eklof, to adopt the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES**

**April 12, 2018**

**MOTION:** Peter Kallio moved, seconded by Pamela White, to approve the minutes of April 12, 2018 as published. Motion carried unanimously.

**April 20, 2018**

**MOTION:** Peter Kallio moved, seconded by Pamela White, to approve the minutes of April 20, 2018 as published. Motion carried unanimously.

**8:30 A.M. APPEARANCES: DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) ATTORNEY, AND ATTORNEY FOR THE RESPONDENT, MARLENE GARVIS – ORAL ARGUMENTS IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST DONNA J. KLIMEK, R.N. (DHA CASE NUMBER SPS-17-0014/DLSC CASE NUMBER 15 NUR 345)**

*(Sheryl Krause recused herself and left the room for delivery of oral arguments in the matter concerning Donna J. Klimek, R.N., Respondent (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345). Peter Kallio chaired the meeting for the duration of this matter.)*

*(Paul Abegglen arrived at 9:08 a.m.)*

**REQUEST FROM AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) CERTIFICATION CORPORATION**

- MOTION:** Pamela White moved, seconded by Peter Kallio, to add the following exams to the approved list for certification of APNPs:
- Adult-Gerontology Acute Care Nurse Practitioner (ACNPC-AG)
  - Adult-Gerontology Clinical Nurse Specialist, wellness through acute care (ACCNS-AG)
  - Pediatric Clinical Nurse Specialist, wellness through acute care (ACCNS-P)
  - Neonatal Clinical Nurse Specialist, wellness through acute care (ACCNS-N)
- Motion carried unanimously.

**EDUCATION AND EXAMINATION MATTERS**

**Herzing University-Brookfield – Request for Authorization to Admit to LPN School of Nursing**

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to approve the request of Herzing University-Brookfield for authorization to admit students to its LPN school of nursing. Motion carried unanimously.

**MOTION:** Cheryl Streeter moved, seconded by Luann Skarlupka, to acknowledge and thank Dr. Deborah Ziebarth, Dr. Stephen McEvoy, and Dr. Patricia Edwards from Herzing University, Brookfield for their appearance before the Board. Motion carried unanimously.

**Review of 2017 NCLEX Pass Rate Reports**

***Herzing University-Madison***

**MOTION:** Peter Kallio moved, seconded by Jennifer Eklof, to acknowledge and thank Dr. Annmarie Lyles, and Dr. Patricia Edwards from Herzing University-Madison for their appearance before the Board. Motion carried unanimously.

**MOTION:** Peter Kallio moved, seconded by Jennifer Eklof, to accept the NCLEX Pass Rate improvement plan of Herzing University-Madison. Motion carried unanimously.

*Marian University*

**MOTION:** Peter Kallio moved, seconded by Pamela White, that the Board acknowledges and thanks Dr. Linda Matheson and Nancy Noble from Marian University for their appearance, and for the submission of their plan. Motion carried unanimously.

*Rasmussen College-Green Bay*

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, that the Board acknowledges and thanks Dean Julie Williams and Dr. Robert Muster from Rasmussen College-Green Bay for their appearance, and for the submission of their plan. Motion carried unanimously.

*University of Wisconsin-Milwaukee*

**MOTION:** Pamela White moved, seconded by Jennifer Eklof, that the Board acknowledges and thanks Dr. Kim Litwack from University of Wisconsin-Milwaukee for her appearance, and for the submission of the school's plan. Motion carried unanimously.

**LEGISLATIVE/ADMINISTRATIVE RULE MATTERS**

**2017 Wisconsin Act 262 Report Relating to Controlled Substances**

**MOTION:** Pamela White moved, seconded by Peter Kallio, to request PDMP staff to provide a breakdown of APNP registration numbers by roles, and the number of these individuals who are also checking the PDMP. Proposed goals include: Newsletter education for all nurses in addition to APNPs, educational outreach, handling of discipline cases, and review of general PDMP statistical data. Motion carried unanimously.

**2018 National Council of State Boards of Nursing (NCSBN) Executive Officer Summit on June 19 & 20, 2018 in Kohler, WI**

**MOTION:** Luann Skarlupka moved, seconded by Paul Abegglen, to designate Dan Williams to attend the 2018 National Council of State Boards of Nursing (NCSBN) Executive Officer Summit on June 19 & 20, 2018 in Kohler, WI, and to authorize travel. Motion carried unanimously.

*(Paul Abegglen and Luann Skarlupka were disconnected from the meeting at 11:35 a.m.)*

## CLOSED SESSION

**MOTION:** Pamela White moved, seconded by Peter Kallio, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Sheryl Krause, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Jennifer Eklof-yes; Sheryl Krause-yes; Peter Kallio-yes; Cheryl Streeter-yes; Pamela White-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:45 a.m.

## RECONVENE TO OPEN SESSION

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 1:24 p.m.

## VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to affirm all motions made and votes taken in closed session. Motion carried unanimously.

*(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)*

## DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

### Attorney Alicia Nall

#### *Administrative Warnings*

#### **17 NUR 630 – J.B.S.**

**MOTION:** Cheryl Streeter moved, seconded by Jennifer Eklof, to issue an Administrative Warning in the matter of 17 NUR 630 (J.B.S.). Motion carried unanimously.

*(Paul Abegglen and Luann Skarlupka were reconnected, and Beth Smith-Houskamp joined the meeting at 12:31 p.m.)*

*Stipulations and Final Decisions and Orders*

**17 NUR 030 – Gina T. Kent, R.N., A.P.N.P.**

**MOTION:** Jennifer Eklof moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Gina T. Kent, R.N., A.P.N.P., DLSC Case Number 17 NUR 030. Motion carried unanimously.

**17 NUR 165 – Rescha L. Bloedow, R.N., A.P.N.P.**

**MOTION:** Luann Skarlupka moved, seconded by Cheryl Streeter, to table the matter of disciplinary proceedings against Rescha L. Bloedow, R.N., A.P.N.P., DLSC Case Number 17 NUR 165. Motion carried unanimously.

**17 NUR 242 – Francis Joseph Reyes, R.N.**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Francis Joseph Reyes, R.N., DLSC Case Number 17 NUR 242. The Board directs DLSC staff to send a copy of the order to any states in which the respondent is or has been licensed. Motion carried unanimously.

**17 NUR 347 – Amy L. Morrisey, L.P.N.**

**MOTION:** Jennifer Eklof moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Amy L. Morrisey, L.P.N., DLSC Case Number 17 NUR 347. Motion carried unanimously.

**17 NUR 653 – Joliene K. Kues, R.N., A.P.N.P.**

**MOTION:** Jennifer Eklof moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Joliene K. Kues, R.N., A.P.N.P., DLSC Case Number 17 NUR 653. Motion carried unanimously.

**17 NUR 772 – Paula I. McHale, R.N.**

**MOTION:** Jennifer Eklof moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Paula I. McHale, R.N., DLSC Case Number 17 NUR 772. Motion carried unanimously.

**18 NUR 029 – Susan K. Alby, R.N.**

**MOTION:** Jennifer Eklof moved, seconded by Cheryl Streeter, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Susan K. Alby, R.N., DLSC Case Number 18 NUR 029. Motion carried unanimously.

## Case Closures

**MOTION:** Cheryl Streeter moved, seconded by Pamela White, to close the DLSC Cases for the reasons outlined below:

1. 17 NUR 040 – T.P. – Insufficient Evidence
2. 17 NUR 198 – L.I. – Prosecutorial Discretion (P2)
3. 17 NUR 201 – E.L. – Prosecutorial Discretion (P2)
4. 17 NUR 216 – A.E. – Prosecutorial Discretion (P2)
5. 17 NUR 230 – R.B. – Prosecutorial Discretion (P2)
6. 17 NUR 335 – N.B. – Insufficient Evidence
7. 18 NUR 020 – B.M. – Prosecutorial Discretion (P2)

Motion carried unanimously.

## Monitoring

*Department Monitor Jesse Benisch*

**Karen Costigan, R.N. – Requesting Full Licensure**

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to grant the request of Karen Costigan for full licensure. Motion carried unanimously.

*Department Monitor Zoua Cha*

**Sue Schindler, R.N. – Requesting Full Licensure**

**MOTION:** Pamela White moved, seconded by Cheryl Streeter, to grant the request of Sue Schindler, R.N. for full licensure. Motion carried unanimously.

**Lindsey Sears, R.N. – Requesting Acceptance of  
Drug Testing Through HPSP and Termination of Treatment**

**MOTION:** Cheryl Streeter moved, seconded by Jennifer Eklof, to grant the request of Lindsey Sears, R.N. for acceptance of drug testing through HPSP and termination of treatment. Motion carried unanimously.

**Anthony Solberg, R.N. – Requesting a Reduction in Screens,  
Reduction Of AA/NA Meetings, and Access to Controlled Substances**

**MOTION:** Cheryl Streeter moved, seconded by Pamela White, to grant the request of Anthony Solberg, R.N. for a reduction in the frequency of drug screens to 36 per year and for access to controlled substances. The Board denies the request for a reduction in AA/NA meetings. **Reason for Denial:** Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

**Donna Wiegert, R.N. – Requesting Full Licensure**

**MOTION:** Pamela White moved, seconded by Cheryl Streeter, to grant the request of Donna Wiegert, R.N. for full licensure. Motion carried unanimously.

*Department Monitor Erin Graf*

**Sara Cenicerros, R.N. – Requesting Acceptance of Drug Monitoring Through HPSP**

**MOTION:** Cheryl Streeter moved, seconded by Peter Kallio, to grant the request of Sara Cenicerros, R.N. for acceptance of drug monitoring through HPSP. Motion carried unanimously.

**Paula Johnson-Ruffin, R.N. – Requesting Full Licensure**

**MOTION:** Peter Kallio moved, seconded by Pamela White, to grant the request of Paula Johnson-Ruffin, R.N. for full licensure. Motion carried unanimously.

**Melissa Kamp, R.N. – Requesting Reduction in Screens,  
Termination Of AA/NA Meetings and Access to Controlled Substances**

**MOTION:** Cheryl Streeter moved, seconded by Pamela White, to grant the request of Melissa Kamp, R.N. for a reduction in the frequency of drug screens to 28 per year with one annual hair test. The Board denies the request for termination of AA/NA meetings and access to controlled substances. **Reason for Denial:** Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

**Sherri Lara, R.N. – Requesting Full Licensure**

**MOTION:** Peter Kallio moved, seconded by Pamela White, to grant the request of Sherri Lara, R.N. for full licensure. Motion carried unanimously.

**Stephanie McMillen, R.N. – Requesting Termination of Treatment**

**MOTION:** Cheryl Streeter moved, seconded by Pamela White, to grant the request of Stephanie McMillen, R.N. for termination of treatment. Motion carried unanimously.

## DELIBERATION ON PROPOSED FINAL DECISIONS AND ORDERS

### Donna J. Klimek, R.N., Respondent (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345)

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to adopt the proposed Findings of Fact and Conclusions of Law and Order in the matter of disciplinary proceedings against Donna J. Klimek, R.N., Respondent (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345). Motion carried.

*(Sheryl Krause recused herself and left the room for deliberation and voting in the matter concerning Donna J. Klimek, R.N., Respondent (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345). Peter Kallio chaired the meeting for deliberation and voting in this matter.)*

### **BOARD STRATEGIC PLANNING AND ITS MISSION, VISION AND VALUES**

**MOTION:** Peter Kallio moved, seconded by Pamela White, to cancel the July 12, 2018 meeting. Motion carried unanimously.

### **ADJOURNMENT**

**MOTION:** Peter Kallio moved, seconded by Jennifer Eklof, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:39 p.m.

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Kerri Kliminski Madison College		<b>2) Date When Request Submitted:</b>  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Board of Nursing			
<b>4) Meeting Date:</b> June 14, 2018	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Education and Examination Matters – Madison College Request for Approval to Plan a Licensed Practical Nursing school	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <u>Fill out Board Appearance Request</u> ) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b> <b>From:</b> Kliminski, Kerri L < <a href="mailto:KKliminski@madisoncollege.edu">KKliminski@madisoncollege.edu</a> > <b>Sent:</b> Monday, May 21, 2018 11:51 AM <b>To:</b> DSPS Examinations Office < <a href="mailto:DSPSExaminationsOffice@wisconsin.gov">DSPSExaminationsOffice@wisconsin.gov</a> > <b>Subject:</b> Madison Authorization to Plan a School of Nursing- Stand-Alone Practical Nursing  Attached please find Form 3025 Authorization to Plan a School of Nursing and plan requesting approval to re-initiate a stand-alone practical nursing program at the Madison College Goodman South Campus projected to break ground June 11, 2018. Please do not hesitate to forward any questions.  Thank you!  Kerri Kliminski EdD, MSN, RN Interim Associate Dean of Nursing Madison Area Technical College 1705 Hoffman St Madison, WI 53704 Office 608.246.6621 <a href="mailto:kkliminski@madisoncollege.edu">kkliminski@madisoncollege.edu</a>  02-7007 ext 572			



# MADISON COLLEGE PLAN TO RE-IMPLEMENT A STAND- ALONE PRACTICAL NURSING PROGRAM

Date: 5-21-2018

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## Controlling Organization & Accreditation Status

Madison Area Technical College  
1701 Wright St.  
Madison, WI 53704

Accreditation through 2025

Higher Learning Commission  
Open Pathway

General Information

<https://madisoncollege.edu/accreditation>

2016 Comprehensive Quality Review Site Visit Report

<https://madisoncollege.edu/accreditation-reports>

## Intent to Establish A Practical Nursing Program

### History

- The Madison College School of Health Education is planning to re-initiate a stand-alone Practical Nursing program at the new Madison College South Campus for the 2019/2020 school year.
  - 801 W. Badger Rd, Madison, WI 53713
- The program will be offered in the trimester format with the first trimester being in summer 2019 and the third trimester ending in late spring 2020.
- The stand-alone practical nursing program at the Madison Truax, Fort Atkinson and Reedsburg campuses was suspended in 2014 to redeploy resources to the associate degree nursing program.
- Upon successful completion of the program, students will earn a technical diploma in practical nursing and sit for the NCLEX - PN licensure exam.

### Method of Instruction

- Core nursing classes will be offered in traditional face-to-face format
- Pre-requisite nursing classes are available in traditional face-to-face, hybrid and on-line options based on student preference and learning style.

## Clinical Facilities and Resources

Madison College has allocated appropriate capital and operational funds for establishment of the stand-alone practical nursing program at the new South Madison Campus. In addition, current clinical affiliation agreements are inclusive of the associate degree nursing, practical nursing and nursing assistant programs at Madison College.

- See Appendix A Madison College Nursing Advisory Board Letter of Support
- See Appendix B Practical Nursing Operational Budget 2018/2019
- See Appendix C Madison College Goodman South Campus Practical Nursing & Nursing Assistant Lab/Classroom Renderings

## Staffing Plan

### Educational Administrator

- Lisa Marie Greenwood, EdD, RN, MSN, APRN-BC, CWOCN, CNS

### Faculty Needs

- Existing Arts & Sciences faculty for English 1 and Oral & Interpersonal Communication
- Existing 501 faculty for Body Structure and Function
- Existing faculty for the Certified Nursing Assistant class
- Two (2.0 FTE) new full-time nursing faculty
- Curriculum development for core nursing classes and 543-356 Human Growth & Development

### Staff Needs

- A part-time (0.49 FTE) PSRP lab coordinator to support both practical nursing and nursing assistant lab set-up will be hired or transferred from the existing PSRP pool.
  - Fall needed full-time weeks 1-10
  - Spring 8-16 hours per week
  - Simulation experience required

### Faculty Recruitment Plan

- Current full-time Associate Degree Nursing faculty will be asked if they are interested in teaching in the Practical Nursing program.
- Those that are interested will transfer from their current campus location to the South Campus.
- All current Madison College nursing faculty members are masters or doctoral prepared.
- External posting will occur to fill the practical nursing faculty positions or back-fill associate degree nursing positions.

## Implementation Timeline

- May 2018 submit Form 3025 Application for Authorization to Plan a School of Nursing
- July – August 2018 college system set-up and website development
- August 2018 submit Form 3027 Request for Authorization to Admit Students to a Nursing School
- August 2018 submit Form 1004 Clinical Facility and Simulated Setting Experiences
- August 2018 submit Form 1114 Faculty/Educational Administrator Qualification Record for EA
- September 2018 apply for Accreditation Commission for Education in Nursing (ACEN) candidacy
- July 2018 - December 2018 curriculum updates
- March 2019 faculty transfer to practical nursing request
- April 2019 hiring process for two full-time faculty if current nursing faculty are not interested in transferring to practical nursing program
- May 2019 submit Form 1114 Faculty/Educational Administrator Qualifications Record for faculty
- May 2019 clinical site requests submitted to clinical affiliates for 2019/2020 academic year
- May 2019 learning management system course set-up
- April 2018 students notified of admission acceptance
- June 2019 students take pre-requisite coursework
- July- August 2019 move in to Madison Goodman South Campus building
- August 2019 students begin core nursing coursework
- August 2020 ACEN Report on first graduating class
- August 2020 submission of form 3029 Nursing School Self-Evaluation Report for Initial Board of Nursing Approval

# Appendix A: Madison College Nursing Advisory Board Letter of Support



Friday, April 27, 2018

Wisconsin Board of Nursing  
Department of Safety & Professional Services  
PO Box 8366  
Madison, WI 53708

We, the undersigned members of the Madison Area Technical College Nursing Advisory Board, have been notified and are supportive of re-establishing a stand-alone practical nursing program.

Name	Title	Organization
Isabelle Garibaldi	Vice President/CNO	Waterbury Regional Medical Ctr.
MaryTheresL Mack	Recruiter	Aurora Medical Ctr Summit
Sheila Schultz	recruiter, Employment Coordinator	Attic Angel Community
Lisa McKlynn	Director of Nursing	Attic Angel Place
Valeri Schwetz	-SSM Health	Madison
Erica Olson	Nurse Recruiter/Scholarships Prog	Madison VA
Patrick Wilcox	Nurse Residency Coordinator	Wm S. Middleton VA Medical Center
Antonette Neitzel	Director Clinical Services, PALS	Aggrace Hospice Care
Teresa Edgren	Chief Emergent, Transitional Services	Madison VA
Lee Toppie	Nurse manager	University of Wisconsin Hospital
Mark Park	Dir of Education	DeWitt-Scott Health Care

# Appendix B: Practical Nursing Operational Budget 2018/2019

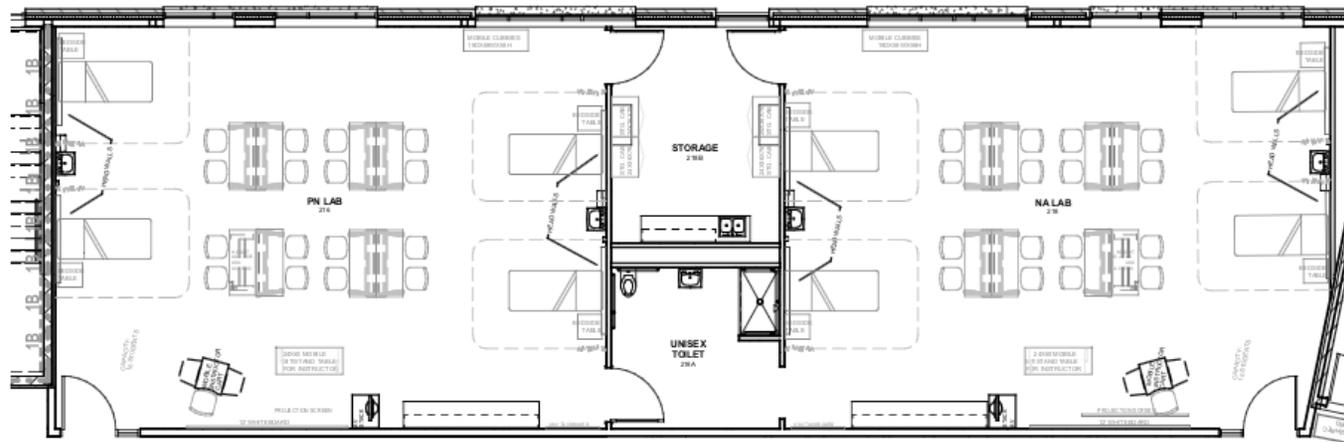
## Practical Nursing Draft Operational Budget 1-2018

Account Type *	Ledger Account Type	Ledger Account *	2019/20	Comments
Expenses	50 - 50 - Salaries/Wages	5045 - Clerical/Secretarial PT	2,000	
				Need FT Fall weeks convocation - 10, Spring casual simulation support/inventory/stoccking
Expenses	50 - 50 - Salaries/Wages	5055 - Technical/Paraprofessionals	30,000	
Expenses	50 - 50 - Salaries/Wages	5057 - Technical/Paraprofessionals PT	6,000	Spring semester support
Expenses	50 - 50 - Salaries/Wages	5073 - Instructor	204,000	2 FT Faculty
Expenses	50 - 50 - Salaries/Wages	5075 - Instructor Summer Contract	7,000	Growth and Development
Expenses	50 - 50 - Salaries/Wages	5078 - Substitute Instructor	1,000	
				ACEN candidacy SEEP/Data collection
Expenses	50 - 50 - Salaries/Wages	5079 - Instructor Special Assignment	10,000	
Expenses	50 - 50 - Salaries/Wages	5080 - Instructor Curriculum	6,000	Summer - core course development
Expenses	50 - 50 - Salaries/Wages	5081 - Instructor Sick Pay	4,000	
Expenses	50 - 50 - Salaries/Wages	5094 - Student Employees	2,000	
Expenses	51 - 51 - Fringe Benefits	5101 - Health Insurance	-	Per Budget Office
Expenses	51 - 51 - Fringe Benefits	5102 - Dental Insurance	-	
Expenses	51 - 51 - Fringe Benefits	5104 - Life Insurance	-	
Expenses	51 - 51 - Fringe Benefits	5105 - Retirement	-	
Expenses	51 - 51 - Fringe Benefits	5106 - FICA	-	
Expenses	51 - 51 - Fringe Benefits	5107 - Long-Term Disability/Income Protection	-	
Expenses	51 - 51 - Fringe Benefits	5159 - Miscellaneous Fringe Benefits	-	
Expenses	51 - 51 - Fringe Benefits	5199 - Budget - Fringe Benefits	-	
Expenses	52 - 52 - Current Expenditu	5201 - Travel	2,000	
Expenses	52 - 52 - Current Expenditu	5203 - Food	250	Advisory meeting
Expenses	52 - 52 - Current Expenditu	5213 - Dues/Memberships/Subscriptions	20,000	2 Additional NLN Memberships, ACEN Site visit fees
Expenses	52 - 52 - Current Expenditu	5230 - Supplies, Minor Equipment - Instructional	10,000	lab supplies
				2 faculty laptops, secured docking station (1500) and iPads (399), extra set of tetbooks for library (700); paper products and office supplies (1,000)
Expenses	52 - 52 - Current Expenditu	5231 - Supplies, Minor Equipment - Non-Instructi	5,498	
Expenses	52 - 52 - Current Expenditu	5259 - Postage	200	
Expenses	52 - 52 - Current Expenditu	5260 - Duplication/Printing/Graphics - Instruction	5,000	
				Program marketing materials for distribution
Expenses	52 - 52 - Current Expenditu	5261 - Duplication/Printing/Graphics - Non-Instru	1,000	
Expenses	52 - 52 - Current Expenditu	5280 - Repairs/Maintenance	2,000	
Expenses	52 - 52 - Current Expenditu	5350 - Professional Non-Academic/Other Contrac	5,000	Liko installation
Expenses		5210- Professional Development	2,000	
		<b>Total</b>	<b>324,948</b>	

# Appendix C: Madison College Goodman South Campus Practical Nursing & Nursing Assistant Lab/Classroom Renderings



Goodman South Campus - 801 W Badger Road, Madison, Wisconsin 53713



# Appendix D: WTCS Practical Nursing Program Design



Program Design

## 31-543-1 Practical Nursing

Program Information

<i>Instructional Level</i>	Technical Diploma
<i>Career Cluster</i>	Health Science
<i>CIP Code</i>	51.3901

*Description*

The Practical Nurse (PN) program prepares graduates to provide basic hands-on nursing care needed by patients in variety of health care settings. LPN's assist with data collection, develop and revise nursing care plans, reinforce teaching provided by RN's or other appropriate health care personnel, and participate as a member of the health care team in meeting basic client needs.

This is an excellent career for people who enjoy working with people and caring for individuals with physical or emotional concerns. Students must be willing to learn, have effective communication and interpersonal skills, and have an interest in health care as a career.

### **Mission Statement: Revised 4/23/2010**

The nursing programs within the Wisconsin Technical College System (WTCS) are committed to educational excellence. We prepare nurses with the knowledge, skills and attitude to enhance and restore the well-being of individuals, families, and the community by using the nursing process.

We value:

- Diversity
- Evidence-based practice
- Holistic, patient-centered care
- Honesty, integrity and fairness
- Life-long learning

- Safe and cooperative work environments
- Partnerships with students, businesses, government, educational systems, and communities
- Wise use of technology and resources entrusted to us

**Vision Statement: Developed 4/23/2010**

The Wisconsin Technical College nursing programs provide a quality, dynamic learning environment which prepares a diverse workforce of nurses to meet community needs.

*Target Population*

Individuals who want to be employed as a Licensed Practical Nurse in nursing homes, long-term care facilities, home health, doctor's offices, and hospitals.

Individuals with the following abilities are most likely to be successful Licensed Practical Nurses:

- Mature
- Independent thinkers
- Assertive
- Caring
- Ability to work with people
- Effective communication skills

*Career/Job Titles*

Licensed Practical Nurse  
Office Nurse  
Clinical Nurse  
Insurance Company Nurse  
Nursing Home Charge Nurse  
Home Care Nurse  
Private Duty Nurse  
Hospital Staff Nurse

*Accreditation Information*

College - Attain or maintain program accreditation by the Wisconsin Board of Nursing

College - Attain/maintain program accreditation by the Accreditation Commission for Nursing Education (ACEN) 3343 Peachtree Road N.E., Suite 850, Atlanta Georgia 30326.

Graduates of the program are eligible to take the National Council of State Board of Nursing licensure examination (NCLEX-PN).

#### *Entry Requirements*

- HS chemistry with C or better OR a standardized science assessment (ATI example), OR a college chemistry class with a C or better. There is no time limit on these credits
- Successful completion of a DHFS approved Nursing Assistant course
- Meet the health requirements of the college program
- Current CPR certification (at Health Care Provider Level)
- Satisfactory completion of pre-entrance assessment
- Completed criminal background information process

#### *Indirect Measures*

Meets college requirements for retention rates

Meets college requirements for job placement rates

Meets college expectations for employer satisfaction

Meets college expectations for graduate satisfaction

Meets college pass rate on licensure exam

#### *Nursing Conceptual Framework*

The conceptual framework of the Associate Degree State Nursing Curriculum is derived from the mission and philosophy of the nursing program. This conceptual model is a visualization of the interrelationships between the nursing students, the values of the program, and main concepts that are threaded throughout the program outcomes and competencies.

The compass symbolizes the direction of the student's growth throughout the program as well as their future endeavors. The star focuses on the program itself, the customers and student resources. Eight core values defined in the mission are noted in the inner circle. The middle circle describes the threads of the nursing program, necessary for growth and direction for the student. The threads add structure to the content and attainment of program outcomes. The outer circle depicts the environment where nursing care is provided and student learning develops.

Three major concepts are integrated into this conceptual framework. The first concept is the tradition of nursing care in a holistic, patient-centered environment. The second concept is the Nursing Process and the integration of the process into every nursing course. The third concept is the outcomes that are woven throughout the program, which help to organize the course content. The program outcomes are also the framework for evaluation of student progress, direction and performance. All of the concepts utilize evidenced-based practice and information from the sciences, technology, and humanities. 4/18/12VK

### WTCS Nursing Conceptual Framework Explanation

- The student is in the middle as the key figure/driving force.
- Our two nursing programs and faculty/staff make up the darker blue tips of the star/compass illustrating direction.
- The tips of the light blue start/compass contain the four major categories of the philosophy.
- The outer dark blue circle contain our customers • The light green circle contains our eight values
- The light grey circle contains our curriculum's main concepts

The Nursing Conceptual Framework Graphic is located here:

<https://wtcsystem.wids.org/PublicDocuments.axd?DocumentID=85a7671e-d537-458a-b0bf-d888a806ff15>

### *Technical Skills Attainment*

#### **TSA Assessment:** NCLEX-PN

#### **Sponsoring Organization:** National Council of State Boards of Nursing (NSCBN)

The NCLEX-PN Examination is designed to objectively measure the competencies needed to perform safely and effectively as a newly licensed, entry-level practical nurse. The NCLEX-PN Exam meets the requirements on the WTCS checklist for a TSA.

### *WTCS Nursing Curriculum Philosophy*

This philosophy incorporates Wisconsin Technical College System (WTCS) faculty beliefs regarding nursing education as shaped by the WTCS nursing mission statement.

**Nursing** is the dynamic interpersonal goal-directed process that seeks to promote optimal health within the context of individuals, family, community and society. The concepts of caring and integrity are central to nursing and communicated through both attitude and action. Nursing uses the nursing process, a problem solving approach to provide holistic, patient centered care to individuals, families, and groups. Nurses assess health and make clinical decisions to manage and provide safe and effective nursing care according to standards of practice within the legal, ethical and regulatory frameworks. Nursing is based on knowledge and science and is demonstrated by evidence-based practice. Through collaboration with other health care professionals, nursing is responsive to the needs of the community across the health-illness and lifespan continuum.

**Individuals, families, and groups** are diverse, complex living beings, in which physical, psychological, cultural and spiritual health processes are in constant interaction. This constant interaction provides the capacity for change. Individuals have inherent worth, dignity and autonomy in health care decisions.

**Nursing education** facilitates the development of knowledge, attitudes and skills appropriate to the learner's level of nursing practice. Nursing education integrates concepts from nursing and other disciplines and takes place in institutions of higher learning. As a practice discipline, nursing education requires the use of performance based instruction with measureable

competencies. Faculty and learners create a safe, cooperative environment which stimulates the spirit of inquiry, clinical reasoning, and self-directed life-long learning. Excellence in nursing education is achieved by providing students with a rigorous and dynamic curriculum using technology, partnerships and resources. Graduates are prepared to meet community specific healthcare needs as entry level practitioners.

### **System-wide Curriculum**

The WTCS nursing programs provide a seamless curriculum, which is flexible and accessible for learners on a statewide basis. Prior learning, experience and career mobility are valued and efforts are aimed at facilitating articulation between levels of nursing. Information gathering within the community network that includes advisory committees, employers, and health care consumers enhances curriculum review and revision. Approved 12/11

#### *External Standards*

<i>Title</i>	<i>American Nurses Association Standards (ANA)</i>
<i>Sponsoring Organization</i>	American Nurses Association

#### *Description*

The ANA provides a set of standards for professional nursing practice.

#### *Target Standards*

ANA 1: Assessment: The registered nurse collects comprehensive data pertinent to the patient's health or the situation.

ANA 3: Outcomes Identification: The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.

ANA 4: Planning: The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

ANA 5: Implementation: The registered nurse implements the identified plan.

ANA 8: Education: The registered nurse attains knowledge and competency that reflects current nursing practice.

<i>Title</i>	<i>Healthy People 2020</i>
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#### *Target Standards*

Healthy People 2020: Access to health services

Healthy People 2020: DATA 2020

Healthy People 2020: Education and community-based programs

Healthy People 2020: Health across life stages

Healthy People 2020: Healthcare associated infections

Healthy People 2020: Health communication

Healthy People 2020: Health information technology  
Healthy People 2020: Immunizations  
Healthy People 2020: Infectious diseases  
Healthy People 2020: Medical product safety  
Healthy People 2020: Public health infrastructure  
Healthy People 2020: Social determinants of health

*Title* *National Patient Safety Goals*

*Sponsoring Organization*

The Joint Commission

*Description*

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

*Target Standards*

National Patient Safety Goals

*Title* *NCLEX Test Plan*

*Sponsoring Organization*

National Council Licensure Examination for Registered Nurses

*Description*

The NCLEX® examination assesses the knowledge, skills and abilities that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health.

*Target Standards*

NCLEX: Integrated Processes: Nursing Process

NCLEX: Integrated Processes: Communication and Documentation

NCLEX: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health

NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies

NCLEX: Physiological Integrity: Reduction of Risk Potential

NCLEX: Physiological Integrity: Physiological Adaptation

NCLEX: Safe and Effective Care Environment: Management of Care: Assignment, Delegation and Supervision

NCLEX: Safe and Effective Care Environment: Management of Care: Collaboration with Interdisciplinary Team  
NCLEX: Safe and Effective Care Environment: Management of Care: Ethical Practice  
NCLEX: Safe and Effective Care Environment: Management of Care: Information Technology  
NCLEX: Safe and Effective Care Environment: Management of Care: Legal Rights and Responsibilities  
NCLEX: Safe and Effective Care Environment: Management of Care: Performance Improvement (Quality Improvement)  
NCLEX: Safe and Effective Care Environment: Safety and Infection Control: Accident/Error/Injury Prevention  
NCLEX: Physiological Integrity: Reduction of Risk Potential - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

*Title* *NLN Competencies for Graduates of Nursing Programs*

*Sponsoring Organization*

National League for Nursing

*Description*

Addressing nursing programs across the academic spectrum and reflecting the NLN's core values, NLN competencies guide nurse educators in designing curricula that position graduates for practice in a dynamic health care arena: practice that is informed by a body of knowledge and that ensures that all members of the public receive safe, quality care.

*Target Standards*

NLN Core Value: Ethics

NLN Core Value: Patient Centeredness

NLN Core Value: Integrity

NLN Integrating Concept: Professional identity

NLN Integrating Concept: Human flourishing

NLN Integrating Concept: Knowledge and science

NLN Integrating Concept: Nursing judgment

NLN Integrating Concept: Quality and safety

NLN Integrating Concept: Spirit of Inquiry

*Title* *QSEN: Quality and Safety Education for Nurses*

QSEN Institute

*Sponsoring Organization*

*Description*

QSEN faculty have defined pre-licensure and graduate quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs. Led by a national advisory board and distinguished faculty, QSEN pursues strategies to assure that future graduates develop competencies in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.

*Target Standards*

QSEN: Patient-Centered Care

QSEN: Teamwork & Collaboration

QSEN: Evidence Based Practice

QSEN: Quality Improvement

QSEN: Safety

QSEN: Informatics

*Title* *The Tiger Initiative*

*Description*

The TIGER Initiative, an acronym for Technology Informatics Guiding Education Reform, was formed in 2004 to develop a shared vision, strategies, and specific actions for improving nursing practice, education, and the delivery of patient care through the use of health information technology (HIT).

*Target Standards*

The Tiger Initiative

*Title* *Wisconsin Administrative Code*

Wisconsin State Legislature

*Sponsoring Organization*

*Description*

The Wisconsin Administrative Code governs the Registered Nursing profession in Wisconsin.

*Target Standards*

N6

N1.06

N 1.06 (2) (a)

**Program Outcomes**

- 1 *PN1. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence-based practice*

*Linked External Standards*

ANA 1: Assessment: The registered nurse collects comprehensive data pertinent to the patient's health or the situation.

ANA 5: Implementation: The registered nurse implements the identified plan.

Healthy People 2020: Access to health services

Healthy People 2020: DATA 2020

National Patient Safety Goals

NCLEX: Safe and Effective Care Environment: Management of Care: Ethical Practice

NCLEX: Safe and Effective Care Environment: Management of Care: Legal Rights and Responsibilities

NLN Core Value: Ethics

NLN Core Value: Integrity

NLN Integrating Concept: Professional identity

NLN Integrating Concept: Human flourishing

QSEN: Evidence Based Practice

N6

*Criteria*

Exhibit caring behaviors in collaboration with the health care team through advocacy on behalf of patients, families and caregivers

Practice within the PN legal and ethical frameworks for nursing

Demonstrate responsibility and accountability for learning, actions, and patient care

Provide quality care within the PN scope of practice complying with evidence-based standards

2 *PN2. Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts*

*Linked External Standards*

**National Patient Safety Goals**

**NCLEX: Integrated Processes: Communication and Documentation**

**N1.06**

*Criteria*

Utilize appropriate communication strategies based on patient need

Reinforce accurate, complete and pertinent information to patients, families and the health care team

Evaluate and modify communication strategies on an ongoing basis

3 *PN3: Integrate knowledge of social, mathematical, and physical sciences, pharmacology, and disease processes while participating in clinical decision making*

*Linked External Standards*

**Healthy People 2020: DATA 2020**

**National Patient Safety Goals**

NCLEX: Physiological Integrity: Pharmacological and Parenteral Therapies  
NCLEX: Physiological Integrity: Reduction of Risk Potential  
NCLEX: Physiological Integrity: Physiological Adaptation  
NLN Integrating Concept: Knowledge and science  
NLN Integrating Concept: Nursing judgment  
QSEN: Evidence Based Practice  
N 1.06 (2) (a)

*Criteria*

Maintain a questioning and open mind to consider new approaches, ideas and best practices

Apply theoretical knowledge and skills to assist in the care of patients

Provide rationale for judgments and decisions used in the provision of safe, quality care

4 *PN4: Provide patient centered care under supervision by participating in the nursing process across diverse populations and healthcare settings*

*Linked External Standards*

ANA 1: Assessment: The registered nurse collects comprehensive data pertinent to the patient's health or the situation.

ANA 3: Outcomes Identification: The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.

Healthy People 2020: Health across life stages

Healthy People 2020: Social determinants of health

National Patient Safety Goals

NCLEX: Integrated Processes: Nursing Process

NCLEX: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health

NLN Core Value: Patient Centeredness  
NLN Integrating Concept: Nursing judgment  
QSEN: Patient-Centered Care  
N6

*Criteria*

Assist with the application of the nursing process (assessment, diagnosis, planning, implementation and evaluation)

Demonstrate unbiased respect for diversity through holistic and patient centered care

Provide nursing care to promote health, safety and well-being, and self-care management

Contribute to a positive patient and family experience

5 *PN5: Minimize risk of harm to patients, members of the healthcare team, and self through safe individual performance and participation in system effectiveness*

*Linked External Standards*

Healthy People 2020: DATA 2020

Healthy People 2020: Healthcare associated infections

Healthy People 2020: Immunizations

Healthy People 2020: Infectious diseases

Healthy People 2020: Medical product safety

National Patient Safety Goals

NCLEX: Safe and Effective Care Environment: Management of Care: Performance Improvement (Quality Improvement)

NCLEX: Safe and Effective Care Environment: Safety and Infection Control: Accident/Error/Injury Prevention

NCLEX: Physiological Integrity: Reduction of Risk Potential - reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

NLN Integrating Concept: Quality and safety

QSEN: Quality Improvement

QSEN: Safety

*Criteria*

Implement and monitor practices for infection prevention

Utilize national patient safety resources, initiatives and regulations

Report errors and participate in system improvements

6 *PN6: Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan*

*Linked External Standards*

ANA 4: Planning: The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

ANA 8: Education: The registered nurse attains knowledge and competency that reflects current nursing practice.

Healthy People 2020: Education and community-based programs

Healthy People 2020: Public health infrastructure

National Patient Safety Goals

NCLEX: Safe and Effective Care Environment: Management of Care: Assignment, Delegation and Supervision

NCLEX: Safe and Effective Care Environment: Management of Care: Collaboration with Interdisciplinary Team  
QSEN: Teamwork & Collaboration

*Criteria*

Function within the PN scope of practice as a member of the healthcare team

Adapt communication to the team and situation to share information or solicit input

Implement the recommendations of others in helping the patient and/or family achieve health goals

7 *PN7: Use information and technology to communicate, manage data, mitigate error, and assist with decision-making*

*Linked External Standards*

Healthy People 2020: Health communication

Healthy People 2020: Health information technology

National Patient Safety Goals

NCLEX: Safe and Effective Care Environment: Management of Care: Information Technology

NLN Integrating Concept: Spirit of Inquiry

QSEN: Informatics

The Tiger Initiative

*Criteria*

Access data from a variety of sources

Document patient care in an electronic health record according to established standards

Apply technology and information management tools to support safe processes of care

Gather data to support quality improvement activities

Adhere to security measures to protect the confidentiality of all forms of health information

Program Configuration 31-543-1 Practical Nursing Program (Stand Alone)

*Type*

Degree

*Description*

NOTES:

- Practicum hours may be configured however each college deems appropriate (A to D hours.)
- \*Function in Program code in Program Curriculum System: 1 = Occupation Specific, 2 = Occupation Supportive, 4 = Elective, 6 = General Studies, 7 = Technical Studies

Outcomes

*Credits*

1 - Occupation Specific	19.00
2 - Occupation Supportive	13.00
	<hr/>
<i>Total Credits</i>	<i>32.00</i>

Semester 1

<i>Course #</i>	<i>Course Title</i>	<i>Credits</i>	<i>Function</i>
31-543-301, 10-543-101	<i>Nursing Fundamentals</i>	2.00	1 - Occupation Specific
31-543-302, 10-543-102	<i>Nursing Skills</i>	3.00	1 - Occupation Specific
31-543-303, 10-543-103	<i>Nursing Pharmacology</i>	2.00	1 - Occupation Specific
31-543-304, 10-543-104	<i>Nsg: Intro Clinical Practice</i>	2.00	1 - Occupation Specific
	<i>10-801-195 Written Communication or Tech Diploma Level Comm Course</i>	3.00	2 - Occupation Supportive
	<i>10-809-188 Developmental Psychology OR 31-xxx-xxx Growth and Development</i>	3.00	2 - Occupation Supportive
	<i>10-806-177 Gen Anatomy &amp; Physiology OR 31-xxx-xxx Body Structure and Function</i>	4.00	2 - Occupation Supportive

Semester 2

<i>Course #</i>	<i>Course Title</i>	<i>Credits</i>	<i>Function</i>
31-543-305, 10-543-105	<i>Nursing Health Alterations</i>	3.00	1 - Occupation Specific
31-543-306, 10-543-106	<i>Nursing Health Promotion</i>	3.00	1 - Occupation Specific
31-543-307, 10-543-107	<i>Nursing Clinical Care Across the Lifespan</i>	2.00	1 - Occupation Specific
31-543-308, 10-543-108	<i>Nursing Introduction to Clinical Care Management</i>	2.00	1 - Occupation Specific
	<i>10-801-196 Oral/Interpersonal Comm OR 31-xxx-xxx Technical Diploma Level Communications Course</i>	3.00	2 - Occupation Supportive

Program Course List

<i>Number</i>	<i>Title</i>	<i>Credits</i>	<i>Description</i>	<i>Pre/Corequisites</i>
31-543-301, 10-543-101	<i>Nursing Fundamentals</i>	2.00	This course focuses on basic nursing concepts to provide evidenced-based care to diverse patient populations across the lifespan. Current and historical issues impacting nursing will be explored within the scope of nursing practice. The nursing process will be introduced as a framework for organizing the care of patients	Admission to nursing program General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted
31-543-302, 10-543-102	<i>Nursing Skills</i>	3.00	This course focuses on development of evidence-based clinical skills and physical assessment across the lifespan. Content includes mathematical calculations and conversions related to clinical skills. In addition the course includes techniques related to obtaining a health history and basic physical assessment skills using a body systems approach.	Admission to nursing program or current LPN license General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted
31-543-303, 10-543-103	<i>Nursing Pharmacology</i>	2.00	This course introduces the principles of pharmacology, including drug classifications and their effects on the body. Emphasis is on the use of the components of the nursing process when administering medications.	Admission to the nursing program General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted
31-543-304, 10-543-104	<i>Nsg: Intro Clinical Practice</i>	2.00	This introductory clinical course emphasizes basic nursing skills and application of the nursing process in meeting the needs of diverse clients across the lifespan. Emphasis is placed on performing basic nursing skills, the formation of nurse-client relationships, communication, data collection, documentation, and medication administration.	Nursing Fundamentals General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted Nursing Skills Nursing Pharmacology

31-543-305, 10-543-105	<i>Nursing Health Alterations</i>	3.00	This course elaborates upon the basic concepts of health and illness as presented in Nursing Fundamentals. It applies theories of nursing in the care of patients through the lifespan, utilizing problem solving and critical thinking. This course will provide an opportunity to study conditions affecting different body systems and apply evidence-based nursing interventions. It will also introduce concepts of leadership and management.	Nursing Fundamentals Nursing Skills Nursing Pharmacology Nursing: Introduction to Clinical Practice General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted
31-543-306, 10-543-106	<i>Nursing Health Promotion</i>	3.00	This course focuses on topics related to health promotion for individuals and families throughout the lifespan. We will cover nursing care of the developing family, which includes reproductive issues, pregnancy, labor and delivery, post-partum, the newborn, and the child. Recognizing the spectrum of healthy families we will discern patterns associated with adaptive and maladaptive behaviors applying mental health principles. An emphasis is placed on teaching and supporting healthy lifestyles choices for individuals of all ages. Nutrition, exercise, stress management, empowerment, and risk reduction practices are highlighted. Study of the family will cover dynamics, functions, discipline styles, and stages of development.	Nursing Fundamentals Nursing Skills Nursing Pharmacology Nursing: Introduction to Clinical Practice Developmental Psychology General Anatomy and Physiology or Anatomy and Physiology I. For stand alone PN programs, Body, Structure, and Function may also be substituted
31-543-307, 10-543-107	<i>Nursing Clinical Care Across the Lifespan</i>	2.00	This clinical experience applies nursing concepts and therapeutic interventions to patients across the lifespan. It also provides an introduction to concepts of teaching and learning. Extending care to include the family is emphasized.	Nursing Health Promotion
31-543-308, 10-543-108	<i>Nursing Introduction to Clinical Care Management</i>	2.00	This clinical experience applies nursing concepts and therapeutic nursing interventions to groups of patients across the lifespan. It also provides an introduction to leadership, management, and team building.	Nursing Health Alterations

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366 1400 E. Washington Avenue Madison, WI 53708-8366 Madison, WI 53703

FAX #: (608) 266-2602

E-Mail: [web@dps.wi.gov](mailto:web@dps.wi.gov)

Phone #: (608) 266-2112

Website: <http://dps.wi.gov>

## BOARD OF NURSING

### APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

- (1) Name and address of controlling institution and evidence of accreditation status of controlling institution.
- (2) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
- (3) Evidence of the availability of sufficient clinical facilities and resources.
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to [dspsexaminationoffice@wisconsin.gov](mailto:dspsexaminationoffice@wisconsin.gov):

- (1) This completed and signed application form.
- (2) A written proposal addressing the five items above.

#### **Institution applying for authorization to plan a nursing school:**

Name of School: **Madison Area Technical College**

Address: **1701 Wright St  
Madison, WI 53704**

Nursing Program(s) (ADN, BSN, Other): **Practical Nursing**

Kerri Kliminski

Interim Associate Dean of Nursing

Name of School Representative Submitting Proposal

Title



5/21/2018

Signature

Date

(608) 246-6621

[kkliminski@madisoncollege.edu](mailto:kkliminski@madisoncollege.edu)

Telephone Number

Email Address

#3025 (8/14)

Ch. N 1.03, Wis. Admin. Code

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Dan Williams</b> <b>Executive Director</b>		<b>2) Date When Request Submitted:</b>  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> <b>Board of Nursing</b>			
<b>4) Meeting Date:</b> <b>June 14, 2018</b>	<b>5) Attachments:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  <b>Educational Matters</b> 1) <b>Safe Student Report study from NCSBN</b>	
<b>7) Place Item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <u>Fill out Board Appearance Request</u> ) <input type="checkbox"/> No	
<b>9) Name of Case Advisor(s), if required:</b>			
<b>10) Describe the issue and action that should be addressed:</b>  Dear Primary Education Consultants,  You probably saw the Spring Leader to Leader (attached), which included an interview with Jane Barnsteiner and Joanne Disch about our Safe Student Reports (SSR) study. If you haven't read about it, please take a moment and read the article, as well as the brochure I am attaching. This is an innovative study in that no other health profession or country has developed a database that collects student errors or near misses. In order to make sure the data are protected (not discoverable in a court of law), we have obtained an NIH Certificate of Confidentiality, which protects the data (this has been tested in court cases). The study has been IRB approved and for the first year we will look at the types and extent of errors and near misses in nursing programs. After the first pilot year, we will invite an expert panel to review the data with us and make future recommendations.  We are hoping that you will encourage your nursing programs to participate in this groundbreaking study. Currently we have enrolled 61 schools, and enrollment will be ongoing. Besides being able to track their own errors and near misses, programs will be able to compare them to national aggregate data that we will send out biannually. Additionally, we are holding quarterly conference calls with the SSR network so that they can learn from each other about making safety improvements.  Please let me know if you have any questions. Thanks so much!  <i>Nancy Spector, PhD, RN, FAAN, Director Regulatory Innovations</i>  <i>National Council of State Boards of Nursing</i>  <i>111 E. Wacker Dr., Suite 2900, Chicago, IL 60601</i>  <i>312-525-3657 (Direct)</i>			

# LEADER TO LEADER

**INTERVIEW:**

## Researchers Discuss Groundbreaking Study

In 2013, NCSBN awarded a Center for Regulatory Excellence (CRE) grant to two researchers, **Jane Barnsteiner, PhD, RN, FAAN** and **Joanne Disch, PhD, RN, FAAN** (see bios on page 2). They developed an innovative reporting and tracking tool, called **Safe Student Reports (SSR)**, for nursing student errors and near misses. Nothing like this exists in the health professions, nor outside the U.S. NCSBN is now making it available to schools of nursing free of charge through participation in a research study. NCSBN spoke with Barnsteiner and Disch about the SSR.



Jane Barnsteiner, PhD, RN, FAAN



Joanne Disch, PhD, RN, FAAN

**What is your experience with nursing programs policies and procedures dealing with student errors?**

**DR. JANE BARNSTEINER:** In a national faculty workshop that we did with support from the Robert Wood Johnson Foundation, Joanne and I were teaching the Institute of Medicine (IOM) and the Quality and Safety of Nursing (QSEN) competencies. While teaching, we learned from faculty questions that schools of nursing had limited policies in place for managing near misses or errors by students or faculty, particularly in the clinical setting, but also in simulation.

Additionally, we found that when students do make a mistake, faculty often-times work with them based on their own personal beliefs rather than with school systems/structures in place. Moreover, their approaches were often punitive. Joanne and I identified the need to learn more, and with a grant from NCSBN, we did a national study on schools of nursing, finding that only 16 percent (of those that responded) had policies/processes in place to address handling errors/near misses. That study was published in the October 2017 *American Journal of Nursing (AJN)*. Based on the research findings, we designed a data repository with a standardized tool, and developed and piloted a form that is integrated into the tool.

[continued on page 2](#)

**IN THIS ISSUE ...**

- ▶ New Nurse Booklet
- ▶ Hot Topics in Nursing Education
- ▶ Nursing Education Outcomes and Metrics Committee
- ▶ Next Generation NCLEX®
- ▶ APRN Compact
- ▶ eNLC Resources
- ... and more

## Q & A

**Q: As an educator, how can I get involved with NCSBN?**

**A:** One of the best opportunities NCSBN offers to educators is to serve on an **Item Review** or **Item Writing panel**. The volunteers who participate on these panels are an integral part of the NCLEX item development process, thus making an impact nationally on the licensing of new graduates. They will learn,

[continued on page 5](#)



**NCSBN**

National Council of State Boards of Nursing

## Jane Barnsteiner, PhD, RN, FAAN

Dr. Barnsteiner is Professor Emerita at the University of Pennsylvania, School of Nursing, and Editor for Translational Research and Quality Improvement for the *American Journal of Nursing*. She has served as a Magnet Hospital appraiser since 2006. She is internationally recognized as a leader in quality, safety, and evidence-based practice.

Barnsteiner has been honored for her work with the Eastern Nursing Research Society Distinguished Researcher Award and the Sigma Theta Tau International Dorothy Garrigus Adams Award for Excellence in Fostering Professional Standards. In 2009 she was awarded the Lindback Award for Distinguished Teaching from the University of Pennsylvania and in 2014 she received the Alumni Award for Distinguished Leadership from the School of Nursing. She is a member of The Joint Commission Patient Safety Advisory Group and a member of the American Academy of Nursing.

## Joanne Disch, PhD, RN, FAAN

Dr. Disch is Professor ad Honorem at the University of Minnesota School of Nursing. Starting her career as a staff nurse in cardiovascular intensive care, Disch served as chief nurse executive at two major medical centers, as interim dean at the University of Minnesota School of Nursing, and as president of the American Association of Critical-Care Nurses and the American Academy of Nursing.

Disch has received a number of awards for her work, including two from Sigma Theta Tau International — one for excellence in fostering professional standards and one for excellence in leadership. Other awards include the Polly Bednash Lectureship Award from the American Association of Colleges of Nursing; the President's Award from the American Academy of Nursing; and the Distinguished Alumna Award from the University of Wisconsin.

## Researchers Discuss SSR *continued from page 1*

### Why did you develop the SSR tool?

**DR. JOANNE DISCH:** The first reason was to standardize what they reported and also the process they use to report. We needed a standardized reporting mechanism because nursing programs did not always define errors the same way. Therefore, we wanted to shape the thinking in order to have a baseline of what counts as an error and a near miss. We also introduced recommendations on who should complete the tool because oftentimes this was not standardized either. For schools just getting started, this really gives them a focus. Our experiences in designing the online data repository and the reporting tool were published in the *Journal of Nursing Regulation* in 2014.

A second reason is, by having a very open, receptive tool, we hope that it would help destigmatize errors. Sometimes people in our work would call these “violations of practice,” which are very broad words, so we came up with the language of “incident occurrence.” This was not to help normalize errors, but to not condemn before we even know the nature of the error.

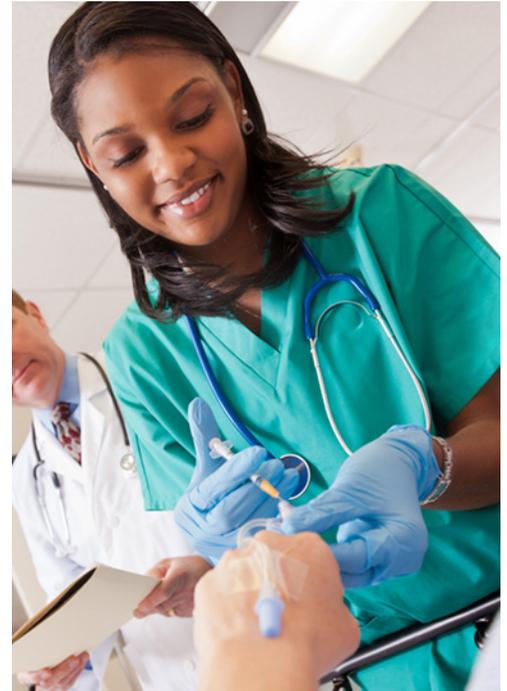
The third reason is we can identify trends and areas for improvement.

For example, if an error is happening in one school of nursing, and you see it is also happening in another school, maybe it is a bigger system issue and not just one program being aberrant. This really helps us identify trends. Because of that, we have a database where we can do ongoing research and look into the sources of errors and those types of things.

### Were faculty interested in using the SSR tool when you developed it?

**DISCH:** The vast majority of faculty were supportive. We have heard that many faculty are excited and have been waiting for a tool like this, one that is well used and subscribed to. Some faculty were nervous, thinking there would be repercussions if they reported errors; some even stated that none of their students have ever made an error. The vast majority, however, saw that it would be incredibly helpful to look at why these things are happening and what they can learn from them.

**BARNSTEINER:** For many faculty, this is a light bulb moment. Sometimes their approach is so steeped in tradition that they have not thought of another way of looking at it, and it changes their thinking 180 degrees. Along with our study results published in the October edition of the *AJN*, we also published an article in November on steps faculty could put in place to move to a just culture. It has



*continued on page 3*

had a tremendous response, and is one of the *AJN's* most downloaded articles of 2017. That has made us concretely very hopeful that people really want to do the right thing; they just have not had a mechanism in place previously on how to put systems and structures in place. There is no doubt that there will be a certain percentage of faculty who will lag in getting involved, but clearly, people are enthusiastic about this new approach for schools of nursing.

“With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data.”

– Jane Barnsteiner, PhD, RN, FAAN

# SSR

Safe Student Reports



“... it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors.”

– Joanne Disch, PhD, RN, FAAN

### How should the SSR tool be used?

**BARNSTEINER:** It can be used in a number of ways very effectively to promote safe and high-quality care in the learning of students as well as faculty. First of all, within a school of nursing, it provides a standardized approach for faculty and students to use in reporting occurrences. A school can look across their entire program to see what kind of occurrences are taking place, and whether or not these occurrences should inform their teaching. That internal piece can be extremely informative for a school of nursing.

Secondly, having a national data repository allows the aggregation of knowledge. There is nothing that exists today in schools of nursing or any other professional health schools that will allow the aggregation of data to be able to look at similarities or differences across programs/schools of nursing. With the SSR tool in place, a school will have the ability to look at their report and compare themselves against the national data. Schools can then decide changes that may need to be made in a curriculum, or in the way students are taught across the board.

### What is meant by a “just culture” and how could use of the SSR tool promote that?

**BARNSTEINER:** A “just culture” is one where a provider, student or faculty member can report an error or near miss without fear of retribution. It is an approach that does not start with, “Who did this?” Instead, we talk about five questions that need to be answered when a just culture is in place: “What happened? Has this happened before? Can it happen again? What caused it? Who needs to be told?”

The tool can be used to analyze the vulnerabilities in a system and what needs to be corrected to have a safe environment or safe care. We know through many studies in safety science that roughly 90 to 95 percent of errors and near misses that take place are the result of system errors. Things are not designed to be mistake-proof, so that is where the emphasis needs to start: to look at what the vulnerabilities are in the system. Then, 5 percent or so at a time, you have egregious behavior on the part of the individual. For a student who never comes to clinical prepared, or blatantly disregards safe practices, individual action needs to take place. People are held accountable for their actions, but we also look at the system and see what changes need to take place. Sometimes, in the just culture, you have to take individual action. Sometimes students need to repeat a course, and sometimes nursing is just not cut out for them. The use of the tool helps to promote that analysis.

### What would be the advantages of schools becoming part of the SSR tool community?

**DISCH:** Our real hope for this tool is to create a common database and common terminology, to develop a research base, and as we exchange information and look at trends, to

*continued on page 4*



not just record it into a data dump, but to provide reports. With this common database and the ability to look at sources of frequent errors/near misses and share this information, it would validate the good work schools are doing, or suggest other strategies they might try as far as tracking, trending, preventing and mitigating the impact of errors.

We also think it creates a movement with forward-thinking schools who demonstrate a concern for quality and safety and who want to use data to improve how they teach students. We hope it becomes a prideful thing to become a part of this community, to show your school is on the cutting edge of doing whatever it can to improve not only the student learning experience, but also to develop safe practitioners going into the clinical setting. We hope it will be a very vibrant community of learning, improving quality and safety, and preparing students for realistic clinical practice. ♦

Visit the [SSR webpage](#) for further information on how to join this groundbreaking research study. For the purposes of this study, NCSBN has obtained a Certificate of Confidentiality from the National Institutes of Health (NIH), which means the data collected during this study cannot be disclosed to anyone who is not connected with the research. Only your program will have the ability to see its data, and only national aggregate data will be reported by NCSBN. All deans and directors from prelicensure nursing programs should have received letters inviting them to participate. For any comments or questions, contact [ssr@ncsbn.org](mailto:ssr@ncsbn.org).

## NCSBN Grant Program

Upcoming proposal submission deadline: **Oct. 5, 2018**

### 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:

- Substance use disorders in nursing
- National and international regulatory issues
- Remediation
- Innovations in nursing education
- Delegation
- Impact of legalized marijuana
- Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.

**APPLY TODAY**

## Our 40th Anniversary Gift to New Graduates:

# A Booklet Welcoming Them to Practice!



NCSBN is commemorating our 40th anniversary with many celebrations and surprises! One such surprise is a gift to all new graduates: we have published a first-ever booklet welcoming newly licensed nurses to the profession, from a regulatory perspective. "NCSBN Welcomes You to the Nursing Profession" helps new graduates learn about their responsibilities with maintaining and renewing their licenses and of the importance of reading their Nurse Practice Acts (NPA). Some typical violations of the NPA are presented, and cases are integrated throughout the booklet, highlighting principles violated (when appropriate) and nursing takeaway.



Important issues in nursing are discussed, such as substance use disorder and the opiate crisis, social media violations in health care, maintaining professional boundaries and ethical dilemmas new graduates might face. Whenever possible, we have included links to valuable online resources like our brochures and videos. New graduates often are put in the position of needing to speak up for patient safety, but they are sometimes hesitant because of being so new to nursing. TeamSTEPPS strategies are provided to help them take action when they are concerned about safety issues.

At the end of this booklet is a risk control self-assessment checklist, used with permission from the Nurses Service Organization and their insurance carrier partner, which is designed to enhance patient safety and to minimize liability exposure. ♦

This is a must-have resource for all new graduates and it is available now! Visit our website to download or order free printed copies.

*continued from page 1*

firsthand, how the NCLEX is developed. While of course the educators must maintain confidentiality of the items, the training they receive to develop or review the items is invaluable. Further, they will network with educators from across the country and Canada, developing an appreciation for different perspectives in nursing education.

If you are interested in volunteering to be an item writer or reviewer, simply complete an [online application](#).

#### TESTIMONIAL:

*"It has strengthened my understanding of test-taking processes and helped me to learn how to write effective test questions. "*

– Janna Hackett, MSN, RN,  
clinical instructor at  
Clovis Community College  
in New Mexico



# Hot Topics in Nursing Education: An Interactive Panel at the 2018 IRE Conference

## HOT TOPICS IN NURSING EDUCATION

### TOP FOUR:

- Clinical Scarcity
- Faculty Shortage
- Gap between Education and Practice
- Curriculum Models

### OTHER TOPICS:

- New Generation of Students
- Teaching Strategies
- Accreditation
- Interprofessional Education
- Tracks (RN to BSN, other)
- Preceptors
- Standardized Examinations
- Simulation
- Clinical Evaluation
- Global Clinical Experiences
- At-risk Students
- Next Generation NCLEX
- Technology
- Faculty Development

**T**he 2018 Institute of Regulatory Excellence (IRE) Conference in San Francisco, Jan. 24–25, 2018, focused on “Using Data to Navigate the Future of Nursing.”

In one of the sessions, an interactive panel discussed the leading issues in nursing education today and their impact on nursing education and nursing regulation. The future of nursing relies on the state of nursing education, and nursing education programs constantly face challenges educating nurses who will be prepared for the evolving and changing health care environment. Panel members from boards of nursing (BONs) were, in essence, describing their use of data in decision making for advancing nursing education.

A list of “hot topics” was compiled for the IRE participants through a review of BON publications, current nursing journals, topics included in recent professional meetings, discussions in the Education Outcomes and Metrics Committee, a report from NCSBN’s 2016 Issues and Trends Committee, a BON survey, and conversations with program directors. All of these hot topics pose serious challenges for nursing programs as they try to meet the needs of society by providing safe, competent graduates who can practice in the complex health care system. Items on the list were clustered and culled down to the leading hot topics listed at the left.

The panel’s moderator was **Janice Hooper, PhD, RN, FRE, CNE, FAAN, ANEF**, nursing consultant for education at the Texas Board of Nursing.

The panel members were selected from across several states, based upon their areas of expertise. They included:

- ◆ **Sue Petula, PhD, RN, NEA-BC, FRE**, nursing education advisor, Pennsylvania Department of State, Bureau of Professional & Occupational Affairs
- ◆ **Tammy Buchholz, MSN, RN, CNE**, associate director for education, North Dakota Board of Nursing
- ◆ **Anne Marie Shin, MN, RN, MSc (QIPS)**, manager, Education Program, College of Nurses of Ontario
- ◆ **Mary A. Baroni, PhD, RN**, professor, Nursing and Health Studies, University of Washington, Bothell; board member of the Washington State Nursing Care Quality Assurance Commission; and chair of the IRE Committee

Each panel member discussed the impact of one of the hot topics and invited questions from the audience. The audience was encouraged to continue with the hot topic discussion during the reception that followed the panel presentation.

## HOT TOPIC #1 – CLINICAL SCARCITY

Petula described the Pennsylvania State Board of Nursing’s deployment in 2007 of a web-based information technology system designed to create efficiencies in information exchange between the BON and all prelicensure nursing programs across

*continued on page 7*

the Pennsylvania commonwealth. This database supports the ability of prelicensure nursing education programs to timely identify clinical settings and to achieve prompt BON approval of the sites. These efforts arise from the fervent desire to provide essential, and quality, clinical learning experiences where nursing students could provide nursing care for actual patients.

In preparing future nurses to enter complex work environments, the system contains close to 4,000 clinical agencies where students are engaged in supervised clinical experiences, including ones in acute care, wellness clinics, school districts, neighborhood centers, inter-professional health care settings and housing projects. In addition, the use of simulation developed in accordance with established national standards augments clinical experiences.

The results of this study supported the establishment of a structured developmental program for graduate nursing students in the role of nurse faculty.

### **HOT TOPIC #2 – FACULTY SHORTAGE**

Tammy Buchholz discussed an innovative approach implemented by the North Dakota Board of Nursing (ND BON) through a Faculty Developmental Program (FDP) that began in 2004-2005, and was enforced by legislation in 2011. The FDP permits the use of graduate students as baccalaureate-level nursing instructors in the clinical area. In order to gather evidence of the effectiveness of this model, the Nurse Faculty Intern (NFI), a pilot study was conducted by the ND BON from 2006–2009, and was funded by NCSBN’s Center for Regulatory Excellence Grant Program. The results of this study supported the establishment of a structured developmental program for graduate nursing students in the role of nurse faculty. The new and amended North Dakota Administrative Code that

included the FDP and related requirements was approved by the North Dakota attorney general and adopted by the BON on April 1, 2011, as an innovative approach to the faculty shortage in North Dakota. The program has been especially helpful to rural nursing programs to meet their faculty needs.

Audience responses indicated similar programs have been implemented in Louisiana, New Hampshire and Texas. These initiatives have relieved faculty shortages to some degree and provided a mechanism for programs to “grow their own” nursing faculty, without negative impact on program outcomes.

### **HOT TOPIC #3 – GAP BETWEEN EDUCATION AND PRACTICE**

Anne Marie Shin offered a perspective from our Canadian neighbors. The challenges of new nurses transitioning to the

level of nursing practice expected by employers is correlated with the “gap” between education and readiness for practice. The regulator is perhaps best poised to develop strategies to build and strengthen the bridge across the gap. The College of Nurses of Ontario is involved in a process of developing a standardized program approval method for all entry-level nursing programs in Ontario that would apply the same objective academic standards to all nursing programs. A scorecard based on three standards and 10 indicators will provide the framework for program approval, with safety being the overarching concept.



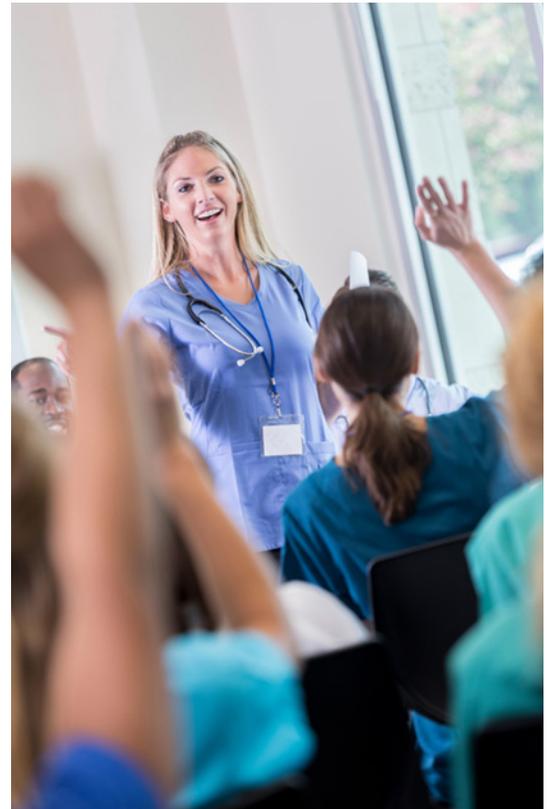
*continued on page 8*

### Hot Topics continued from page 7

The regulator is perhaps best poised to develop strategies to build and strengthen the bridge across the gap.

Two strategies that were used in the development process that facilitated the bridge were (1) using data from practice to inform program approval processes, and (2) meaningful stakeholder engagement with the academic sector. Data were collected over five years and analyzed to determine the top five nursing standards that were breached and were used to form the foundational standards for curriculum mapping. Initial engagement with practice representatives and academia, and later with students, nurses, practice leaders, and more academic leaders, resulted in gaining various perspectives and establishing effective professional relationships.

The goal of these strategies is to use the data to inform downstream processes (mandatory curriculum indicators) to affect upstream consequences and to see a decrease in breaches of the nursing standards by the new graduate nurses.



### **HOT TOPIC #4 – CURRICULUM MODELS**

Baroni described an emerging initiative in Washington state referred to as ACTION NOW. This initiative is sponsored by the Washington Nursing Care Quality Assurance Commission, the Washington Center for Nursing, and the Council for Nursing Education in Washington state. A nursing education solution summit is scheduled for Oct. 18, 2018, that will build on the previous four years of Robert Wood Johnson Foundation grant funds to address academic progression in Washington state. Four active statewide workgroups areas for the initiative include:

- ◆ Opportunities to advance nurses' education;
- ◆ Opportunities to assure a diverse nursing education faculty and administrator pool;
- ◆ New models for quality practice experiences; and
- ◆ Venues for assuring sustainable financial support systems for nursing education.

The workgroups are composed of representatives from practice, education and regulation committed to the "maximum impact concept" as a guiding mechanism for selection of possible solutions that can be a "triple win" for students and faculty, practice partners and communities. The end goal is to identify one or two evidence-based curriculum models

*continued on page 9*

Hot Topics continued from page 8

... committed to the "maximum impact concept" as a guiding mechanism for selection of possible solutions that can be a "triple win" for students and faculty, practice partners and communities.

for a formal, statewide demonstration project that will engage students and faculty in practice that will impact population health. Currently, five models are under consideration:

- ◆ Structured Preceptor Preparation;
- ◆ Simulation Care Delivery Model;
- ◆ Lifestyle Change Program;
- ◆ Hospital Elder Life Program; and
- ◆ Accountable Care Organization.

### Final Thoughts

While final solutions to the challenges the "hot topics" posed to nurse regulators were not provided, the dialogue was stimulating and provoked ideas that BONs could consider using in their states. Attendees were encouraged by the fact that BONs are reaching out to stakeholders and designing strategies to assist programs to maintain quality in nursing education. ◆

SAVE THE DATE

# 2018 NCSBN Scientific Symposium

Oct. 24 , 2018 | Chicago

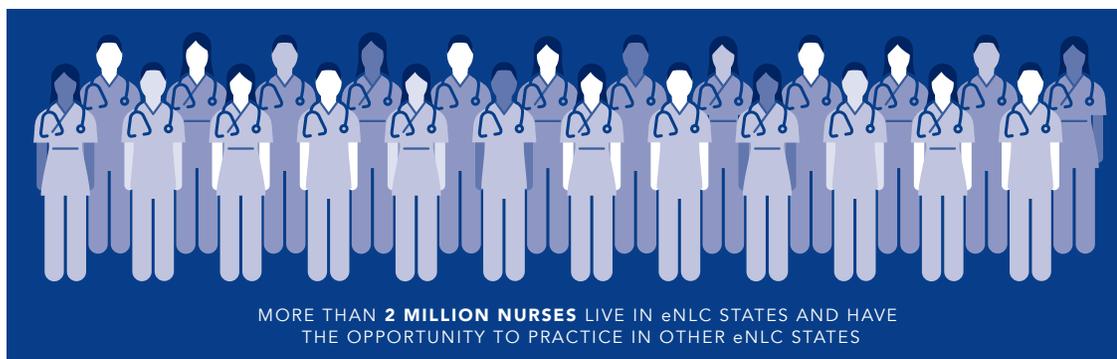
# Enhanced Nurse Licensure Compact (eNLC) Update

**T**he eNLC has been implemented in 29 states as of April 2018, and it will be implemented in Kansas as of July 1, 2019. **This is excellent news for the nursing community!**

Building on the existing Nurse Licensure Compact (NLC), the eNLC increases access to health care by allowing nurses to provide care in-person or via telehealth (and other state-of-the-art technologies) in other compact states. It also enhances patient safety by allowing other eNLC states to take action quickly on unsafe or incompetent nurses.

Licensure costs are reduced because nurses hold one multistate license in the state of residence and are able to practice in all eNLC states. This can benefit employers who bear the expense of multiple licenses for nurse employees. Likewise, the eNLC removes multiple and duplicate regulatory requirements, thus further cutting down on costs for nurses.

Additionally, recent disasters such as hurricanes in the south and southeast helped to raise awareness of interstate compacts for health care professionals. These compacts would allow providers to cross borders into states impacted by disasters and begin providing care immediately.



For educators, the eNLC allows faculty to teach distance education courses/content to students in other eNLC states without holding a separate license in those states. It is important for faculty to remember that providing education is practice, and practice takes place in the state

where the recipient of nursing service is located. This includes distance education as well as telephone or telehealth contact with patients located in other states.

Below are some resources nursing faculty or students may access. We suggest that you meet with faculty and students to discuss the eNLC and its implications.

## Public Resources:

**eNLC Fast Facts** – Check out our new infographic for a quick overview of the eNLC.

**Nursys Authorization to Practice Map** – NCSBN’s new interactive Nursys Authorization to Practice Map is a free resource that can help you quickly determine if a nurse has a multistate license and in which states the nurse may practice.

**Uniform Licensure Requirements** – Review the multistate license requirements

**Take Action** – The eNLC advocacy site is a one-stop resource providing an overview of the compact, a quick reference of each state’s status, and a tool for sending a letter of support to legislators.

**Follow the eNLC on [Facebook](#) and [Twitter](#).** ♦

# The APRN Compact: A Modern Nurse Licensure Solution for the 21<sup>st</sup> Century

Educators can raise awareness of the APRN Compact by educating their students on the elements of the compact, in addition to the various ways a multistate license could open up practice opportunities.

**E**ducators and their students should know about the APRN Compact which is being discussed in a number of states. The APRN Compact offers a solution to road-blocks in modern health care delivery. This compact is an interstate agreement allowing an advanced practice registered nurse (APRN) to have one multistate license with the privilege to practice as an APRN in other states party to the compact. Introduced into state legislatures in 2016, the APRN Compact increases access to care electronically, telephonically, and in-person while maintaining public protection at the state level. Advancements in technology have expanded access to health care and telehealth is transforming care delivery, but without the APRN Compact, multiple licenses are required for APRNs who work with patients across state lines. By adopting the APRN Compact, however, qualifying APRNs will not require additional licenses to practice in other compact states, via telehealth or in person.

As of early 2018, the APRN Compact has been enacted in three states (Idaho, North Dakota and Wyoming). To join the APRN Compact, states must enact the model language legislatively. Once 10 states have enacted the legislation, the APRN Compact will come into effect. Several states have pending APRN Compact legislation, and more are expected to introduce the language in the coming legislative sessions.



Increased mobility for APRNs will assist primary care provision in health professional shortage areas and increase access to services for rural and underserved populations. APRNs living across a border from these areas will be able to provide care for these populations, and those providers using telehealth can reach these areas from afar.

Another advantage of the APRN Compact is when APRNs who hold a multistate privilege to practice use the Prescription Drug Monitoring Program (PDMP) in participating states. If their border states are also APRN Compact members, APRN prescribers may be able to, or required to, check the PDMP in their neighbor states. Without it, the patient may acquire meds across a state border without their ability to check for that.

The APRN Compact encompasses many elements of the APRN Consensus Model. The seven elements of the APRN Consensus Model are title, role recognition (all four), maintenance of national certification, dual licensure as an RN and APRN, graduate or post-graduate education, and independent practice and prescribing. As graduate-level prepared practitioners, all roles' education and certification begin with a common core with identical assessment, physiology, and pharmacology requirements in the four roles. In addition to the common core, the APRNs are then educated and certified in their role and population. As states continue to adopt elements of the APRN consensus model, they are increasingly interested in joining the APRN Compact.

**APRN**   
**COMPACT**

*continued on page 12*

If your state has introduced a bill to enact the APRN Compact, you can help get the legislation passed!



States are trying to broaden their coalitions for supporting the APRN Compact—looking beyond nursing organizations to groups representing disaster preparedness, military families, consumers and patients, business partners and educators to help efforts.

Educators can raise awareness of the APRN Compact by educating their students on the elements of the APRN Compact, in addition to the various ways a multistate license could open up practice opportunities (for example, in areas of telehealth, telephonic nursing and online education). Remember, practice occurs where the patient or student is, and having a discussion on how APRN nursing education crosses state lines can be helpful. This is particularly important for faculty who supervise clinical experiences for APRN students located outside of the state where the nursing program is located. When preceptors reside in Compact states, they can supervise students in other compact states without needing another license.

If your state has introduced a bill to enact the APRN Compact, you can help get the legislation passed! Access the [APRN Compact advocacy site](#) for more information on the APRN Compact, view an up-to-date map on which states have and are pursuing the compact, and contact your lawmakers to ask them to support the APRN Compact. Additionally, you can visit the [NCSBN APRN Compact page](#) for more information and resources. ♦

Coming August 2018

## **NCSBN** **Global Regulatory Atlas**



NCSBN is creating the first comprehensive resource of nursing regulation around the world. Providing invaluable information to nurses, educators and researchers, this free publication will detail the regulatory bodies of each country, registration or licensure requirements, levels of nursing and mandatory education, as well as many other aspects of regulatory data.

Find out what information the Regulatory Atlas will offer, when it will be available and more.

[Watch the video now!](#)

# Nursing Education Outcomes and Metrics Committee Update

by Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN, and  
Janice Hooper, PhD, RN, FRE, CNE, board staff, Texas Board of Nursing

**T**he NCSBN Board of Directors (BOD) established the Nursing Education Outcomes and Metrics Committee in September 2016, and the first meeting was held in January 2017. The BOD charged this committee with establishing a set of outcomes and associated metrics to recommend processes to assess nursing education programs:

- ◆ Review current literature on program approval metrics and their relevance to public safety.
- ◆ Recommend factors in addition to first-time NCLEX pass rates that can be used to determine criteria for a legally defensible Board of Nursing's (BON) approval/removal process.

From January to May 2017, the committee spent a considerable amount of time collecting available data and evidence that would assist us in meeting our charge. Some of the actions we took included:

- ◆ Reviewing the literature;
- ◆ Interviewing the national nursing accreditors;
- ◆ Analyzing the differences between first-time NCLEX pass rates when programs are accredited by national nursing accreditors, versus when they are not;
- ◆ Conferencing with experts about the U.S. Department of Education requirements;
- ◆ Conferencing with experts in systematic evaluation of nursing education programs;
- ◆ Meeting with a legal expert about legally defensible recommendations;
- ◆ Meeting with the chief officer of Exams and chief operating officer at NCSBN to learn about the role of NCLEX pass rates for measuring nursing program outcomes; and
- ◆ Conferencing with Canadian nurse regulators for their perspectives.

Armed with that background information, we are now moving forward with conducting research to provide us with more evidence supporting program approval. One study we are conducting uses the Delphi technique, and the participation of expert nurse educators will be crucial to this study. The Delphi technique uses multi-staged surveys (three in our study) to gain consensus on important issues. We will be surveying regulators who approve nursing programs, educators who teach prelicensure RN and LPN students, and

employers of new graduates to identify consensus among these three groups with characteristics of programs that graduate safe and competent students, red flags when programs don't meet that standard and outcomes that are feasible for BONs to collect. We need your help with this important study. If you receive an email inviting you to participate, please take the time to read about the study and consider participating.

When the Delphi study is completed, we will integrate the results with the literature and other studies we are conducting to provide our BONs with recommendations on improving the approval process. Stay tuned for the results. ◆



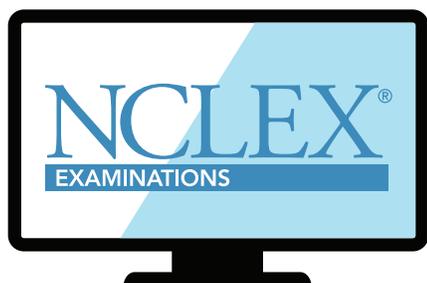
# NCSBN CELEBRATES 40 YEARS



IN 2018, NCSBN HAS **59 MEMBERS AND 30 ASSOCIATE MEMBERS** ACROSS THE GLOBE.



NCSBN CALLED TO ORDER ITS FIRST MEETING ON **JUNE 5, 1978**.



FROM APRIL 1, 1994 THROUGH DEC. 31, 2017, MORE THAN **5.4 MILLION** CANDIDATES FOR NURSES LICENSE HAVE TAKEN **NCLEX® EXAMINATIONS** VIA CAT.

MORE THAN **138,300 NURSE LICENSURE CANDIDATES** HAVE TAKEN THE **NCLEX®** IN **10 INTERNATIONAL TEST CENTERS**.



1. AUSTRALIA
2. CANADA
3. ENGLAND
4. HONG KONG
5. INDIA
6. JAPAN
7. MEXICO
8. PHILIPPINES
9. PUERTO RICO
10. TAIWAN



U.S. BOARDS OF NURSING REGULATE MORE THAN **4.8 MILLION LICENSED NURSES**.

# NCSBN's Next Generation NCLEX® Endeavors to Go Beyond the Leading Edge



Paramount in NCSBN's approach to potential evolutionary transformation to its exam was the foundational tenet that any changes must be evidence-based.

**A**s the producer of one of the preeminent exams in the world, NCSBN is taking an analytical look at its NCLEX® exams to determine how to take what is already the standard bearer of testing further beyond the leading edge.

The way students learn and the environment in which they are educated is rapidly changing. Can nurses at the entry level, appropriately put together the facts they learn, assess the client under their care, and make crucial clinical judgments about the care they need to deliver? And, from a licensure exam perspective, is decision making and critical thinking measurable? That is what NCSBN is trying to find out.

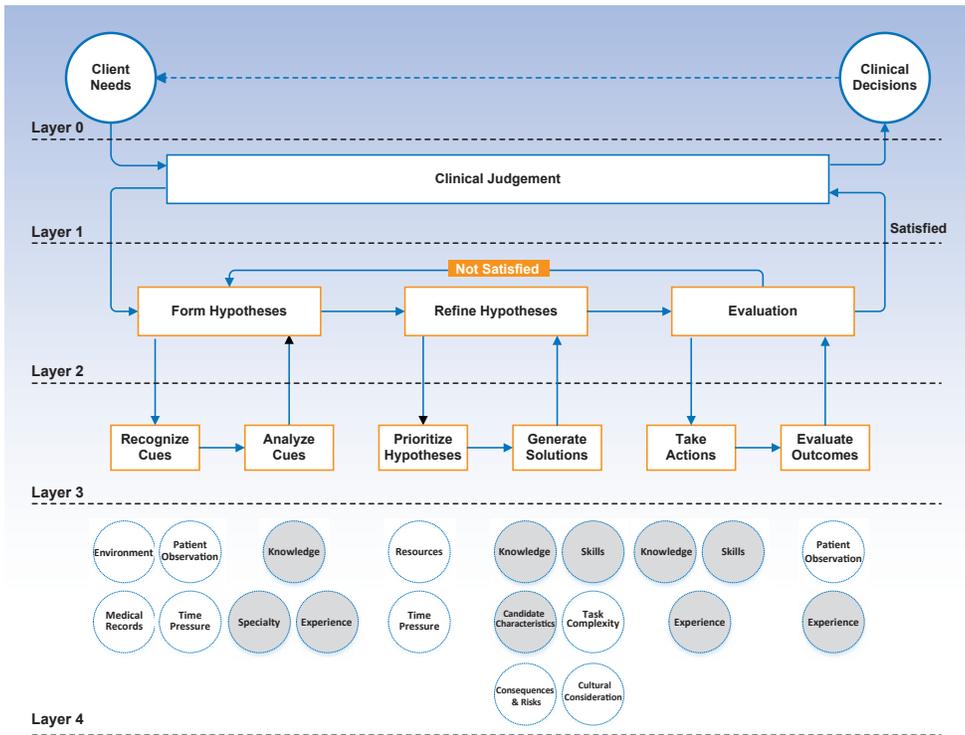
To determine whether the test is actually assessing what needs to be measured, NCSBN commissioned a literature review of 200 peer-reviewed articles detailing what is occurring in nursing practice, education and testing. What emerged was that nursing education had already made critical thinking, clinical decision making, and clinical judgment a standard part of nursing curricula.

Recognizing that the NCLEX measures practice, not education, NCSBN decided that it needed to do an observational practice analysis. The country was divided into quadrants and observers were deployed to watch novice nurses do their job. Everything that happened was recorded. Focus groups of both novice and experienced nurses were also conducted. What was observed was divided into either task, skills or attributes. This generated 1,000 plus pages of data, which were analyzed to determine the strength of association between entry-level nurse tasks and nurse skills. Many of the attributes and tasks required problem solving, critical thinking and clinical judgment. This is the evidence of how important those three proficiencies are.

The next step in the process was an assessment of the current NCLEX item bank to ascertain whether its item types adequately measure clinical judgment, critical thinking and problem solving skills on a consistent basis. The analysis found that there were three areas where the current items could measure clinical judgment, about a half that could moderately measure it but there were still large gaps.

*continued on page 16*

Paramount in NCSBN’s approach to potential evolutionary transformation to its exam was the foundational tenet that any changes must be evidence-based. The construct must be built first and then the items that can be used to measure it can be described. NCSBN first defined clinical judgment as “the observed outcome of critical thinking and decision making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.”



NCSBN then embarked upon research, another literature review and pilot studies to develop a comprehensive clinical judgment assessment model (Dickison, Luo, Kim & Woo, 2016). **The Clinical Judgment Model (CJM)** represents a fundamental shift from the current dichotomous measurement models in which something is either right or wrong. When context is removed and items are extremely sterile, a very precise and stable measurement can be obtained. The CJM (see Figure 1 at left) is complex but can be broken down into four levels: the nurse (1) forms hypotheses, (2) prioritizes them, (3) generates solutions and then (4) takes actions. The next layer is one that has not been introduced in any psychometric models before now — the context. Philip Dickison, PhD, RN, NCSBN chief officer, Examinations, explains, “The question is

whether you can put context around items in a way that you actually make it more real. In addition to the exam being psychometrically sound and legally defensible, one more condition must be introduced as we move forward into the future — fidelity. Does it look like what we do as nurses?”

NCSBN believes that measuring clinical judgment is not only new to how it tests its candidates but also new to the field of measurement. It is a game changer that stretches beyond nursing into all instances where public safety is involved.

# Next Generation NCLEX®

Recognizing that it was necessary to ascertain whether clinical judgment is more than just possessing nursing knowledge, NCSBN conducted a pilot study in 2016 (Muntean et al. 2016 AERA presentation). The study found that the average ability of a nurse to demonstrate the different steps in the clinical judgment process (cue recognition, hypothesis generation, hypothesis evaluation, taking actions and evaluating outcomes) is progressive. Thus, a nurse’s ability to recognize cues, develop hypotheses and take appropriate actions does not guarantee the ability to evaluate the outcomes of the action taken. In short, having content knowledge does not always translate to having clinical judgment skills.

Armed with this knowledge, NCSBN chose to move forward with what is now called the Next Generation NCLEX® (NGN) project. Bringing together experts from technology,

*continued on page 17*

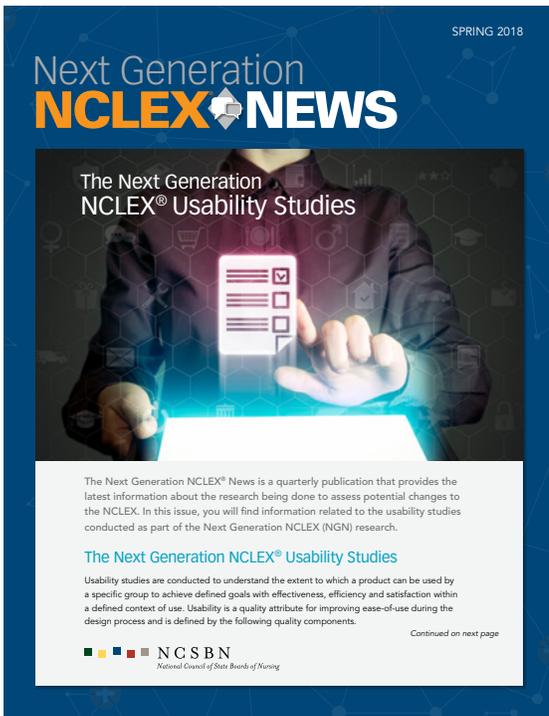
content and measurement to imagine item prototypes that could measure clinical judgment, NCSBN worked on creating items that could be inserted as a Special Research Section in real candidate examinations. These new item prototypes being tested have the possibility to measure the second, third and fourth layers of the CJM. Examples of the prototypes include: enhanced hot spots, enhanced multiple response and extended drag and drop.

The first set of these NGN prototypes were included as a voluntary component on the NCLEX exam beginning in July 2017. The Special Research Section is offered to select candidates taking the NCLEX-RN and takes approximately 30 minutes to complete. This section is administered following the regular exam and does not count as part of the NCLEX score. Candidates are making valuable contributions by their participation. Data obtained will be used to ascertain which items accurately measure clinical judgment and nursing competence.

NCSBN plans to provide continual updates about this long-term research endeavor. One such mechanism is the new *Next Generation NCLEX® News* that will be published quarterly. Information about the Next Generation NCLEX can be found on the [NCSBN website](#). As time goes on, various other communications vehicles will be implemented.

#### REFERENCES

Dickison, P., Luo, X., Kim, D., Woo, A. (2016). Assessing Higher-Order Cognitive Constructs by Using an Information Processing Framework, Vol. 17(1). Retrieved from [www.jattjournal.com/index.php/atp/article/view/89187](http://www.jattjournal.com/index.php/atp/article/view/89187). Muntean, W., Lindsay, M., Betts, J., Kim, D., Woo, A., Dickison, P. (2016, April). Separating Assessment of Subject Matter Knowledge from Assessment of Higher-Order Cognitive Constructs. Paper presented at American Educational Research Association Annual Meeting, Washington, D.C.



## LEADER TO LEADER

**NCSBN**  
National Council of State Boards of Nursing

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*NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.*

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# An Innovative Reporting and Tracking Tool for Nursing Student Errors

# SSR

Safe Student Reports

■■■■■ 59 SBN



## **A National Web-based Network for Anonymous Reporting of Student Errors and Near Misses**

Prelicensure nursing schools are invited to participate in this research study at the National Council of State Boards of Nursing (NCSBN).

In 2013 NCSBN awarded a Center for Regulatory Excellence (CRE) grant to two researchers, Joanne Disch, PhD, RN, FAAN, and Jane Barnsteiner, PhD, RN, FAAN. They developed an innovative reporting and tracking tool for nursing student errors and near misses. Nothing like this exists in the health professions, nor outside the U.S. NCSBN is now making it available to schools of nursing free of charge through participation in a research study.

### **Benefits of SSR include:**

- Reports about the numbers and types of errors and near misses that occur in your program - only your program will see these reports;
- The ability to analyze data related to student errors and near misses;
- Quarterly reports from NCSBN about the aggregate numbers and types of errors and near misses so that you can compare them with your program reports; and
- The opportunity to collaborate with a network of colleagues who are interested in patient safety and just culture in schools of nursing.

Nursing is the first health care discipline to provide educators with a database that collects and analyzes their students' errors and near misses and compares them to other participating nursing schools.

Prelicensure nursing schools interested in participating in the SSR study can contact the principal investigator, Nancy Spector, PhD, RN, FAAN, at [ssr@ncsbn.org](mailto:ssr@ncsbn.org).

# SSR

Safe Student Reports

■ ■ ■ N C S B N

111 E. Wacker Drive, Ste. 2900  
Chicago, IL 60601

[www.ncsbn.org](http://www.ncsbn.org)  
[ssr@ncsbn.org](mailto:ssr@ncsbn.org)

123 Main Street  
Address Goes Here

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  <b>Dan Williams</b> <b>Executive Director</b>		2) Date When Request Submitted:  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: <b>Board of Nursing</b>			
4) Meeting Date: <b>June 14, 2018</b>	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page?  <b>Credentialing Matters</b> 1) <b>Review approved APNP certification list</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>At the May Board meeting the Board made the following motion:</b>  REQUEST FROM AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) CERTIFICATION CORPORATION  <b>MOTION:</b> Pamela White moved, seconded by Peter Kallio, to add the following exams to the approved list for certification of APNPs: <ul style="list-style-type: none"> <li>• Adult-Gerontology Acute Care Nurse Practitioner (ACNPC-AG)</li> <li>• Adult-Gerontology Clinical Nurse Specialist, wellness through acute care (ACCNS-AG)</li> <li>• Pediatric Clinical Nurse Specialist, wellness through acute care (ACCNS-P)</li> <li>• Neonatal Clinical Nurse Specialist, wellness through acute care (ACCNS-N)</li> </ul> Motion carried unanimously.			
<b>In conjunction with this motion, the Board asked to have the Board's approved list be placed upon the June agenda for discussion.</b>			

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## BOARD OF NURSING

### CERTIFICATION FOR ADVANCED PRACTICE NURSE PRESCRIBERS

The following certifying bodies have been approved by the Wisconsin Board of Nursing for its certification of advanced practice nurse prescribers:

American Academy of Nurse Practitioners, (512) 442-4262, [www.aanp.org](http://www.aanp.org), Family Nurse Practitioner, Adult Nurse Practitioner

American Association of Critical Care Nurses Certification Corporation, (949) 362-2050, [www.aacn.org](http://www.aacn.org), Clinical Nurse Specialist (Acute and Critical Care), Adult Acute Care Nurse Practitioner

American College of Nurse Midwives, (202) 728-9860, [www.acnm.org](http://www.acnm.org), Certified Nurse-Midwives

American Nurses Credentialing Center, (202) 554-4444, [www.nursecredentialing.org](http://www.nursecredentialing.org), Family Nurse Practitioner, Adult Nurse Practitioner, School Nurse Practitioner, Gerontological Nurse Practitioner, Pediatric Nurse Practitioner, Acute Care Nurse Practitioner, Clinical Nurse Specialist (Community Health, Home Health, Gerontology, Medical/Surgical, Adult Psychiatric and Mental Health, Child & Adolescent Psychiatric & Mental Health)

National Board on Certification & Recertification of Nurse Anesthetists, (866) 894-3908, [www.nbcrna.com](http://www.nbcrna.com), Certified Registered Nurse Anesthetists

National Certification Corporation for Obstetric, Gynecologic & Neonatal Nursing Specialties, (312) 951-0207, [www.nccwebsite.org](http://www.nccwebsite.org), Ob/Gyn Nurse Practitioner (Women's Health Care Nurse Practitioner), Neonatal Nurse Practitioner

Pediatric Nursing Certification Board, (888) 641-2727, [www.pncb.org](http://www.pncb.org), Pediatric Nurse Practitioner

## AGENDA REQUEST FORM

<b>1) Name and Title of Person Submitting the Request:</b>  Pete Anderson		<b>2) Date When Request Submitted:</b>  6/4/18 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
<b>3) Name of Board, Committee, Council, Sections:</b>  Board of Nursing			
<b>4) Meeting Date:</b>  6/14/18	<b>5) Attachments:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b>  1. Attendance at the 2018 NCSBN Annual Meeting on August 15-17, 2018 in Minneapolis, MN	
<b>7) Place Item in:</b>  <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>			
<b>11) Authorization</b>			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

# • SURGING TOWARD • THE FUTURE

2018 NCSBN Annual Meeting • Aug. 15–17, 2018 • MINNEAPOLIS

## PROGRAM SCHEDULE\*

### Tuesday, Aug. 14

8:00 am – 5:30 pm

#### Registration Opens

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

9:00 am - 5:00 pm

#### Nurse Licensure Compact (NLC) Commission Annual Meeting

Open to the public.

4:00 – 5:00 pm

#### Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)

Any member who intends to be nominated from the floor is required to submit their completed nomination form and must meet with the LSC the day before adoption of the slate of candidates by the Delegate Assembly. Please contact [execoffice@ncsbn.org](mailto:execoffice@ncsbn.org) to schedule a time.

6:00 – 8:00 pm

#### NCSBN Welcome Reception

Orchestra Hall  
1111 Nicollet Mall  
Minneapolis, MN 55403

NCSBN welcomes all attendees to the 2018 Annual Meeting. Please join us at Orchestra Hall for a networking reception. This is an opportunity to meet your 2018 candidates.

The reception is open to attendees only. The venue is one block from the hotel. Transportation will not be provided

#### [Walking map](#)

### Wednesday, Aug. 15

6:30 – 7:30 am

#### Minneapolis Walking Tour

The maximum participant count is 20 people. The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 9:00 am

#### Continental Breakfast

7:30 – 9:30 am

#### Organization Exchange

Stop by the Organization Exchange to learn about products and services pertinent to the work of boards of nursing.

7:30 am – 5:00 pm

#### Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:45 – 8:00 am

#### Resolutions Committee Meeting

Open to Resolutions Committee members only.

8:00 – 9:00 am

#### Delegate Orientation

Open to all attendees.

9:30 – 10:30 am

#### Delegate Assembly: Opening Ceremony

Welcome

- Opening Ceremony
  - Introductions
  - Announcements
- Opening Reports
  - Credentials
  - Adoption of Standing Rules
- Adoption of agenda
- Report of the Leadership Succession Committee
  - Presentation of the 2018 Slate of Candidates
  - Nominations from Floor
  - Approval of the 2018 Slate of Candidates

10:30 – 11:00 am

#### Organization Exchange Break

11:00 – 11:20 am

#### President's Address

*Katherine Thomas, MN, RN, FAAN  
President, NCSBN Board of Directors  
Executive Director, Texas Board of Nursing*

11:20 – 11:40 am

#### CEO's Address

*David C. Benton, RGN, PhD, FFNF, FRCN,  
FAAN  
CEO, NCSBN*

11:40 am – 12:00 pm

#### Keynote: A Lifetime of Service to Public Protection

*Her Royal Highness Princess  
Muna Al Hussein of Jordan*

12:00 - 1:30 pm

#### Founders Luncheon

1:30 – 2:30 pm

#### Panel Discussion: International Regulation

1:30 – 3:00 pm

#### NCLEX Contract Renewal Q&A

2:30 - 2:45 pm

#### Organization Exchange Break

2:45 – 4:00 pm

#### Candidate Forum

*Tony Graham  
Chair, NCSBN Leadership Succession  
Committee  
Board Staff, North Carolina Board of Nursing*

*continued*

## Wednesday, Aug. 15 con't.

Support NCSBN and your fellow NCSBN members. Come to the Candidate Forum to hear from the nominees for NCSBN elected office.

4:00 – 5:00 pm

### Committee Forums

#### Finance Committee

Gloria Damgaard

Treasurer, NCSBN Board of Directors  
Executive Director, South Dakota Board of Nursing

#### NCLEX Examination Committee

Betsy Houchen, MS, JD, RN

Chair, NCLEX Examination Committee  
Executive Director, Ohio Board of Nursing

#### Active Supervision Committee Update

Greg Harris, JD

External Consultant

Nicole Livanos, JD

Associate, State Advocacy and Legislative Affairs, Nursing Regulation

#### Exam User Member Terms and Conditions

David C. Benton

3:00 – 5:30 pm

### Parliamentarian Office Hours

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 16.

## Thursday, Aug. 16

6:30 – 7:30 am

### Cardio Boot Camp

The maximum participant count is 30 people.

The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 8:30 am

### Organization Exchange Breakfast

7:30 am – 3:30 pm

### Registration

8:30 – 9:00 am

### Elections

9:00 – 10:00 am

### Revalidation in an International Context

Jackie Smith

Chief Executive and Registrar, UK Nursing & Midwifery Council

Objectives:

- Describe the context and driving forces for the introduction of the revalidation scheme.
- Highlight and explore the key features of the new scheme and its implementation.
- Provide insights into the initial evaluation and focus the potential contribution that revalidation will make to the effective and efficient operation of the council in terms of increased public protection.

10:00 – 10:15 am

### Delegate Assembly: Election Results

10:15 – 10:30 am

### Organization Exchange Break

10:30 – 11:15 am

### Learning From Others in the Discipline Space

Panelists

Susie Allen, DrPH, MBA

Research Analyst, Louisiana State Board of Medical Examiners

Mark Lane, PT

Vice President, Federation of State Boards of Physical Therapy

11:15 – 11:30 am

### Executive Officer Service Awards

Katherine Thomas

11:30 am – 12:00 pm

### What's on Your Mind About the Future of Nursing Regulation?

Join the NCSBN Board of Directors for an interactive session about your concerns and insights on nursing regulation. We will use the Social Q&A website for this session.

12:00 – 3:30 pm

### Knowledge Network Lunches

NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues.

Choose from the following options:

- Consumer Member Network  
This session is only for consumer/public members that serve on a board of nursing.
- NCSBN Executive Officers  
Open to NCSBN Executive Officers only
- NCSBN Board Presidents  
Open to NCSBN Board Presidents only
- Regulatory Network  
Open to all attendees

2:00 – 3:30 pm

### Parliamentarian Office Hours

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm.

3:30 – 4:30 pm

### Resolutions Committee Meeting

Open to Resolutions Committee members only.

6:00 – 6:30 pm

### Awards Reception

Wear Red to Celebrate our Ruby Anniversary! Formal attire welcomed.

6:30 – 10:30 pm

### Awards Dinner Gala

Wear Red to Celebrate our Ruby Anniversary! Formal attire welcomed.

## Friday, Aug. 17

8:00 – 9:00 am

### Pearson VUE Sponsored Breakfast

9:00 – 10:00 am

Anna Young

CEO, MakerHealth; Co-Founder, MakerNurse

Young works from a fundamental belief that, with the right tools, everyday people can use their ingenuity to create devices that heal. Applying years of global experience with the Maker Movement, she brings prototyping tools and makerspaces into hospitals enhance the natural problem solving abilities of clinicians and patients. Young is the Co-Founder of MakerNurse, an RWJF sponsored program to support inventive, frontline nurses. Her roots come from MIT as researcher in the Little Devices Lab and lecturer in the Institute for Medical Engineering and Science.

10:00 – 10:30 am

### Break

10:30 – 11:00

### Global Regulatory Atlas Launch

Maryann Alexander, PhD, RN, FAAN

Chief Officer, Nursing Regulation, NCSBN

11:00 am – 12:00 pm

### Delegate Assembly

New business and closing ceremonies.

11:30 am – 12:30 pm

### Boxed Lunch

12:00 – 2:00 pm

### Post-DA Board of Directors Meeting

FY19 NCSBN Board of Directors Only

# REGISTRATION INFORMATION

The meeting is at the [Hilton Minneapolis](#).

## REGISTRATION FEES

The registration fee is **\$450 per person**.

The registration fee for NCSBN member boards is **\$350 per board representative** (NCSBN members are staff or board members who serve on a state board of nursing and associate members).

The registration fee includes continental breakfasts, beverage breaks, lunches, welcome reception, awards dinner and meeting materials.

**The deadline for registration is Monday, July 30, 2018 or until the meeting is at capacity**, whichever comes first. Registration must be submitted online prior to the meeting. We do not take onsite registrations. The capacity for the conference is 375 attendees and is on a first-come, first-served basis. Online registration will stop once capacity is reached; a wait list will then be started.

Registration may be paid by credit card or check. If paying for multiple registrations by check, submit an online registration for each attendee. **Payment is due by July 30, 2018**. Make your check payable to NCSBN and write 2018 Annual Meeting on it.

Send registration confirmation print out with payment to:

**NCSBN**  
**Attn: Mary Trucksa**  
**111 E. Wacker Drive, Suite 2900**  
**Chicago, IL 60601**  
**Phone: 312.525.3600**  
**Fax: 312.279.1032**

If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration, please contact 312.525.3639 or [email](#).

## CANCELLATIONS

Registration cancellations must be received by **July 30, 2018**. No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or by [email](#) to cancel.

Attendees are responsible for cancelling all flight and hotel arrangements.

## Meeting Cancellation Policy

In the event of a cancellation of the program by NCSBN, you will receive a refund of your registration fee. NCSBN is not responsible for any other costs, expenses or damages incurred by a program registrant as a result of any cancellation of the program, including without limitation any nonrefundable airfare or lodging deposits.

## ACCOMMODATIONS

### [Hilton Minneapolis](#)

1001 S. Marquette Avenue  
 Minneapolis, MN 55403

Check in time: 3:00 pm

Check out time: 12:00 pm

### To reserve your hotel room:

1. Call the hotel at 888.933.5363 and reference the NCS room block; or
2. Book [online](#).

**The cut-off for the room block is, July 20, 2018, or until the block is full, whichever comes first.**

Room Rate: **\$199**

Rate is subject to a tax of 13.15%.

Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.

## TRANSPORTATION

### Airport

[Minneapolis-St. Paul International Airport \(MSP\)](#)

For more information about air service to Minneapolis, arrival times and terminal information, please visit the following website before embarking on your trip. The hotel is approximately 15 minutes from the airport.

### Public Transportation

The [Metro Blue Line](#) Light Rail is accessible from both terminals at the airport. The Terminal 1 light rail station is located below the Transit Center, between the Blue and Red ramps. From the Tram Level (one level below bag claim), take the tram to the Transit Center. When you exit the tram, follow the signs to the light rail station.

The Terminal 2 light rail station is located on the north side of the Orange Ramp. From Level 1 near Ticketing take the elevator or escalator up to the Orange Ramp skyway. Follow the signs to the LRT station. Take the escalators or elevators down one level to the station platform.

Depart at the Nicollet Mall Station (5th Street & Nicollet). Walk five blocks down to 10th Street. The hotel is located on corner of 11th Street and Marquette Avenue.

Travel time is approximately 25 minutes and fares vary between \$2-\$2.50.

## Shuttle

NCSBN has a discounted rate with [SuperShuttle](#). Use the [link](#) to receive the discounted rate of \$14 for a one-way shared ride. You can go directly to [www.supershuttle.com](#) and enter the code DTU9M. For special reservation questions call 800.258.3826 or customer service, available 24/7. Please note that if you call in your reservation instead of booking and paying online with the discount code, a \$3 call center fee applies.

## Rideshare

Uber and Lyft pick up and drop off at the airport. The fare is approximately \$26 each way.

## Taxis

Taxicabs are available on a first come, first served basis from the lower level curbside front of all terminals. Shared ride service is available. The one-way fee for a taxi from MSP to the hotel is approximately \$40.

## VIDEO/PHOTOGRAPHY POLICY

NCSBN plans to take photographs and/or capture video at the 2018 NCSBN Annual Meeting and reproduce it for use in NCSBN educational, news, marketing or promotional material, whether in print, electronic or other media, including but not limited to the NCSBN website. By attending and/or participating in the 2018 NCSBN Annual Meeting you grant NCSBN the right to use your image, audio and/or video for such purposes. All media taken at the event become the property of NCSBN and may be displayed, distributed or used by NCSBN for any of the above-described purposes.

## CONTINUING EDUCATION

Provider Number: ABNP1046, expiration date; October 2018

## ATTIRE

Business-casual attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

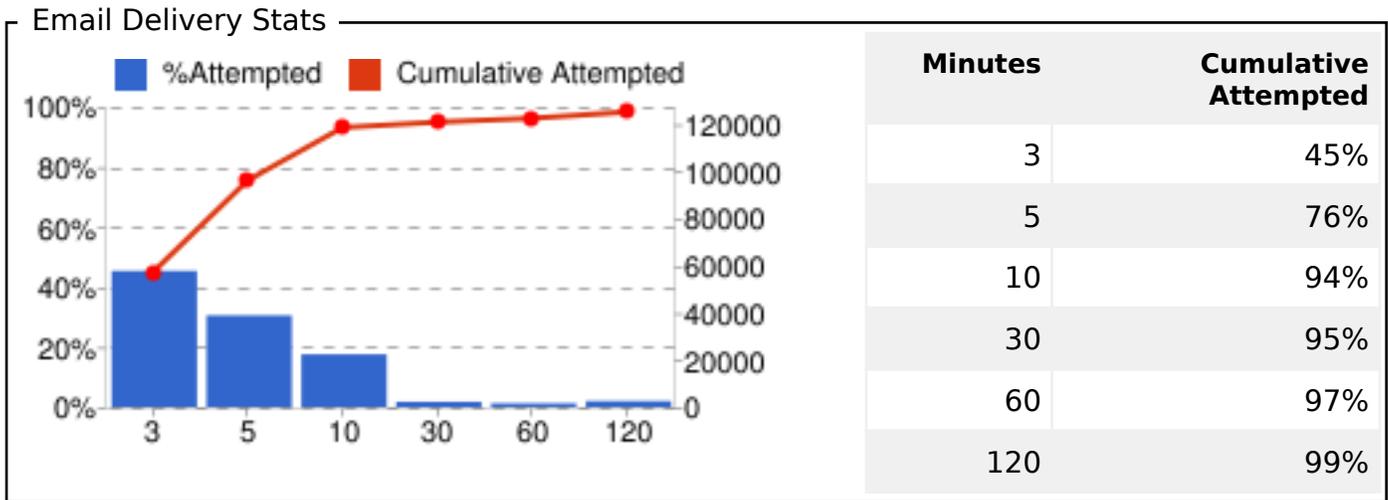
Subject: Wisconsin Board of Nursing Newsletter - Spring 2018  
 Sent: 05/18/2018 01:29 PM CDT  
 Sent By: Kate.Stolarzyk@wisconsin.gov  
 Sent To: Subscribers of Board of Nursing

**127,357** Recipients

- ✓ Email
- ✗ SMS
- ✗ Facebook
- ✗ Twitter
- ✓ RSS

**99%** Delivered

- 0% Pending
- 1% Bounced
- 41% Open Rate
- 7% Click Rate



Delivery Metrics - Details

<b>127,357</b>	Total Sent
<b>125,540 (99%)</b>	Delivered
<b>0 (0%)</b>	Pending
<b>1,817 (1%)</b>	Bounced
<b>0 (0%)</b>	Unsubscribed

Bulletin Analytics

<b>96,839</b>	Total Opens
<b>50976 (41%)</b>	Unique Opens
<b>11,567</b>	Total Clicks
<b>9024 (7%)</b>	Unique Clicks
<b>9</b>	# of Links

## Delivery and performance

*These figures represent all data since the bulletin was first sent to present time.*

	Progress	% Delivered	Recipients	# Delivered	Opened Unique	Bounced/Failed	Unsubscribes
<b>Email Bulletin</b>	Delivered	98.6%	127,194	125,377	50976 / 40.7%	1,817	0
<b>Digest</b>	n/a	n/a	163	163	0 / 0.0%	0	0
<b>SMS Message</b>	Delivered	0.0%	0	0	n/a	0	n/a

Link URL	Unique Clicks	Total Clicks
<a href="https://dsps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter...">https://dsps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter...</a>	7,867	10,154
<a href="http://dsps.wi.gov/home?utm_medium=email&amp;utm_source=...">http://dsps.wi.gov/home?utm_medium=email&amp;utm_source=...</a>	492	608
<a href="https://public.govdelivery.com/accounts/WIDSPS/subscriber/e...">https://public.govdelivery.com/accounts/WIDSPS/subscriber/e...</a>	191	231
<a href="https://content.govdelivery.com/accounts/WIDSPS/bulletins/1...">https://content.govdelivery.com/accounts/WIDSPS/bulletins/1...</a>	169	220
<a href="https://online.drl.wi.gov/UserLogin.aspx?utm_medium=email...">https://online.drl.wi.gov/UserLogin.aspx?utm_medium=email...</a>	136	170
<a href="https://public.govdelivery.com/accounts/WIDSPS/subscriber/n...">https://public.govdelivery.com/accounts/WIDSPS/subscriber/n...</a>	157	166
<a href="https://subscriberhelp.govdelivery.com/">https://subscriberhelp.govdelivery.com/</a>	4	10
<a href="https://insights.govdelivery.com/Communications/Subscriber...">https://insights.govdelivery.com/Communications/Subscriber...</a>	5	5
<a href="https://twitter.com/wi_dsps?utm_medium=email&amp;utm_sourc...">https://twitter.com/wi_dsps?utm_medium=email&amp;utm_sourc...</a>	3	3