



Fall 2020

# IN FOCUS

A PUBLICATION OF  NCSBN

## Reflections ON THE **Year of the Nurse:** THE Impact of **COVID-19**

The year 2020 brought nursing to the forefront of public awareness in a manner that no one envisioned

Inside this Issue: Core Data Annual Report Helps in Approval of Nursing Education Programs / NCLEX® Update / Nursing Regulation in the Northwest Territories and Nunavut

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

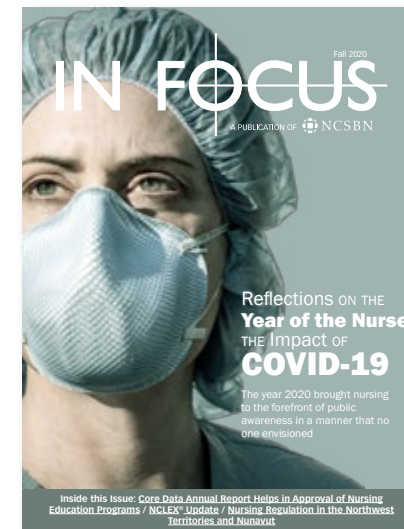
NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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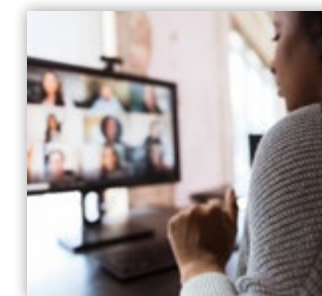
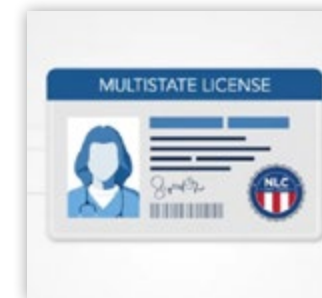
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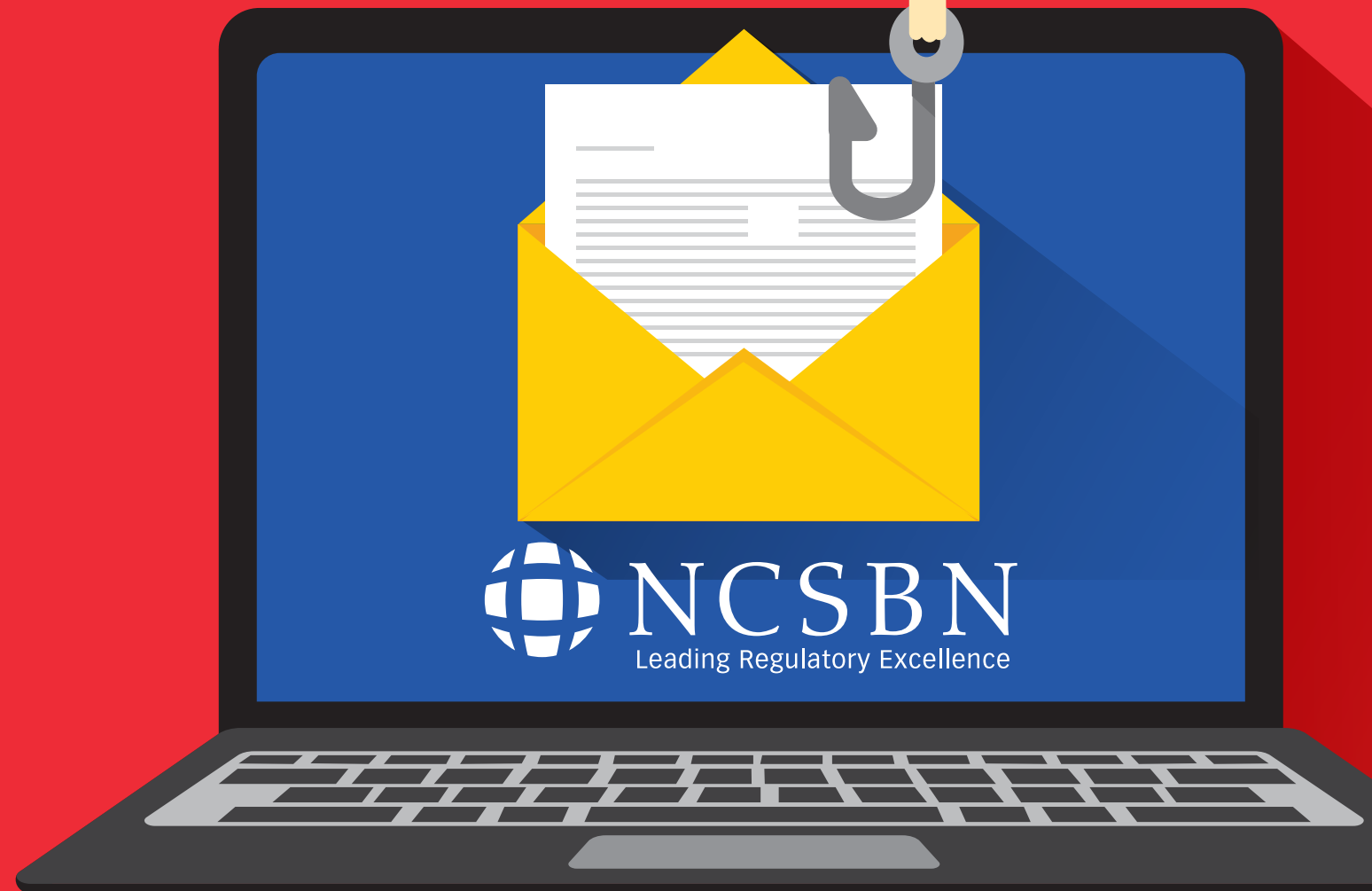
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# Be Alert

Scammers are targeting nurses by sending them official looking letters from nursing regulatory bodies or other government agencies.

[Read the full statement online.](#)



## NCSBN's Core Data Annual Report Template

Helping Nursing Regulatory Bodies Approve Nurse Education Programs

In 2017 NCSBN embarked on an ambitious three-year effort to harness evidence to identify quality indicators and warning signs that nursing regulatory bodies (NRBs) could use when approving nursing education programs. Over these three years NCSBN conducted a large mixed methods study, consisting of three parts:

1. A national Delphi study of experts in education, regulation and those in practice who work with new graduates;
2. A national quantitative study of five years of NRB annual reports of nursing programs; and
3. A national qualitative study of five years of NRB site visit documents.

Along with these three companion studies, NCSBN also conducted a comprehensive literature review, specific to the following questions:

- What are the quality indicators of nursing education programs?
- What are the warning signs when programs begin to fall below standards?

This groundbreaking work was recently published in a supplement of the July issue of the *Journal of Nursing Regulation*. It provides educators and nurse regulators with Regulatory Guidelines for Program Approval, which contain much needed evidence-based quality indicators and warning signs of nursing education programs.

### Development of the Core Data Annual Report Template

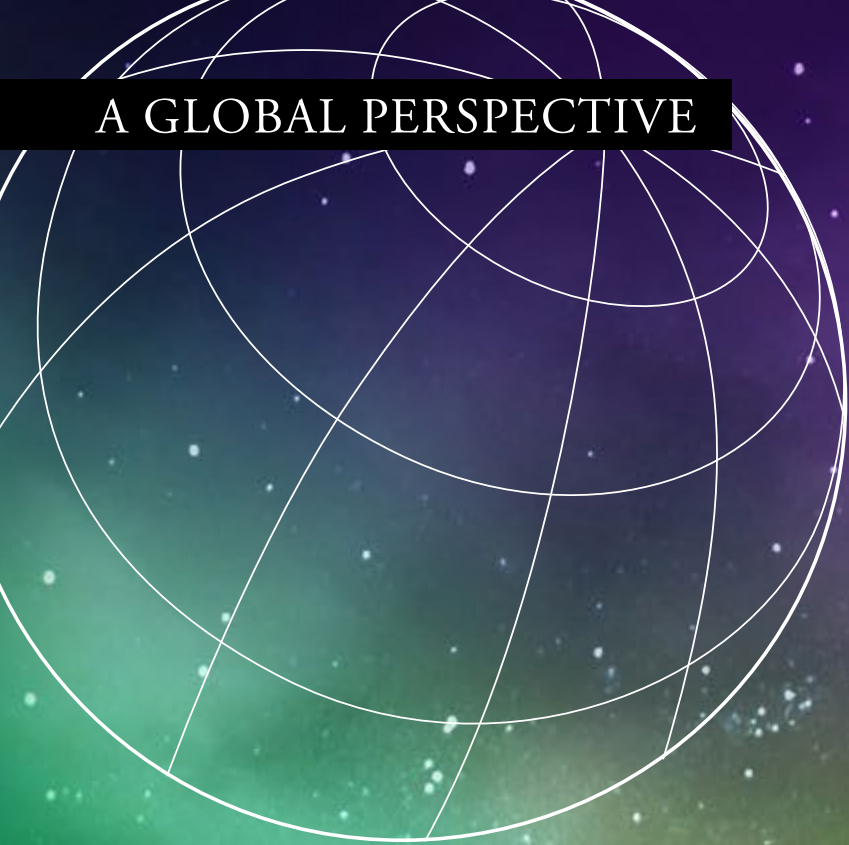
An additional resource that emerged from this work was a core set of evidence-based annual report questions that all NRBs could use to collect data from nursing schools, which will promote consistency across the NRBs and contribute to a national nursing education database. NCSBN offered to partner with the U.S. NRBs to send out the annual report to their programs, collect the data from the programs and develop a detailed report for each participating NRB, thus decreasing their workload.

### Early Adoption in West Virginia

In the fall of 2019, West Virginia Board of Examiners for Registered Professional Nurses (WVRN) Director of Practice and Education, Robin A. Lewis, EdD, MSN, APRN FNP-BC, NP-C, learned of the Core Data Annual Report Template during a presentation by NCSBN Director of Regulatory Innovations Nancy Spector, PhD, RN, FAAN.

"Spector revealed that NCSBN was developing an online annual prelicensure NCLEX-RN Program survey linked to a national nurse education database developed from research and literature that could be adopted by NRBs to aid with evidence-based decision making when regulating nurse education programs," Lewis recalls. "The proclamation grabbed my attention because of recent legislative experiences encountered by the WVRN board."

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By **Denise Bowen, MN, RN,**  
Executive Director

## Registered Nurses Association of the NORTHWEST TERRITORIES & NUNAVUT

**T**he land, the water and the people are what define nursing in the north. You only have to imagine waiting for the medivac plane while seeing the winter weather take a turn for the worse. On the other hand, imagine the surreal thrill of fishing under the midnight sun and catching fresh pickerel.

Located above the 60th parallel, the Northwest Territories and Nunavut comprise more than a third of Canada's land mass but account for less than 1% of the country's population. Indigenous persons make up almost half of the population of the Northwest Territories and 84% of the population of Nunavut identify as Inuit. Outside of the province's two capital cities of Yellowknife and Iqaluit, smaller Indigenous communities are located near water — lakes, rivers and Arctic coastal shores. Most of these communities are serviced by very few roads, and are accessible by water in the summer or fly-in throughout the year.

This is the domain of the Registered Nurses Association of the Northwest Territories and Nunavut (RNANTNU), which has a dual mandate as the regulatory body and association for approximately 1,500 registered nurses (RN) and nurse practitioners (NP) who work in the Northwest Territories and Nunavut.

RNANTNU was established in 1975, coinciding with the devolution of health services from the federal government to the territorial government. We are guided by the Nursing Professions Act and are an independent agency outside of the government structure, somewhat similar to the North Carolina Board of Nursing.

RNs provide the majority of health care services in the remote isolated communities. The nurses provide pre and post natal care, chronic disease management and palliative care. They treat common health problems and resuscitate, stabilize and medevac unstable and critically ill patients. They are often the only health care provider in the community, and the breadth and depth of their care in the expanded community health nurse's role is significant.



The Tuktoyaktuk Winter Road was an ice road that connected the communities of Inuvik and Tuktoyaktuk. The road closed in 2017 due to the construction of an all-season highway. An ice road is a seasonal road that runs over a frozen natural water source.



Upwards of 40% of the nurses on the RNANTNU register maintain residence in southern Canada and work in the north on a casual basis, either for short periods of time or on longer job-sharing contracts. Both Yellowknife and Iqaluit have hospitals and refer complex cases to larger centres in the south. The transient nature of this working arrangement contributes to challenges in staffing and coordinating continuity of care.

One area of key consideration for nursing in the north is the enacting of cultural safety and cultural humility in nursing practice. In our [position statement on cultural safety](#), we acknowledge that there continue to be disproportionately poorer health outcomes for Indigenous persons in comparison to non-Indigenous persons. In Canada recently, there have been several cases of deplorable overt racism by nurses towards Indigenous people and people of colour. We grapple with the role of the regulator and association in how we can help make a change.

We at RNANTNU are a small staff of five who rely on the volunteer service of our members in the areas of registration, education approval, practice advice and professional conduct. We are also one of the 12 members of Canadian Council of Registered Nurse Regulators (CCRNR). The CCRNR meets regularly and works together towards consistency in nursing regulation for the Canadian public and is committed to public safety. In the past few years, we have participated in the development of the Entry to Practice Competencies Project, the implementation of the NCLEX-RN in Canada, and the Nurse Practitioner Practice Project.

The future looks very promising for regulation and nursing in the north as we look to open the register to Licenced Practical Nurses (LPNs) and Registered Psychiatry Nurses (RPNs). The RPN is a designation of nursing those in the United States might be unfamiliar with; RPNs focus on mental health, mental illness and addictions and play a valuable role in northern health care. We will also be increasing the scope of practice for RNs to include prescribing under specific conditions.

A second opportunity that has recently opened for us is the regulatory mandate regarding virtual care/telemedicine. Virtual care/telemedicine use has exploded in Canada in the past several months due to the COVID-19 pandemic. Our health care system is grappling with the fundamental changes in the practice of health care that have occurred over the past few months. And while virtual care holds great promise in rural and remote areas, the uptake of the technology is hampered by inadequate bandwidth, unstable and costly internet connections and lack of home computers. The patients who could benefit the most, have the least amount of personal and financial capacity, resources, and infrastructure to support virtual care/telemedicine.

Nursing and nursing regulation in Canada's north have their own unique characteristics but also share commonalities with global regulation. As we meet the challenges presented by nursing shortages, the pandemic, racial inequality and remote telemedicine, we will continue our steadfast our role as a northern regulator and association, to understand the nuances of the north within the context of public safety and the global community.

*In February 2017, Denise Bowen, MN, RN, took on the role of executive director of RNANTNU, the association and regulator for approximately 1,500 RNs and NPs who work in the Northwest Territories and Nunavut.*

*Bowen was a nurse educator for more than 30 years, teaching in prelicensure nursing programs. In 1993 Bowen moved to Yellowknife to establish a northern nursing program at Arctic College. In the 23 years Bowen was at Arctic College, later renamed Aurora College, the program area of Health and Human Services grew to include programs in social work, personal support worker and advanced nursing practice. In 2008, the Aurora College Nursing Program was awarded the Premier's Team Award for Excellence, and in 2017 Bowen was inducted into the Government of the Northwest Territories Education Hall of Fame.*

*Bowen holds a master's degree in nursing from Southern Queensland University in Australia and a master's in arts from the University of Central Michigan. She is currently enrolled in NSCBN's International Center for Regulatory Scholarship program. 🌐*

“This has been a very ambitious and collaborative project,” says Spector. “Our goal is to decrease the workload on our already overburdened NRBs, and create the first national nursing education database.”

NRB approval of nursing education programs is integral to public protection, explains Lewis. “It promotes board identification of areas of excellence and deficiency in nurse education programs with data-driven decision making to facilitate nurse education programs in their jurisdictions to develop competent entry-level professional registered nurse graduates.”

Lewis and WVRN Executive Director Sue Painter, DNP, RN, had observed that nurse education regulation discussions and legislative changes at WVRN were sometimes made without the benefit of evidence. Data collected in annual

reports was not readily accessible due to unfunded analytic software and staffing needs. Having a data analysis background, Painter desired decision making to be grounded in data, and the Core Data Annual Report will support that need.

“At the end of that call with Dr. Spector, I expressed a desire to present this opportunity to the WVRN Board for possible adoption and implementation,” says Lewis.

While kickoff of the Core Data Annual Report Template surveys was scheduled to commence in the fall of 2020, WVRN asked if the data could be ready in summer 2020, so that respondents could submit results by Sept. 1, 2020, the annual survey

submission date standard in the West Virginia 19-01 code of legislative rule. “Dr. Spector agreed that the survey could be ready by August 2020 and West Virginia would be the first NCLEX-RN® program annual survey recipients,” says Lewis.

The data collected from NRBs will be used to update NCSBN’s nursing education database. Aggregate data will be statistically analyzed and disseminated annually, and changes in the quality indicators and warning signs could be made based on the results.

Currently 11 NRBs are using the Core Data Annual Report Template. Another eight NRBs will begin using the template in January 2021. Two more are signed up for September of 2021 and one more is signed up for September of 2022. Two additional NRBs are awaiting internal decisions about using the annual report template. Due to the COVID-19 pandemic, some NRBs have had to

delay using the annual report core data template.

Lewis explains that the WVRN Board’s process to adopt the NCSBN annual survey was easy, taking the following steps:

- The annual survey was presented to the WVRN Board for adoption.
- Board-specific annual survey questions were sent to NCSBN staff.
- Permission was granted to use the WVRN Board’s logo on the survey.
- Prelicensure NCLEX-RN program nurse administrators were identified.

“Adoption of the NCSBN annual survey has helped with lessening the burden of board staff by providing an online user format for participants, diminished confusion from survey participants by providing definitions for questions, and has made the collected data useful for board decision making.”

— Robin A. Lewis, EdD, MSN, APRN FNP-BC, NP-C, WVRN Director of Practice and Education

- NCLEX-RN program emails containing the annual survey link were sent.
- WVRN assisted NCSBN staff with answering annual survey questions from respondents.
- Received and dispersed completed NCLEX-RN program annual survey PDF files to NCLEX-RN program respondents.
- Received the Official Annual Prelicensure Survey Report.
- Added the report to a WVRN Board agenda for review and consideration and began evidence-based decision-making to regulate prelicensure NCLEX-RN programs.

“I was 110% satisfied with the process and report created by an excellent NCSBN staff team,” says Lewis. “Adoption of the NCSBN annual survey has helped with lessening the burden of board staff by providing an online user format for participants, diminished confusion from survey participants by providing definitions for questions, and has made the collected data useful for board decision making. I am excited to receive the aggregate data and share with the board once all jurisdictions have completed the survey. Comparing West Virginia prelicensure nurse education programs with other NCLEX-RN prelicensure programs will further aid them with data-driven decision making.”



## Nurse Licensure Compact (NLC) Update

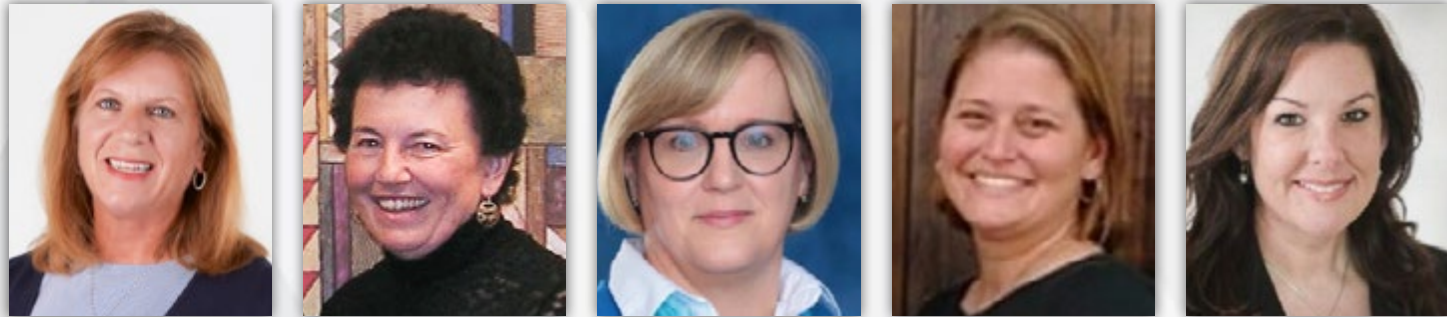
### Introducing the NLC Video for Travel Nurses and Staffing Agencies

The NLC is thrilled to announce availability of its newest video, **“Making Travel Nursing Easier with a Multistate License.”** To better respond to the many questions from travel nurses and the organizations that employ them, the NLC Training and Education Committee, collaborated with NCSBN staff on the production of the new video.

This brief three-minute video provides information on how having a multistate license helps travel nurses by removing barriers to practice such as having to apply for multiple licenses and duplicative application fees. With a multistate license, travel nurses are easily able to practice in all compact states without time limits, and without completing any additional requirements, as long as they maintain legal residency in the compact state that issued their multistate license. The video explains primary state of residence requirements and provides clarifying information to help travel nurses avoid common mistakes and pitfalls.

The video has been added to NLC’s growing video library and can be **viewed here**. In addition to this video, the NLC Training and Education Committee and staff collaborated on the development of a supplemental, printable fact sheet that addresses the most common questions travel nurses and employers have. The fact sheet can be accessed **here**.

# News & Notes



Pictured from left to right: Blozen, Clifton, Glenn, Hardee, and King

## NCSBN Members Obtain Health Policy and Media Engagement Certificate

Five NCSBN members have completed their Certificate in Health Policy and Media Engagement from The George Washington University (GWU) School of Nursing. Designed for NCSBN by the GWU School of Nursing, the certificate program provides an opportunity for NCSBN members to increase their scholarly knowledge of health care policy and enhance their leadership skills. The 2019-2020 cohort included:

- Barbara Blozen, EdD, MA, RN-BC, president, New Jersey Board of Nursing
- Margaret Clifton, MS, RN-BC, CLNC, state director, Rhode Island Board of Nurse Registration and Nursing Education
- Lori Glenn, DNP, CNM, RN, board member, Michigan Board of Nursing
- Anne Hardee, MSN, RN, regulation consultant, North Carolina Board of Nursing
- Melissa King, DNP, FNP-BC, ENP-BC, board member, Mississippi Board of Nursing

## British Columbia College of Nurses & Midwives Established

As of Sept. 1, 2020, the NCSBN exam user member the British Columbia College of Nursing Professionals is now the British Columbia College of Nurses & Midwives (BCCNM).

“The establishment of BCCNM marks an exciting new era in professional regulation,” says BCCNM Registrar and CEO Cynthia Johansen, MAL, MSc. “We are Canada’s first nurse and midwife regulator, as well as western Canada’s largest health professional regulator. Our new college is excited to build on the strong foundations of collaboration and partnership established by the former colleges: The College of Midwives of BC and the BC College of Nursing Professionals. We look forward to continuing to work with other regulators and health system partners and the public to build and deploy best practices in regulation.”

BCCNM has launched a new website to reflect the new BCCNM name and brand. 🌐

**News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.**

**Have news to share?**

Send your *News & Notes* submissions via [email](#).



## Speed Round

*Get to know NCSBN staff:*

### Andreea Mihuta, Sr. Project Coordinator, Project Management Office

#### What do you do?

I am a Sr. Project Coordinator in the Project Management Office of the Business Operations department at NCSBN. I lead and support projects that are aimed at advancing the Strategic Initiatives and supporting the One NCSBN goal by working on company-wide projects and collaborating across departments.

#### What are the best and most challenging aspects of your job?

One of the best aspects of my role is working with NCSBN staff, stakeholders and vendors on cross-functional projects. Through my work on projects, I have been able to work with many NCSBN staff members. I have enjoyed getting to work with people from the different departments and learning more about their roles at the organization. When managing a project, I always need to be prepared for the unexpected and adjust. It is a challenging aspect, but one that I truly enjoy.

#### If you weren't working at NCSBN, what would your dream job be?

In addition to managing projects, I also enjoy planning vacations. When the opportunity arises, I enjoy researching vacation destinations, flights, resorts, restaurants, and activities. I have also been known to create an itinerary or two. I plan vacations for my family and have also helped friends in the past. If I was not working at NCSBN, I would love to own a travel agency. Although most people forgo this step, I think it would be really rewarding to put together a wonderful vacation for a family to experience. 🌍

## 2021 NCSBN Scientific Symposium

*From Data to Policy*



### Featuring Keynote Speaker

**Patricia Flatley Brennan, PhD, RN**  
Director, National Library of Medicine,  
National Institutes of Health,  
U.S. Department of Health and  
Human Services

NCSBN invites nurse regulators, researchers, educators and practitioners to its 2021 Scientific Symposium.

This one-of-a-kind event features diverse national and international studies that advance the science of nursing policy and increase the body of evidence for regulatory decision making.

### Virtual Conference | March 22, 2021

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# International Center for Regulatory Scholarship (ICRS) Invites Regulators from Around the World to Enroll

NCSBN's International Center for Regulatory Scholarship (ICRS) is an educational initiative designed to cultivate and elevate nursing leaders and policymakers around the world.

Beginning in January 2021, ICRS will invite regulatory leaders from around the world to enroll in ICRS's online courses.

**The Courses** (all courses eight weeks except where noted):

- Fundamentals of Research (*English*)
- 研究基础第一部分 (中文)  
Fundamentals of Research (*Chinese*)
- High-performing Teams
- Leadership Journey of a Regulator (*12 weeks*)
- Making Data Analysis Easy with Python
- Just Culture, Reliability Science and Crisis Management: Innovations for Regulators
- Synergy or Strife? Communication Skills and Strategies for Regulatory Professionals

## How to Enroll:

Participants must first apply to the ICRS certificate program, a competency-based, experiential, online course of study that, in addition to offering continuing education credits (CEs), also provides program credits. After earning six (6) online program credits and attending an in-person ICRS Advanced Leadership Institute, participants will be awarded the ICRS certificate.

Visit [icrsncsbn.org](https://icrsncsbn.org) for more information.



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# Reflections ON THE **Year of the Nurse:** THE Impact OF **COVID-19**

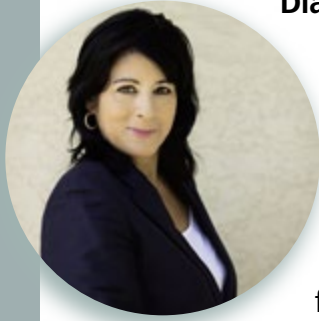
**T**he year 2020 brought nursing to the forefront of public awareness in a manner that no one envisioned when the World Health Organization (WHO) declared 2020 the *International Year of the Nurse and Midwife* in May 2019.

Across the world, nurses were hailed as heroes while they struggled to care for patients afflicted with COVID-19 amidst shortages of personal protective equipment (PPE), scarcity of ICU beds, overworked co-workers and allied health care colleagues and, early on, the lack of effective treatment modalities. The enumeration of these issues does not even address the stress, anxiety and depression arising out of caring for severely ill patients, the escalating COVID-19 death rate, and the fear of contracting the illness or infecting their own loved ones. As more than one nurse on social media ironically exclaimed, “When they said it was the ‘Year of the Nurse’ nobody told me it was going to be like this!”

It has become rather cliché to refer to nurses as being on the “front lines” of health care but it is hardly an exaggeration to say that they are on the tip of the spear in fighting this pandemic. Make no mistake, nurses are in the trenches in the war against this disease.

As the U.S. and the rest of the world enter the “second wave” of the pandemic, NCSBN, like many other organizations and news outlets alike, sought out the experiences of nurses that are up close and personal with this pandemic. The unique perspectives of the nurses we spoke to — one of whom is a practicing nurse and a board member of a state board of nursing, and the other a nursing student on the brink of starting her new career -- give us insight into the realities of the environment that nurses must navigate to care for their patients while trying to safeguard their own health and the welfare of their loved ones.

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**Diana Orantes Forst, RN**, is the vice-chair of the Florida Board of Nursing (FBON) and also a practicing nurse in a hospital impacted by an influx of COVID-19 patients. Additionally, she cared for a family member with COVID who has since recovered.

Forst came to nursing as a second career. After college she worked in a cancer research lab at Georgetown University for seven years until a six-week stint in the hospital during her second pregnancy brought her up close and personal with the skills and compassion of the nurses that cared for her. She was so impressed that she went back to school to become a registered nurse (RN).

Now working as a float nurse, Forst brings her wealth of experience and expertise, including multiple certifications, to various units in her hospital where the need is greatest. Recognizing the pressure that her fellow practitioners are under, she remarks, "It's more important than ever to work as a team and to be cognizant of other nurses' feelings. It's a very stressful time. Wearing PPE for so long takes a toll. Being at work while your kids are home schooling takes a toll. Becoming the sole wage earner while your spouse is out of work takes a toll. Donning and duffing takes a toll. Worrying that you might catch the virus and spread it to your family takes a toll."

Adding to the stress that nurses are experiencing is the fact that a patient's support system is usually absent during a hospital stay due to COVID-19 quarantining restrictions. This requires nurses to fulfill

yet another role, that of liaison between the patients and caregivers and between patients and family. "Many patients are quite dependent on family members to be their surrogate and representative. Most rely on family for emotional support. Restricting access to the COVID treatment rooms is very tough on both the patient and the family and makes it important that nurses step in to provide empathy. We have to be caregivers in the broadest sense of the term, providing care and emotional care," Forst comments.

Another layer to how difficult it is to be a nurse during a pandemic is that the PPE designed to protect both the nurse and the patient offers an impediment to the less tangible side of care, how they communicate with and provide comfort to the patient. Forst notes, "I look like a member of the Hazmat team. Our patients are already scared, and now they can't see a smile and can barely see our eyes. It is necessary to compensate by gently talking with the patient, providing a human connection to break through our outward appearance."

During this ongoing pandemic every aspect of society has been impacted and nursing regulatory bodies in the U.S. are no exception. Charged with protecting the public by overseeing and ensuring the safe nursing practice by outlining standards for safe nursing care, issuing licenses and monitoring licensees' compliance to jurisdictional laws, their essential work needed to continue with as little disruption as possible. Forst's unique position as a nurse working with COVID-19 patients and as FBON board member caused her to reflect, "Our first priority at the FBON is to ensure that every nurse practicing in Florida meets minimal

requirements of competency and safety. That means corrective actions on nursing programs that fail to meet standards and disciplining or removing licenses from nurses who are a danger to the public. This role is magnified during a pandemic. You want to feel secure knowing that the nurse caring for you or the nurse working with you is safe and competent."

Nursing students have also felt the brunt of the pandemic. Most colleges and universities went remote last March and while this was unsettling and inconvenient for most students, for those in nursing programs it proved to be especially challenging.



**Crystal Austell** is a second-degree nursing student in an accelerated program at George Washington University. Her career trajectory followed a similar path to Forst's. After graduating with a degree in biology, Austell, who

will graduate in December 2020, served as a clinical site manager at Parexel International. Like most drawn to nursing, she is concerned about the needs of others and has a desire to improve their lives. Austell was also attracted to the scientific aspect of the profession and the many career possibilities it offers.

When the pandemic ended clinical experiences in March, Austell was thrust into learning in a completely online environment. She noted, "When the shutdown occurred, we would log online and discuss how we would respond to someone having a heart attack instead of actively performing CPR compressions. We read articles and watched

simulations in a desperate attempt to replace in-person clinical experiences."

She was not alone in this. Nursing students across the country found that hospitals and health care facilities were closed to them, leaving them with a lack of clinical experiences. Some schools were able to offer high-quality simulation lab experiences, but in many instances, due to rising COVID-19 cases, even simulation labs were closed. Educators offered "virtual simulation" during which they demonstrated procedures but obviously none of this replaced actual clinical rotations in a health care setting. Coupled with spotty internet connections, displaced students and subjects much better suited to in-person learning, being a nursing student in 2020 became extremely demanding.

Recognizing that COVID-19 represented an unparalleled moment in time for nursing students to assist the nation in a time of crisis and learn the principles of population health and emergency management, NCSBN, along with 10 other nursing organizations issued a [policy brief](#) that called for academic-practice partnerships between health care facilities and prelicensure RN and practical/vocational nursing (PN/VN) programs across the country during the COVID-19 crisis.

In summer and early fall, some clinical sites were reopened to students, but some still remain shuttered and will remain so into 2021. Austell was able to do a clinical rotation in an ICU where she cared for critically ill patients. She appeals to everyone to take COVID-19 seriously, including university and high school age students across the country. "One of the last patients I took care

of during my ICU rotation was a man in his late 20s. He did survive COVID, but complications made his long-term survival doubtful.”

Now finishing up her clinical experience requirement in a community health facility, she is providing the clients she sees there with important information about preventing COVID, in addition to caring for their other issues.

Austell adds, “The applause and recognition for nurses is appreciated, but long-term I hope that people acknowledging nurses now also think about this nation’s health care system. A more tangible way to honor nurses is to advocate that they have the proper supplies to protect themselves and their patients. Also, I have seen firsthand that we are serving communities that don’t have access to regular health care. We try to figure out the best plan of care for them, knowing they lack access and support in their community. I urge everyone to think about these issues when you vote in local and national elections.”

Both of these women advise the public to continue to follow the Centers for Disease Control and Prevention guidelines for COVID-19 prevention. Austell urges, “Wear your mask, social distance, order take-out. If not to protect others, to protect yourself.”

Forst adds, “When I see people treating this pandemic like it’s just a minor health issue, not worthy of making any changes in their routine, I become very frustrated. If you love and/or respect

nurses, please listen to what public health officials are saying regarding stopping the spread of this virus.”

When asked about how “The Year of the Nurse” morphed from a celebration to something more profound, Forst states, “For nurses, one small silver lining amidst a lot of dark clouds is that the public has gained a greater appreciation of both the nursing profession and individual nurses (as well as other health care professionals). Per the Gallup Poll, nursing has been deemed the most trusted profession for the past 18 years. This pandemic has changed that from ‘most trusted’ to ‘heroes,’ with other first responders and citizens lining the streets to cheer

for us during shift changes. ‘Save one life, you’re a hero. Save a hundred lives, you’re a nurse.’ Although I’m grateful for the public appreciation, that is certainly not why nurses do this job.”

Forst concludes, “Treating patients with COVID-19 means being part of a war. And it is a war that our health care professionals and scientists will win. However, whether you are on the front lines during a pandemic or providing ‘every day’ nursing care, it is important to keep a quote attributable to Plato in mind: ‘BE KIND’ and competent, for everyone you meet is fighting a battle.”

“ Treating patients with COVID-19 means being part of a war. And it is a war that our health care professionals and scientists will win. ”

— Diana Orantes Forst, RN



## Learn How Practice/Academic Partnership is Benefiting Students and Hospitals

During the COVID-19 pandemic, many hospitals have suspended clinical experiences for nursing students. To benefit both students and hospitals during the crisis, NCSBN has joined with other national nursing organizations to promote a practice/academic partnership model. This video looks at the model and the successes two states have had implementing it.



# An **Update** from the **NCLEX**<sup>®</sup> EXAMINATIONS Department

## NCLEX<sup>®</sup> Modifications

In response to the COVID-19 pandemic, NCSBN introduced several carefully evaluated and tested modifications to the NCLEX<sup>®</sup> examinations. These modifications expired on Sept. 30, 2020. Beginning Oct. 1, 2020, NCLEX exams retained some of the characteristics of the modified exam.

The modifications effective Oct. 1, include:

- Pretest items have been reintroduced. Each candidate will get 15 pretest items in their exam.
- Due to the addition of the 15 pretest items, the minimum length exam is 75 items and the maximum length exam is 145 items.
- Examination time is five hours.
- The Run-out-of-time (R.O.O.T) scoring rule has been revised:
  - The final ability estimate is computed from the responses to all completed items. Those scoring above the passing standard will have a passing exam, otherwise the exam will be scored as a fail.

- The voluntary [Next Generation NCLEX Special Research Section](#) has been reintroduced.
- The NCLEX Tutorial has been replaced with a general guide and test taking tips.
  - Candidates are referred to the online web NCLEX Tutorial during the registration process in order familiarize themselves with the item formats and computer software. Candidates are encouraged to take the NCLEX tutorial prior to their appointment, available [here](#).

A more detailed explanation of the modifications can be found [here](#).

The NCLEX continues to utilize the Computer Adaptive Testing (CAT) methodology for administration and scoring. The NCLEX Test Plans have remained the same, and the passing standard has not changed.

Modifying an examination twice within the same year was a colossal undertaking that could not have been done without the collaborative, diligent and hardworking efforts from the NCSBN Examinations department.

## NCLEX Conference Goes Virtual

The NCSBN Examinations Department is no stranger to virtual meetings, especially this year. Even so, planning and delivering the virtual NCLEX Conference, which took place Sept. 14-15, 2020, required months of planning, preparation and coordination.

The event was a mix of prerecorded sessions taped at NCSBN's Focal Point Studio and live question/answer sessions featuring NCSBN Examinations staff and guest speakers Tim Bristol and Donna Ignatavicius, two experts in nursing education. The event was also highlighted by numerous sessions on the Next Generation NCLEX, including the NCSBN Clinical Judgment Measurement Model, sample case studies and scoring methods.

In all, more than 2,000 people attended the conference. This represented a new attendance record for the event, nearly four times the number from past conferences. The increased attendance was made possible due to the virtual format, which made the conference less expensive and more convenient, and the conference program's significant Next Generation NCLEX focus.

Based on a review of attendee evaluation forms, it seems clear that the educational objectives of attendees were met if not exceeded. While the event proved a massive undertaking, the hard work of NCSBN Examinations, Meetings and Interactive Services staff led to an excellent event that potentially opens new avenues for NCLEX Conferences in the future. 🌐



**Watch our holiday video.**