Leader to Leader

Nursing Regulation & Education Together

Spring 2008

Critical Thinking in Nursing

Linda L. Kerby, MA, RN, C-R, Mastery Education Consultations
Kerby has published a critical thinking study guide for a medical surgical textbook.

As the complexity of health care and the accountability of nurses increase, the need for critical thinking becomes more important in the classroom, in the boardroom and at the bedside. Evidence-Based nursing practice, with its focus on empirical knowledge, relies on the features of critical thinking to provide an objective, goal-directed methodology for practice.

A Delphi study of critical thinking in nursing[2] identified skills integral to critical thinking in nursing practice. These include: analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge. These skills are the hallmarks of scientific process; they are the core competencies of practitioners who use objective evidence to articulate and solve problems. By no means are these skills limited to advance practice nurses or those who do large-scale clinical research. They have become tools for everyday bedside nursing as well.

Habits of the Mind for Critical Thinking

Habits of the mind[3] that are essential for critical thinking portray the ideal nurse who is using objective, scientific problem-solving processes in a context of cultural and clinical variables. These include:

1) **Confidence –** has the conviction to promote valid and practical judgments and opinions.
2) **Contextual perspective –** takes into account the variables that affect the clinical situation such as ethnic influences, economic considerations and interpersonal dynamics.
3) **Creativity –** uses imagination to devise original solutions to problems or ways to prevent them.
4) **Flexibility –** is able to adapt ideas and resources to meet changing needs of various situations.
5) **Inquisitiveness –** employs curiosity to formulate questions about how situations might be altered to improve patient care.
6) **Intellectual integrity –** displays virtues such as honesty, impartiality and openness to the views of others.
7) **Intuition –** examines insights and determines how information can be incorporated into solutions and innovations.
8) **Open-mindedness –** does not form prejudices or reach conclusions prior to gathering and evaluating data.
9) **Perseverance –** applies effort to working on problem solving and continues modifying and altering variables until a solution is achieved.
10) **Reflection –** gives consideration to a situation, integrating diverse data and possible outcomes to devise and evaluate solutions.

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Critical thinking is best understood as the ability of thinkers to take charge of their own thinking. This requires that they develop sound criteria and standards for analyzing and assessing their own thinking and routinely use those criteria and standards to improve its quality.

– Linda Elder and Richard Paul[1]

INSIDE …

Ask NCSBN Q&A

Q. We are implementing a new distance-learning program at our nursing school and will hire qualified clinical faculty in a distant state to provide supervised clinical experiences. Where should the clinical faculty from a distance-learning program be licensed?

A. This is a frequently asked question and the answer varies from state to state. You should contact your board of nursing to learn of their rules about distance learning as there may be other rules you need to consider. In some states the board of nursing must approve any clinical program that would enter their state, even if the distance-learning program has already been approved by the state of origin. In these states, for example, if the distance-learning program has been approved by one state, but students are being supervised in clinical practice by faculty in another state, the distance-learning program would have to be approved by both states.

Regarding licensure, many states require faculty members teaching in the virtual classroom to be licensed in the state where the program originates. They then require the faculty supervising students in the field to be licensed in the state where the student is in clinical practice. However, this varies from state to state.

NCSBN conducted a survey of the boards of nursing in 2003 and the results of that survey provide some insight on the differences between the boards of nursing regarding distance-learning programs. That survey can be accessed by visiting www.ncsbn.org/873.htm.

NCSBN
National Council of State Boards of Nursing

Critical Thinking in Nursing *continued from front page*

Despite its unquestioned value in problem solving at all levels, the skill of critical thinking is seldom taught in the classroom. In order to ensure that nurses at every level of education are proficient in this skill, teaching critical thinking must be implemented in the classroom and in the work setting by faculty, supervisors and administrators. Students who can apply critical thinking skills make better clinical decisions than those who have merely memorized facts.[4]

Promoting critical thinking skills requires active and ongoing dialog between student and instructor. Reflective thinking activities such as journaling and group discussion can expand the abilities of students to apply concepts of critical thinking to clinical situations.

How do we know when a student has become a critical thinker?

Outcome behaviors can be described for the evaluation of the student's ability to apply critical thinking skills. This is useful not only for assessment of the student's progress, but also for documenting the quality of care and planning for purposes of accreditation.

Examples of the learning objectives include:

1) Raising questions and problems that are articulated well and precisely formulated.
2) Gathering relevant information that is assessed using abstract concepts to interpret the data.
3) Reaching well-reasoned conclusions that are tested against criteria and standards that are relevant.
4) Recognizing the implications and practical consequences of making assumptions.
5) Communicating and collaborating effectively with others to derive practical solutions to complex problems.

Nurses fit the Department of Labor category of the "symbol analyst"[5]; someone who can carry out multi-step operations, manipulate abstract and complex symbols and ideas, acquire new information efficiently and remain flexible enough to recognize the need for continuing change and for new paradigms for lifelong learning. Are we prepared to teach them the art and skill of critical thinking so they can function in a new world of technology and change? Can we afford not to be?

Resources:

1 Elder, L. and Paul, R. "Critical Thinking: Why We Must Transform Our Teaching." *Journal of Developmental Education*, (Fall 1994).

2,3 Rubenfeld, M. and Scheffer, B. "Critical Thinking: What Is It and How Do We Teach It?," *Current Issues in Nursing*, J.M. Grace, Rubl, H.K. (2001).

4 Magnussen, L., Ishida, D., & Itano, J. "The Impact of the Use of Inquiry-Based Learning as a Teaching Methodology on the Development of Critical Thinking." *Journal of Nursing Education*, 39(8), 360-364, (2000).

5 Reich, Robert B. "The Work of Nations: Preparing Ourselves for 21st-Century Capitalism" 331 pages. Alfred A. Knopf.

Texas Encourages Innovation in Professional Nursing Education

Robbin Wilson, MSN, RN, Nursing Consultant for Education, Texas Board of Nursing
Mary Beth Thomas, PhD, RN, Director of Nursing Practice/Education, Texas Board of Nursing

The Texas Board of Nursing (BON) is making major strides in encouraging creativity and innovation in professional nursing education delivered by pre-licensure nursing educational programs throughout the state of Texas. Studies from the Institute of Medicine indicate that educational programs for health care professionals must be responsive to the dynamic health care environment, an environment that is reacting to an increased use of technology, ongoing staffing shortages and an aging patient population. These and other competing factors in the health care environment demand the assurance that health care services are safe, effective and based on evidence of best outcomes.[1] Although regulation by the Texas BON calls for standardization and consistency in promoting quality, safe and competent nursing care, the current health care environment often necessitates change, innovation and flexibility by health care providers and administrators.

A climate that encourages and nurtures creativity and innovation in education is one that includes communication and collaboration with key education stakeholders. This climate is definitely present and viable in Texas. In 2004, the Texas Nurses Association, in collaboration with these key stakeholders, including the Texas BON, convened a task force to outline strategies that would promote creative applications for nursing educational programs to meet the challenges presented by today's health care environment. The resulting initiative called for innovation as a framework for accomplishing this goal and provides specific recommendations from the task force.[2] In support of these and other types of educational innovations, the Texas Higher Education Coordinating Board (THECB) created the Nursing Innovation Grant Program. Under this grant program, schools of professional nursing were awarded grants for the purpose of developing new activities and projects that promote innovation in the education, recruitment and retention of both nursing students and qualified faculty.[3]

Requests for flexibility and creativity from nursing educational programs wanting to explore new approaches to nursing education are received by the Texas BON on a consistent basis. Consequently, in July 2005 the Texas BON began offering an application and proposal process to encourage the development, implementation and study of innovative applications for pilot programs as authorized by section 301.1605 of the Texas Occupations Code, enacted by Senate Bill 718 in the 78th Texas Legislature, Regular Session. It is anticipated that the research generated from these creative and innovative approaches that support the efforts of nursing educational programs to graduate competent, safe nurses will result in improvement in the quality and delivery of nursing education and subsequent replication of innovative strategies throughout the state of Texas.

The Texas BON, in collaboration with nursing educators, the THECB and the Texas Health Care Policy Council, has recently responded to a legislative mandate to implement, monitor and evaluate a plan for the creation of innovative nursing education models that promote increased enrollment in Texas nursing programs.[4] To date, the board has undertaken several actions to ensure that its governance is limited to activities that relate to minimum educational competencies while at the same time encouraging innovative models that promote increased nursing program enrollment. These activities include the adoption and implementation of new rules and processes that:

- empower the deans/directors of nursing educational programs with the option of granting faculty waivers for prospective nursing faculty not meeting current required nursing faculty qualifications;
- delineate more clearly the flexibility of clinical faculty ratios which allow one faculty member for up to 24 students;
- allow all qualified registered nurses to function as Clinical Teaching Assistants, resulting in a larger pool of faculty extenders available for employment by nursing educational programs;
- eliminate faculty-to-student ratios in all clinical learning experiences except those involving direct patient care;
- allow a career school/college to submit a proposal for a new professional nursing educational program and gain approval while awaiting regional accreditation;
- allow for the approval of nursing programs outside of Texas' jurisdiction to conduct clinical learning experiences in Texas; and
- allow for the ongoing approval of nursing educational programs for a period longer than one year.

These activities and other Texas BON activities are in accordance with the board's mission "to protect and promote the welfare of the people of Texas." At the same time, these activities continue to foster the environment needed to encourage creativity and innovation with a byproduct of increasing enrollment and graduation of competent, safe nurses who will enter the Texas workforce and provide relief in this time of a critical nursing shortage. To learn more, visit www.bon.state.tx.us/nursingeducation.

Resources:

1 Institute of Medicine. *Health Professions Education: A Bridge to Quality,* (2003).

2 Texas Nurses Association Nursing Education Redesign Task Force. *The Need for Innovation in Nursing Education in Texas.* Texas Nurses Association, (2005).

3 Nursing Innovation Grant – Category D (NIGP-D). Texas Higher Education Coordinating Board. House Bill 2426.

4 Acts 2007, 80th Leg., R.S., Ch. 889, § 9, eff. September 1, 2007 (HB 2426, Texas Board of Nursing Sunset Bill).

A Big Problem That Needs a Big Solution

To address the issue of faculty shortage for nursing regulators, NCSBN hosted an interactive seminar on March 26, 2008. This conference brought nursing leaders from 40 states and two countries together to discuss the current situation and potential solutions.

In her keynote address, Christine A. Tanner, PhD, RN, Oregon Health & Science University School of Nursing, called for an immediate reform of curricular structures and processes along with preparing a new kind of nurse. In Oregon, they created The Oregon Consortium for Nursing Education (OCNE), a collaboration among eight community colleges and five college campuses that work together to increase the number of nurses that are prepared with baccalaureate degrees while transforming nurse education to meet the emerging health care needs of today.

Many of the attendees saw this presentation as a possible blueprint for their state. "I am really interested in the OCNE program. We have very limited resources and this may be a good way for us to produce the new nurse that is needed," said Wanda Jones, executive director, Mississippi Office of Nursing Workforce.

Simulation

One of the most anticipated discussions was on the topic of simulation, given by Suling Li, PhD, RN, associate director, research, NCSBN. Dr. Li has been working closely with NCSBN's Research Initiative on Simulation which explores the role of high fidelity simulation in basic nursing education in relation to real clinical experience. The results of this research will be available at the NCSBN Delegate's Assembly in August.

What the Future Holds

Is there a place for robots in nursing education? This was the question Debi Sampsel, RN, executive director, Nursing Institute of West Central Ohio, and Carol A. Holdcraft, DNS, RN, assistant dean, College of Nursing and Health at Wright State University, posed during their presentation. They brought in RP-7,™ a robot that can perform case studies, review charts and provide long distance family care visits. It's similiar to a video phone where students, nurses and doctors can view and discuss what's going on miles, if not time zones, away. All that is needed is an Internet connection.

According to Garfield Jones, Vice President of InTouch Health,® the company that manufactures and provides support for RP-7, the robot's function is not to replace nurses, but rather extend the limited resources that are currently available. For example, robots like RP-7 are being used in small, rural hospitals where a specialist is not available; one can be contacted and view the situation for an instant consultation. It is also being used as educational tool for training nursing students and in military hospitals.

But how responsive would the nursing community be to robots in their field? Dr. Sampsel and Dr. Holdcraft conducted a survey where nursing students and faculty interacted with RP-7 by receiving clinical instructions and training scenarios. There was a high acceptance for RP-7 by both faculty and students. Future study questions have been developed to learn more about its capabilities, including its use as a teaching mentor to novice faculty and teaching assistants.

What Else Is Being Done?

All of the presentations outlined ideas on how to overcome the shortage, but what else is being done? To find out, there were various break-out sessions where attendees were encouraged to have open discussions about faculty preparation and development and redefining the role of a nurse educator.

According to Kelli Smith, National American University in Minnesota, they conducted market research to find out what RNs in the metro were making. "With these data, we are able to develop a pay scale to draw people in. We can offer more than $60,000 for a master's prepared nurse. This is a huge incentive."

Sylvia Whiting, South Carolina Board of Nursing, said they are using preceptors on nights and weekends. Students can use double time (working 12-hour shifts) to obtain the different kinds of attention they need. "It's been positive so far, but it's still a really new program."

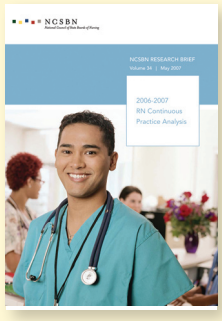
On March 27 and 28, the Faculty Qualifications Committee met to discuss the advice, suggestions and experiences that were presented. The Faculty Qualifications Committee, using input gained from this conference, as well as from the literature and a collaborative conference call meeting with representatives from AACN, CCNE, NLN, NLNAC and NAPNES, has provided recommendations to the NCSBN Board of Directors related to the future roles and qualifications of faculty. These recommendations will be reviewed at the NCSBN May Board meeting.

To Learn More

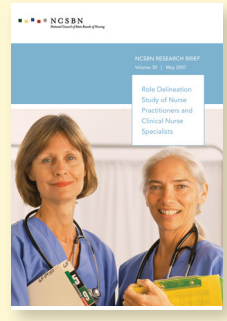
A Webcast and copies of the presentations will be made available on www.ncsbn.org in the near future.

NCSBN Research Briefs

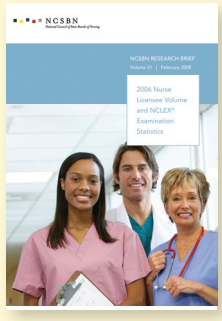
NCSBN has published 34 volumes of research that include practice analyses and national surveys of the profession, covering topics such as nursing education and professional issues. Previously only available for purchase through NCSBN, these research briefs are downloadable from www.ncsbn.org free of charge. The following are the most recently published volumes.



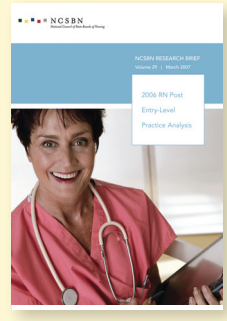
Volume 34
2006-2007 RN Continuous Practice Analysis
This study describes continuous research into RN practice to assist NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination.



Volume 30
Role Delineation Study of Nurse Practitioners and Clinical Nurse Specialists
NCSBN conducted a study on the roles of the nurse practitioner (NP) and the clinical nurse specialist (CNS). The goal of the role delineation study is to provide data to boards of nursing to assist them in determining the level of regulation appropriate for NPs and CNSs.



Volume 31
2006 Nurse Licensee Volume and NCLEX® Examination Statistics
This annual publication provides national and state summary data of Member Boards' licensure activities, as well as data on candidate performance on the NCLEX-RN® and NCLEX-PN® examinations.



Volume 29
Report of Findings from the 2006 RN Post Entry-Level Practice Analysis
NCSBN currently conducts practice analyses for entry-level registered nurses (RNs) once every three years. The information is then used to evaluate the validity of the NCLEX-RN® examination. This study was the first to describe post entry-level RN practice to determine if there is a core set of RN activity statements that can be used to assess core RN competencies regardless of practice setting, specialty area and years of experience.

www.ncsbn.org

NCSBN Launches New NCLEX-PN® Test Plan and Passing Standard

NCSBN reviews the test plans for both the NCLEX-PN® and NCLEX-RN® once every three years. As of April 1, 2008, the newest version of the NCLEX-PN test plan has gone into effect. The recommended changes to the *2008 NCLEX-PN® Test Plan* are based upon empirical data collected from newly licensed practical/vocational nurses, which can be found in the study published by NCSBN entitled, *Report of Findings from the 2006 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice.*

In this study, more than 6,000 newly licensed practical/vocational nurses were surveyed and asked about the frequency and priority of performing 147 nursing activities. The data were analyzed and used to determine whether changes were needed in the test plan. The practice analysis provides evidence to support the activities that entry-level practical nurses are performing and the importance of those activities. Based upon the most recent survey results, as well as expert opinion and feedback from stakeholders, the NCSBN Delegate Assembly unanimously adopted the *2008 NCLEX PN® Test Plan* in August 2007.

Using empirical data from the practice analysis, as well as psychometric considerations regarding the minimum number of examination items that are necessary to reliably sample a content category, revised percentages of test items allocated to specific subcategories were changed. There is a reduction in the percentage of test items in Physiological Adaptation and a concomitant increase in the percentage of test items allocated to Coordinated Care. The Coordinated Care subcategory gained one percentage point and the Physiological Adaptation subcategory lost one percentage point, as compared to the 2005 test plan. Also, some of the content listings (bulleted concepts) were revised and new content listings were added. These changes were necessary, based upon committee review and the assignment of the 2006 practice analysis statements to a category or subcategory of the Client Needs structure.

Regardless of whether or not there is a test plan change, the passing standard is evaluated every three years. If there is a change in the passing standard, traditionally it is implemented at the same time as a test plan change. After the *2008 NCLEX-PN® Test Plan* was approved, the current LPN/VN passing standard was evaluated in the fall of 2007. A standard-setting workshop was held and a panel of judges used a criterion-referenced methodology to determine and recommend a passing standard. This recommendation was presented to NCSBN's Board of Directors (BOD).

The NCSBN BOD used multiple additional sources of information in their evaluation and discussions on the passing standard. Their findings supported increasing the passing standard and the BOD set the passing standard at –0.37 logits on the NCLEX-PN logistic scale, 0.05 logits higher than the previous standard of –0.42. The new passing standard took effect on April 1, 2008, in conjunction with the *2008 NCLEX-PN® Test Plan*. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in entry-level LPN/VNs caring for clients with multiple, complex health problems.

To download a free copy of the *2008 NCLEX-PN® Test Plan, NCLEX-PN® Detailed Test Plan* (Educator Version) and/or *NCLEX-PN® Detailed Test Plan* (Candidate Version), please go to www.ncsbn.org.

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Phone: 312.525.3600
Fax: 312.279.1032
Web site: www.ncsbn.org

Editor: Nancy Spector, PhD, RN
Director, Education NCSBN
nspector@ncsbn.org

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Candidates are breaking the rules when divulging content on NCLEX® Examinations:

How should faculty deal with former students who wish to share content seen from NCLEX® examinations?

As you sit in your office preparing for summer recess, a former nursing student calls and begins to tell you about some of the items on the NCLEX® examination, including the type of items and subject matter encountered on the individual's exam. The student tells you that he/she plans to share subject matter from the NCLEX examination with peers. What should you do if you are the faculty member?

1) Engage the former student in a dialogue to help ensure that your curriculum is including the content divulged by the former student.
2) Instruct the former student to write the content down on paper or send it electronically so valuable information is retained from the discussion.
3) Tell the former student the content can be shared with faculty only and not the former student's peers.
4) Inform the student that disclosure of any content of the examination questions before, during or after the examination is a violation of law and licensure of the candidate can be denied.

In case you are not sure, the correct answer is option # 4.

Each nursing professional shares the responsibility of protecting clients, students and the public by helping to maintain the security of NCLEX examination content. Educators must clearly delineate the implications of academic dishonesty, as it relates to obtaining and divulging material from the NCLEX examination. If any former student engages in dialogue about the NCLEX examination, the faculty member should immediately stop the former student from disclosing any further content. The faculty member should inform him/her that it is a violation of the NCLEX Confidentiality Agreement signed prior to the examination. Any violation of the Confidentiality Agreement may be grounds for disciplinary action and denial of licensure.

The administration of licensing examinations, that are legally defensible and psychometrically sound, is integral to the assessment of entry-level nurse competence. Divulging any aspect of the licensure examination content by faculty or students is unethical on all accounts and NCSBN takes this breach of confidentiality and unprofessional conduct very seriously. Any candidate or faculty member who gains knowledge of suspicious behavior (cheating, reconstructing examination questions, compiling collections of NCLEX items, or using proxy test-takers) should report this information to NCSBN by calling our tip line at 1.866.496.2539 or emailing Pearson VUE at pvtestsecurity@pearson.com.

NCSBN NCLEX® Examinations Department

The detailed information below will provide an easy way for NCLEX® candidates to obtain the most up-to-date and pertinent information regarding the process, registration, scheduling and results reporting of the NCLEX examination.

To register for the NCLEX examination, candidates must submit an application for licensure to the board of nursing where they wish to be licensed as well as register with Pearson VUE using one of the following methods: on the Web, by mail or by telephone.

For questions about registering, scheduling, Authorization to Test, acceptable forms of identification or comments about the test center:

- Visit NCLEX Candidate Web site – www.pearsonvue.com/nclex
- Call NCLEX Candidate Services –
  United States: Call toll-free 1.866.49NCLEX (1.866.496.2539)
  Asia Pacific Region: +603.8314.9605 (pay number)
  Europe, Middle East, Africa: +44.161.855.7445 (pay number)
  India: 91.120.439.7837 (pay number)
  All other countries not listed above: 1.952.681.3815 (pay number)

For questions about NCLEX examination development, general NCLEX examination information and problems or concerns related to examination administration:

- Visit NCSBN's NCLEX Examination Web site – www.ncsbn.org/nclex.htm
- Call NCLEX Examinations Department: 1.866.293.9600
- E-mail: nclexinfo@ncsbn.org