

**IDAHO BOARD OF NURSING  
COMMENTS RECEIVED ON PROPOSED RULES  
DOCKET 23-0101-1401 AND 1402**

**I. INTRODUCTION**

Consistent with requirements for agencies wishing to engage in the process of negotiated rulemaking, a public meeting was held Thursday, July 17, 2014 at 10:00 am (MDT) at SpringHill Suites by Marriott, 424 E. ParkCenter Blvd, Boise, Idaho to consider proposed rules of the Board of Nursing, Dockets No. 23-0101-1401 and 1402. Notice of the meeting was published in the June 4, 2014 Idaho Administrative Bulletin.

Persons wishing to participate in the negotiated rulemaking were invited to:

- 1) Submit any written comments, questions, recommendations, or ideas to the Board of Nursing
- 2) Attend the scheduled public meeting on July 17 during which the Board allowed oral comments and/or presentations on the proposed rules

**II. COMMENTS RECEIVED**

There were no written comments received prior to July 17, 2014. Oral comments and recommendations were received from two (2) individuals during the public meeting held on July 17.

A. **Comments relative to Docket 23-010-1401, Sexual Misconduct**, included oral comments from Val C. Greenspan, PhD, RN, in support of the rules as presented.

B. **Oral comments relative to Docket 23-010-1402, Continued Competency Requirements for Renewal of an Active License**, included:

- Comments from Dr. Greenspan generally in support of the rules as presented. Dr. Greenspan did, however, recommend:
  - 1) Inclusion of “nurse residency” and preceptor preparation in the list included in 23.01.0.1.061.01, “Learning Activities or Courses”, noting:
    - The rules propose “...a Board-approved refresher course in nursing” and “...another program expressly approved by the Board of Nursing” as acceptable activities which does not clearly include participation in non-Board approved nurse residency or preceptor preparation programs
    - CNEs for relevant programs should be recognized, even if those programs are not Board approved
  - 2) Deletion of 23.01.01.061.03, “First Renewal Exemption”, noting
    - Lack of confidence/competence in skills, critical thinking and delegation expressed by many beginning nurses
    - Ongoing competence development is as essential for the first year of practice as it is beyond
    - The importance of establishing professional development and continued competence as worthy goals from the point of entry to practice
    - Nurse residency is one means of initiating this important focus on continued competency development

NOTE: A written copy of Dr. Greenspan’s testimony, as presented on July 17, is attached to this document.

- Request from Autumn Hammar, nursing student at ITT Technical Institute, on behalf of ITT Tech nursing students present at the meeting on July 17, to retain 23.01.01.061.03. Ms. Hammar noted:
  - 1) Exemption will allow new graduates time to transition from school to first employment before being required to demonstrate continuous professional development for the first renewal following initial licensure by examination
  - 2) The time lapse from initial licensure to first renewal can be from 6 to 24 months depending on the date of graduation, approval to take/completing the NCLEX, etc. resulting in the need to calculate appropriate variances and “prorating” requirements for individual renewal applicants
  - 3) Cost of education and initial licensure coupled with costs associated with continued professional development may become burdensome until the graduate secures employment and a regular salary; some graduates may encounter difficulty in securing initial employment

### **III. BOARD DELIBERATION AND CONCLUSIONS**

Following the public meeting, the Board carefully considered comments received and the rationale for related recommendations and revised the rules to address the recommendations as necessary. Further, the Board revised the rules for purposes of clarity, unrelated to any comments/recommendations received prior to and during the July 17<sup>th</sup> meeting.

**A. Revisions to the original proposed Rule Docket 23-0101-1401 included:**

- IDAPA 23.01.01.101.05.i.(3) to read: “Using confidential information obtained during the course of the nurse-patient relationship to solicit, suggest or discuss dating or a romantic relationship, or engaged in sexual conduct with a patient, former patient, colleague, or member of the public;”

**B. Revisions to the original proposed Rule Docket 23-0101-1402 included:**

- IDAPA 23.01.01.061.01.h. deleting reference to “contact hours” and replacing with “hours”
- IDAPA 23.01.01.061.h.(v) revising to read “A program that meets criteria established by the Board”
- IDAPA 23.01.01.061.i. adding service on nursing or healthcare related organizations
- IDAPA 23.01.01.062.h. deleting reference to “contact hours” and replacing with “hours”

In conclusion, the Board determined:

Rule Docket 23-0101-1402:

- 23.01.01.061.01.h.(v), as revised by the Board, is sufficient to accept nurse residency and preceptor preparation as learning activities or courses that meet requirements for licensure renewal without the need to specifically include “nurse residency” or “preceptor preparation” in the list of accepted activities
- 23.01.01.061.03 will be retained as proposed to allow graduates to complete no less than a full two-year licensure period before being required to provide evidence of continued professional development for license renewal.

### **IV. BOARD DECISION**

The Board took action to approve revised Rule Dockets 23-0101-1401 and 1402 and set them for rulemaking.

**Proposed rules: Testimony for 23.01.01 - July 17, 2014 by Val. C. Greenspan, Ph.D., R.N.**

Thank you for this opportunity. A copy is being provided for your minutes. This copy includes a page of annotated references.

Professional Background as Context for remarks: My employment position since March 2013 has been as the Project Manager for the Nurse Residency component of a Robert Wood Johnson Foundation (RWJF) State Implementation Grant (SIP). This position has involved literature review, stakeholder input, on-site visits to a dozen Idaho CAH and visits with both state and national experts to develop the Idaho Nurse Residency Program (INRP). The INRP is a hybrid, blended model involving the online Iowa program. The Iowa modules may be viewed at the participants' convenience, has practice based scenarios and uses active learning strategies for critical thinking exercises. Cohort, synchronous discussions are facilitated monthly by an expert. The model will include, as available, simulation experience in Idaho to improve competencies such as team communication, delegation and prioritization.

Focus of Remarks: 061. 01 and 03. Draw from the development of the grant related INRP and general tenets applicable to any nurse residency program.

Recommendations:

- a. Include Nurse Residency in list under 061.01 and
- b. Delete 061.03: First renewal exemption.

I Support continued competencies; support including Nurse Residency under 061.01:

1. Research -

- a. The Advisory Board Company research found the Preparation-Practice gap indicating new graduates had improvement needs in selected competencies.
- b. Longitudinal and other research results cite improved competency development among Nurse Residency program participants.

Note: The NCSBN is conducting a longitudinal, multi-institutional, randomized study to investigate the effect of the Transition To Practice model on patient safety and quality outcomes with results expected in or after August, 2014. It is a high level of evaluation if the model connects Transition to Practice programs to quality patient outcomes.

2. Program design - Nurse Residency programs began in the early 2000's to address turnover by easing transitions over the first year of practice with its many challenges in adapting to the work and thinking of a "real nurse" in complex health care systems.

- Current programs are part of long term strategies for professional development and retention. These programs are definitely tied to proposed rule 061. "*Continued competency requirements for renewal of an active license.*" While each program differs, the following categories are usually addressed:
  - Help transition from advanced beginner to competent phase. (The competent phase has to do with independently and reliably integrating knowledge, skills, and providing safe care)
  - Enhance ability to provide quality, evidenced-based care
  - Advance critical thinking ability
  - Improve skill in clinical decision-making and judgment
  - Maintain a competency focus, often involving the QSEN competencies.
- Program proponents say it is not so much what is taught as to how -- active learning strategies, learner-driven content and methods fostering clinical judgment.

**Proposed rules: Testimony for 23.01.01 - July 17, 2014 by Val. C. Greenspan, Ph.D., R.N.**

- Could be online with discussion or face-to-face. Some are accredited; some offer CEUs; all can provide program descriptions and documentation of completion relative to Rule 062 Documenting Compliance. The Iowa program will offer CEUs through the Iowa Board of Nursing; it would be wonderful if the Idaho Board of Nursing accepted those CEUs.

3. Curriculum of the Iowa program focuses on competencies found to be weakest in new nurse graduates in The Advisory Board Company research. The competencies falling into the bottom third in The Advisory Board's research overwhelmingly involve skills—such as taking initiative, managing multiple responsibilities, and delegation—that are more readily honed in a clinical setting than a classroom. The Iowa program focuses on competencies in
- a. Communication - patient care providers, health care team; conflict management, patient education
  - b. Responsibilities of the professional nurse - quality, safety, evidence-based practice
  - c. Decision-making at the point of care - prioritization, delegation, critical thinking, time management, culturally responsive care.

Ideally, both the preceptor and new nurse graduate review the same modules.

Then, they work together to help the new nurse graduate reach competency at the bedside and in the facility unit for components in each module.

Rule 061.01. i. I support the inclusion of “precepting,” but would go one step further. The literature indicates preceptors should have preparation for the role. Preceptors educated for the role are critical to the success of new nurse graduates in a Nurse Residency program. The Board could include preceptor preparation as a learning activity. The CNEs ranged from 3.5 to 14 among three programs--2 online and one face-to-face--that I have recommended for preceptors in the INRP.

In summary of my remarks for 061.01, a Nurse Residency program involves learning activities directly associated with professional and competency development. In 061.c., you have used “A Board-approved refresher course in nursing.” A quality consideration may be Board approval for Nurse Residency programs not accredited. Preceptor preparation is vital and CNEs for relevant programs should be recognized.

Rule 061.03 - First Renewal Exemption. I recommend removal for the following reasons:

1. While passing the NCLEX reflects having competencies needed to perform safely and effectively as an entry-level nurse, research, literature and graduates themselves indicate lack of confidence and competence in such areas as performing selected skills, developing critical thinking and delegating.
2. Clearly, ongoing competence development, such as in a Nurse Residency program, is as essential for the first year of practice as it is beyond.
3. It is important to establish professional development and continued competency as worthy goals from the point of entry into practice.
4. Nurse Residency is one means of initiating this important ongoing foci on continued competency development.

**Annotated References:**

Burns, P., & Poster, E. C. (2008). Competency development in new registered nurse graduates: Closing the gap between education and practice. *The Journal of Continuing Education in Nursing* 39(2): 67-73.

Ironside is quoted "Competency is the role and context specific aspects of nursing care that result in competent practice."

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *JONA* 38(7/8): 341-348.

"The outcomes of this qualitative graduate nurse analysis reflect the challenges they experienced during transition into practice, with fear, lack of confidence, and concerns of harming patients continuing through the first year of practice. ...graduate nurses clearly expressed the desire ... continue to strengthen their professional development from basic skill acquisition to the achievement of confidence and competence in their clinical practice."

Goode, C.J., Lynn, Mary R., & Bednash, Geraldine D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economics* 27(3): 142-147, 159.

"Schools of nursing, hospital nursing leadership, and new graduates all strongly believe that additional competencies and knowledge beyond those obtained in the educational program are needed for a new graduate to successfully transition to the professional registered nurse role."

"We should no longer expect new graduates to transition into their first job in an acute care hospital without a nurse residency."

Goode, C.J., Lynn, M.R., & McElroy, D. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *JONA* 43(2): 73-79.

"Residents' perception of their ability to organize and prioritize their work, communicate, and provide clinical leadership showed statistically significant increases over the 1-year program."

McCoy, C. (2009). Professional development in rural nursing: Challenges and opportunities. *The Journal of Continuing Education in Nursing*, 40(3): 128-131.

"Nurse leaders ... must embrace opportunities to improve ... continuing education and evidence based practice of rural nurses."

Rush, K.L., Adamack, M., Gordon, J, Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies* 50(3): 345-356.

"The presence of a formal new graduate transition program resulted in good retention and improved competency."

The Advisory Board Company. (2008). Bridging the Preparation-Practice gap. Washington DC. The Advisory Board is a national performance improvement partner for 180,000 leaders in 4,500+ organizations across health care and higher education. The Advisory Board's 2007 research culminating in Preparation-Practice Gap publications.

Surveys of over 53,000 frontline nurse leaders indicated remarkable consistency in ranking of new graduates' improvement needs across 36 surveyed competencies. Results revealed ample room for improvement. Nursing leaders from education to health care systems agreed that even the best prepared new graduates will always have much to learn in today's complex care environment.