Dear Nurse

As you may be aware, Kansas has passed a law to become a member of the Nurse Licensure Compact (NLC). The NLC will be implemented in Kansas beginning on July 1, 2019. Please take a moment to read the information below about changes to nursing licensure in Kansas and what you need to do to prepare for this.

Here is what you need to know:

• Nurses who reside in states that are members of the NLC can acquire a multistate license in their state of residency.
• The multistate license allows you to practice physically, electronically and/or telephonically in Kansas and other states that are members of the NLC.
• Those who currently hold a Kansas nursing license and want a multistate license must apply for a multistate license.
• Nurses who reside in states that are members of the NLC, you need a single state license issued from that state regardless of whether you hold a multistate license.
• If you need to practice in a state that is not a member of the NLC, you need a single state license issued from that state.
• If you practice in other NLC states on your multistate license, you must adhere to the laws and regulations of the state you are practicing in.
• If you need to practice in a state that is not a member of the NLC, you need a single state license issued from that state regardless of whether you hold a multistate license.
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• If you practice in other NLC states on your multistate license, you must adhere to the laws and regulations of the state you are practicing in.

Here is what you need to do:

• If you are uncertain about whether you need a license to care for a patient – remember, your practice takes places where the patient is located. If the patient is located in another state, you will be required to submit fingerprints with your application for a multistate license.
• If nurses with current single state nursing licenses in Kansas want to maintain their current single state nursing license, there is nothing they need to do. If the patient is located in another state, you will be required to submit fingerprints with your application for a multistate license.
• If you need to practice in a state that is not a member of the NLC, you need a single state license issued from that state.
• If you practice in other NLC states on your multistate license, you must adhere to the laws and regulations of the state you are practicing in.

If you need more information:

• The National Council of State Boards of Nursing has a website (www.ncsbn.org/nurse-licensure-compact.htm) that will provide you with more details about the NLC.
• The website will also lead you to our state board of nursing website that has state-specific information on it and will be updated closer to the July 1, 2019 implementation date.

Carol Moreland, MSN, RN
Executive Administrator
Kansas Board of Nursing
Cheyenne Eddings

Professionalism in nursing means that you provide the care you would want to receive. It is about building relationships with patients and in turn, building trust. You must be accountable for your decisions and have the confidence and ethics to speak up when necessary. It is also important to collaborate and work as a team, because you gain strength as a team, which benefits the patient.

Building relationships in nursing is essential. Patients need to be able to trust and believe in their nurse. You not only have to possess the ability to remain calm and confident in the high pressure, critical situations, but you also need to remain confident, level headed and on task in the day-to-day situations. You are not only their nurse and their caregiver, but some patients do not have family, friends or any visitors and you become their social support as well. However, you can never become too close and lose your objectivity.

Being accountable not only means being responsible for your actions, but ultimately being liable for your actions. The patient is counting on you to be there for them even when they aren’t aware. Many times you are their ears, their eyes, and their voice when they are not able to speak for themselves. You have to be competent enough to speak up and report any unethical or potential issues.

Communication, collaboration, and working with your team are crucial in the medical field. It allows you to increase your knowledge and become a well-rounded nurse. When people work as a team, it creates synergy and we are much stronger as a team compared to working alone. Teamwork fosters creativity and learning and provides the best results for the physical and psychological needs of the patient. Working as a team also reduces your chances for errors, because you are cross checking work and having constant communication. It is the patient who suffers, when you do not communicate and work as a team. I am very passionate about becoming a nurse, but even more passionate about having good character not only as a nurse, but as a person. Professionalism in nursing means that you have such exemplary traits as honesty, responsibility, courage and trustworthiness. It was Carolyn Janis who said “The character of the nurse is as important as the knowledge she possesses.” (as cited in Bradshaw, 2011), and I can’t agree more. Having integrity in the work that you do and the relationships that you build are imperative in all aspects of life.

Reference

Carol Moreland, MSN, RN, Executive Administrator; JoAnn Klaassen, RN, MN, JD, Board President; Cheyenne Eddings PN student at Flint Hills Technical College; Kim McNeese, MSN, RN, Program Administrator

TO JOIN OUR TEAM
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For inquiries, please email us directly at
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The Art of Caring

Carol Moreland, MSN, RN, Executive Administrator at Flint Hills Technical College in Andover, KS.

We are hiring RNs, LPNs, CNA’s & CHAs for all shifts, Full-Time, Part-Time, and PRN in our Traditional Nursing Environment, Green House Homes, and Assisted Living.
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Will CNE be required after NLC?

Beginning July 1, 2019, Kansas State Board of Nursing will join the Nurse Licensure Compact. As such, the KSBN staff will grant Multistate Licenses to those who apply and qualify for this. There are 11 Uniform Licensure Requirements that all licensees in any compact state must meet to secure a Multistate License.

Kansas, along with about half of the states in the United States, as well as half of the states in the Nurse Licensure Compact, require Continuing Nursing Education. This is a reminder that CNE is required for renewal for any nursing license (single state or multistate) issued by the Kansas State Board of Nursing. The current requirement of 30 hours of CNE will continue to be required for renewal.

Does your license renew in June, July or August of 2019?

If your nursing license is due to renew in June, July or August of 2019 we recommend you renew your license in June for the following reasons:

• We implement the nurse licensure compact on July 1, 2019 and we anticipate large numbers of applications for a multistate license, so it will take longer to process applications.
• Every nurse licensed in Kansas right now, has a single state license and will continue to be single state after July 1st. Submission of a new application for multistate status is the only way to obtain a multistate license in Kansas. Applications will be available July 1st.
• If you wait until the last few days to renew your license during the months of June, July or August of 2019, there is a high probability your renewal application will not be processed within the short time frame and you may have a lapsed license. You cannot practice in Kansas with a lapsed nursing license. You would have to reinstate your license if your license lapses.
• If your current single state nursing license is due to renew in June, July or August 2019 and you want a multistate license you should renew your single state license and then you will need to apply for a multistate license. You will need to submit documentation you have met the uniform licensure requirements, so your application will not be able to be processed until we have the documentation required (transcript and fingerprint for criminal background check). Due to the high volume of applications there will be a longer than normal processing time.

Reference

Arthur L. Davis Publishing Agency Scholarship Winners

What Does Professionalism in Nursing Mean to Me?

Carol Moreland, MSN, RN, Executive Administrator; JoAnn Klaassen, RN, MN, JD, Board President; Cheyenne Eddings PN student at Flint Hills Technical College; Kim McNeese, MSN, RN, Program Administrator
Everyone is born with a purpose for themselves, something that they were meant to do. For some it is being a professional race car driver or professional baseball player or a professional dancer. I will be a professional nurse caring for the elderly community. In sports or dance, the term professional indicates the person is being paid for their job, but in nursing, professionalism to me goes far beyond being paid for the work I do.

A professional baseball player will wear their uniform with pride and uphold the rules of the game without tainting them down. As a nurse, professional behavior is not so different. I will have an obligation while wearing my uniform to ensure my nursing practices are performed to the best of my knowledge and ability. It will be my duty to act in an honest and trustworthy manner, as it will define my professional character. I will have a responsibility to continue to develop skills and expertise because there are always new procedures to learn, new knowledge to uncover, recognizing when something can be done better next time.

Professional baseball is a team sport where players work one on one with another person to achieve the overall goal in a timely manner, as it will define my professional character. I will pursue my nursing career with the same professionalism I observe in elite sports professionals and performers. This will be in my commitment to safe and knowledgeable nursing practices, learning new procedures and technique, and ability to recognize when something can be done better. It will be about cultivating a team with members who are inspired to grow knowing their contributions are of value. My team and I will be successful in providing person centered care because of the sum of our individual greatness. Which at the end of a day will have an obligation while wearing my uniform to ensure my nursing practices are performed to the best of my knowledge and ability. It will be my duty to act in an honest and trustworthy manner, as it will define my professional character. I will have a responsibility to continue to develop skills and expertise because there are always new procedures to learn, new knowledge to uncover, recognizing when something can be done better next time.

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Compassion and truly caring for patients when they tell you about the day they found out they had stage four cancer, truly understanding a patient who is in severe pain who wants to end their life because the pain will not go away. Not just nodding your head and pretending to hear because you have to type in the computer while they speak, or you have 10 other patients who are having problems and cannot be concerned with them.

Being a compassionate nurse is not always easy, many nurses can experience compassion burnout. But being a true professional is giving the same compassion and care to your 100th patient as you did to your first. It was Kathy Robinson that said, “No technology in health care replaces the warmth of a human heart in healing the sick and injured ... (Robinson, 2003).” The impact of truly caring for our patients is astounding; it can truly heal. There is a theoretical framework for caring in nursing: Jean Watson’s Philosophy and Science of Caring. This theory describes caring as being curative, she calls it “curative.” Watson’s eighth curative process is concerned with creating an authentic healing environment where the nurse is truly caring for the patient on all levels of mind, body, spirit (Watson, 2007). While being a compassionate and caring nurse is the most important characteristic a nurse must have through even the toughest of moments, being trustworthy is essential.

Nurses have maintained their trustworthiness for decades. According to the Gallup Poll nursing has been the most trusted profession every year since 1999, except in 2000 when it was firefighters because of 9/11 (Brenan, 2017). The 2017 results of the poll showed 82% of those polled ranked nurses as being “very high” as far as honesty and ethical standards. It is possible that nurses were most trusted prior to 1999, but that was the first year that they were polled. Nurses maintain their trustworthiness because of the nature of the profession. This poll shows that nurses are trusted more than medical doctors, pharmacists, clergy, politicians, firefighters, judges and so on. It is no surprise since the nature of nursing is meant to be on the human level. We are taught in nursing school therapeutic communication and to ensure psychological safety of our patients. Even the nursing diagnoses are centered around the human being and their response to health issues, whereas the medical diagnoses just deal with the disease (Herdman, 2012). The professional nurse knows that their profession is centered around the human being and how important the nurse-patient relationship is. The human aspect of nursing is as important as being able to think critically in moments of time.

My definition of critical thinking is an ability to find a solution or outcome utilizing a database of evidence and experience, analyzing the data pertinent to a situation and making a judgment based on intellectual, focused scientific reasoning. A professional nurse must be able to think critically in all moments because there are lives at stake. We either directly or indirectly will have a huge impact on whether or not someone lives or dies because of illness or health. Facone and Facone (1996) developed some characteristics essential for a nurse to have in order to be a critical thinker. These characteristics include: inquisitiveness, systematicity, analytical thinking, open-mindedness, self-confidence, and maturity. It is imperative that a professional nurse develop these characteristics if they do not already have them.

Nursing transcends traditional medicine from being about disease management to being about health management. The nursing professional’s contribution to healthcare is diverse in nature. To me, professionalism in nursing means being compassionate and caring, honest and trustworthy, inquisitive and truth-seeking, with a passion for giving every patient centered care.

References
To the untrained eye, a mover and shaker in uniform scrubs might appear to be “just another nurse” passing meds, dressing wounds, and following physician orders. While these tasks are never to be underappreciated, the nurse’s role from the unassuming bystander appears to be a combination of mechanical skills and empathetic grit. I admit I had many of these preconceived notions before beginning my formal nursing education nine weeks ago. The role of a nurse is much more than meets the eye; the role of a baccalaureate-prepared nurse relies on his/her ability to act as an interoperative professional to successfully communicate with patients and their families, coworkers, and other healthcare personnel to ensure the best possible patient outcomes. Without the nurse holding him/herself to this standard of conduct, the goal of collaborative care in the best interest of the patient is compromised. The professional nurse holds high personal standards for his/her conduct, constantly engages in continuous learning, and communicates effectively in all settings.

By holding him/herself to high standards of professional conduct, the nurse inspires those around him/her to do the same. Not only do these personal expectations have the potential for a positive ripple effect of inspiring others to do the same, this standard of conduct opens the doors for nurses to advocate for their patients and profession as a whole in a variety of settings. Whether this patient advocacy takes place at the bedside, nurse’s station, or at an interprofessional roundtable meeting, the nurse’s capacity to eloquently represent both the patient and his/her profession relies on her capacity as a professional.

Another key element to professionalism in nursing is the nurse’s commitment to continuous learning and education. By constantly engaging in scholarship and incorporating various ways of knowing and thinking in nursing, the nurse maintains her professional commitment to providing safe patient care based upon the current literature. Learning from a variety of disciplines helps develop and expand one’s worldview, understand one’s own biases and opinions, and therefore enhances a nurse’s capacity to think critically in both scientific and interpersonal situations related to patient care. The professional nurse confronts his/her own biases and shortcomings, and strives to educate him/her on a daily basis to be better prepared to solve complex problems.

Contrary to a standard Newtonian “medical model,” patient care solutions are not always linear or straightforward and oftentimes require multiple approaches and strategies to reach one common goal. Throughout this multi-approach process, the nurse must maintain his/her professionalism by communicating both therapeutically and effectively to all parties involved. In order to deliver patient education in a meaningful, patient-centered manner, nurses must also implement professional communication skills. Learning how to communicate with tact and efficiency in a broad spectrum of acute and sensitive situations across the lifespan is part of a nurse’s formation as a professional. Additionally, communicating respectfully in a team is an essential role of the professional nurse.

While nurses may appear to be efficient worker bees, there are many more pieces to the puzzle of his/her dynamic profession. Professionalism in nursing not only requires mastery of clinical skills and reasoning, but also relies upon his/her capacity to maintain high standards of conduct, continually educate him/herself, and communicate in therapeutic and effective manners. These professional skills are not just a one-time check-off, but rather competencies that one must continually strive to maintain throughout one’s nursing career.
1. How can I get a multistate nursing license? 
   Kansas implements the Nurse Licensure Compact (NLC) on July 1, 2019. You will not be able to get a multistate nursing license in Kansas before that date. Nurses that reside in Kansas can obtain a multistate nursing license 7/1/19 and after by submitting an application for a multistate nursing license, pay the fee, and submit the supporting documentation. There will be communication sent to each nurse with a Kansas nursing license that lives in Kansas with the specific information about the application process. You must obtain your multistate nursing license within the state in which you reside.

2. Why would a nurse need a multistate license? 
   Nurses are required to be licensed in the state where the recipient of nursing practice is located at the time service is provided. A multistate license allows the nurse to practice in the home state and all compact states with one license issued by the home state. This eliminates the burdensome, costly, and time-consuming process of obtaining single state licenses in each state of practice.

3. What is the difference between a compact license and a multistate license? 
   There is no difference between a compact license and a multistate license. This terminology is used interchangeably to reference the Nurse Licensure Compact (NLC) license that allows a nurse to have one license, with the ability to practice in all NLC compact states.

4. What does Primary State of Residence (PSOR) mean? 
   For compact purposes, PSOR is not related to property ownership in a given state. It is about your legal residence status. Everyone has legal documents such as a driver’s license, voter’s card, federal income tax return, military form no. 2058, or W2 form from the PSOR. If a nurse’s PSOR is a compact state, that nurse may be eligible for a multistate (compact) license. If a nurse cannot declare a compact state as his/her PSOR, that nurse is not eligible for a compact license. That nurse may apply for a single state license in any state where they wish to practice.

5. I am graduating from a nursing program. Can I take the NCLEX in a different state? 
   The NCLEX is a national exam and can be taken in any state convenient to you. It is not a state exam. The results will be directed to the board of nursing where you applied for your authorization to test (ATT) and licensure.
   - If you are applying to a compact state for a multistate license, you should apply in the state where you intend to legally reside
   - If you are applying for a license in a noncompact state, you should apply for a license in the state where you intend to practice

6. I have a compact license and have accepted a temporary assignment in another compact state. My employer is telling me that I need to get that state’s license. Is this true? 
   When hired in a remote state for a temporary position or commuting to a remote state from the primary state of residence (PSOR), employers should not require you to apply for licensure in the remote state when you have lawfully declared another state as your PSOR. PSOR is based on where you pay federal income tax, vote and/or hold a driver’s license. The remote state board of nursing cannot issue a license to a nurse who has declared another compact state as the PSOR, since the multistate license from the home state applies to both states. You have the privilege to practice in any remote compact state with your multistate license issued by your home state.

7. How does the NLC pertain to advanced practice registered nurses (APRNs)? 
   The NLC pertains to registered nurses and licensed practical/vocational nurses’ licenses only. An APRN must hold an individual state license in each state of APRN practice.

8. I have a compact license. How long can I work in another compact state? 
   There is no time limit. If you maintain legal residency in the state that issued your multistate license and you remain in good standing, you may practice in other compact states. If you were to take an action (while practicing in another NLC state or otherwise) which would change your legal residency status, then you have given up legal residency in that home state and you must now apply for license by endorsement in the new state of residence. The new license issued will replace the former license.

9. I live in a compact state where I have a multistate license. How do I get a license in a noncompact state? 
   Apply for licensure by endorsement to the board of nursing in the state where you seek a license. You may be issued a single state license valid only in the state of issuance. Applications can be found on that board of nursing’s website.

10. If I move to another compact state? 
   When permanently relocating to another compact state, apply for licensure by endorsement and complete the Declaration of Primary State of Residence form within the application, which can be found on your board of nursing’s website. You may start the application process prior to or after the move. You should not delay applying once you have moved. There is no grace period.
   - If you are moving from a compact state, you may not wait until your former multistate license expires before applying in your new state of legal residency. You can only practice on your former home state license until the multistate license in the new NLC home state is issued.
   - If you are moving from a noncompact state applying to a compact state in advance of the move, you may be issued a single state license, or your application may be held until you move and have proof of legal residency at which time you may be issued a multistate license.

There will be more communication in the coming weeks and months as we get closer to July 1, 2019. There is a map of the compact states and more information about the NLC at: https://www.ncsbn.org/compacts.htm

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Cimarron, KS 67835
620-855-3498
December 2018 APRN Committee

The APRN Committee was called to order by Carol Bradgon, PhD, APRN, Chair on December 11, 2018 at 1:30 pm in Room 509 of the Landon State Office Building. Minutes from September 11, 2018 were approved.

Carol Moreland reported that an update on the guidance for K-Tracs data review and referral was sent for review. Funding of K-Tracs was unsuccessful from the Legislature in getting funding from the State General Fund, so funding will continue to be transferred from the licensure boards. Carol Moreland reported that K.A.R. 60-13-103 and 60-13-104 are part of the five-year review. These regulations on the Standards for Accreditation of Nurse Anesthesia Program and NBCRNA NCE Exam Content Outline were not up-to-date and were needing to be reviewed. The committee reviewed the updated information provided. It was moved to approve K.A.R. 60-13-103 and 60-13-104 as amended.

Carol Bradgon reported there was nothing new to report as the Nurse Midwife Council has not met since the APRN Committee last met in September. Board of Nursing representatives did meet with the Board of Healing Arts. The process to agree upon the proposed regulations remain members.

It was moved to approve the following out of state programs and their courses as meeting the board’s criteria:

- Pace University – Family NP
- Washburn University DNP Program
- MidAmerica Nazarene University BSN Program
- Donnelly College PN Program
- University of Kansas DNP Program
- Fort Hays State University DNP Program

The meeting was adjourned at 1:50 pm.

December 2018 Education Committee

The Education Committee met December 12, 2018 and was called to order by Patsy Zeller, MSN, APRN, NP-C, Chair at 8:30 a.m. in Room 509 of the Landon State Office Building. There was one addition to the agenda. The minutes from September 11, 2018 were approved.

The site visit report from Fort Scott Community College ADN Program was reviewed. It was moved to accept the site visit report for Fort Scott Community College ADN program and to reapprove the program for a period of eight years.

The site visit report from Seward County Community College PN Program was reviewed. It was moved to accept the site visit report for Seward County Community College PN Program and to reapprove the PN program for a period of five years.

The site visit report from Garden City Community College PN program was reviewed. It was moved to accept the site visit report and reapprove the program for a period of five years.

The site visit report from Washburn University BSN Program was reviewed. It was moved to accept the site visit report with recommendations and to reapprove the program for a period consistent with national accreditation.

The site visit report from Washburn University Graduate Program was reviewed. It was moved to accept the site visit report with recommendations and to reapprove the program for a period consistent with national accreditation.

The following schools presented major curriculum changes:

- Donnelly College PN Program
- MidAmerica Nazarene University BSN Program
- Washburn University DNP Program

Kansas City Kansas Community College ADN Program
- Fort Hays State University DNP Program
- University of Kansas DNP Program

A question regarding PN Programs that make changes to courses that have flex hours in the PN Core Curriculum was discussed. It was moved to allow changes in these courses to be Minor Curriculum change requests as long as the changes are within the approved flex hours.

Site visit schedule for 2019 was reviewed. Janelle Martin will email committee members who volunteered to assist with site visits.

Monica Scheibner, PhD, APRN, FAANP gave an update on the Military Articulation Initiative.

Seven petitions for permission to test/retest were reviewed and action taken.

The meeting was adjourned at 9:52 am.

December 2018 Practice Committee

The Practice Committee was called to order by Sherri Brown, BSN, RN, Vice Chair on December 11, 2018 at 3:00 pm in Room 1051 of the Landon State Office Building. Minutes from September 11, 2018 were approved.

Diane Glynn updated the committee on the school nurse and Epi kits pharmacy regulations. The Board of Pharmacy and AG office identified significant issues with the regulations. The Board of Pharmacy has decided not to move forward with the regulation revisions at this time. The committee decided to keep this on the agenda to follow any progress.

There was no further business and the meeting was adjourned.

December 2018 Investigative Committee

The Investigative Committee was called to order by Jo Klaassen, RN, MN, JD, Chair on December 10, 2018 at 9:00 am in Room 1051 of the Landon State Office Building. Minutes from September 10 & 11, 2018 were approved.

A total of 149 cases were reviewed and disposed of by the Committee members.
The Nurse Licensure Compact (NLC) allows a nurse (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) to hold one multistate license in the primary state of residence (the home state) and to practice in-person or telephonically in other compact states (remote states), while subject to each state’s practice and discipline laws. Advanced practice registered nurses (APRNs) are not included in the NLC.

 Accountability for Nurse Licensure

Health care facilities are accountable to accreditation bodies, regulatory agencies, payers and malpractice carriers for ensuring that nurses under their employment are appropriately licensed. Such entities generally have penalties associated with non-compliance in this area.

 Confirmation of Nurse License Status

Employers can confirm a nurse license and view a Nursys® QuickConfirm report at www.nursys.com at no cost. The report contains the nurse’s name, state, license type, license number, compact status, license status, expiration date, discipline against license and discipline against privilege to practice. Employers can also view an individualized authorization to practice map which displays the states where a nurse can legally practice.

 It is recommended that a facility’s employed nurses are registered in e-Notify at www.nursys.com so that the facility will receive automatic updates when a nurse is disciplined or has a license status change for any license the nurse holds.

 Where Practice Takes Place

Lawful practice requires that a nurse be licensed or have the privilege to practice in the state where the patient or recipient of practice is located at the time nursing service is provided. This is not to be confused with the state where the patient resides because the patient may not be located in the state of residency at the time practice occurs.

Multistate Health Care Systems

A nurse executive with multistate responsibility for nurses practicing in various facilities, and who may provide guidance or direction to staff in these states, should be appropriately licensed in such states.

 Telehealth

Telehealth is not limited to telehealth programs or sophisticated telehealth technology. Rather, telehealth practice may be any communication between a nurse and a patient, for example, by phone, email or text, wherein a nurse is practicing (see definition of nursing practice below). When the patient is located in another state during the telephonic encounter, the nurse should be appropriately licensed or hold the privilege to practice via a multistate license, in the state where the patient is located at that time.

 How is Nursing Practice Defined?

Many state boards of nursing will generally define nursing practice as some variation of “when a nurse utilizes his or her education/knowledge, skills or judgment/decisionmaking.”

 Travel Nurses

When a nurse is on a travel assignment at a facility and the nurse who holds a multistate license has a primary state of legal residence in the compact home state, that nurse is able to practice in the remote compact state under the multistate privilege to practice as long as the nurse maintains legal residence status in the home state. Should this nurse’s residency status change and the state where the facility is located becomes the new home state, then the nurse must immediately apply for license by endorsement in the new home state.

 Hiring Nurses from Other States Noncompact to Compact:

• When hiring a nurse who resides in a noncompact state for employment in a compact state, if the nurse will reside in the compact state where the facility is located, the nurse is responsible for being licensed in that state and should apply for licensure by endorsement in the new state of residence. In order for the nurse to be able to practice immediately upon moving, the nurse may apply prior to the move. This nurse may opt to obtain a single state license while applying as a resident of a noncompact state. Certain states offer a temporary single state license. This may also be helpful to the nurse who needs to start practice in the short term. A multistate license may be issued if residency and eligibility requirements are met.

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 Definition:

• Primary State of Residence: The state (also known as the home state) in which a nurse declares a primary residence for legal purposes. Sources used to verify a nurse’s primary residence may include driver’s license, federal income tax return or voter registration. PSOR refers to legal residency status and does not pertain to home or property ownership. Only one state can be identified as the primary state of legal residency for NLC purposes.

For more information about the NLC, visit www.ncsbn.org/nlc or email nursecompact@ncsbn.org.

What Nurse Leaders Need to Know

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Introduction

The Nurse Licensure Compact (NLC) allows a nurse (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) to hold one multistate license in the primary state of residence (the home state) and to practice in-person or telephonically in other compact states (remote states), while subject to each state’s practice and discipline laws. Advanced practice registered nurses (APRNs) are not included in the NLC.

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## DISCIPLINE CASES

### Drug & Alcohol Violation

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Unlicensed Practice

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The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations.

The nursing clinical judgment research conducted by NCSBN resulted in the creation of the clinical judgment model (CJM). The CJM was designed to explore new ways of testing clinical judgment in the nursing profession as part of the licensure examination. Subsequently, a task model to incorporate specific concepts of the CJM was required in order to close the gap between what is measured on the exam and what is taught in clinical nursing education.

To have a better understanding of the task model, it is important to know how the CJM relates to the nursing profession. Layers 3 and 4 of the CJM delineate the cognitive process of how a nurse makes decisions for layer 2. Based on the client’s response from layer 2, either satisfactory or unsatisfactory, the nurse can move through the entire cognitive processes of layers 3 and 4 again. The entirety of nursing clinical judgment in layer 1 subsequently impacts the clinical decision for the client’s needs at layer 0. Layer 3 of the CJM is essential when considering testing and education of how entry-level nurses develop clinical judgment over time. The six steps of layer 3 comprise a repetitious process that improves over time with continued nursing experience and clinical exposure. In the beginning of a nurse’s career, this is more systematic and deliberate. However, as a nurse gains clinical experience, the steps occur more promptly and become second nature.

Layer 3 of the CJM is essential when considering testing and education of how entry-level nurses develop clinical judgment over time. The six steps of layer 3 comprise a repetitious process that improves over time with continued nursing experience and clinical exposure. In the beginning of a nurse’s career, this is more systematic and deliberate. However, as a nurse gains clinical experience, the steps occur more promptly and become second nature.

The addition of the individual and environmental factors in layer 4 creates a realistic client scenario. Together, layers 3 and 4 of the CJM help determine expected behaviors of a clinical situation or case scenario. These expected behaviors determine if a nurse is able to make an appropriate clinical decision.

One specific feature of this conceptual CJM is that, in addition to the psychometric and testing framework concerned with creating item consistency, layers 3 and 4 can be constructed in a format to be used as an education tool in nursing called a task model. A pediatric example using the task model is shown in figure 2 (Dickson, Haerling & Lasater, 2019).

The Clinical Judgment Model and Task Model

![Figure 1: The NCSBN Clinical Judgment Model](image-url)

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The task model is a useful tool to define the parts of the CJM and expected behaviors the nursing student needs to know and perform. It allows educators to determine which areas of the clinical decision-making process a nursing student has a solid foundation of understanding as well as areas that need improvement.

In the example below (see Figure 2) the cognitive operations are each step of layer 3 in the CJM. The factor conditioning uses the environmental and individual contextual factors of layer 4 to determine what else is needed for the clinical scenario. For the educator to determine the important expected behaviors from this pediatric clinical scenario, the task model can be used as a tool to help their nursing students learn and develop clinical judgment skills more effectively before becoming licensed to practice.

In addition, it can serve as a reference for educators to create their own test items. The task model’s consistent structure helps to measure individual steps of clinical judgment and still create a realistic, complex clinical scenario. It is constructed to be able to represent any relevant clinical scenario that an entry-level nurse may encounter. The benefit of the task model is that it blends clinical skills with textbook knowledge in a way that can be succinct, measurable and easily reproduced.

### References


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### Figure 2: Hypothetical Task Model in the Pediatric Setting

<table>
<thead>
<tr>
<th>Cognitive Operations (NCSBN-CJM Layer 3)</th>
<th>Factor Conditioning (NCSBN-CJM Layer 4)</th>
<th>Expected Behaviors/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize Cues</td>
<td>Environmental cues</td>
<td>• Recognize signs/symptoms of dehydration: dry mucous membranes, cool extremities, capillary refill 3-4 seconds</td>
</tr>
<tr>
<td></td>
<td>Client observation cues</td>
<td>• Set time pressure to vary with onset/acuity of symptoms</td>
</tr>
<tr>
<td></td>
<td>Environmental cues</td>
<td>• Requires knowledge of diabetes symptoms</td>
</tr>
<tr>
<td></td>
<td>Client observation cues</td>
<td>• Requires knowledge of dehydration symptoms</td>
</tr>
<tr>
<td></td>
<td>Clinical decision making</td>
<td>• Requires knowledge of diabetes treatment and intervention</td>
</tr>
<tr>
<td></td>
<td>Time pressure cues</td>
<td>• Administer isotonic fluid</td>
</tr>
<tr>
<td></td>
<td>Generate Solutions</td>
<td>• Prioritize dehydration</td>
</tr>
<tr>
<td></td>
<td>Prioritize Hypotheses</td>
<td>• Address dehydration</td>
</tr>
<tr>
<td></td>
<td>Take Actions</td>
<td>• Avoid glucose</td>
</tr>
<tr>
<td></td>
<td>Evaluate Outcomes</td>
<td>• Describe relationship between level of blood sugar and dehydration</td>
</tr>
<tr>
<td></td>
<td>Experience</td>
<td>• Use evidence to determine client issues</td>
</tr>
<tr>
<td></td>
<td>Reassess vital signs</td>
<td>• Assess vital signs</td>
</tr>
<tr>
<td></td>
<td>Reassess lethargy</td>
<td>• Reassess lethargy</td>
</tr>
</tbody>
</table>

#### Environmental cues:
- Location: Emergency Department
- Parent present

#### Client observation cues:
- Present: signs/symptoms of dehydration: dry mucous membranes, cool extremities, capillary refill 3-4 seconds
- Present/imply: lethargy

#### Medical record cues:
- Present/imply: Vitals of diabetes
- Present/imply: Vital signs

#### Time pressure cues:
- Set time pressure to vary with onset/acuity of symptoms

#### Analyze Cues
- Requires knowledge of pediatric development
- Requires knowledge of dehydration symptoms
- Requires knowledge of diabetes symptoms
- Requires knowledge of diabetes treatment and intervention

#### Prioritize Hypotheses
- Give vital sign monitors as resources
- Set time pressure to vary with vital signs

#### Generate Solutions
- Requires knowledge of pediatric developmentally appropriate approach
- Requires knowledge of dehydration treatment and intervention
- Requires knowledge of diabetes treatment and intervention

#### Take Actions
- Experience:
  - Requires experience of administering isotonic fluid
- Administer isotonic fluid

#### Evaluate Outcomes
- Experience:
  - Requires experience of administering isotonic fluid
- Client observation cues:
  - Show client awake and talking
  - Imply improvement in vital signs based on actions

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CONTINUING NURSING EDUCATION OFFERINGS

STATEWIDE

July 19-20, 2019; 9:00am-6:00pm both days, Kansas City, MO


The Pathway of Grief: Terminal Diagnoses Through Bereavement. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Gysyak, PhD, L.C.S.W., RN. Aud: All levels of nursing. This course will identify the normal grief process from diagnosis through bereavement for the patient, family, and caregivers. You will see the dying process as a complex journey for both the patient and the family, and you will learn ways to alleviate their pain and suffering while bringing calm to the dying patient and family. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $100.00. Contact Hours: 10.0.

THE TRUTH ABOUT ANTACIDS. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.CH.W.C. Aud: All levels of nursing. Learn the truth about one of the most common complaints, acid reflux or GERD, and what is the correct course of action to get permanent relief. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $15.00. Contact Hours: 1.0.

About Time: Getting the Right Things Done. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Lisa Everett Anderson, RPH, FACA, CCN. Aud: All levels of nursing. This course will provide strategies needed to assertively manage challenging communication issues with patients, physicians and other members of the health care treatment team. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $40.00. Contact Hours: 3.3.

Patient Compliance: A New Look. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.CH.W.C. Aud: All levels of nursing. This course will provide strategies needed to effectively manage patient responses and compliance issues. This course is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $45.00. Contact Hours: 4.0.

HOME STUDY

Weight Management Strategies: A Holistic Approach. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Sue Popkess-Vavter, PhD, RN. Aud: All levels of nursing. You will learn new strategies for making lifestyle changes that promote healthy weight by developing a daily plan using the cognitive restructuring strategies, Eat for Hunger, Exercise for Life and Esteem for Self. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $39.00. Reg by: July 15, 2019. Contact Hours: 3.0.

The Pathway of Grief: Terminal Diagnoses Through Bereavement. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Gysyak, PhD, L.C.S.W., RN. Aud: All levels of nursing. This course will identify the normal grief process from diagnosis through bereavement for the patient, family and care givers. You will see the dying process as a complex journey for both the patient and the family, and you will learn ways to alleviate their pain and suffering while bringing calm to the dying patient and family. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $100.00. Contact Hours: 10.0.

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This course will provide information needed to prevent and manage non-compliant patient behavior. Effective patient teaching tools will be shown to enhance patient compliance and foster a working relationship between patients and providers. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $65.00. Contact Hours: 5.4.

Conflict Management: Skills for Uncertain Times. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.H.W.C. Aud: All levels of nursing. This course will provide skills needed to manage conflict with patients, physicians and allied health professionals. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $65.00. Contact Hours: 5.5.

The Art of Self-Health. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Carol LaRue, OTR/L. Aud: All levels of nursing. This unique course will help you expand personally and professionally, you will increase your knowledge and awareness of the imbalances of illness and disease while learning practical applications and activities to nurture the seven dimensions of well being and recognize the connection between mind, body and spirit. This course is available on-line or by textbook. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $65.00. Contact Hours: 6.0.

Superachievers and Coping Strategies. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Judy Zinn, L.M.S.W., C.H.W.C. Aud: All levels of nursing. This course will provide strategies needed to manage professional responsibilities without suffering the debilitating effects of perfectionism. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $35.00. Contact Hours: 2.4.

Tick-Borne Diseases in the United States. Spon: Professional Continuing Education, Inc., PO Box 8528, Prairie Village, KS 66208, www.healthcare-pce.com. Contact: Ruthanne Schroeder at Ruthanne@healthcare-pce.com, 913-341-5627. Fac: Christine Kerns, BA, RN. The incidence of Tick-Borne Disease has skyrocketed, learn the reasons for this increase and the identifying signs and symptoms and treatment approaches. Professional Continuing Education, Inc., is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0053-0949. Fee: $25.00. Contact Hours: 2.0.

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