

2019 NCSBN Annual Meeting - Wj cwu qp Yqwt Mlpf Adqww vj g Fwwt g qh

So, I emailed her representative and let him know that because of this delay in care, she wasn't able to offload this ulcer, and she was at significant risk for complications. And I actually was very direct and said, you know, "This could result in amputation for this patient."

So, I do think we need to continue the personal outreach when we can. In terms of the second question, I wavered a little bit on how to answer this one. But I think what it was getting at was the APRN that's not in alignment with the APRN consensus model.

So the interstate compact will help manage practice across state lines for APRNs, including those APRNs that are participating in telehealth. I think if the education and certification aren't congruent with the consensus model i.e. a grandfathered APRN, so what came to mind for me was the bachelor's prepared NP that doesn't have the graduate education.

Those APRNs may be eligible for multi-

The first is in the next generation NCLEX. Why are we not incorporating a significant number of questions pertaining to the care of people with disabilities when the prevalence is growing, and there are 53 million in our population with an acquired developmental, intellectual, or progressive disability?

- [Jim] So, the next generation NCLEX isn't a change to the test plan. The test plan is revised every three years based on evidence from the practice analysis. Additionally, I believe that you would find that that content is already embedded within the test plans.

- Thank you. The next question is that the next generation NCLEX has attracted some attention from the professional nursing community. There are feelings that the NGN is changing the nursing process by deleting the assessment phase. Could you speak to this concern?

- So the NTSB and clinical judgment model, it's an assessment framework. It's designed to measure clinical judgment skills, and it does not replace the nursing process. In fact, it really should strengthen and reinforce the nursing process as we begin measuring with that.

- And what is the anticipated affect that the NGN will have on the NCLEX pass rates?

- I don't know that I've got a great answer at this point. I'm not sure that we have enough research at this time to really be able to speak to that one.

- Okay. Thank you.

- But if you want a corner Phil, you can certainly.

- Phil's hiding, I don't see him. - [Phil] I'd never hide from this.

- Okay.

- I have a passion about this, so that works. So I want to reiterate somethin ETQp776)6(s767(a3)6(1c76nc)Tf1 0 Old

That's number one. Number two, Jim's absolutely correct. The disability issue is already in the practice analysis, that content's not changing.

So remember, the content just shifts over. So you would have these vignettes that would have scenarios in which disabilities occur, and how do you critically think through that and answer that those are going to occur? Now the tough question, Jim. The answer is, we don't know. I can tell you some things that may make you feel comfortable and feel a little bit better about it.

Here's what we do know. When you take a look at the NCLEX items and the NGN items and you compare them together in terms of candidate performance, we've had 304,000 individuals take the NGN items, and that gives us a lot of data to compare. So we know that when you level on ability, so those individuals who are doing very well on NCLEX, they're taking minimum length exams and they're passing are doing very well on NGN items.

Those people are doing very poorly on the NCLEX and are failing those 60 questions are doing very poorly on NGN items. That should not surprise anybody, but it should actually give you some comfort in that where we're trying to figure out isn't those people. It is near the cut where we're making public safety decisions, where we're going to get more information.

So I would suggest if you're going to have any variability, will it go up or down? I don't know that yet. What I'm telling you, though, is the early research suggests that we are focusing right where we need to be in making those decisions. But it'll be another 12 months or so before I can probably answer any question like that. Thank you.

- Thank you, Phil. Thank you. The next question is related to governance. And as an international leader in self-regulation, what specific plans does NCSBN have to address, educate, and support issues that are more global and not strictly U.S. driven?

I'll ask Gloria Damgaard if she would respond. - [Gloria] Yes. Thank you, President, George. On the international level, I think, you know, all of you would agree that you are seeing more of that in our presentations that we have at our annual meetings. We're hearing from some of the world leaders such as Elizabeth Iro, the Chief Nurse of the World Health Organization.

I think there's been a deliberate focus to try to have conversations with people, you know, outside of just our organization. So, to that end, I think that the staff and the Board of Directors has been looking to other countries for best practices, keeping abreast of some of the good work that's going on in other countries.

Like, in Canada, they're working on governance issues that we can learn a lot from. Spain is looking at some of the electronic healthcare records and trying to glean information from those. And we're monitoring and keeping abreast of all of that, and then publishing that in your "Good morning, members" documents that you get trying to push out some of the things that are going on in other countries.

The National Council is active in the International Council of Nurses. You know, they have a congress every two years, and that just happened in Singapore this year, and I was fortunate to be able to attend

So our jobs to look at the quality factors of public protection, and that's what we need to do a better job at. We also need to began to toot our own horn. But the caveat is, when you toot your own horn, make sure the notes are pleasant because if you have one bad note, they will pounce on it and you know that.

And then you have to follow up on that bad note, but you have to follow up. But we have to do a better job of saying the good things that our state regulators are doing and the National Council. And then following up the second question and really is indicative of all the questions is that we have to have a productive, constructive relationship with all our stakeholders, and we need to expand our stakeholders within the profession and outside the profession.

It's normal to have a relationship with our nursing associations, and that's good, and we should continue that. Well, we need to look at groups outside the nursing associations and other stakeholders such as patient advocacy groups, military families, AARP. Because if you really think about it, when you go to a

This guideline, which I call "The Book of Cannabis" by NCSBN is a beginning step, almost as with the scientists that came back from vacation and found the mold in the petri dish and said, "What in the world is this?" Which we now know became penicillin.

We are just at the early stages. And I know, as regulators, as nurses, we like to have more concrete information. We want to know how it's made, what it is, and write it up, and we can judge everybody by the same yardstick. Well, folks, we just can't do it. So I have to share with you a saying my mother always said, "At no time should policy outweigh common sense."

You're gonna have to use the same steps as you do with other matters when looking at a complaint. Is this a complaint that was just brought to our attention and this person was using CBD? And for those of you who don't know, CBD is cannabidiol, which is one of the compounds found in cannabis.

All plants have them. CBD oil, you can find it online. Right now, you could go and order it. What you don't know is how much CBD is really in there, if there is THC in there, which is the component that has a psychoactive effect because it's not really regulated well.

In some states it is, some it's not. You can get it flown in. So what are you going to do with that when someone sends you a complaint? Well, you're going to use the good brain that God gave you and approach this in the same manner that you would any other complaint. How did it impact the patient? Will it impact the public?

How? Well, you're going to have to figure that out. On page 17, I found a great statement that says, "Regulatory oversight and complaints involving cannabis should receive the same due process and principle of good regulations used with other complaints that you receive. You know we don't have a textbook on everything that nurses can do, and my gosh, they can do a lot of things.

And that's not going to change and cannabis is not the difference. You're going to have to use the same guidelines and your same moral intuition that you use on anything else. As this grows, I think you will see us address this, and this is an evolving and ongoing process.

Then I'm very excited and proud that this organization took this on, and I'm proud of all of you looking into it and keep those questions coming to us. Thank you.

- Thank you. We may have "The Book of Cannabis" on Oprah's book list ...immense popularity. Now, the next question is for Adrian Guerrero, and it's related to his

for this, and he gave an example of, you know, somebody calling upon a phone list used to be you could tell that you were talking to a computer.

Well, nowadays, they're getting so good that it's difficult to know that it's not necessarily a person. And when you're asking questions to those, the answers that are coming back, who's liable for it? What kind of money is involved with that? You may not even know where the questions are necessarily coming from or where they were created. On top of that, cybersecurity is going to be a critical component as well.

Patient data is being attacked by state governments at times, not state U.S. governments but nations. And hackers are taking control of even hospitals and holding them for ransom. So I think it's going to be important that there's some regulations tied around cybersecurity so that we can ensure that the information is protected.

- Thank you, Adrian. And the last questions are related to workforce and really primarily related to the role of LPNs. The writer says, "I'm interested in NCSBN considering the role of the LPN in future health care as this is long overdue for discussion. And follow up or subsequent question, as we move into the global nursing regulation arena, is NCSBN working with other regulatory bodies to better delineate the roles and qualifications of the LPN and the RN?"

And I'd ask Libby Lund if she would respond for us, please. - [Libby] Yes, thank you, Julie. I think that we've heard discussion and we've received guidance in these last two days for the...that will help inform the answers to these questions. We've had guidance on developing a regulatory framework that sufficiently agile to allow for and actually encourage changes that can be made in the public interest.

But more specifically, these roles are being examined by the Model Act & Rules Committee. Experts in LPN education and practice have already come before the committee to share their expertise. The committee's also examining the current and future roles of RNs, and you may have seen a JNR article on RN prescribing in a recent issue.

The committee will be reporting on its suggestions for modernizing the Model Act & Rules at the media meeting, so you'll have an opportunity then to weigh in on these questions.

However, the committee certainly is very open to hearing your suggestions at this time. Please, you may address them to me if you wish as I'm serving as a liaison from the board for that committee or any member of the committee. Thank you.

- Thank you, Libby. And now I'll turn things over to David Benton for some closing announcements.

- So first of all, I'd like to thank all of you that submitted questions the ability to hear what's on your mind and provide an opportunity to respond to that is incredibly important.

And I'm sure there are many other questions out there, and please use the time we've got left together to raise those with us either individually. I'd like to thank Julie and the Board of Directors for really doing their homework and providing responses to all the questions, so please join me in thanking the Board of Directors.