Spring 2014

IN FOCUS

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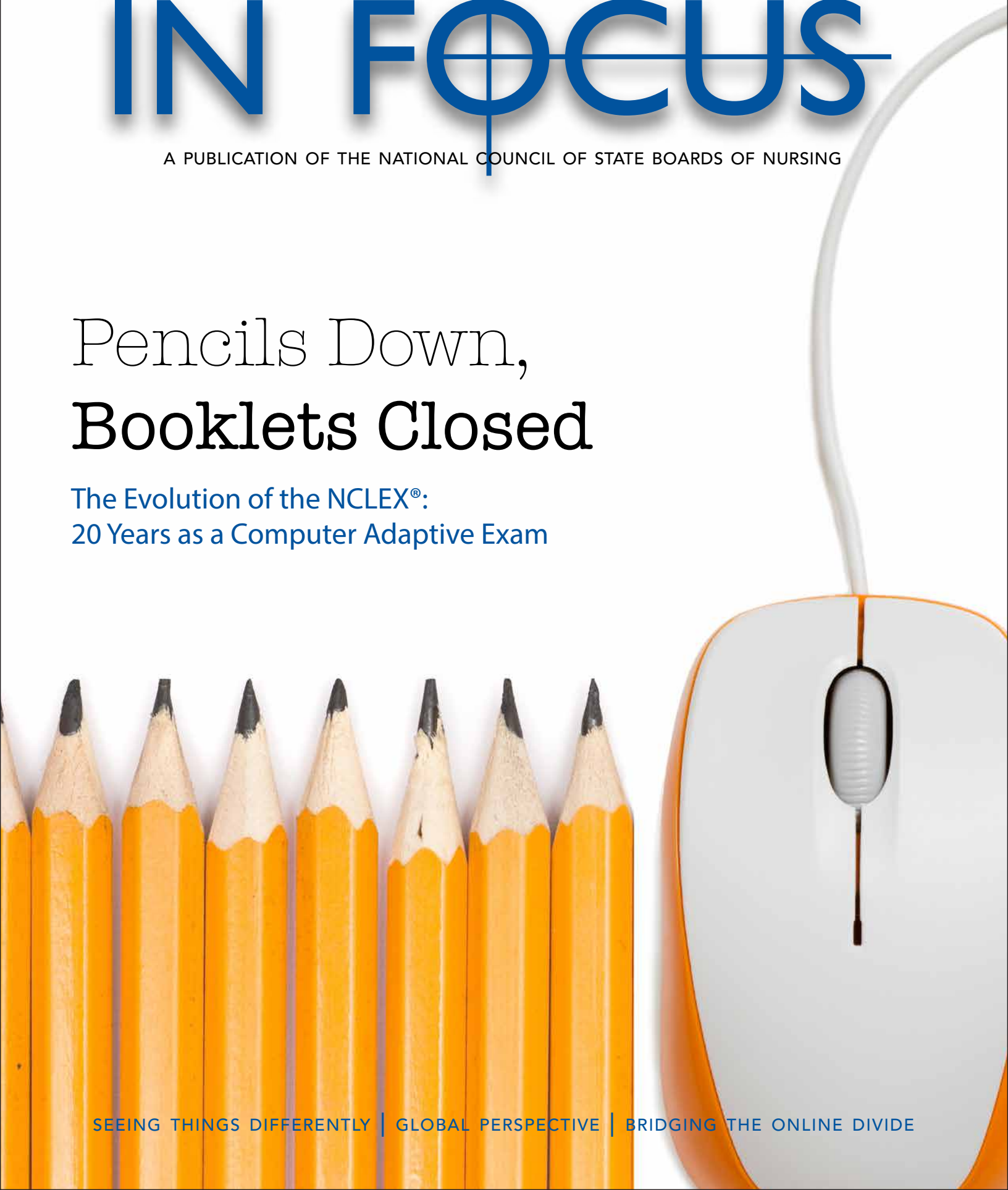
Pencils Down, Booklets Closed

The Evolution of the NCLEX®: 20 Years as a Computer Adaptive Exam



SEEING THINGS DIFFERENTLY | GLOBAL PERSPECTIVE | BRIDGING THE ONLINE DIVIDE

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs 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 also 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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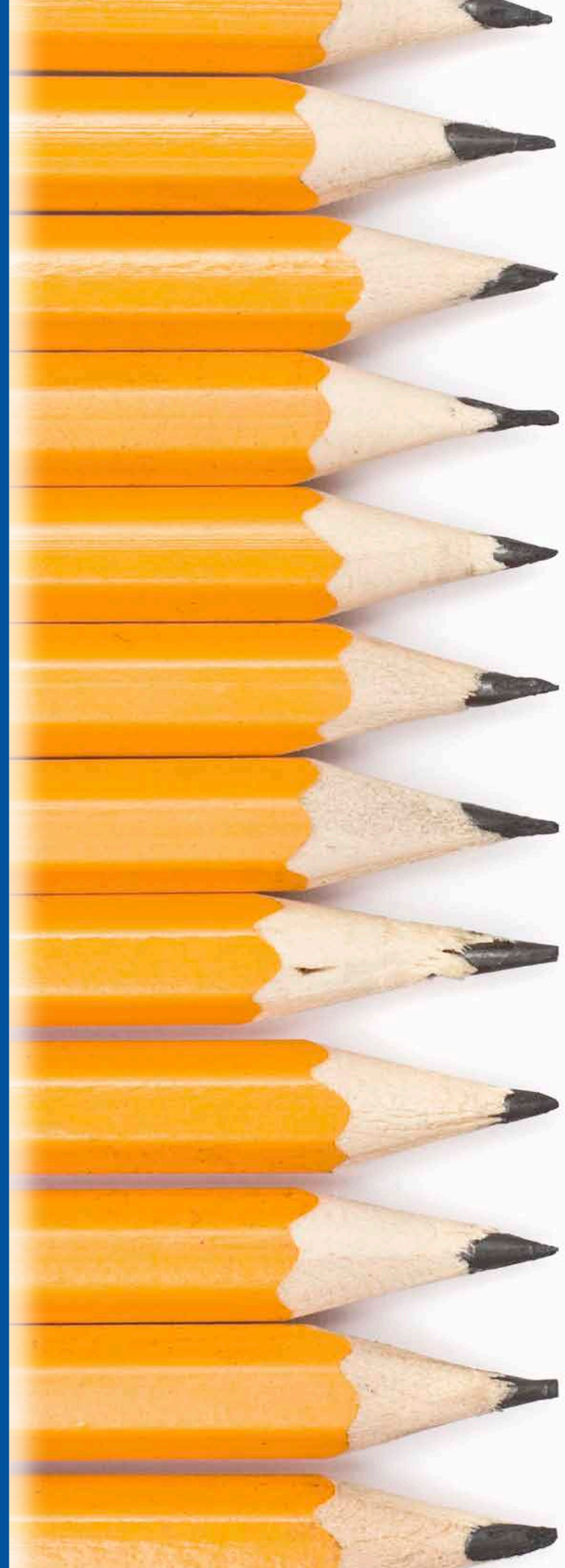
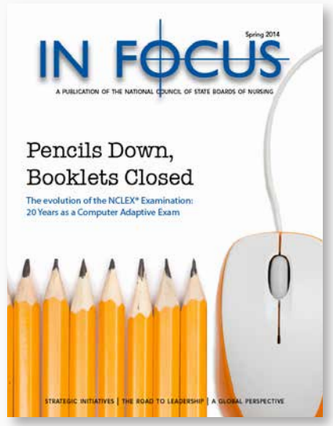




IN FOCUS

Spring 2014 | Volume 1 | Issue 2

In This Issue

Bridging the Online Divide:

The Distance Learning Education Committee

All of NCSBN's committees tackle complex and sometimes difficult issues, but for the last two years the Distance Learning Education Committee (DLEC) has grappled with a particularly modern issue that didn't even exist before the advent of the Internet. It is the thorny problem of addressing nursing educators' perception that boards of nursing (BONs) are arbitrarily throwing up regulatory roadblocks and on the other side of the coin, addressing the challenges BONs face in ensuring the education that online students receive is on par with students in traditional classroom and clinical settings that the DLEC has been tasked with since its formation in 2012.

Today, an unprecedented 6.7 million students are taking at least one online course; 32 percent of all students in higher education are taking at least one online course and nursing students are no exception to using this technology to receive college credit (Allen & Seaman, 2013).

It is these issues coupled with the exponential growth in the number of nursing students using distance education that the committee, composed of a diverse group of nursing professionals, has tackled with good humor, mutual respect, a deep dive into available research and futuristic solutions to existing obstacles. The committee members, most of whom are new to serving on an NCSBN committee, are not new to sharing their expertise and providing expert guidance on issues regarding nursing and nursing education. Reflecting on his tenure as DLEC Chair, Bobby Lowery, PhD, RN, FNP-BC, FAANP, assistant professor, East Carolina University, College of Nursing, and board member, North Carolina Board of Nursing, observed, "We came together as leaders in our respective areas and brought a wide range of thoughts and ideas to the table. Our differing opinions on the issues involved could have pulled us apart but instead the overarching goal of trying to find the best way to ensure public protection pulled us together and made us stronger."

Charged at its inception by the NCSBN Board of Directors to identify regulatory issues regarding distance education and to propose model education rules, the DLEC finished its initial charges in 2013, but based on outstanding issues identified by BONs, it asked for a second year to continue to refine and expand upon its already completed foundational work. Throughout the 2013-14 fiscal year, the committee wrote a white paper, *Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs*, presenting the regulatory perspective of prelicensure distance education programs from a variety of viewpoints. The committee also developed prelicensure regulatory guidelines, and proposed model education rule and act revisions. "As the board liaison, I was very impressed with how serious and dedicated this committee was to its charges and goals," remarked NCSBN BOD Director-at-Large Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing.

Trying to find solutions that would work for all jurisdictions found committee members having to put aside notions of "we do it this way in my state" in order to find solutions that would best fit the demands of nursing distance learning education in the 21st century and into the future. "I am proud of the fact that we were able to work cooperatively through occasional frustrations to come up with innovative

continued on page 23

Today, an unprecedented **6.7 million students** are taking at least one online course…

"Lead, Follow *or* Get Out *of the* Way"

By: Mark Majek, MA, PHR
Director, Operations
Texas Board of Nursing

An Observation of Leadership

There is ongoing debate as to the author of this quote that titles this article, but to this day, it is one of the most used phrases in leadership. Some believe that this phrase is terse, rude or even overly blunt and should be relegated to a bumper sticker or quietly whispered among those in "the know."

From my perspective, it is a distinct leadership style used by astute leaders who recognize that traditional management styles no longer meet our regulatory needs, with tight budgets and changing generational expectations. While we cling to old style management, younger workers are demanding a different approach. What will be our succession plan for the future?

I have been fortunate to observe many different leadership styles in the past 26 years as a staff member with the Texas Board of Nursing, working with NCSBN and currently serving on the NCSBN Leadership Succession Committee (LSC). In these groups, three common leadership themes emerged: knowing when to step forward, knowing when to defer to an expert and knowing when to get out of the way of someone who has a better idea. I am not suggesting abdicating leadership, but instead, sharing it with those around you who can offer a different perspective, who can be constructive with their actions and who can follow up with their original ideas. As leaders, we are tasked with accountability whether we lead, follow or get out of the way. All three are vital and important.

Lead

The most effective leaders I've observed have led with confidence and humility. When faced with a new committee leader, executive officer or board president, I quickly pick up on their leadership style and adapt to that perception. The most effective leaders adapt their leadership style to the group which fosters trust and open communication within the team. They are firm in their convictions, but also honest with themselves and can admit that they do not have all the answers.

Follow

When you have a team of high performers without direction, chaos can ensue. The most effective leaders I observed could facilitate the topic, back off and listen, then allow the group to come to consensus on its own. Members of a group can be leaders in their own right, contributing from their fields of expertise and bring that knowledge to the table. In the end, after following through on the ideas of others, the effective leader helps synthesize the thoughts, seeks clarification and then retakes the lead.

Get Out of the Way

This is the most difficult concept for most leaders to incorporate. Some view this tactic as the absence of leadership. I, however, see this as allowing your group to totally engage in the process and move through the "forming, storming, norming and performing" model, as created by psychologist Bruce Tuckman. If members of a group openly engage in a process, it allows the organization to identify both informal and formal leaders, and thus begin to embark on succession planning.

What might seem to be obvious sometimes escapes us as leaders while we try to anticipate our challenges. As a staff member at a board of nursing and a member of the LSC, I have had the opportunity to observe great leaders facing difficult situations and, unfortunately, see other leaders struggle in similar situations. In my observation, the leadership qualities cited above can be highly successful when fully implemented and used. It is up to us to decide if we want to lead, follow or get out of the way and move our organization forward and allow future leaders to emerge.

There are many leadership paths and opportunities for members of NCSBN to support professional development. Learn more through the NCSBN Leadership Development Program (ncsbn.org username and password required).

20/200 1

SEEING

20/100 2

20/70 3

THINGS

20/50 4

20/40 5

DIFFERENTLY

A RECAP OF THE 2014 NCSBN MIDYEAR MEETING, AS TOLD BY TWO NEW EXECUTIVE OFFICERS WHO ATTENDED THE MEETING FOR THE FIRST TIME.

In March, the 2014 NCSBN Midyear Meeting took members to Kansas City, Mo. to network, receive updates on NCSBN committee work and discuss issues affecting nursing regulation, specifically focused on the future of nursing and telemedicine. To get a better idea of what goes on at this meeting, we invited two executive officers new to their role to tell us about their first Midyear Meeting experience, including who they met, what they learned and why attending this meeting is so important to their job.

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

After a 30-year career in acute care, 25 years as a manager/director, I have entered the world of board of nursing regulatory enforcement. A world with new vocabulary (how many acronyms can you squeeze into a process?), strange and different hours of operation (what? No one is here at night and on weekends? We closed for a snow day?) and having to read all of the Oregon Nurse Practice Act that I used to be able to skip (administrative chapter? Fee schedule?). Having been an expert in my area of practice (administration), I now felt like a novice and, at my age, being a novice is an unfamiliar place.

In the office of my predecessor I found much material that seemed to come from an organization called NCSBN. Since the acronym was unknown to me (and there certainly seemed lots of materials, files, books and fliers with this unknown alphabet jumble), I decided that this information was probably something I needed to know about…soon, after I attended to other "more important" information that I needed to learn about this brave new world I had entered.

Day one on the job, I was informed that not only that I was expected to attend an NCSBN meeting in Kansas City, but that my chief financial officer had resigned. Day three on the job, the licensing manager also resigned and on day four the chief investigator resigned too (with everyone's assurance that it "was not about you"). In my previous life I could step into a manager role and hold everything together until a new manager was hired…what was I to do here? I couldn't even figure out the acronyms, let alone what I was actually supposed to be doing and what the work of the agency truly had to be, and I certainly could not be expected to attend a meeting 30 days into the job!

Off to Kansas City I went and thanks to the great staff here at the Oregon Board of Nursing, I felt I was gaining some momentum. I was very concerned that attending a meeting was going to break my stride and be something that would be a hindrance rather than substantive (after all, I had been attending meetings for 30 years…what more could yet another meeting teach me?).

Well, I am happy to report that I was wrong, wrong, wrong!

It takes a village to raise a child…it takes NCSBN to calm down a new executive officer.

Finally…context! Connections! Resources!

The first day of meeting was a leadership day for executive officers. The information regarding "Governance as Leadership" gave me a different view of leadership that I had not appreciated prior. The area meeting allowed me to connect with the collective consciousness of other executive officers, their ideas, their issues and their solutions. The group was welcoming and quickly inclusive. Offers of "call me if you ever need anything" was the mantra of the day and gave me a sense of community that I really needed (and that I had missed; all my other contacts are hospital administrators).

As I moved through the sessions I realized that I was now on the other side of many issues. The increasing issue of telehealth and the effect on licensure is a side of the telehealth conversation I had not previously attended to. The same was true for legislative updates, APRN consensus and the APRN compact -- an issue that very much affected my previous practice as the

manager of various APRNs, but had not really accepted as something I really needed to know. The various committee reports helped me see the depth of NCSBN's involvement in influencing regulatory oversight and shaping the future of our profession.

Lunches with representatives from Canada encouraged conversation about similarities and differences. Time spent with my board president solidified the context of my role and hers. After 25 years in a hospital and with a distant (if any) relationship to the "hospital board" to now performing work that supports the board in the regulation of nursing practice is a leap that seemed much larger before I attended the meeting.

Not sure if everyone had the same experience during their first NCSBN meeting…this was mine. I am grateful for the welcome and humbled by the incredible work of NCSBN and the member boards. The NCSBN staff went out of their way to make sure I was connected and could find my way.

I was and am a very experienced nursing administrator and those skills will always serve me well. The NCSBN Midyear Meeting has given me the context for this new role that I have accepted. Together with the support and resources available to me through NCSBN and my previous experience, I am feeling that wherever this new role takes me, I do not have to go down the road alone.

Twila McInnis, MS, MPA, RN
Director, Rhode Island Board of Nurse Registration and Nursing Education

I had the pleasure of attending this conference with our board president, Peggy Matteson. NCSBN also assigned me a mentor, Jay Douglas, the executive officer from Virginia, who I was thrilled to meet at Midyear Meeting. Upon arrival, I met Peggy at the airport and we took a cab to the Kansas City Marriott Country Club Plaza. The accommodations were delightful. Peggy and I had several enjoyable opportunities to walk around Kansas City to shop and dine with other attendees.

On Sunday, I attended the NLCA Midyear Meeting. The organizational efforts of NCSBN are impressive. A binder was mailed to my office prior to the meeting, which contained valuable informational resources. The biggest take-away from this day for me was learning about "rap-back" from Mark Majek of the Texas Board of Nursing. Rap-Back is a system that allows state law enforcement to notify the board of nursing of recent arrests of licensees.

Cathy Trower, president of Trower and Trower, Inc., led the NCSBN Executive Officer and Membership Board President Leadership Forum, presenting "Building High Performance Regulatory Boards." I was the gracious recipient of her book, "The Practitioner's Guide to Governance as Leadership," which is a phenomenal resource. I enjoyed meeting Cathy and found we have many things in common, including living near one another, knowing some of the same people at Harvard involved in leadership and also at Wheaton College, where she serves on the governing board.

I thoroughly enjoyed learning more about the APRN Compact from Kathy Thomas of the Texas Board of Nursing. I was able to share this information with the Rhode Island Advanced Practice Nurse Advisory Committee upon my return. I also learned a great deal during the "Strategic Use of Media" presentation by Patricia Clark. The networking reception that evening was a fabulous way to connect with other NCSBN members and listen to beautiful music.

It was very interesting to receive the Institute of Medicine Future of Nursing Report from Sue Hassmiller of the Robert Wood Johnson Foundation. The Telehealth and Telemedicine presentations given by Jill Winters of Columbia College of Nursing and Gary Capistrant of the American Telemedicine Association were also very informative. The discussion by Myra Broadway on deciding on a licensure model was the perfect inspirational closing to the meeting. I am very grateful to have the opportunity to meet some of the exemplary leaders at NCSBN. This organization is an invaluable resource.

The 2015 Midyear Meeting will be held March 16-19, in Louisville, Ky. at the Hyatt Regency Louisville.

Pencils Down, Booklets Closed

April 1, 2014 marked the 20th anniversary of the first NCLEX® examination to be administered via computerized adaptive testing (CAT). To celebrate this milestone, we look at the evolution of CAT and follow the NCLEX's technological journey from paper-and-pencil to a computer-based examination.

The Superdome in New Orleans is huge. For a football game, it can hold more than 75,000 fans. Since it opened in 1975, it has hosted baseball games, gymnastics events and even a Republican National Convention. Today, it's the home of the New Orleans Saints football team. Believe it or not, if you were a nurse taking the NCLEX® before 1994, the Superdome was your test center. Before computers changed the way we pretty much do everything, the NCLEX was a paper-and-pencil test, administered twice a year in locations like the Superdome that could accommodate hundreds, if not thousands of nursing students. Not only were you limited to when and where you took NCLEX, it took weeks, if not months, to get your results.

It wasn't easy for the boards of nursing (BONs) that had to proctor the NCLEX either. Testing materials had to be ordered up to six months beforehand, teams of retired nurses had to be hired to administer the exam, and once it was over, the test booklets had to be returned to the test vendor (shipped in a very, very specific way! See page 13 for a diagram) for grading. No wonder the NCLEX was only offered twice a year – it was a lot of work! But in 1994, that all changed. Computerized adaptive testing (CAT) was a breakthrough in licensure assessment and nursing was among the field's pioneers.

In the Beginning

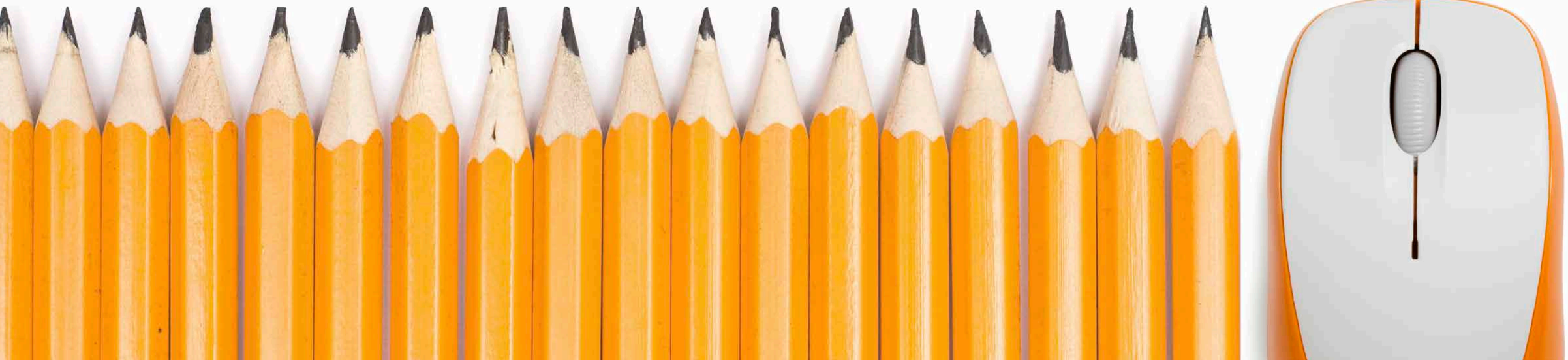
Remember taking a test in high school with your No. 2 pencil? Everyone had the same exam and was tested on the same exact things. Afterward, you'd meet with your friends to discuss the questions and figure out who got #3 wrong and if anyone else put "c" for #20. You compared notes the best you could remember to determine which you got right and which you got wrong. When it came to grading, the teacher had one answer key that he/she would use to grade everyone's test. This type of exam is called a conventional test: all examinees are administered and graded on the same set of items (Weiss, 1985). Was this the best way to measure one's scope of knowledge though? Psychologist Alfred Binet didn't think so. In the early 1900s, he developed a scale that indicated intelligence by requiring the examiner to adapt the administration of the exam to the characteristics of the examinee (Weiss & Betz, 1973). This type of testing was determined to be a better mechanism for measuring knowledge as the difficulty of the questions changed based on the responder's answers. Binet's IQ test was the first application of adaptive testing.

With adaptive testing, instead of everyone having the same test, different sets of test questions (also known as items) are administered to different examinees. Each item is automatically selected from an item pool based on the examinee's correct or incorrect response to the previous item (Weiss, 1985). Get the item correct and your next question will be a little harder. Get the item wrong and your next question will be easier. The exam is adapted to the examinee's performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waned during World War I, while conventional tests in the form of paper-and-pencil dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet's IQ tests (Weiss, 2004). That is, until computers changed the game all together.

In the 1960s, the idea of removing a human proctor and replacing him/her with a machine as the administrator of the exam was beginning to take flight. Researchers realized early on that it was difficult to administer an adaptive test via paper-and-pencil, so they turned to technology. Testing machines were developed, but had too many issues that compromised the reliability of the results (Weiss & Betz, 1973). Not the computer though. The computer had numerous advantages: it could determine how to begin a test, select an item based on the response and knew when to terminate the test once a pass or fail decision was reached (Weiss, 2004). This was the breakthrough testing researchers were waiting for and by the 1970s, it was clear that computers were going to be a game changer.

Nurse Licensure Exams Before CAT

Before the NCLEX, there was what nurses used to call the "boards." The "boards" was the unofficial term for the SBTPE, or State Board Test Pool Examinations, which was the national nurse licensure exam from 1941 to 1982. By 1950, nursing, being the trailblazing field that it is, was the first profession (and only one at the time) where all BONs in the U.S. used one uniform exam for the purpose of domestic nurse licensure (Dorsey & Schowalter, 2008). The SBTPE was first



Left: Tony Zara, NCSBN staff member, demonstrates CAT at the 1987 NCSBN Annual Meeting.
Center: Beta testing was underway in 1991.
Right: On Feb. 2, 1994, the last NCLEX-RN was administered via paper and pencil. More than 1,500 nursing students gathered at the Hilton Hotel Chicago for the exam.

developed by the National League for Nursing and then the American Nurses Association. When NCSBN was established in 1978, it took ownership of the SBTPE and renamed the exam the NCLEX (National Council Licensure Examination) in 1982.

While there was a new name for the licensure exam, the administration of the test was exactly the same as it always was. Candidates applied for licensure from the BON in the state where they would practice (just as they do today). They were mailed an admission card, similar to that of today's Authorization to Test email, and were required to bring it with them on testing day. Instead of applying to take the NCLEX immediately after graduation, however, the exam was only offered twice a year. For the NCLEX-RN®, it was offered in February and November over the course of two days; for the NCLEX-PN®, it was a one-day exam in April and October. It wasn't uncommon for candidates to graduate in May and then have to wait five or six months to take their exam. Based on how many candidates registered for the NCLEX, BONs would order the appropriate amount of booklets and hire proctors: one proctor for every 35 students. Once the exam was completed, the test booklets were sent to the test vendor to be scored. Eight to 12 weeks later, nervous candidates received their results in the mail (48 hours for unofficial results doesn't sound so bad now does it?). For years, this was the way it was done. It was a daunting process, not just for candidates, but for BONs too. There had to be a better way.

Implementing CAT for Nurse Licensure

While it was still a paper-and-pencil exam, NCSBN recognized the evolution of testing technology and in 1982, started developing a proposal to test a new electronic system that would be used to administer the NCLEX (Dorsey & Schowalter, 2008). During the 1980s, testing researchers found that CAT built upon and improved Binet's adaptive theory scale by replacing human proctors with a computer program. Instead of a person, the computer would select items based on the examinee's responses and thus determine if the examinee passed or failed (Weiss, 2004). Not only was the technology available, but it was also a reliable way to test a student's entry-level knowledge as a nurse. There were also several other advantages to implementing CAT: examination by appointment, instead of twice a year; immediate scoring instead of waiting months; and a reduction in the time nurse candidates could legally practice (at the time, nurse candidates worked on temporary permits until they passed the licensure exam). For BONs, the responsibility of administering the exam would shift to an external testing vendor. Doing so would enhance public protection by allowing BONs to quickly identify candidates who were not ready to enter practice (Zara, 1999).

In 1991, the NCSBN Delegate Assembly voted for CAT to be the examination method for the NCLEX. Former NCSBN Board of Directors President Carolyn Hutcherson, who was then the executive officer of the Georgia Board of Nursing, said, "Consistent with the organizational goal adopted by the membership, to 'develop, promote, and produce relevant and innovative services,' the National Council is demonstrating initiative in creating an environment to make nursing regulation the best it can be" (Dorsey & Schowalter, 2008, p. 213). Joyce Showalter, one of the founding members of NCSBN and then the executive director of the Minnesota Board of Nursing, realized the importance of the vote when she asked the Delegate Assembly "… to take a moment to reflect on the 'momentousness' of the decision to move from a paper-and-pencil testing modality to CAT" (Dorsey & Schowalter, 2008, p. 213). It was a bold step forward that would forever change the way nurses' entry-level knowledge was measured.

Licensure Exams After CAT

Between 1986 and 1994 NCSBN conducted numerous pilot studies, field tests and legal analyses to make sure the NCLEX was psychometrically sound, valid and legal. The first NCLEX administered via CAT took place on April 1, 1994. By the end of that year, more than 155,000 nurse candidates took the NCLEX via CAT, and that number has risen steadily ever since.

Gone were the Superdome-sized testing centers. Retired nurse educators could stay retired. No. 2 pencils were put away. CAT ushered in a new way for candidates to test: on their own time, at their own pace and with cutting-edge technology. For BONs, CAT offered enhanced security. A computerized NCLEX was difficult to cheat on, candidates not ready to practice were identified sooner and the mechanism for determining entry-level knowledge was improved. CAT helped BONs continue their mission of public protection.

In 2011, NCSBN announced that the NCLEX-RN would be used as a licensure requirement in Canada starting in 2015. Canadian RN regulators were looking for a new exam that employed the latest advances in testing technology, offered enhanced test security, increased accessibility, provided timely results and allowed for precise assessment of a candidate's performance. Just like NCSBN did in the 1980s, Canadian regulators were looking for a better way to measure entry-level nursing knowledge. And just like NCSBN found, the NCLEX via CAT was the answer they were looking for.

NCSBN was a pioneer in utilizing CAT for its licensure exam; in 1994, no other health care organization was using such a progressive method to test entry-level knowledge. Today, several professions across a variety of fields utilize the technology. From paramedics studying for the National Registry of Emergency Medical Technicians to business students taking the GMAT to get into graduate school, CAT has become the norm. We've come a long way from No. 2 pencils and booklets haven't we?

References

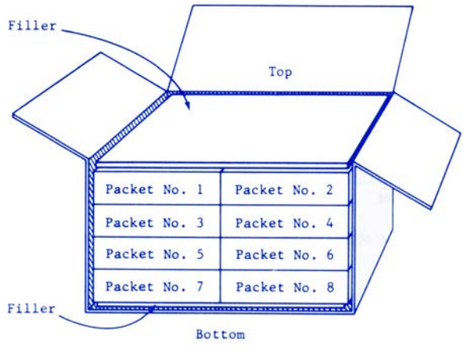
Dorsey, C.F. & Schowalter, J.M. (2008). *The first 25 years: 1978-2003*. Chicago: Author. Retrieved from https://www.ncsbn.org/25Years_13.pdf

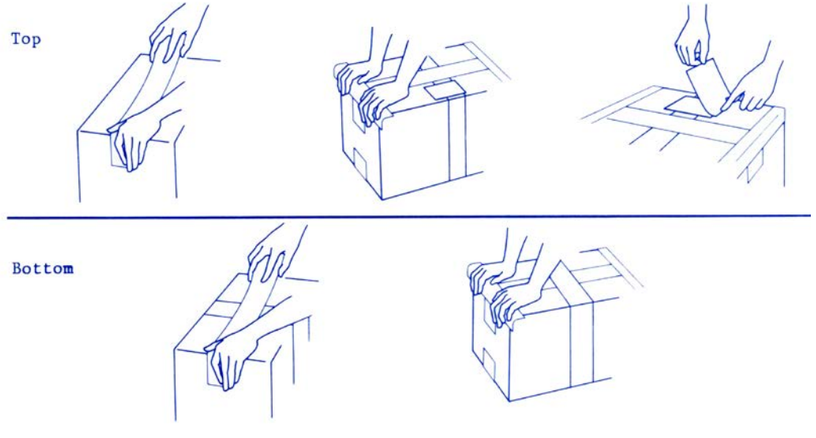
Weiss, D.J. (1985). Adaptive testing by computer. *Journal of Consulting and Clinical Psychology*, 53(6), 774-789.

Weiss, D.J. (2004). Computerized adaptive testing for effective and efficient measurement in counseling and education. *Measurement and Evaluation in Counseling and Development*, 37, 70-84.

Weiss, D.J & Betz, N. E. (1973). *Ability measurement: Conventional or adaptive?* Retrieved from http://www.psych.umn.edu/psylabs/catcentral/pdf%20files/we73-01.pdf

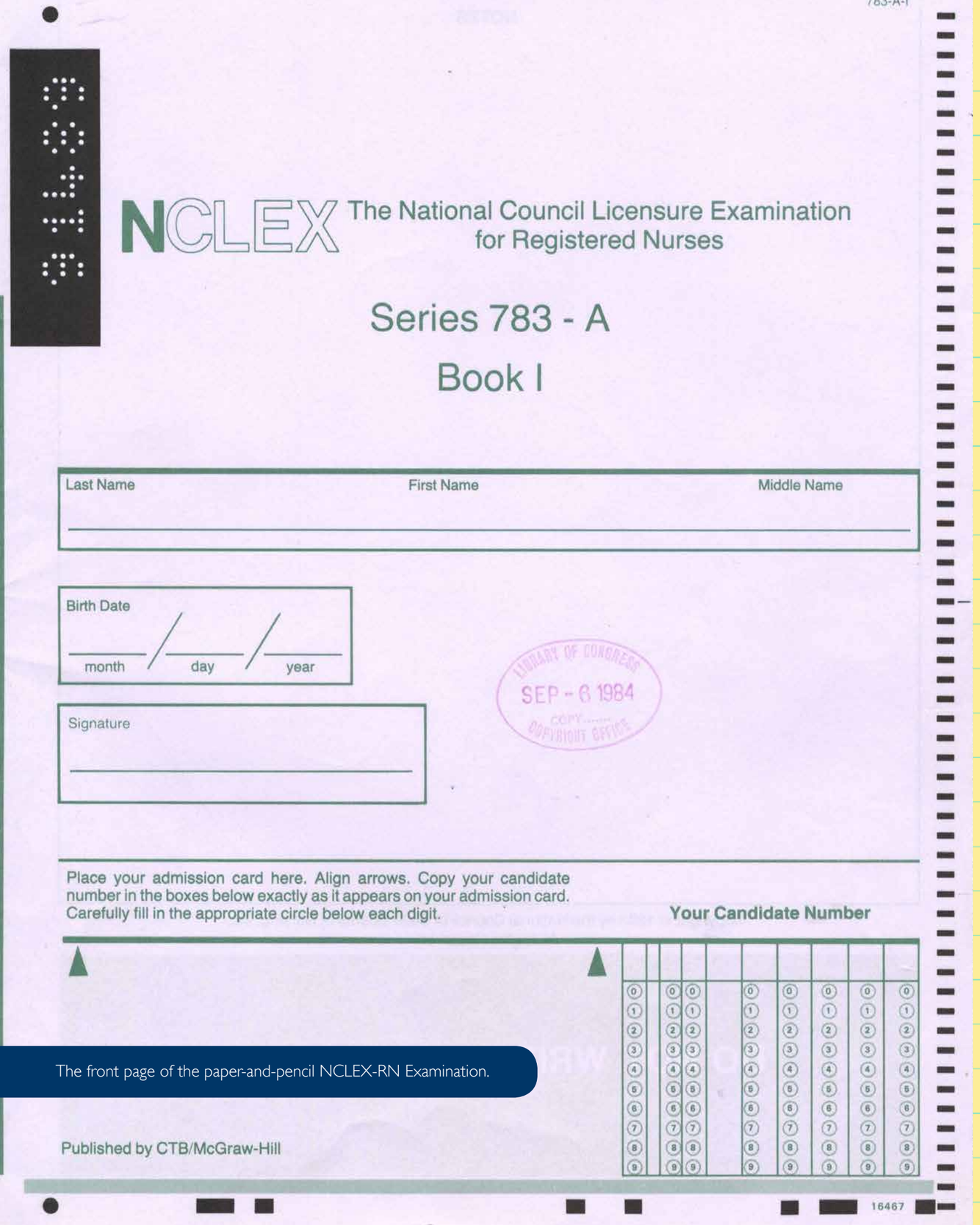
Zara, A. (1999). Using computerized adaptive testing to evaluate nurse competence for licensure: Some history and forward look. *Advances in Health Science Education*, 4, 39-48.





Booklets Closed… Now What?

Once the exam was complete, proctors had to return the booklets to the testing vendor for grading. For security reasons, proctors followed a very precise and specific 12-step process to ensure the booklets were properly packed, sealed and delivered to the testing vendor.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NCLEX The National Council Licensure Examination for Registered Nurses

Series 783 - A

Book I

Last Name | First Name | Middle Name

Birth Date ___ / ___ / ___ (month / day / year)

Signature

Place your admission card here. Align arrows. Copy your candidate number in the boxes below exactly as it appears on your admission card. Carefully fill in the appropriate circle below each digit.

Your Candidate Number

The front page of the paper-and-pencil NCLEX-RN Examination.

Published by CTB/McGraw-Hill

16467

I Remember...

I Remember *as a nurse educator, writing my test questions by hand*

When I first became a faculty member at Loyola University in Chicago in 1990, I vividly remember the enormous amount of time I'd spend developing my exams. I taught undergraduate lecture courses in pharmacology, research and junior and senior medical-surgical nursing. My undergraduate exams were developed using, for the most part, multiple choice questions. During a seven-week course, I'd generally have four exams, three with 50 questions, and the final with 100 questions. Developing these exams was a nightmare. While I had a computer, most of us didn't use the word processing program to develop our exams. We wrote them out, by hand, on legal paper and using pencil for the many changes. Then someone in the secretary pool would type them, give them back to us, we'd make corrections, give them back to them, and on and on it would go. Of course you had to get the drafts prepared much in advance of the exam because of all the back and forth. By the mid-1990s I was doing my own exams, using Word Perfect, and what a difference!

Nancy Spector, PhD, RN, FAAN
Director, Regulatory Innovations, NCSBN

I Remember *taking the NCLEX as a paper-and-pencil exam*

In every class there are those who want to compare the answer they put on a test question with what everyone else answered. If their answers are different then their anxiety becomes everyone else's anxiety. To avoid the drama of the well-known classmates whose drama regarding test taking has plagued us for two years, four of us went in June 1984 to Ft. Worth, Texas instead of taking the NCLEX with our classmates in Austin. 2 days, an auditorium filled with several hundred candidates, proctors and pencils. The experience bonded the four of us into lifetime friendships and given the feedback from those who did go to Austin, we did not judge our anxiety riddled classmates incorrectly.

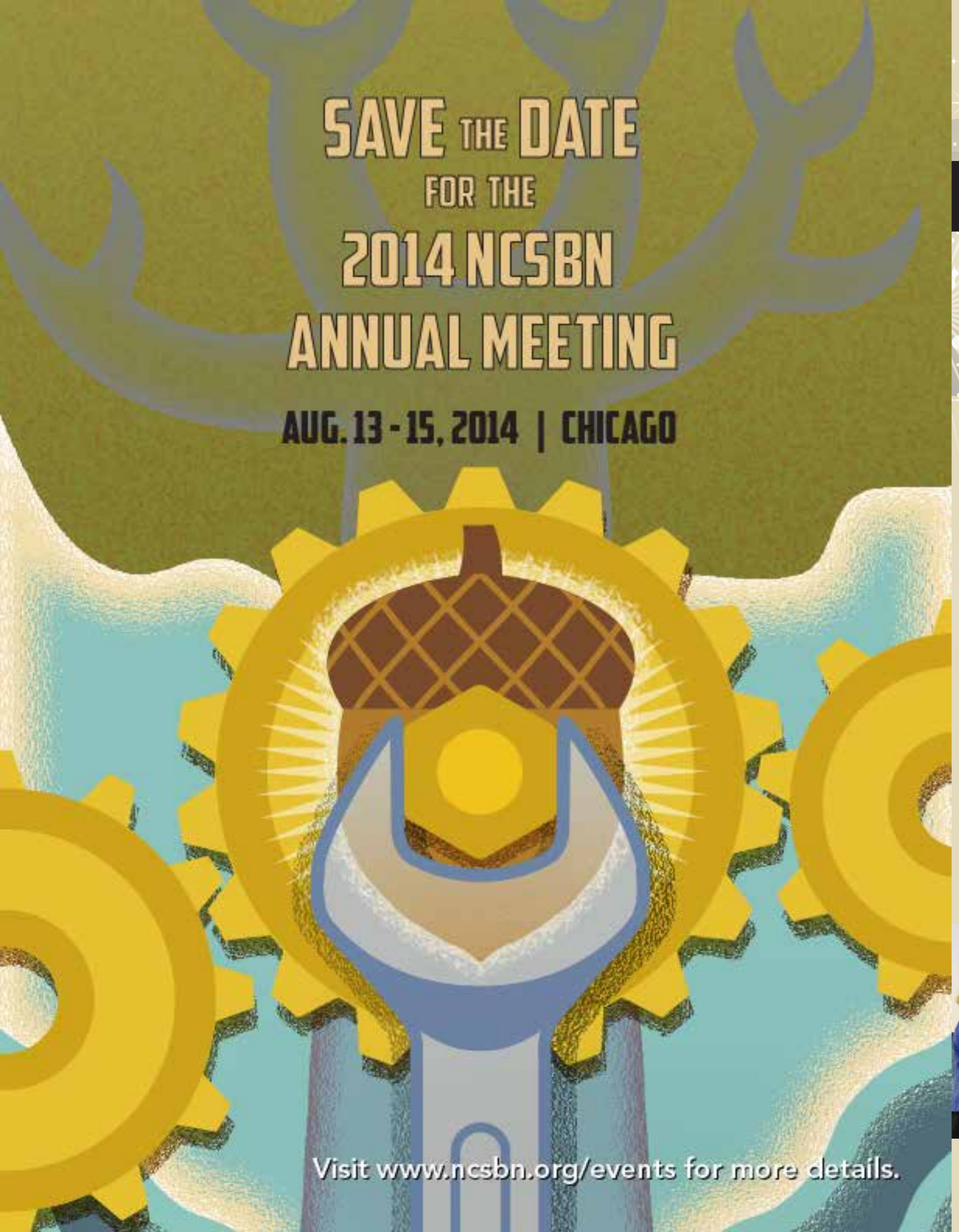
Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

I remember when the NCLEX exam was administered as a paper-and-pencil test. We went for two whole days and sat in a huge room at the University of Delaware. There were six separate sections to the overall exam that were each timed. Five of the six exams were actually scored and you had to pass each exam separately. The five sections were Medical, Surgical, Pediatric, Maternity and Psychiatric. Back then the exams were only given twice a year - in February and July - and you waited about six weeks for your results that arrived by mail.

Pamela C. Zickafoose, EdD, MSN, RN
Executive Director, Delaware Board of Nursing

To relive my days of the paper-and-pencil nursing exam, we must roll back time to 1969, 45 years!! Prior to taking the exam, our nursing instructors had instructed one last time what our demeanor should be during the exam: "Keep your head down; only look straight up or straight ahead, neither to the right nor the left." During the exam I followed the instructions to the letter. I was returning to my seat after a break (we did the five exams in two days) and one of the proctors tapped my shoulder. I was mortified! I knew I had followed the instructions to the letter; my mind was racing as to what I could have possibly done. She politely complimented my handmade sweater and sent me on into the room! With weak knees I returned to my table to finish my exam.

Francine Kirby-Chittum, MSN, RN
Board President, West Virginia Board of Examiners for Licensed Practical Nurses



Kentucky Board of Nursing Celebrates its Centennial

100 Hundred Years of Nursing Regulation in the Commonwealth of Kentucky

2014 marks the centennial celebration for the Kentucky Board of Nursing (KYBON)! On April 9, as part of its celebration, the KYBON held an informative educational conference focusing on the Affordable Care Act (ACA) and its impact upon the regulation of nurses, nursing education and practice. Nancy Ridenour, PhD, APRN, RN, BC, FAAN, dean of the University of New Mexico School of Nursing, and Myra Broadway, JD, MS, RN, NCSBN Board of Directors president and executive officer of the Maine State Board of Nursing, served as the keynote speakers. Ridenour addressed the ACA and nursing regulation implications, while Broadway described the evolution of nursing regulation from a historical, current and futuristic perspective, in addition to sharing current activities of NCSBN.

Following the conference, the Centennial Reception was held at the Founders Union Building at the University of Louisville. The KYBON was honored to receive from Governor Steven Beshear a proclamation proclaiming that the year 2014 be recognized statewide as the KYBON's centennial anniversary. Tori Murden McClure, president, Spalding College, was the Centennial Banquet speaker. McClure, recognized nationally and internationally for her many achievements, was the first woman to row a boat alone, without assistance, across the Atlantic Ocean. She was also one of two women and one of six Americans to travel over land to the South Pole, skiing 750 miles from the ice shelf to the pole.

McClure's speech focused on the history and evolution of women in nursing and challenged banquet attendees to identify with each other as achievers and heroes, and to exercise compassion for ourselves so that we may exercise compassion for others.

The KYBON also recognized two noteworthy individuals. The first was Hazel Arnold, a nurse who has held an active nursing license since 1947, the longest period of time a nurse has held an active license in the Commonwealth of Kentucky. Arnold is still a practicing nurse and does so on a part-time basis. The KYBON also honored Martin Glazer, retired assistant attorney general, who served as the KYBON's general counsel and hearing office during the 1970s and into the 1990s. Glazer's legal guidance and advice to the KYBON during this time promoted sound governance and legally defensible nursing regulation.

"Both the day and evening were a joyous celebration recognizing the contributions made in the interest of public protection by so many nurses from 1914 to present," said KYBON Executive Director Paula S. Schenk, MPH, RN. "A very special demonstration of this work was the original licensure book and board meeting minutes from 1914 that we carefully removed from the board's safe to be on display at the Centennial Reception. They are both historical documents which evoke such professional pride!"

Left: Members of the KYBON and NCSBN Board of Directors President Myra Broadway

Right: KYBON Executive Director Paula S. Schenk and Hazel Arnold, who has held an active nursing license for 67 years, the longest period of time in Kentucky

Happy 100 Years Kentucky Board of Nursing

Photo credit: Tourism Vancouver

A GLOBAL PERSPECTIVE: Nursing Regulation *in* BRITISH COLUMBIA CANADA

By: Cynthia Johansen, MAL
Registrar/CEO, College of Registered Nurses of British Columbia

Like any country's nursing regulation, Canada has its own unique practices, approaches, and legislative and regulatory frameworks. What makes Canada stand apart from others is the diversity of nursing regulation practices within its borders.

There are 10 provinces and three territories within Canada, and each have a provincial or territorial legislative framework for regulating health professionals. Some, like British Columbia, have "umbrella legislation" that establishes regulatory Colleges for each identified health professional group. Others have their own unique legislation for nursing regulation separate and distinct from other professions. Also somewhat unique to Canada is the fact that some nurse regulators are also professional associations. With the exception of Ontario, each province and territory has separate regulators for registered nursing and practical nursing. In the case of the western provinces, there are separate regulators for psychiatric nursing. In all, there are 22 different nursing regulators across Canada setting standards, licensing and registering applicants, and investigating complaints and concerns about nursing professionals.

Over the past two decades all nursing regulators in Canada have become more focused on the desire and commitment to improve the mobility of nurses between provinces. This has enabled important efforts such as a national approach to entry-level examinations and work to develop a National Nursing Assessment Service (www.nnas.ca). This effort to share and align practices is also happening within my jurisdiction, British Columbia (BC).

In BC, the history of nursing regulation goes back more than a century. In 1912, a group of nurses gathered together and identified a need to set standards for the profession. By 1918 legislation was in place providing a framework for title protection for registered nurses (RNs) and other foundational laws to enable safety of the public. The body responsible for enacting the requirements was essentially a professional association, charged with everything from labour negotiations to investigating complaints about nurses.

By the 1980s, things were changing - labour negotiations became a separate function and mandatory registration with the professional association was required to work as a RN. A similar pattern occurred for psychiatric nursing and practical nursing. Legislation recognizing psychiatric nurses and practical nurses as self-regulating professionals was passed in 1951.

By the 1990s unique regulatory colleges for practical nursing and psychiatric nursing were established and in 2005, the registered nurses' professional association transitioned into a regulatory college and all three nursing regulators (the College of Licensed Practical Nurses of BC, the College of Registered Psychiatric Nurses of BC and the College of Registered Nurses of BC) were aligned under the same umbrella legislation (Health Professions Act).

When I reflect on the focus of British Columbia's three nursing regulators over the past two years, I see evidence of a strong commitment to collaborate. Using a common sense approach, we have recognized that the nursing professionals we regulate are in fact all nurses caring for the same public. So, finding ways to share, partner, collaborate and synchronize our regulatory responsibilities and approaches has been a given. In my opinion, this is one of the most important successes for all three organizations. By working together, the three regulators are living the very same interprofessional collaboration we expect from all nurses -- RNs, LPNs, RPNs and NPs. And these efforts are being mirrored at a national level as well.

The National Nursing Assessment Service has involved all 22 Canadian nurse regulators in establishing a common portal for international nurses looking for registration in Canada. Launching in August 2014, this service will provide a coordinated and consistent approach to credential review and recognition, streamlining the process for applicants and furthering the regulators' commitment to reducing unnecessary barriers between provinces.

In the same vein, RN regulators have used the same national entry-to-practice examinations for RNs for decades and in

2011 undertook a process to move towards a computerized adaptive test (CAT). Historically, Canadian RN regulators have used a number of different exams, including at one point, the State Board Test Pool exam. Since 2000, Canadian RN regulators have used the Canadian Registered Nurse Examination, which currently consists of a paper-and-pencil multiple choice exam. It was recognized that CAT exams are generally more appropriate for predicting candidate competence, and so the regulators issued a request for proposal (RFP) for an exam provider to meet this need. The RFP proposals were considered based on the following criteria and as a result, BC and others agreed to move ahead with the NCLEX® through NCSBN:

- The exam must reflect current entry-level RN practice and be a credible assessment of entry-level competencies in Canada.
- The exam and the associated processes must be psychometrically sound, valid, reliable and legally defensible.
- The exam must be developed by exam experts and include an analysis of Canadian nursing practice. Canadian subject matter experts, including nurse educators, must participate in writing and reviewing the exam.
- The regulators will review and approve the exam on a regular basis before it is administered. The regulators can remove parts of the exam.
- The exam process and its administration must protect the candidates' personal information. They must comply with Canada's Personal Information Protection and Electronic Documents Act, the British Columbia Freedom of Information and Protection of Privacy Act and other relevant statutes.
- The exam must have a security risk management program. This program must include security at the writing centre and data analysis and reporting.
- The exam is accessible and offered in both English and French.
- The exam is available throughout the year.
- The exam results are available in a timely manner.
- The exam costs are reasonable to both the regulator and exam candidates.

In January 2015, Canadian RN exam candidates will be writing the NCLEX in Canada for the first time. This change has required a significant amount of communicating to key stakeholders, including nurse educators and students who were concerned about the impact of the change on everything from exam preparatory approaches and curriculum, to the potential cultural impacts of an exam developed in another country.

Overall, the compelling reasons for moving towards a CAT format and the inclusion of Canadian nurse educators, clinicians, and regulators in the development and maintenance of the exam has helped manage people's reservations about the change. As a nurse regulator, I am excited about this next chapter in our province's nursing history and look forward to the successes and challenges ahead as we align our business processes and policies to incorporate the NCLEX.

Cynthia Johansen joined the CRNBC in 2006 and was appointed registrar/CEO in 2012. CRNBC is responsible for the regulation of more than 36,000 registered nurses and nurse practitioners in British Columbia. Johansen is committed to working with government, the public and stakeholders on improving professional practice standards and health profession regulation.

COLLEGE OF
REGISTERED NURSES
OF BRITISH COLUMBIA

CRNBC

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Vancouver, British Columbia
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Phone: 800.565.6505 | www.crnbc.ca

speed round

Get to know NCSBN staffers in three, quick questions.
Who: Ann Watkins, Receptionist/Assistant to the CEO

1. What do you do?

I work in the Executive Office department. I provide customer service to members, the Board of Directors, staff and the public.

2. What is the best part and most challenging part about your job?

I've been employed at NCSBN for many years and have become extremely knowledgeable about the organization. I am able to efficiently connect people to the right destination within NCSBN, which requires great perseverance, tact and patience. This occasionally becomes a challenge.

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

Teaching young children. I believe teaching is one of the most difficult jobs today and studies indicate the key issue in determining the quality of the education a child receives is the quality of the teacher. A teacher carries a big responsibility in the classroom. A teacher must be effective and I've often felt that I would have been an effective teacher.

Going Global

NCSBN Continues to Collaborate with International Organizations

NCSBN joined nurse regulators from Africa, Asia, Europe, North America and the South Pacific in Ottawa, Canada in late 2013 for the 8th Annual Meeting of the International Council of Nurses (ICN) Observatory on Licensure and Registration. The Observatory assists ICN and the nursing profession in anticipating and responding to international regulatory developments, as well as influencing policy on global regulatory matters. It relies on its membership to "provide ICN with advice on emerging and future trends in regulation, strategic initiatives to be undertaken and policy stances ICN should consider." The first Observatory meeting took place in 2005 in Madrid, Spain.

At its 2013 meeting, Observatory members had the opportunity to present to one another the regulatory trends they are facing. As a group, they also discussed such topics as global regulatory coverage, regulatory research, and challenges to patient safety and quality of care.

Organizations that met for the ICN Observatory on Licensure and Registration in 2013 included the Indian Nursing Council; NCSBN; Canadian Nurses Association; Nursing and Midwifery National Board Services, Australia; Nurses and Midwives Council of Ghana; Nursing and Midwifery Board of Ireland; Nursing Council of New Zealand; Singapore Nursing Board; International Alliance of Patients' Organizations, Pakistan; and Department of Nursing, Ministry of Health, United Arab Emirates.

REGISTRATION NOW OPEN

Coming Soon:

New Professional Boundaries Video

After more than 15 years as NCSBN's #1 educational video, "Crossing the Line," is finally getting a makeover! Everything from the content to the graphics will be updated for today's audiences.

The new professional boundaries video, which will be renamed "Professional Boundaries in Nursing," will be available online in May 2014. Join the NCSBN mailing list or follow NCSBN on Facebook to be notified when the new video is released.

Now Available:

Substance Use Disorder (SUD) Brochures

SUD is rarely discussed on nursing units. Nurses have a legal and ethical responsibility to report a colleague's suspected drug use; learn how to recognize the warning signs and what to do to get a colleague help. Nurses that educate themselves about SUD help not only their colleagues, but they also protect patients. Brochures are available for nurses and nurse managers.

Electronic and hard copies are available, free of charge.

Bridging the Online Divide: The Distance Learning Education Committee

continued from page 3

and futuristic guidelines that will work now but are adaptable and flexible for future use," commented Lowery.

While not officially part of its charge the committee found that it had to work at "myth busting" because of the misconceptions that educators had about BONs, as well as those that BONs held about distance learning education programs. The committee worked to alleviate these misconceptions by providing better communication between the various stakeholders. To that end, NCSBN collected BON special requirements for distance education programs, hosting this information on the NCSBN webpage. It has worked to distinguish BON requirements from other state/jurisdiction requirements, such as those from the Boards of Higher Education, so that educators are aware that BONs can be partners in the endeavor of educating nursing students, not hindrances.

Nancy Spector, PhD, RN, FAAN, director, Regulatory Innovations, NCSBN staff to the DLEC, commented, "This was an extremely process driven committee that recognized early on that it is imperative that BONs and educators work together to promote excellent learning outcomes with distance education. If these two factions collaborate on an ongoing basis it will ultimately improve nursing education, and quality and safety for patients."

The DLEC is prepared to present its white paper, key definitions, regulatory guidelines, and proposed model education rule and act revisions to the Delegate Assembly (DA) in August. The groundwork laid by the DLEC prepares a regulatory framework that balances the need to remove unnecessary barriers, while assuring requirements are in place so that students will receive the quality education that prepares them to be safe and competent nurses, and BONs will be confident that the public safety and welfare is protected.

In the true spirit of distance education, NCSBN will host a one-day virtual conference for BONs in the spring of 2015 to roll out all of the distance learning education recommendations if approved by the DA; present cutting-edge information the future of prelicensure distance education programs; and discuss quality indicators of prelicensure distance education programs to consider when approving these programs.

The use of distance education methodologies is becoming the mainstay of many nursing education programs as it effectively makes their programs available to students in rural, remote settings, as well as other nontraditional students that might not otherwise have access to nursing as a career option. Distance education is a mechanism that allows for increased access to education and allows for greater flexibility for the student. While the technology that delivers the coursework may change into yet unimagined delivery systems, the concept of delivering education remotely is unlikely to end, only evolve. In other words, distance learning education is here to stay for the foreseeable future.

Reference

Allen, I. E. & Seaman, J. (2013). *Changing course: Ten years of tracking online learning in the U.S.* Retrieved from http://www.onlinelearningsurvey.com/reports/changingcourse.pdf

For the first time, every requirement boards of nursing have for distance education programs is available in one convenient location…on the NCSBN website.

You can search by jurisdiction to learn specific board of nursing distance education rules and regulations, and how to comply with them.*

This information is available at **www.ncsbn.org/208.htm.**

**Note: This webpage will not include other state requirements, such as those from the Board of Higher Education, which can be found at SHEEO.org.*

NEWS & NOTES

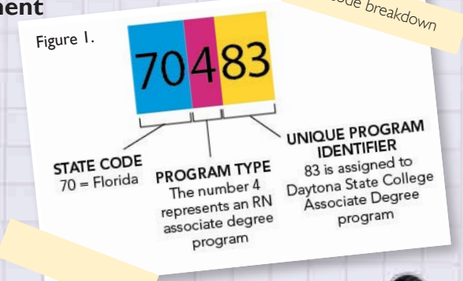
NCSBN EDITION

NCSBN Educational Program Code Enhancement

Each nursing program approved by a board of nursing is identified by a unique code assigned by NCSBN. Currently, this code is five characters in length with the first two digits representing the state in which the program is located. The third digit represents the program type, and the fourth and fifth digits represent the specific program. For example, program code 70483 is the code assigned to the Daytona State College Associates Degree program in Daytona Beach, Fla.

Old code breakdown

Figure 1.

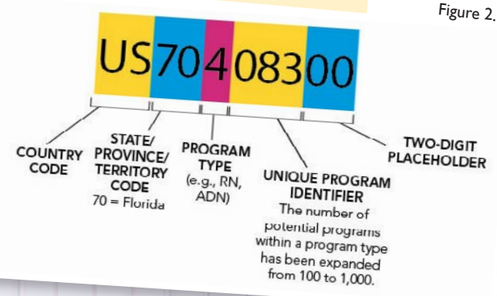


The existing format has led to constraints in jurisdictions with more than 100 approved programs of one type. NCSBN was able to circumvent this constraint temporarily by adding additional identifiers, but some jurisdictions will begin to outgrow even those identifiers in the near future.

In order to support the expansion of new nursing programs within existing jurisdictions, as well as to accommodate the addition of the nursing programs in Canada, NCSBN is lengthening the program codes to 10 characters.

New code breakdown

Figure 2.



The new program code for the example (Figure 2) will look like this: US70408300.

The information from the existing 5-character code remains intact while the code has been lengthened to provide more information specific to the program code. The cutover date for this change went into effect **April 1, 2014.**

Please contact NCLEXprogramcodes@ncsbn.org with any questions regarding the new program code format.

Pearson VUE Testing Center Updates

Annually, Pearson VUE, the NCLEX testing vendor, participates in an evaluation process to ensure that necessary capacity at the Pearson Professional Testing Centers (PPCs) is available to accommodate anticipated testing volume.

The enhancements expected in 2014 include the addition of seats at current testing centers and the development of new PPCs. As individual sites near completion, NCSBN will send updates to the member boards, identifying the test center locations and seating capacity of each new or enhanced site, and dates when appointments and test activities will begin. See the list a right for the projected 2014 additions to PPCs.

Test Center Additions:

- Jersey City, N.J.
- San Juan, Puerto Rico
- Sugarland (Houston), Texas
- Western Massachusetts

Expansions:

- Montgomery, Ala.
- Salisbury, Md.
- Ann Arbor, Mich.
- Horsham, Pa.

Relocations:

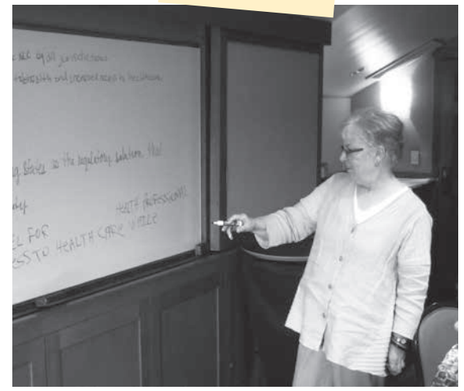
- PPC Brooklyn, N.Y.
- PPC Lower Manhattan, N.Y.
- PPC Rego Park (Queens), N.Y.

NLCA Drafts New Strategic Plan

The NLCA Executive Committee approved its 2014-2017 strategic plan on May 13, 2014. The ambitious plan consists of four core strategic initiatives, in order to achieve tactical short- and long-term goals for the Nurse Licensure Compact (NLC):

1. Establish the NLC as the preferred health professional's regulatory model that facilitates access to health care while advancing public safety;
2. Enforce NLC state compliance with compact provisions, rules and policies;
3. Enhance communication, collaboration and cooperation among stakeholders; and
4. Ensure resources necessary for sustainability of NLC operations and initiatives.

Among the key tactics included in the strategic plan are an initiative to grow the member states of the NLC, a comprehensive plan to promote and market the NLC, the development of significant strategic relationships with other entities, and the establishment of financial viability for the future of the NLC.



Sandy Evans, MAEd, RN, NLCA chair, leads the Executive Committee in strategic planning exercises.

NLCA
NURSE LICENSURE COMPACT ADMINISTRATORS

APRN Compact Update

After putting the finishing touches on the proposed amendments to the APRN Compact and Rules at its April 2014 meeting, the APRN Compact Working Group, led by Katherine Thomas, MN, RN, executive director, Texas Board of Nursing, made a request to the NCSBN Board of Directors to recommend that the proposed APRN Compact be adopted by the NCSBN Delegate Assembly in August 2014. The APRN Compact Working Group has worked since 2011 to create this APRN Compact, which would offer states the mechanism for mutually recognizing APRN licenses/ authority to practice across state lines.

NLC Garners Additional Endorsements

In November 2013, the American Association of Colleges of Nursing (AACN) Board of Directors announced in a letter to NCSBN their intention to formally endorse the multistate compact model. In February 2014, the American Nephrology Nurses Association (ANNA) also sent a letter lending "strong support" for the NLC and in March, the ANNA posted a "Position Statement on Nurse Licensure Compact." The AACN and ANNA join a growing list of NLC supporter, which includes the American Organization of Nurse Executives, American Telemedicine Association, the Case Management Society of America and the U.S. Department of Commerce, to name a few.

Opening the *Archives*

NCSBN Annual Meeting, 1987

Ever wonder what a computer looked like 27 years ago? This cutting-edge technology was used to demonstrate the new computerized adaptive testing software.

NCSBN
National Council of State Boards of Nursing

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