

A Day in the Life of a Nursing Regulator

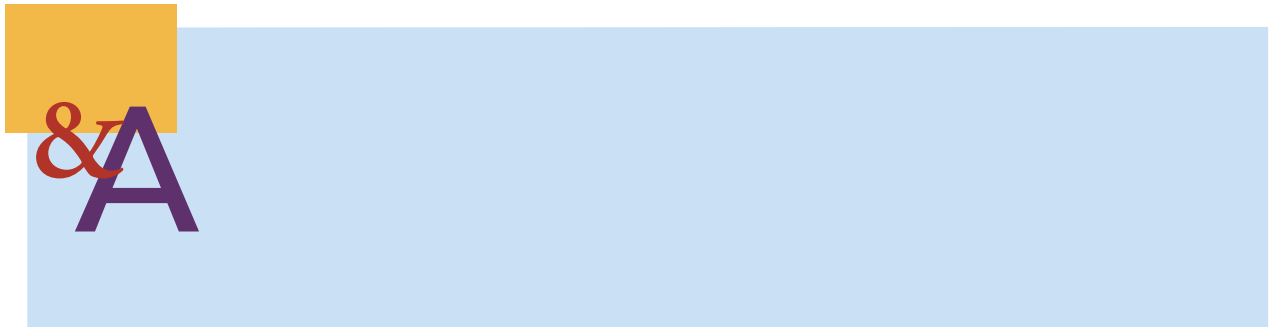
Boards of nursing (BONs) employ regulatory staff to assist in their daily operations. Some regulators are nurses; others are experts in other fields such as information technology (IT) or investigations. Further, each BON has a board that meets regularly and makes regulatory decisions. The board is composed of nurses and public members. They all work toward one goal: helping the BON achieve its mission of public protection. To learn more about these regulators, their roles and responsibilities on BONs, and the issues they are facing, we are excited to introduce a new series in *Leader to Leader*; "A Day in the Life" will give our readers valuable insight into the world of nursing regulation from those who live it every day.

For the first of the "Day in the Life" series, we interviewed **Mindy Schaffner**, PhD, MSN-CNS, RN, nurse education advisor, Washington State Nursing Care Quality Assurance Commission (NCQAC), to learn more about her role at the BON, clear up common misconceptions about the education program approval process and explore the program approval-related issues she's facing in Washington.

Throughout your career, you've worked in public policy and education. What has the transition to regulation been like? What made you decide to join the NCQAC?

The best way to describe the transition from practice and education to regulation is to say that the groundwork for assuming a regulatory position

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began in my educational nursing preparation and continued in various career experiences. It has been an ongoing process of learning and developing the skills needed to be an effective regulator. The learning continues, as there are always new issues that evolve in nursing practice and education.

My decision to join the NCQAC was based on a passion to influence and develop public policy related to nursing and nursing education. It is a way to serve my profession and community. It offers opportunities to solve difficult policy issues and to have an impact on the development of policies that promote quality education at a local, state and national level. I enjoy working with diverse groups of people and appreciate that varying viewpoints are the strength of healthy regulatory systems.

What are your primary responsibilities as a nurse education consultant?

Some of my responsibilities as a nurse education consultant include providing:

- Consultation on legislation and rule proposals related to nursing education (from nursing assistants to graduate nurse preparation) and licensure;
- Survey development, analysis of data and statistical reports related to licensing examinations (e.g., NCLEX® and NNAAP® examinations) and policy issues;
- Technical assistance to deans, directors and coordinators;
- Review of nursing program self-study reports;
- Site visits for approval and ongoing review of all nursing programs;
- Joint visits with national accrediting bodies;
- Recommendations to the NCQAC regarding approval of nursing programs and policy development;
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Nursing Education Committee Update

- Meeting with national nursing accreditors to develop a shared understanding so that requiring accreditation will be successful; and
- Hosting a conference with national nursing accreditors, BONs and educators to dialogue about how to make the accreditation requirement a success.

For more information, see the [2010–11 Nursing Education Committee final report](#).

A Preferred Future of Program Approval for BONs

For 2011–12 the NCSBN BOD has directed the Nursing Education Committee to continue its work to establish a preferred future of program approval for BONs. This year the committee is working to facilitate a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation. To begin this conversation, the committee met on Sept. 27, 2011, with Jennifer Butlin, EdD, executive director, CCNE; and Carol Ledbetter, PhD, RN, FAAN, CCNE Board of Commissioners. On Sept. 28, 2011, the committee met with Sharon Tanner, EdD, RN, executive director, NLNAC. Each day was filled with rich dialogue about approval and accreditation processes. The conversation between the Nursing Education Committee and the national nursing accreditors will continue.

NCSBN World Café Education Meeting

The Nursing Education Committee is also responsible for holding a meeting with educators, national nursing accreditors, and BONs to develop a shared understanding of the BON approval process. This exciting event, called the NCSBN World Café Education Meeting, will be held in Chicago, Dec. 8–9, 2011, using the World Café format. Participants will learn from thought leaders, both on the stage and among the attendees; will be

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reflective nature of the modules helps them socialize into the professional nursing role.

Layered with several approaches to learning, the modules provide a highly interactive learning environment. In addition to videos, links to external websites, articles, knowledge-check exercises and simulated practice scenarios, the Transition to Practice model includes an online forum to promote new nurse



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Using technology in education can help prepare nurses to meet the demands of the nursing shortage in the 21st century. Simulation, one type of technology that is growing rapidly in popularity, is designed to give students a learner-centered education in which they direct their experience. Simulation is becoming increasingly popular in schools and universities across the country. A survey of 1,060 nursing programs in the U.S. revealed that 87 percent were using simulation

Implementation and the educational tool's effectiveness were tracked in a research study where 270 nursing students in 42 clinical groups participated. The SLIM educational tool had positive effects on students' learning in the simulation setting. The implementation reduced the need for faculty intervention with the blood transfusion sets by 50 percent and eliminated the need for intervention in priming primary IV tubing in their corresponding scenarios. In both instances, the average amount of time needed to complete the skills and the total number students used to complete the skills were also roughly cut in half. The learner's time was then better spent on managing his or her client and meeting the learning objectives. Student feedback was all positive, with many students saying they found being able to access and use the SLIMs on clinical sites a great resource.

Integrating technology can be a challenge for faculty, but the reality is that more and more students are coming to colleges and universities with the expectation that technology will be used in their education. Thought leaders in nursing recognize the need to integrate technology into the curriculum, and are calling for innovative teaching strategies to be used. Students studying for a career in a health care field also need to be prepared to work in a technology rich environment after graduation in order to be successful and to provide safe patient care. As educators, we can help them meet these demands by working at every level of their education to use our resources and available technology to create an innovative learner-centered curriculum that will foster critical thinking and learning that will prepare competent and confident nurses to meet the demands of the 21st century health care system.

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