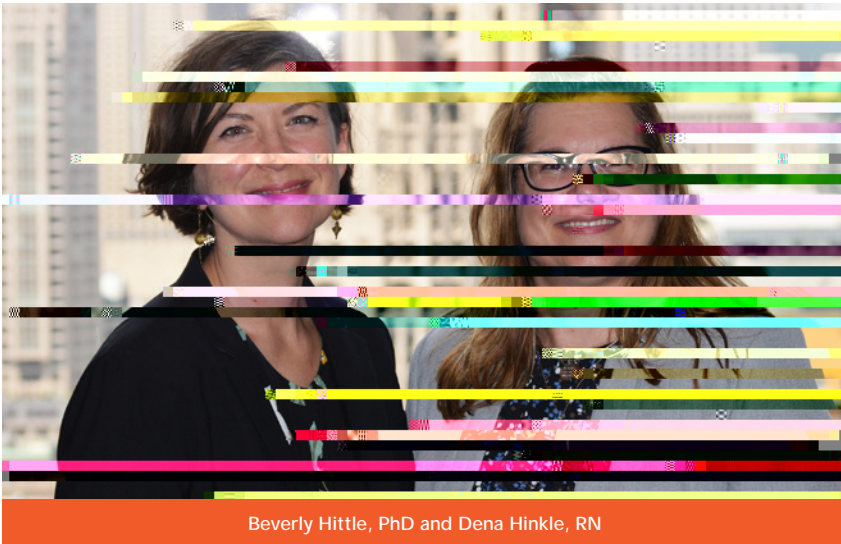


AN INTERVIEW WITH

# Beverly Hittle and Dena Hinkle

A Scholar in Residence and an Intern in NCSBN's Regulatory Scholars Program



Beverly Hittle, PhD and Dena Hinkle, RN

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## Q & A

**Q:** I know that NCSBN was studying outcomes and metrics of nursing education programs. What is the status of the project?

**A:** You are correct; we have been systematically studying evidence-based outcomes and metrics of nursing education programs that boards of nursing (BONs) could use when approving these programs. We began this study two years ago by reviewing the literature, looking for nursing education outcomes and metrics and quality indicators. We then conducted a national Delphi study with nurse educators, regulators and those who work with new graduates in practice. Next, we conducted a quantitative study of five years of nursing program annual reports, sent to us by BONs, looking for quality indicators, as well as factors associated with declining

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### Leader to Leader

Leader to Leader

**Beverly Hittle, PhD**, was NCSBN's 2019 scholar in residence. Beverly came to Chicago from Cincinnati, where she just received her PhD at the University of Cincinnati, Ohio, with a focus on nurse research. She has studied nurses and sleep as they relate to shift work for several years, with an interest in strengthening the health care workforce and improving patient safety. She is currently a faculty member at the University of Cincinnati, Ohio, undergraduate nursing program.



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## Hittle-Hinkle interview

“ I thought this would be a wonderful opportunity to take the research I’ve been doing in the world of sleep and health care and tie it into patient care errors.”

– Beverly Hittle, PhD



“ ... I think what surprised me most is the breadth of work that NCSBN is involved in.”

– Dena Hinkle, RN

**Dena Hinkle, RN**, is a family nurse practitioner and certified school nurse in Buffalo Grove, Ill. Dena was NCSBN's 2019 graduate intern, coming from Lewis University, where she is currently a doctor of nursing practice (DNP) student. Dena is researching nurse policies as they relate to school nurses, with an interest in strengthening the school nurse workforce to ensure students have access to adequate care.

### What prompted you to apply for the RSP?

**Beverly:** I found out about the scholar in residence position through the work I've been doing with the National Institute for Occupational Safety and Health (NIOSH). My mentor mentioned the U.S. Nurse Safety Study being proposed at NCSBN, and because of its similarities to my areas of research, I started reviewing the NCSBN website, where I found the position. I thought this would be a wonderful opportunity to take the research I've been doing in the world of sleep and health care and tie it to patient care errors. My focus has always been on the individual nurse and how lack of sleep impacts nurse health. However, this proposed study focusing on adverse patient outcomes appealed to me because of the potential to impact sleep and shift work through nursing, which has the potential to protect both nurses and patients alike.

**Dena:** I originally heard about the graduate internship through the DNP online portal at Lewis University, where scholarships and other opportunities are listed. I was intrigued with the opportunity to delve into policy and regulation further after my policy class in my DNP program. While nurses comprise the vast majority of the health care workforce, there is a lack of equivalent representation within the nursing regulation and health care policy arenas. My schedule is such that an extended internship at NCSBN was feasible and I decided that it would be a valuable opportunity to utilize my summer break in this manner.

### Tell us about your activities and experience at NCSBN while you were in the RSP.

**Beverly:** We spent the first few weeks attending meetings with various departments, and learning about each department's role in the organization. I was able to work on several different research projects. I spent the majority of my time on the U.S. Nurse Safety Study, refining the data collection instrument. I also spent time helping with the literature review for the Nursing Education Outcomes & Metrics Committee, and began work assisting on a project with the NCSBN Research team on APRN collaborative practices agreements.

**Dena:** I had the opportunity to meet with many of the departments at NCSBN and learn about the various projects, research, available tools and information, as well as policy issues, surrounding nursing. Specifically, my discussions with the legal team about the Nurse Licensure Compact (NLC) led me to develop, disseminate and evaluate whether or not school nurses would benefit from having a multistate license. This led to conversations with other contacts surrounding challenges I have observed in school nursing and licensure, and then it ultimately led me to my survey project. The opportunity to learn what NCSBN does, with the resources they have available, was very valuable.

### What surprised you about the work of NCSBN?

**Beverly:** I was surprised by the broad spectrum of work occurring at NCSBN.

**Dena:** Agreed, I think what surprised me most is the breadth of work that NCSBN is involved in. While I had a general picture of some of the work they are involved with, such as the NCLEX and licensure compacts, the vastness of everything else they work on astounded me.

### What NCSBN resources/programs did you find most useful to your work?

**Beverly:** Being able to talk to the staff from the various departments at NCSBN was most useful. The generosity of staff was greatly appreciated, with both their time and knowledge.

**Dena:** The information gathered—from the Workforce Survey, the delegation guidelines, marijuana guidelines, as well as the NLC and APRN Compact advocacy efforts—are most helpful to me, as I'm looking to the future for my school nursing practice. However, I also

## Hittle-Hinkle interview

special health care needs and may not have the nursing care required if attending trips out of state. It would be interesting to go further with the survey, sending it out to the National Association of School Nurses and legislators to see if this is a concern in other areas/states.

### Beverly, at your PhD program, you focused on how disease prevention might take shape through research on sleep and shift work in the health care sector. How have you been able to develop your research in this area since being in the RSP?

**Beverly:** My focus has always been on how we protect the nursing workforce. By looking at adverse patient outcomes in the NCSBN study, I have been able to broaden that focus to health care patient safety systems. It has allowed me to consider further how nurse sleep and fatigue issues can be ameliorated through facility systems and broader regulation. Although individual nurse behavior needs to be considered, the disruption of around-the-clock care to nurses' circadian rhythms can make it very difficult to stay alert. If the health care industry and nursing want to protect patients, we have to consider how systems can protect patients, instead of placing all the onus on the nurses. Nurses are amazing, but we are not superhumans!

### Dena, a topic that you are interested in is the potential of telehealth in school nursing, especially in rural areas where there are not always nurses in every school. How has your experience in the RSP been able to help your work in this area?

**Dena:** I was especially thankful to have the opportunity to talk with Linda Young, program specialist, South Dakota Board of Nursing, and review their relevant pilot study and the regulatory changes that South Dakota had implemented. Their process for certifying unlicensed assistive personnel (UAPs) to care for diabetic students is very comprehensive and goes far to ensure safe practices. Further, it was enlightening to speak with, and then meet in person, Sheila Freed — eCARE eSchool health director for Avera eCARE based in Sioux Falls, SD— at the National Association of School Nurses Annual Conference, in Denver at the end of June. I had the opportunity to actually test out the technology utilized with telehealth school nursing services, which was much more robust than I had anticipated. Telehealth is not a resource that would only be valuable in rural areas. With such a wide variety of telehealth models, any school can implement at least one method to improve healthcare access for their students and/or staff.

### Is there anything else you would like to add about your experience in the RSP?

**Beverly:** The scope of work at NCSBN is wide ranging, from the role nurses take in increasing health equity, to measuring what it means to have a high-quality nursing education. Although nursing regulation is in place to protect the public, in the end, well written policy also promotes nursing as a profession. It is quite a process from start to finish, but incorporating multiple stakeholders increases the likelihood the policy provides the intended outcome.

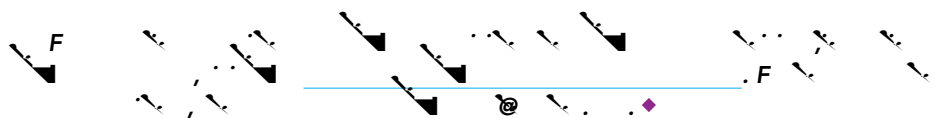
**Dena:** My time here has really opened my eyes to the many working parts surrounding regulation and policy—not only to ensure safe, quality care for patients, but also to improve practice standards, access to care, and nursing education.

“ I also look forward to incorporating what I have learned about nursing education regulation into my new faculty role in the undergraduate nursing program at the University of Cincinnati, Ohio.”

– Beverly Hittle, PhD

“ My time here has really opened my eyes to the many working parts surrounding regulation and policy...”

– Dena Hinkle, RN





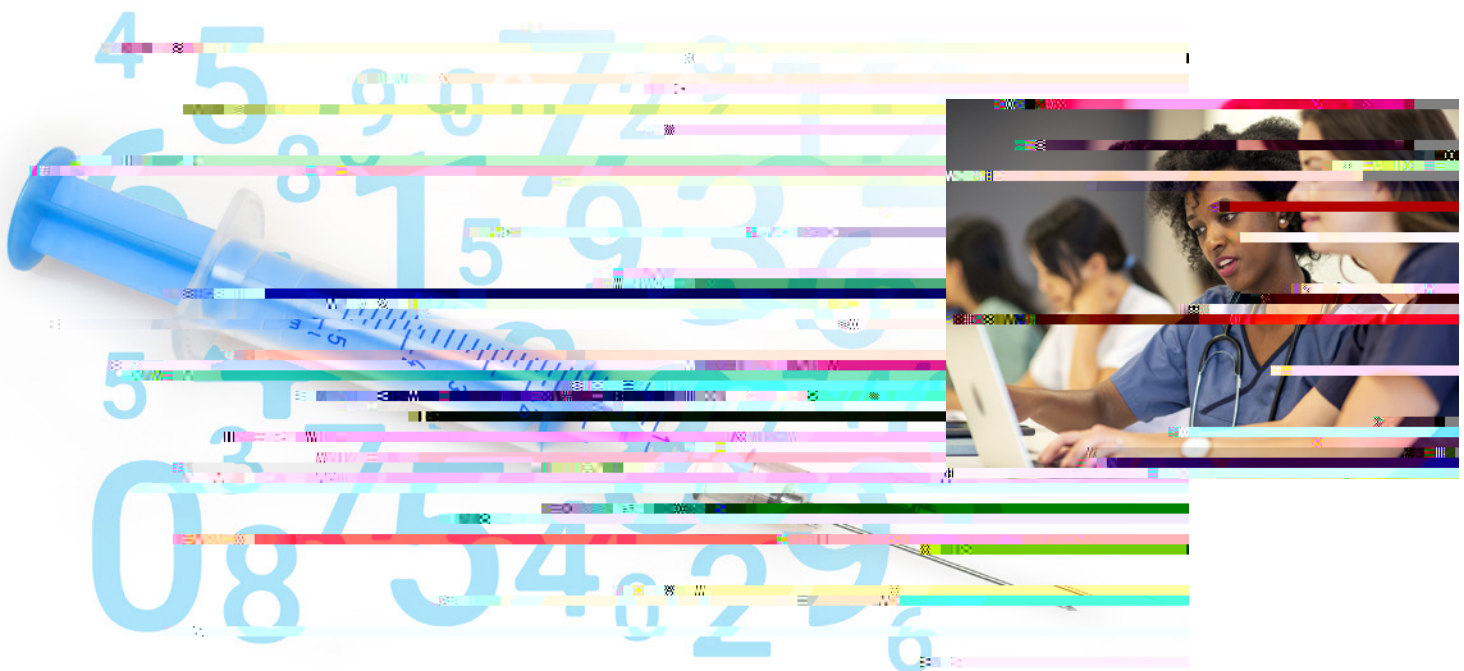
## SSR Study Results:

# The Need for Improving Math Education in Nursing


In previous issues of [NCSBN's Journal of Nursing Quality](#) we have written about our study on [Safe Student Reports \(SSR\)](#), which explores the types and extent of errors and near misses students make in their clinical, simulation or learning lab experiences. To date, we have nearly 200 nursing programs participating in the study. We will analyze aggregate data at the 18-month period of the study, in December 2019.

As part of the SSR study, we have found from looking at the aggregate report of errors and near misses, and particularly the comments as to why errors occurred, that the majority of errors are with medication administration; the majority of those errors are with drug calculations. To study this further, we participated in a [Quality for Safety in Nursing \(QSEN\) Math Education for Nurses Task Force](#) where like-minded leaders in nursing and mathematics gathered at a QSEN meeting and discussed strategies for teaching math to students. These discussions, and subsequent conference calls, led to a recent conference on Math for Nurses at the University of Miami. Participants at this meeting included nursing and mathematics faculty from several universities, as well as representatives from NCSBN; the National League for Nursing; the Organization of Associate Degree Nurses; Mathematical Association of America; Bayer Crop Science (a statistician); the National Association for Healthcare Quality; The Dana Center Mathematics Pathways at the University of Texas, Austin; QSEN; the Commission on Graduates of Foreign Nursing Schools (CGFNS); the Bill and Melinda Gates Foundation; and the NROC Project. This group of interprofessional leaders (in mathematics, statistics and nursing) is exploring new strategies for teaching math to nursing students, and in the future they plan to disseminate math standards for incorporating into curricula.

As part of this Math for Nurses group, a webinar was presented where some new and exciting strategies were introduced for teaching math calculations to nursing students. You and your faculty may be interested in viewing the presentation from this webinar, [Teaching Dosage Calculations: Strategies for Narrowing the Theory-Practice Gap](#). Remember that enrollment in NCSBN's SSR study is ongoing, so please let us know if your nursing school is at all interested in participating. Contact us at [ssr@ncsbn.org](mailto:ssr@ncsbn.org). ♦







Missouri State Board of Nursing

understanding of the board and public health and safety will be an asset to their future practice and professional development. Students and faculty recognized the benefits of working with BON preceptors. We are grateful to the BON for providing these unique and relevant learning experiences for our students.”

**STUDENTS' EVALUATION OF PRECEPTOR EXPERIENCES**





◆ **Assistive Personnel Regulation**

This section gives an overview of requirements for continued competence activities for RNs and licensed practical/vocational nurses (LPN/VNs). Sample topics discussed in this section include jurisdictions' continued competence requirements, whether a BON regulates assistive personnel and if BONs have a plan in place that would allow RNs to expand their scope of practice in disaster situations.

**Users can customize their searches the following ways:**

**1. Select from six surveys:**

Advanced Practice;  
Assistive Personnel;  
Board Structure;  
Discipline, Delegation, Telenursing;  
Education; or  
Licensure.

**2. Select jurisdiction(s) individually or selected jurisdictions, or via five presets:**

All;  
RN boards;  
PN boards;  
Umbrella boards; or  
Independent boards.

**3.**

# NCSBN Defines Clinical Judgment for Purposes of the Next Generation NCLEX® (NGN)

In order to develop a valid and reliable means of measuring clinical judgment, NCSBN conducted extensive reviews of the literature in nursing, decision theory and testing. The result was the assessment framework referred to as the NCSBN Clinical Judgment Measurement Model (NCJMM).

It is important to note that the NCJMM is a framework designed for and specific to testing and should not be construed as a replacement for other evidence-based theories of nursing theory or practice. In particular, the NCJMM does not compete with the Nursing Process or specific pedagogical or andragogical models around the teaching of clinical judgment. Rather, it provides a systematic, evidence-based framework for measuring whether nurse licensure candidates demonstrate at least minimal competence with respect to clinical judgment and decision making.

For the purposes of the NCLEX, Layers 3 and 4 of the NCJMM guide item writers in the development of NGN content; Layer 3 elements provide the primary measurement focus for items and the Layer 4 elements provide context. Each of the Layer 3 and Layer 4 elements are defined in more detail in the publications on the [NGN Resources page](#). ♦

## NCSBN Clinical Judgment Measurement Model (NCJMM)

