

Summer 2020

# IN FOCUS

A PUBLICATION OF THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

## The NCLEX<sup>®</sup> & COVID-19

Inside this Issue: Practice-Academic Partnership / Member Boards Carry on During COVID-19 / The NLC & COVID-19, a Tale of Two States

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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.

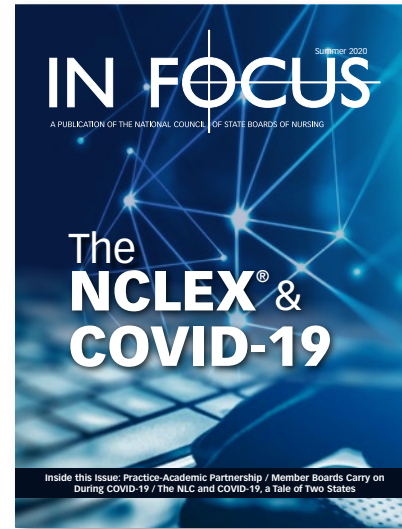
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Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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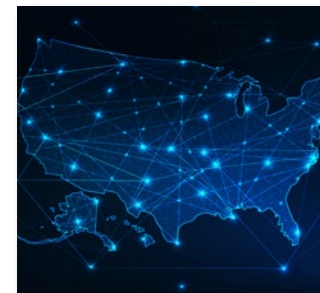
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# IN FOCUS

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## Practice/Academic Partnership: One Answer to Prelicensure Clinical Placements During a Pandemic

In March 2020, when U.S. hospitals and long-term care facilities began to see outbreaks of COVID-19, most clinics and elective surgeries were shut down, and hospitals either dealt with the onslaught of COVID-19 patients or the uncertainty of what would happen.

Often nursing programs were told their students in the U.S., as well as across the world (Bogossian, McKenna & Levett Jones, 2020), were considered “visitors” or nonessential workers and practice facilities shut their doors to clinical experiences for prelicensure nursing students. Nursing programs were forced to go online, and in many states, because of executive orders, nursing programs were allowed to use up to 100% simulation, including virtual simulation, to replace clinical experiences where students provide direct patient care.

While there has been a landmark study on the outcomes of replacing up to 50% of clinical experiences with simulation (this study did not include virtual simulation), there have been no studies on the outcomes of programs that use more than 50% simulation. Likewise, while there have been many studies on the creative use of virtual simulation when teaching nursing, they are often small and not generalizable.

While these innovative and technological advances in teaching may evolve from our experience with COVID-19, Beverly Malone, PhD, RN, FAAN, CEO of the National League for Nursing, emphasizes the value of clinical experiences with actual patients in a recent article, saying, “The connection between the nurse and the patient in face-to-face clinical care is incredibly powerful. You can’t replace that patient who surprises you, who somehow connects with something inside you and makes you want to give more and help in a meaningful way.”

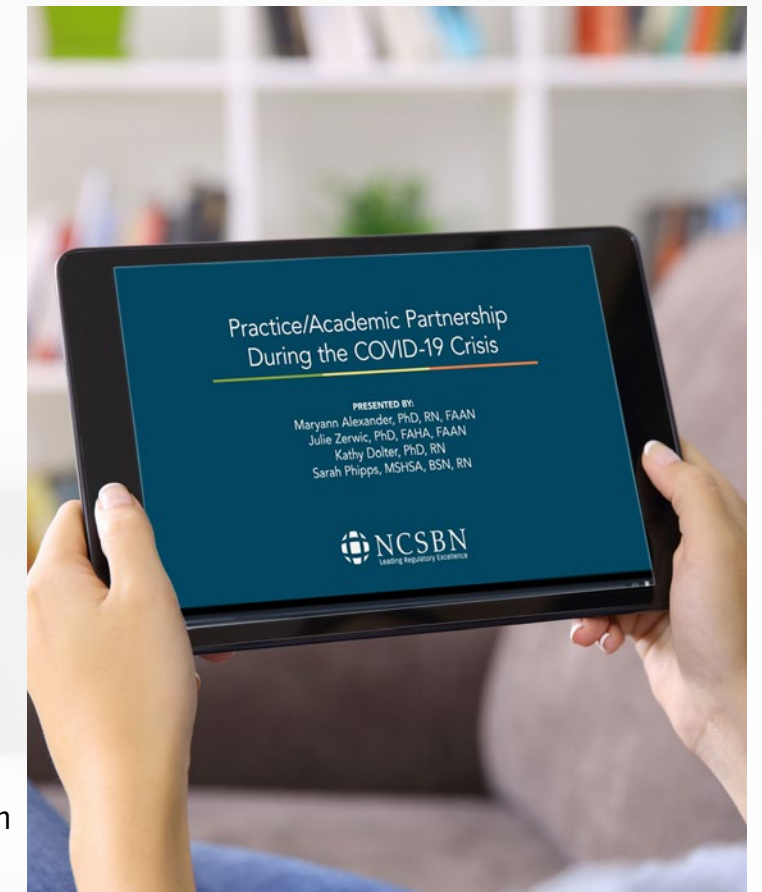
Therefore, U.S. nurse leaders from education, regulation and practice came together virtually in early March to discuss a strategy going forward where students are considered essential workers<sup>1</sup> and where there could be more collaboration between education and practice. A [Policy Brief](#), with consensus of 10 nursing organizations, was developed that outlines a practice/academic partnership between the health care facility and the education institution. Highlights of this partnership are that students are employed in the practice setting, but at the same time they receive academic credit. The educators, perhaps with a joint appointment, would work closely with the health care facility so that students would meet their learning objectives, and faculty would provide oversight of the students. Of course, there could be modifications to this arrangement. Practice/academic partnerships have been encouraged in nursing, so it is logical to extend this model during a time of crisis. [This video](#) explains the implementation of this practice/academic partnership model. A similar model was implemented in the U.K. during the pandemic.

When imagining a future where we learned from this pandemic, Maryann Alexander, PhD, RN, FAAN, chief officer, Nursing Regulation, NCSBN, asked in an April 2020 Journal of Nursing Regulation editorial, “What if education and practice became true academic partners? And, health care facilities made a true commitment to participate in the education and mentoring of the next generation of nurses? Instead of shutting their doors to students during an emergency, students and faculty would be integrated into the workforce.” This model is a true reflection of that imagination.

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Bogossian, F., McKenna, L. & Levett-Jones, T. (2020). Mobilising the nursing student workforce in COVID-19: The value proposition. *Collegian*, 27, 147-149

1 NLN and NCSBN make a statement about student nurses being considered essential workers; the Washington State Nursing Care Quality Assurance Commission released this statement to their programs, clarifying that students are essential workers.



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.



NOTE: This article also appeared in the special summer issue of [Leader to Leader](#).





## Lessons Learned from the Pandemic: Issues that can be Avoided if All States were in the NLC

The COVID-19 pandemic has dominated headlines for months, bringing into sharp focus the impact it has had on the health care workforce. Increased demand for nurses and medical professionals has brought the health care delivery system to the front line of the pandemic and the emergent need for health care providers required states to take immediate action such as gubernatorial emergency orders related to licensing processes to deal with the crisis.

In many situations, states were forced to explore temporary suspension of occupational licensing laws to ensure and accommodate necessary emergency relief. The unprecedented number of patients affected by COVID-19 and the overwhelming effect it has had on hospitals and health care facilities resulted in all states, territories and the District of Columbia issuing emergency declarations, lifting state licensure regulations and, in some cases, issuing emergency license waivers to allow nurses licensed in other states to expedite their ability to practice and assist with disaster relief.

The rapid spread of COVID-19 cases across the nation forced states to respond to an staggeringly high demand for nursing assistance by quickly loosening cross-border licensing restrictions, resulting in dissimilar and often confusing state emergency orders.

“There’s an alarming lack of standardization among the emergency licensure orders between the NLC and non-NLC states,” said Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN, FAONL, FNAP, chief clinical officer at AMN Healthcare. “NLC states were very agile and moved swiftly to clear the way for nurses to practice where they were needed. Some noncompact states actually created new regulatory

structure through emergency orders that were supposed to bring in out-of-state nurses. If a state were a member of the NLC, all nurses would have met a set of agreed-upon requirements and already have the authority to practice in other NLC states.”

There are numerous issues with the governor-issued executive orders. These orders often lowered the safety and practice standards, focusing more on the *quantity* of nurses available to help with growing COVID cases, rather than maintaining standards for nurse practice. With a high volume of applicants coming from out of state to assist during the pandemic, for noncompact states, it was difficult or impossible to get criminal background checks (CBCs) completed on all applicants due the fact that CBC services were either closed or unavailable. This increased the concern for patient safety.

Additionally, even though executive orders permitted nurses to come and assist in other states, there were issues with enforcement authority. If a violation occurred, states that did not issue the nurse’s license had no authority to take adverse action against the license. Finally, due to the temporary nature of the executive orders, they expired at different times in different states, posing issues for hospital staffing. Whether or not an executive

order would be extended beyond expiration was often a last-minute decision from the governor’s office and thus a difficult process for health care professionals to manage the authority to practice of large volumes of nurses based on order expiration dates. For patients, this also posed an issue in terms of continuity of care. As emergency orders began to lapse, health care providers were forced to scramble to coordinate continued care post-executive order expiration.

“The NLC makes a vital difference during a health crisis because nurses can deploy quickly between states without delays or barriers to practice,” said Edmonson. “Negotiating emergency licensure state by state is a monumental challenge, requiring significant time, resources and delays that can impact patient care. We all need states to be members of the NLC.”

If all states were a part of the NLC, many issues would have been avoided. The NLC would have allowed for expedited and, most importantly, safe access to licensed, qualified and competent nurses that were required to meet the same uniform licensure requirement standards, including submission to federal and state fingerprint based criminal background checks. Furthermore, if all states were members of the NLC, each state would have enforcement authority when a nurse from another NLC state is practicing in their jurisdiction. Expiration of executive orders and, in turn, nurses’ authority to practice would have also been a nonissue.

With COVID-19 far from over, many NLC advocates in noncompact states have expressed that the current crisis is solid reasoning for the remaining states to join the NLC.

“Joining this Nurse Licensure Compact will expand the pool of licensed nurses to work in Pennsylvania,” said State Sen. Lisa Boscola. “As this pandemic has painfully illustrated, we need to eliminate the unnecessary red tape that discourages nurses from seeking work in our state.” (Boscola, 2020)

Due to the unfortunate upsurge of health pandemics, natural disasters and catastrophic events that pose an unremitting threat to public health, a single-state licensure model no longer meets the

mobility needs of today’s society, nor is it beneficial to nurses, patients or nurse employers. Without a doubt, the NLC, which enables nurses to hold one multistate license in the primary state of residency with the privilege to practice in all compact states, is quintessential for disaster relief, nurse mobility and license portability. If all states had been a part of the NLC, quality nurses could have more easily mobilized to assist in relief efforts in states that were the initial epicenter for the pandemic such as Seattle and New York City.

“The need for the commonwealth to become a member of this compact is critical,” said Boscola. “It is critical for pandemics and disasters -- but it’s also critical in the long run for our state’s residents. It’s critical to maintain the growing demand for nurses now and in the long term.” (Boscola, 2020)

“I think the COVID-19 outbreak is going to cause the states that are not in the compact now to really take a second look at it,” says NCSBN NLC Director Jim Puente, MS, MJ, CAE. “If the NLC was expanded to all 50 states, none of the guesswork with emergency orders would be necessary because nurses could travel to other states where they are needed. No applications, fees or background checks would be necessary. Disaster preparedness is a nonpartisan issue. The NLC is a solution to modernizing licensure and responding to disaster.”

The current COVID-19 pandemic provides an opportunity to learn and consider implementing the NLC as both a simpler and more effective solution for improving patient access to care, nurse mobility and patient safety. 🌐

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This is a continuation of a series that started with the Winter 2020 issue and Spring 2020 issues of In Focus.

The Nurse Licensure Compact (NLC) is becoming ever more vital to nurses and those who employ them. The NLC helps remove barriers or unnecessary burdens to borderless practice and increases access to care. It also helps address and reduce workforce shortages and enhances disaster preparedness.

NCSBN is sharing compelling [NLC Stories](#) to show how the compact can positively impact nurses and their patients. The common thread running throughout these stories is that these individuals have experienced firsthand the value of the NLC, and its impact on patient care.

## IMPACT IN ACTION: Nurses Share their NLC Stories

### The Nurse Licensure Compact & COVID-19, a Tale of Two States

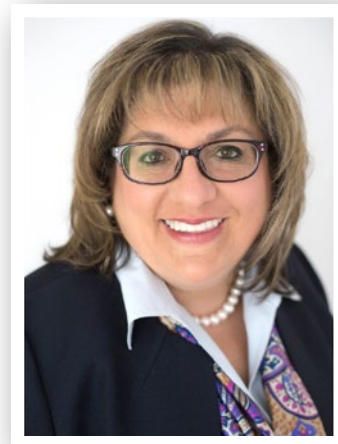
When the COVID-19 pandemic hit the U.S. and states began taking measures to ensure their health care systems were not overwhelmed, many responded with emergency license waivers. Bringing in nurses from across state lines became crucial.

New Jersey and Missouri are a thousand miles apart. While the impact of COVID-19 was unique to each state, their responses offer compelling arguments for improving access to care and patient safety by encouraging every state join the NLC.

#### New Jersey

As vice president at the Center for Professional Development, Innovation & Research at RWJBarnabas Health (RWJBH), Mary Beth Russell, PhD, MA, RN, NPD-BC, NEA-BC, is directly involved in promoting safety and quality care for patients.

“For us, the compact has provided some flexibility without losing any of the benefits and the requirements that must be met, both during the current pandemic and in general,” she says. “It allows qualified nurses to be onboarded in clinical areas where they’re experientially and educationally prepared to work. Having additional resources readily available ensures the safety of our patients and our employees.”



“For us, the compact has provided some flexibility without losing any of the benefits and the requirements that must be met, both during the current pandemic and in general.”

— Mary Beth Russell



“The ability to fluidly transfer nursing abilities nationally provides an exceptional resource during any type of disaster.”

— Jenni Kent

#### Missouri

Missouri has been an NLC member state since 2009. It is one of seven states that did not anticipate a need to pass an emergency declaration allowing nurses from non-NLC states to come in and practice during the pandemic. Jenni Kent, MBA, MSN, RN, CNML, is a nurse manager at Liberty Hospital in Liberty, Missouri.

Because Missouri is part of the NLC, travel nurses from outside the state were able to remain there on staff during the pandemic. The NLC also gave Missouri nurses the ability to leave the state, to help elsewhere. “If Missouri was not an NLC state, the nurses traveling to help in areas of need would be likely delayed, waiting on state nursing license approval,” says Kent. “The ability to fluidly transfer nursing abilities nationally provides an exceptional resource during any type of disaster. It allows for health care providers to choose to be deployed during times of extensive crises.”

[Read their full story.](#)



### Do You Have an NLC Story to Share?

By sharing your NLC story, you will help contribute to continued success of the NLC by showing legislators in states considering the adoption of the NLC how much it positively impacts nurses and patients. We’ve set up two ways to share your story:

#### Share a Video Testimonial



Take a few moments to share your experience with the NLC, or tell us why you hope multistate licensure comes to your state, and why. Through our partnership with Gather Voices, you can easily [create two short video testimonials](#). The tool will walk you through the recording process, which you can complete on your computer, tablet or wireless phone.

#### Submit Your Written Story

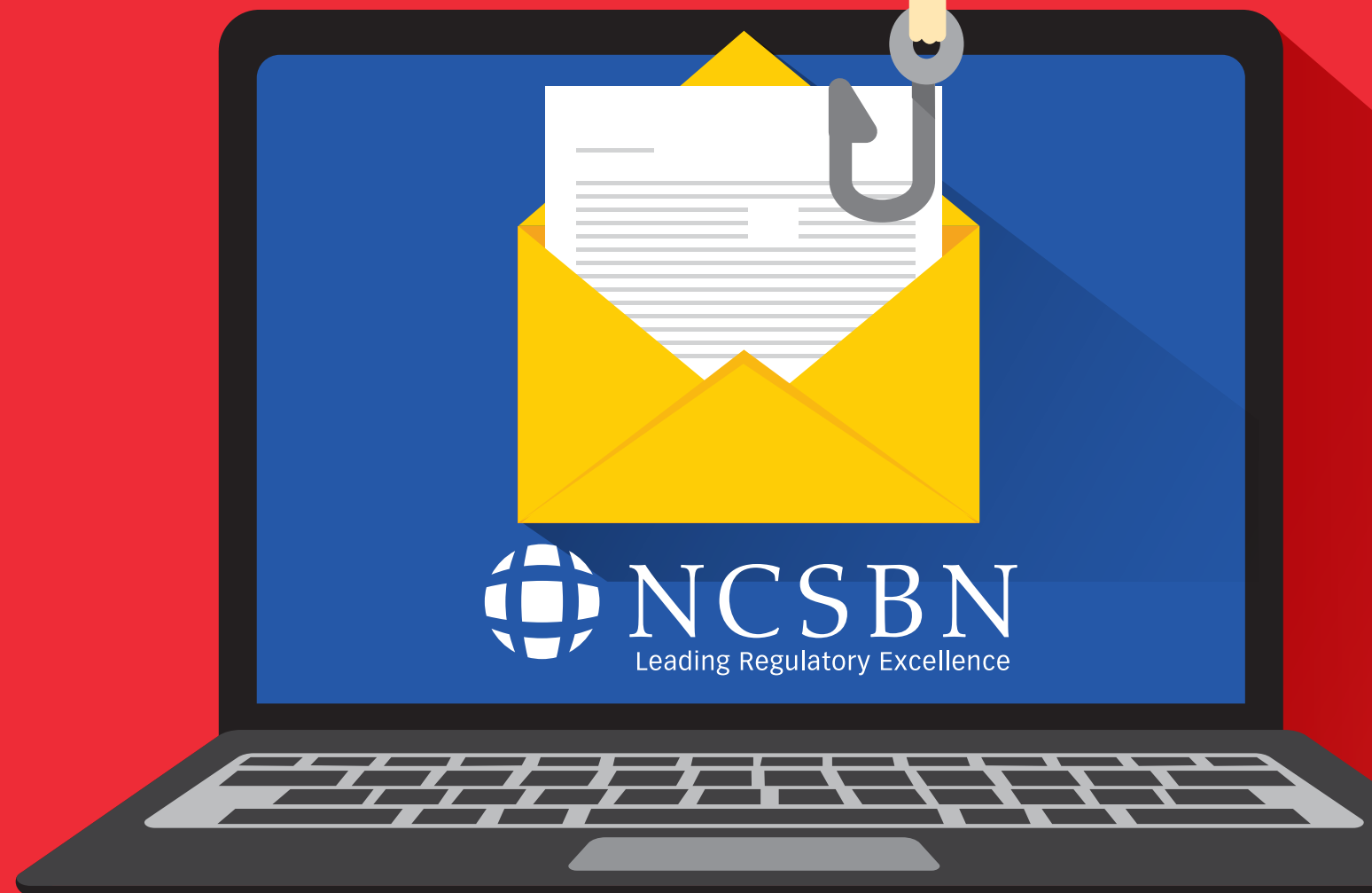
Tell us in your words what the NLC means to you, either as a nurse who has benefited from interstate licensure, or a nurse who hopes the compact soon comes to your state.





# Be on High Alert for Spear Phishing Scams

Scammers target specific individuals by connecting the dots of that individual's communication sphere and current circumstances. [Read the full statement online.](#)



## Speed Round

Get to know NCSBN staff:

**Greg Mannix, Project Specialist II, Regulatory Innovations**

### What do you do?

I am a Project Specialist II in the Regulatory Innovations department of Nursing Regulation. I work on projects related to education and international nurse licensure. I help put together *Leader to Leader*, NCSBN's publication for nurse educators.

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

I enjoy working on different types of projects in the Regulatory Innovations department. My team is terrific to work with, and I like that we regularly work across departments too. I enjoy being able to interview experts in the field of nursing education and regulation, and to pick their brains on a variety of subjects. One of the most challenging aspects of the position when I first started in 2016 was familiarizing myself with nurse practice acts and rules/regulations for each and every board of nursing. It was a new world for me, but diving in was the best way to get a good grasp of nursing regulation and law, so that was a rewarding experience.

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

In addition to professional writing, I also enjoy creative writing. I am always reading fiction, and in my free time I am often jotting down notes on ideas for stories. I was not working at NCSBN, my dream would be to work as a novelist. 📖

## LEADER TO LEADER

*Leader To Leader* informs nurse educators of critical issues affecting nursing education and regulation.

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# The NCLEX® & COVID-19

NCSBN and Pearson VUE Address the Challenges of  
Delivering a Valid and Secure Exam in a Safe Testing  
Environment

# W

hen the global COVID-19 pandemic hit and caused the immediate closure of all Pearson VUE NCLEX® test centers in March, it posed a perfect storm of challenges for NCLEX candidates, NCSBN and Pearson VUE.

“For the NCLEX, we have a phenomenon that we call ‘peak,’ the months from April through July, when most candidates take their exams,” says Jason A. Schwartz, MS, director, Test Development, Examinations, NCSBN. “In those months, approximately two-thirds of all NCLEX exams are delivered. Due to the COVID-19-related closures, we were losing seats at test centers during the busiest time of year.”



Jason A. Schwartz, MS,  
director, Test Development,  
Examinations, NCSBN

Safety, health and risk mitigation features allowed for a limited opening of test centers, ultimately leading to a phased reopening in March and April. But overall, there was a 20% reduction in testing capacity. Although the initial situation was challenging, the good news is that the number of candidates historically drops sharply after July. NCSBN and Pearson put measures in place to increase capacity and worked around the clock to reopen centers and expand time slots while still maintaining Centers for Disease Control and Prevention (CDC) guidelines and recommendations. The test centers reopened, albeit with sometimes limited capacity. NCSBN has worked with Pearson to address this challenge by opening high-capacity temporary test centers that can accommodate between 20–90 candidates per test.

*In Focus* spoke with Schwartz about what transpired behind the scenes to deliver the NCLEX to candidates during the pandemic, and what candidates eager to take the NCLEX can expect in the immediate future.

[continued on page 14](#)

### **Do you think we may see a repeat of NCLEX demand exceeding capacity?**

Because we are exiting our peak season, the number of new candidates we will need to accommodate will be much smaller in the fall than the spring and summer. Due to our interventions, the capacity is in place. It is something that is less worrisome. We recognize the possibility of a second spike with the virus. But in terms of delivering our exam, it will happen at a time when not many candidates normally test, so that helps us a lot.

### **One of the first measures NCSBN took to ensure the maximum number of testing slots was to shorten the exam to four hours. The current plan is for this modified exam to be used through Sept. 30, 2020. Can you explain how you were able to do that?**

The NCSBN psychometric team has always analyzed the exam in order to establish at which point we can confidently determine a pass/fail. We had a body of evidence at hand, so we did not need to start from zero on the question of whether the NCLEX could be shortened. We already knew that was the case. This was an occasion where the research we had undertaken fit perfectly with the very practical needs we were facing.

But increasing the number of appointments was not our only motivation for introducing the shorter exam. We also wanted to minimize the amount of time candidates were in the testing centers. People were very hesitant to leave their houses at the time, but candidates still needed to take their exams. From a health and safety perspective, we did not want candidates to have to be in the test center any longer than necessary. Our mission as an organization is public protection. Our candidates are part of

the public we are protecting, by minimizing the length of time they need to sit in a room with other people taking this test.

### **When COVID-19 forced everything to initially shut down, many candidates were understandably distraught. When the test centers gradually began reopening, they had trouble finding slots that worked for their time frame or location. Some candidates were seeing slots 60 or even 90 days out. NCSBN heard from candidates and educators asking if the exam could be offered online, or in new locations. Can you speak to these suggestions?**

Yes, we are still receiving these questions. In some locations, candidates are finding that it could be some time before there is an available appointment near them. Prior to COVID, candidates were essentially guaranteed an appointment within 30 days. So, one of the questions that does come up is: why not test at some of the universities, or computer labs that are on pause during COVID? The NCLEX is one of the most advanced exams out there in the licensure space. The computers at the Pearson Professional Centers have all been tested against the NCLEX and its features. If we tried to deliver it via a generic computer lab or a university computer lab, there would be no guarantee that all features would work as designed. On a very practical level, the exam is not portable due to its complexity. It was designed specifically for the test center environment.

The second piece of the puzzle is security. The Pearson Professional Centers are Pearson-owned and staffed. If we were to offer the exam in other locations, our control over our content would be very different. Instead of

our NCLEX items only residing on our NCSBN servers and the Pearson server temporarily to deliver the exam, we would need to grant access to various third parties, which could impact the security, hence validity, of the exam.

The admissions process is a concern as well. Pearson has rigorous controls, including palm vein scan, that help assure us that the candidate is the person they purport to be. In a less controlled environment, you could have what are known as proxy testers taking the test for somebody else. If we have an unqualified candidate pass and go into practice, there can be adverse outcomes. As an organization, we must be able to protect our item bank because we depend on it to deliver exams to approximately 300,000 candidates per year.

### **Pearson VUE is hiring and training more staff in order to extend testing hours, and they have opened nine high-capacity temporary test centers that can accommodate a larger number of candidates per day while following social distancing guidelines and other CDC recommendations. Can you describe these temporary test centers?**

Yes, if we think of a traditional test center with a 15-seat capacity, they can currently only offer about eight seats right now due to social distancing. The temporary test centers range in capacity from 20 to 90 seats, and those numbers build in the required social distancing. When we say we have 20 seats in Iowa City, we really do mean 20 workstations that are a minimum of six feet apart. Beyond just identifying and opening these facilities, staffing is needed as well. Pearson has made more than 700 new hires to staff these sites and add days and hours to other sites.

### **In late June, NCSBN and Pearson VUE worked with a number of states on implementing waivers that allow for an increase in seating to 100% provided that certain health and safety protocols are followed. By mid-June, 12 states had passed these waivers. What effect has this had on testing capacity?**

It is an absolute game changer. I will give you an example. A particular state contacted us about two weeks before their waiver went into effect. They said they were not seeing appointments for candidates until December. They had a backlog of candidates waiting to get appointments because all available appointments had been filled for the next several months. That state then became a full-seat waiver state. When I checked to see the impact that had, there were appointments available virtually every single day effective immediately – in July, August, September and October. This was a jurisdiction that went from one of the most impacted, from a capacity perspective, the longest wait time for appointments, to literally the shortest overnight.

### **We have been reviewing the big picture here, but we should also acknowledge that due to a number of factors, there are some areas of the country that have fared better than others in terms of availability, correct?**

Yes, it's important to note that exam capacity is not distributed equally across the states. Some states have returned to pre-COVID appointment availability while other states or provinces have backlogs that are still significant. Even so, we are starting to see the light at the end of the tunnel.

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## Safety

Following CDC guidelines, NCLEX candidates are screened prior to being allowed to test. Likewise, test center personnel also undergo screening before being allowed to work. The test centers are thoroughly cleaned and disinfected between each test taker, including all objects that candidates interact with or encounter. Candidates and test center personnel are required to wear masks while in the center.



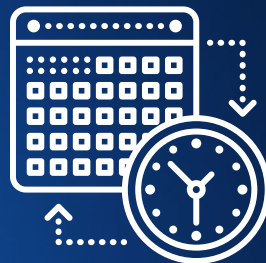
## FAQs



FAQs can be found [here](#). Candidates can schedule testing appointments at [Pearsonvue.com/nclex](https://pearsonvue.com/nclex).

## COVID-19 NCLEX® Candidate Facts

- NCLEX candidates can change their testing date and test center as many times as they wish without any fee or repercussion as long as the changes are made one full business day in advance
- NCLEX testing dates and times are fluid and new slots open frequently. Candidates looking to test sooner than they originally scheduled can periodically check to see if they can test at an earlier date.



## Temporary Test Centers

Pearson VUE has opened nine U.S. temporary test centers (TTCs) to increase testing capacity. These centers are set up in Pearson-controlled space with the technology and ergonomics much like the Canadian TTCs that have operated since 2015.

Test centers along with the number of seats available:

- Iowa City, Iowa | 20
- Columbus, Ohio | 40
- San Antonio, Texas | 90
- Mesa, Arizona | 30
- Austin, Texas | 54
- Norfolk, Virginia | 30
- Bloomington, Minnesota | 15
- Hoboken, New Jersey | 30
- Orlando, Florida | 45



Our June 25th webinar for educators reviewed NCSBN's efforts to restore testing capacity during the COVID-19 pandemic, temporary testing sites and what candidates need to know. [Watch it here](#).

## Modified NCLEX® Exam

Reducing the maximum testing time from six hours (RN) or five hours (PN) to four hours allows more candidates to test within a given time block. Previously, a standard 15-seat test site operating 12 hours per day was able to test up to 30 NCLEX candidates a day (two appointments per seat x 15 seats).

With social distancing, that same site is only able to use eight of the 15 seats, but the shortened exam now allows for three appointments per seat. Therefore, the new capacity of the site is 24 appointments (three appointments per seat x eight seats).

The net reduction in appointment capacity is therefore 20%, whereas it would have been nearly 50% without the modifications to the exam.

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## Extended Test Site Hours

Pearson VUE has extended and continues to extend operational hours at many test sites. The goal is to identify the sites that are in most demand for appointments, and work to extend days/hours for those most in need. Where standard testing hours in most locations are 8 am – 8 pm, extended hours allow for testing from 7 am – 11 pm, or comparable. Together with the 2,200 test center employees who work normally during peak, Pearson VUE has opened 800 more test center positions to work the extended operational hours.

“Because we are exiting our peak season, the number of new candidates we will need to accommodate will be much smaller in the fall than the spring and summer. Due to our interventions, the capacity is in place.”

— Jason A. Schwartz

## What is your advice for candidates trying to get a test slot right now?

It is a very fluid situation. We have seen states or regions where there are no slots for 90 days, but then if one checks again the following Monday, there are a large number of appointments available at almost any time the candidate would want to test. So, I would say that checking back frequently is important.

I would also advise candidates to select the best appointment they can find, even if it is two to three months out. There is no penalty or charge to change the appointment when a better one opens up later unless candidates wait until less than one business day before the testing date. The system that candidates use to find appointments supports the ability to change appointments, and this is something that has already helped many candidates.

There is another part to this though, which has to do with geography. A candidate may make the decision that they would prefer to drive two hours to test next week rather than wait longer to test at a location 45 minutes away. Candidates may want to consider test centers that might not have made their list under normal circumstances. Again, you can always reschedule if a better location becomes available. The Pearson system shows the testing centers sorted by distance from the search term, so it is easy to find the closest alternate testing centers to the ones they might normally prioritize.

Finally, I would say that NCSBN understands taking the NCLEX exam is a pivotal moment in a candidate's life, even under normal circumstances. We are working diligently with Pearson VUE to ensure that we deliver a valid and secure exam in a safe testing environment. Our candidates deserve nothing less. 🙌



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

## 2020 NCLEX<sup>®</sup> Conference – Going Virtual

The NCSBN Examinations department is excited to announce that its annual [NCLEX<sup>®</sup> Conference](#) will be hosted as an online virtual event. This inaugural virtual NCLEX Conference will host two consecutive, single-day educational conferences taking place on Sept. 14 and 15, 2020. Keeping in line with previous years, the educational event will continue to provide educators with Next Generation NCLEX and current NCLEX program updates, offered by the experts who develop and administer the exam. The conference will also feature live question and answer sessions.

We are equally as thrilled to work collaboratively across departments at NCSBN to leverage our ability to innovate new virtual spaces, further broadening our reach to nurse educators.

## 2019 NCLEX<sup>®</sup> Exams Stats

The *2019 NCLEX Examination<sup>®</sup> Statistics* are [now available](#). This annual publication provides data on candidate performance on the NCLEX-RN and NCLEX-PN Examinations and also includes data on the candidates who have been able to take the NCLEX-RN for purposes of licensure/registration in Canada since Jan. 5, 2015. This publication provides a brief overview of how computerized adaptive testing (CAT) works, how the passing standard is set, and how the pass/fail decision is made at the beginning. The main part of the publication is a detailed breakdown of candidate performance for 2019 and includes the pass rates by candidate type, degree type and country. In addition, the publication contains NCLEX historical data (e.g., pass rates, passing standards and volume) since CAT administration started in 1994.

## Next Generation NCLEX<sup>®</sup> (NGN) Newsletter – Summer 2020

The [Summer 2020 edition](#) of the NGN Newsletter has just been published to the [NGN Resources page](#) of the NCSBN website. As always, the document is available in [English](#) and [French](#).

The topic for our summer 2020 issue is Layer Four of the NCSBN Clinical Judgment Measurement Model (NCJMM), the conditioning factors—environmental and individual—that influence the nurse’s ability to think critically and make clinical decisions.

Following a similar approach to recent staff presentations and [webinars](#), the newsletter introduces a sample scenario (or “case”) and six sample items. Clear explanations are provided with each item to highlight the use of Layer Four across the item set.

Check back next quarter for our fall 2020 edition, which will introduce the NGN research NCSBN is doing in the context of the NCLEX-PN exam. 🌟



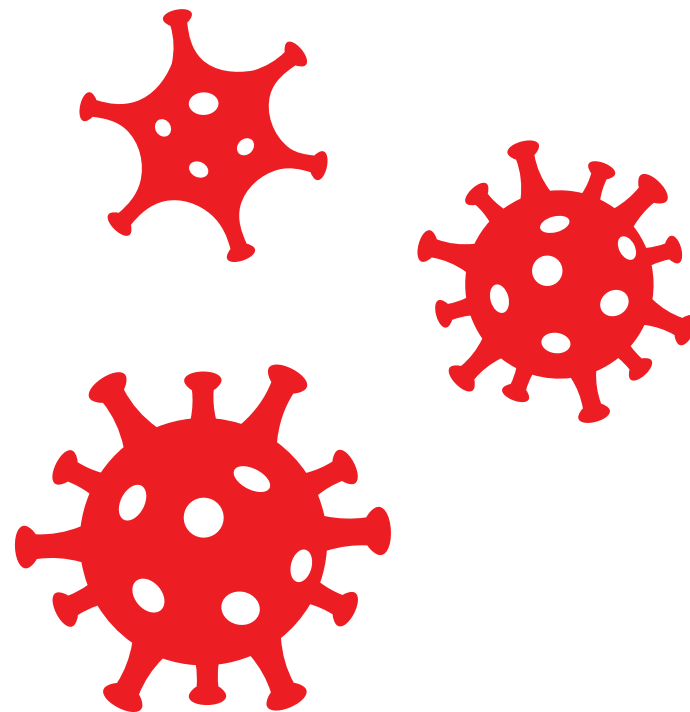
# When COVID-19 Shut Everything Down,

# Nursing Regulatory Bodies Carried On

When COVID-19 infections began to spread across North America, local governments and employers were faced with hard decisions they needed to make quickly. To prevent the health system from being overwhelmed, restrictions intended to slow the spread of the virus were implemented in March. Officials issued emergency declarations and closed government agencies, schools, businesses and public meeting places.

But the essential work of nursing regulatory bodies (NRBs) had to continue. NRBs protect 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. Many NRBs had to immediately close down their physical offices yet simultaneously keep things running. They scrambled during their initial shutdowns, and their work continues. *In Focus* interviewed three NCSBN members about their experiences.

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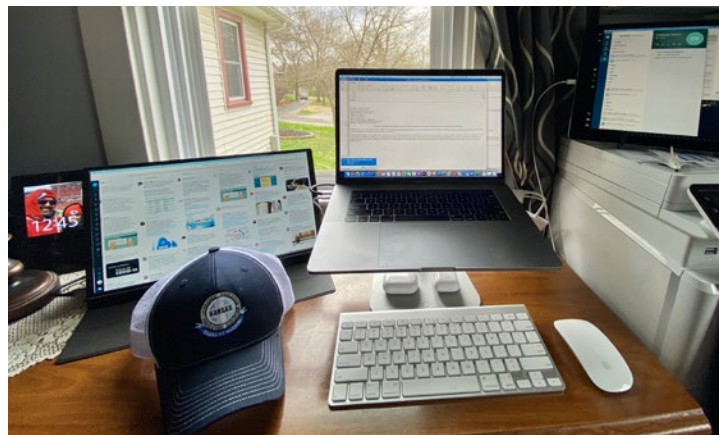
KEEP  
CALM  
BECAUSE  
NRBs  
WILL  
CARRY ON



# Kansas



Clockwise from the top: A KSBON Zoom meeting; safety shield at the KSBON office; an employee telework setup; preparing for telework; Guerrero at the Kansas State Capitol



At the [Kansas State Board of Nursing \(KSBON\)](#), many employees had never teleworked. “To get them up and running required an evolutionary change in operations,” says Director of Operations Adrian Guerrero, CPM. “We had the technology available to us, but it was mostly assigned to agency leadership and information technology staff.”

Guerrero and his colleagues had to establish VPN clients (a virtual private network enables users to send and receive data across shared or public networks, as if their computing devices were directly connected to the private network) for staff members and set them up with computers. “We had to essentially rewrite the policies for those members who were not teleworking. Fate helped us in this way. We had just replaced desktop computers for all staff in January, but we still had the older machines in storage. We were able to repurpose those devices for staff who had traditionally not teleworked.”

Guerrero wears many hats, including finance, technology, telecommunications, facilities and human resources. All came into play. Employees’ phones and internet connections also presented challenges.

The KSBON phone system is run by the state of Kansas telecommunications department, not the board. The current system lacks what is called “softphone” functionality (a software program for making telephone calls over the internet using a computer rather than dedicated hardware); it is a hardware-based voice over internet protocol (VoIP) phone. “It’s not something we are able to directly control, and it has presented the biggest challenge,” says Guerrero. “You can’t simply put it on your computer and make a phone call. Our employees had to physically take their devices home and hook them up to a broadband internet connection. And the nature of where we live was a further complication. There are a lot of locations in Kansas, even just outside the capital city of Topeka, where high-speed internet and broadband are not available.

So, some of our staff who lived in rural areas, experienced difficulties immediately.”

The technical challenge of getting phones connected and ensuring the connectivity was sustainable impacted many of KSBON’s investigators. Procuring additional hotspots and acquiring additional cell phones were also a challenge. “Some of the investigators ultimately had to come back into the office until a better solution could be identified,” says Guerrero. “We then had to work through the social distancing and other requirements as mandated by the governor’s office such as putting down social distancing stickers and installing plexiglass barriers.”

Fingerprinting was another hurdle. “Everybody suddenly wanted an NLC (Nurse Licensure Compact) license, which was wonderful, except every fingerprinting location that we used to perform criminal background checks was closed,” says Guerrero. “We could not perform a criminal background check in-house because our offices were closed to public visitors and law enforcement centers were closed as well. We made numerous calls to county law enforcement agencies in Kansas and requested they open their fingerprinting services for nursing applicants, and we had a fair amount of success with that effort.”

Guerrero says that being able to reach out to his colleagues at other nursing boards was extremely beneficial. “We reached out to our NCSBN colleagues, and in turn they reached out to us. It’s helpful to have understanding colleagues who are going through the same experiences, because we are able to help one another in times of need.”

Although not out of the woods yet, Guerrero can reflect on the work the KSBON staff has done. “They all did an absolutely amazing job stepping up and getting the operations going and adapting to the new world that we find ourselves in,” he says. “In addition to the work we had to do, we were all very concerned about our staff and the frontline



workforce, the nurses. Although our board had a Continuity of Operations Plan (COOP) that included a pandemic response element, you're immediately addressing unknowns that you could not have foreseen.

Our COOP team worked long hours as part of our response efforts. Our executive officer, Carol Moreland, created a weekly newsletter

## Mississippi

The Mississippi Board of Nursing (MSBON) faced similar challenges when their sudden shutdown on March 17 sent staff home.

"At that time, MSBON employees only had limited teleworking capability. Many of the agency's employees used immobile desktop computers," recalls MSBON Director of Finance and Operations Shan Montgomery, MBA, MPA. "Our first objective became to provide each employee a laptop computer or mobile device. I distinctly remember how difficult it was to purchase a laptop — there were no laptops available in the state of Mississippi or even through Amazon. I purchased two laptops the prior week at a cost of \$800 per computer. Only one week later, at the only vendor I could find, the price had risen to \$2,500. As a prudent trustee of agency funds, I would not succumb to price gouging. Instead, I reached out to our board members (who serve on a voluntary and intermittent basis) to request the return of their recently received laptop computers. We were so thankful that board members were willing to oblige so that we could empower board staff to continue to fulfill the mission of the agency."

Procuring equipment was only the first step. "Next, we partnered with another state agency, the Mississippi Department of Information Technology Services, or ITS, to enable all agency staff to access to the Board's software via a virtual private network (VPN)," says Montgomery. "Meanwhile, Human Resources Director Elaine Hunter and General Counsel Brett Thompson-May created and implemented an agency-wide telework policy with direct input from staff. Within three days of the

for informational outreach that was posted on our COVID Information Center website and on the board's social media accounts. Our licensing manager did an amazing job organizing her department and they quickly adapted to the changes. Everyone, all agency departments, pitched in to make our response as successful as possible and we are grateful for their efforts."

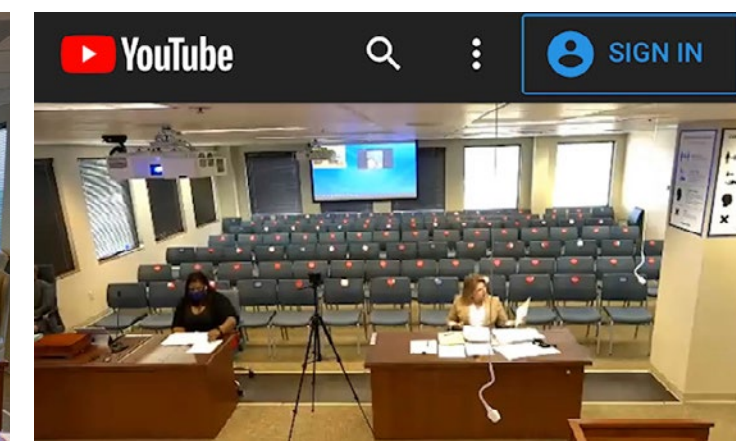
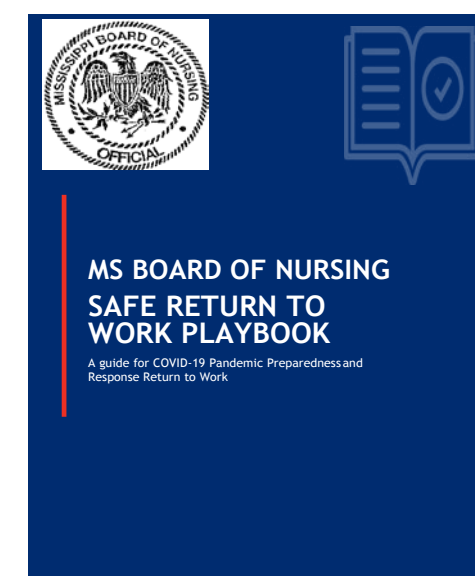
shutdown, the MSBON had transformed to a fully operational telework agency. We are an essential organization, so adapt and overcome was the only option. I'm thankful for MSBON Executive Director Phyllis Johnson. Sometimes leaders are reluctant to let go of control during a crisis. Not Ms. Johnson. She empowered me to get the job done and get it done quickly. She maintained the front line by serving on the governor's COVID-19 Statewide Taskforce. Our executive leadership team worked day and night. The shutdown occurred on a Thursday. By the following Monday, we had our first telework staff meeting via Zoom."

State officials needed to ensure that Mississippi's health system had the resources to meet potential demand. "Lieutenant Governor Delbert Hosemann reached out to us requesting assistance in bolstering the nursing workforce. The board responded with General Counsel Brett Thompson-May implementing procedures for the safe and swift re-entry of retired nurses into the workforce and the expedited entry of new-graduate nurses into the workforce. The MSBON issued in excess of 1,100 temporary permits to meet the need," says Montgomery.

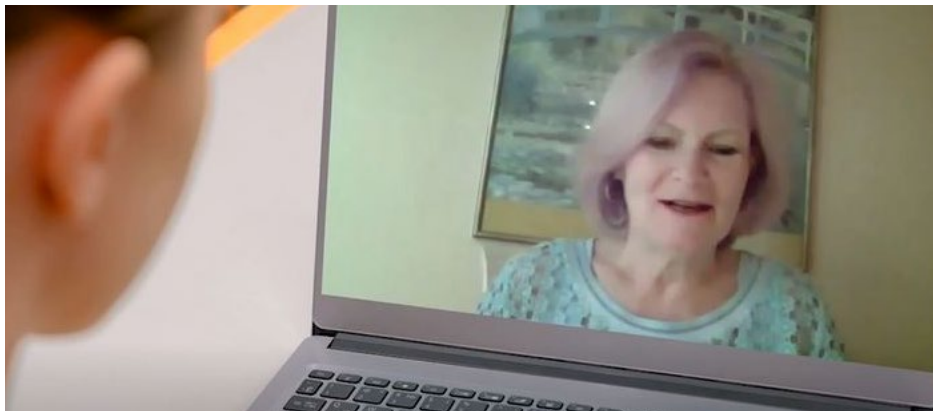
When time passes and the seven-day work weeks from the spring of 2020 have become a distant memory, the one thing Montgomery and many others will always have, as a helpful, living document of this trying time, is the *MSBON Safe Return to Work Playbook*. Montgomery created the playbook once the initial dust had cleared. It has helped the MSBON and many other entities navigate each step of responding to the crisis.



Clockwise from the top: A MSBON Zoom meeting; the Safe Return To Work Playbook; June 2020 board meeting utilizing Zoom; YouTube and conference calls, office signage







Top: A CNO Zoom meeting;  
Bottom: Coghlan on a  
"Staying Connected with  
Anne" presentation

distancing, signage and rearranged common spaces. "We put together PPE kits for everyone when they returned, with hand sanitizer, Clorox wipes and masks," says Montgomery. "Each staff member was able to pick up their PPE kit when they came to work that day." On June 2, staff began working on-site in staggered shifts, with no more than 20 individuals on-site at one time.

MSBON employees were asked to complete a Safe Return to Work survey. The results show that they felt safe returning to the office and that senior MSBON leadership was effective in sharing information about COVID-19 and cared about employees' health and well-being. "It really was rewarding to know that they felt safe coming back," says Montgomery. "We've done a lot ... It has been really incredible."

## Ontario

For the College of Nurses of Ontario (CNO), the office closure in mid-March went smoothly because the leadership team and 75% of staff were prepared to telework. "Our first priority was thinking of staff, so we got everybody home, closed the building and indicated to the public and to members that we

projects, and we diverted resources and redeployed and trained staff to support registration."

One area that was not engaged in remote work was CNO's business services area. "We were heavily reliant on paper mail and checks, and we had to quickly adapt to remote signing of checks and invoices being paid remotely," explains Coghlan. "While we encouraged our stakeholders to communicate with us electronically, mail was still arriving. We made an exception for people to go into the office. They went in safely, one at a time and with appropriate cleaning, to be able to open and scan mail."

CNO also began conducting uncontested disciplinary hearings online. "We've been using a combination of teleconference hearings and Zoom and it is going well," says Coghlan. "We use a secure system for sharing documents that has worked well for uncontested hearings. We're also currently piloting an online product that supports the exchange of documents across parties, online exhibit tracking and complete electronic storage and hope to implement that in the coming weeks."

Moving forward, conducting hearings online could become more commonplace. "The courts are starting to open here, but courts are regional and they don't require parties to travel from all parts of the province to attend the way we do," says Coghlan. "When we think of our regulatory role and the requirement that hearings be open to the public, in terms of transparency and accessibility, I wonder if maybe this could be an added feature in our toolkit."



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*How do we determine what we need to do?* That was the question Montgomery asked herself. "We have a state continuity plan that we're a part of, but this was new for everyone," she explains. "We know what to do if a hurricane comes, for example, but with COVID-19 there was so much uncertainty. How long are we going to be out? Who will be impacted? We needed a plan of action in order to operate."

Montgomery began gathering information. "I started looking into what everyone else around the world was doing, including the World Health Organization (WHO) and the U.S. Centers for Disease Control (CDC), absorbing as much information as I could," she says. "What was China doing? What were European countries doing? I put together this 48-page playbook

that covered everything from how to telework, how to transition back in, informational and directional signage, social distancing protocols, PPE and more.

"Within a couple weeks the executive team was on board with it," says Montgomery. "I shared a draft of it with Adrian (Guerrero, in Kansas), and he asked if he could send it to Mark Majek (director of Operations at the Texas Board of Nursing). It ended up being shared with about 130 people via email! Several state agencies and even local churches here have adopted it and tailored it to their needs."

MSBON partially reopened on June 1, with staff training that included a tour of their office that included new routes to accommodate social

were working remotely," says the CNO Executive Director and CEO Anne Coghlan, MScN, RN. "We started a teleworking program in 2018 with staff teleworking an average of three days per week and we were able to quickly equip our remaining staff. We were fortunate to have technology in place to support remote work – a VPN and VoIP. We also had a documented pandemic plan in place, and it had recently been reviewed, so we were grateful for that."

Coghlan and her team, following their pandemic plan, identified what their essential services were. "Our focus was on supporting the health system's need for nurses," she says. "We stopped all of our

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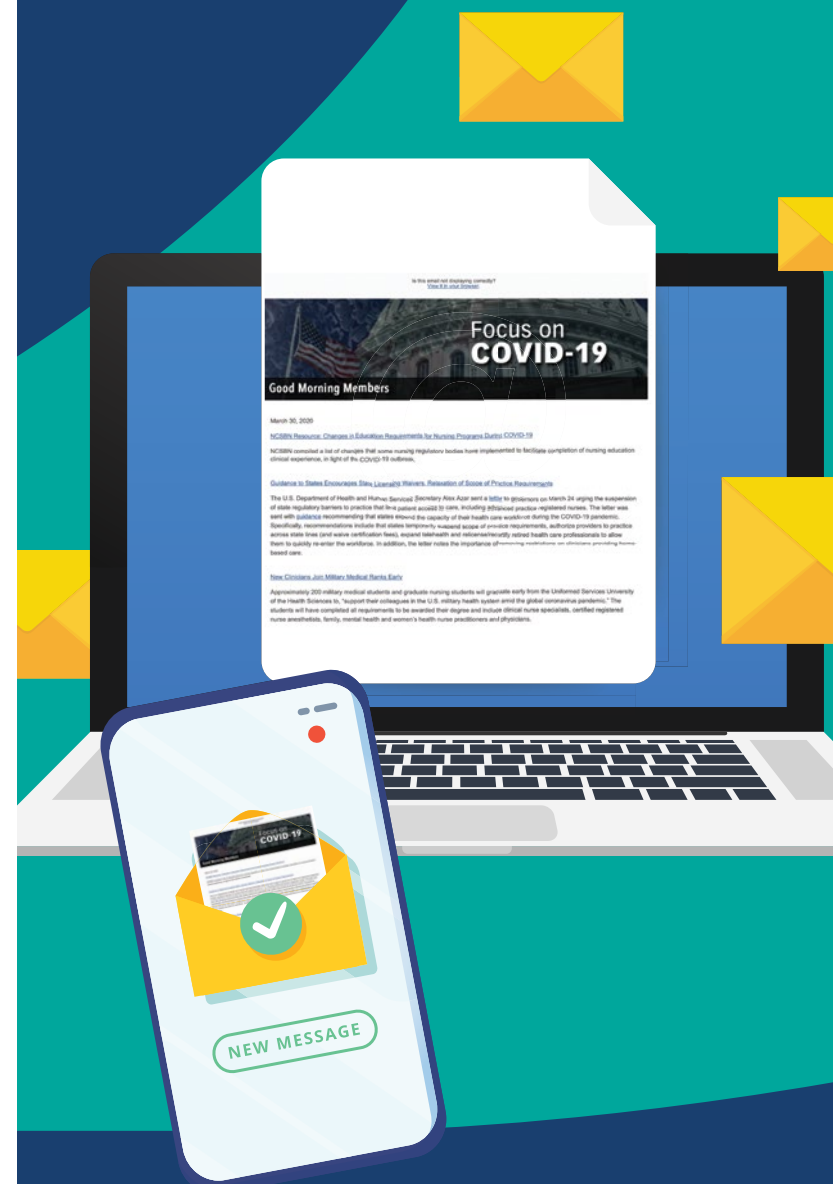
CNO has adopted a phased approach to planning during this uncertain time. "Our initial pandemic plan focused on essential services," explains Coghlan. "The second phase covers operations from May through August. We are not back to full-service -- we had a virtual board meeting, an abbreviated annual report and some big projects that we stopped. Our next phase will take us to the end of the year and we are starting to think about our plans and budget for 2021."

When it comes to ensuring CNO employees maintain a healthy work-life balance, Coghlan acknowledges the complexities of living and working in a lockdown. "As an employer, we need to recognize that reality," she explains. "It can take a toll if we're not mindful of the fact that we all require self-care. It's challenging to balance commitment to work with other commitments — like family, one's own health and safety — when home has become the workplace. There are special challenges for people whose children aren't in school, or who may have family members for whom they're the primary caregiver. We try to put supports in place to acknowledge that this is not business as usual, to give staff the opportunity to connect with each other, with their manager, and with me. At our most recent *Staying Connected with Anne* meeting, we had 242 staff on ZOOM! Using a polling app, we were able to get real time feedback from staff and no one wants to return to full time in the office when this pandemic is over."

Coghlan notes that CNO is already starting to talk about the lessons they have learned. "Our staff response was absolutely remarkable," she says. "People were appreciative of the organization's focus on their safety. And they were very committed to helping. It is an unprecedented situation. But the rapid response created an opportunity for learning. We don't need to do things the way we were previously. The opportunity to learn from having had to innovate rapidly has been a good experience. There have certainly been other challenges, but that's one of the good things coming out of this."

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## NCSBN Offers Free COVID-19 Courses for Health Care Professionals

Nurses and other health care workers are invited to self-enroll through the [ICRS Connections Catalog](#).

Enrollment questions should be directed to [icrs@ncsbn.org](mailto:icrs@ncsbn.org).

**All courses are free and self-paced.**

### COURSE DESCRIPTIONS:

#### [COVID-19: Epidemiology, Modes of Transmission and Protecting Yourself with PPE](#)

In this 50-minute, online short course, participants will come to understand the common epidemiologic terms that are being used when talking about COVID-19, and they will appraise community-level infection control strategies. In addition, participants will learn to identify modes of COVID-19 transmission, evaluate appropriate infection control interventions, describe principles for protecting themselves from SARS-CoV-2 and effectively don and doff of all forms of PPE.

**Continuing education credit: 1**

#### [COVID-19: Nursing Care](#)

Participants in this 50-minute, online short course will learn how to select proper COVID-19 testing methods and interpret common diagnostic findings, synthesize current clinical data on experimental medications for COVID-19, describe nursing care of the symptomatic patient in the acute care setting and develop the communication techniques necessary to maximize the compassionate care of COVID-19 patients via telehealth.

**Continuing education credit: 1**

#### [COVID-19: Basic Law and Ethics for Nurses during COVID-19](#)

Participants in this 50-minute, online short course will review emergency declarations and the implications for constitutional rights, examine matters relating to the obligations of licensed health care professionals and address legal and ethical considerations regarding the implementation of crisis standards of care.

**Continuing education credit: 1**

#### [COVID-19: Credible Information, Hoaxes and the Media](#)

In this 25-minute, online short course, participants will learn how the public consumes media during a health crisis and will learn strategies for leveraging the high level of trust the public places in nurses and other health care professionals to communicate credible information that combats life-endangering hoaxes.

**Continuing education credits: NA**



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1



### George Featured in Forbes Magazine

After observing disparities in the health care experiences of Black mothers compared to non-Black mothers, District of Columbia Board of Nursing (DCBON) board member Layo George, MHA, created [Wolomi](#), a platform that provides clinical support for women of color during pre-pregnancy planning, pregnancy and postpartum.

George's story was recently featured in [Forbes Magazine](#), and describes George's goal to give women the tools they need to make sound decisions at any stage. The DCBON congratulates George for this recognition of her efforts to address health care inequality for Black mothers.

2



### Ray Chosen as Finalist in 2020 Create the Future Design International Contest

Missouri State Board of Nursing member Sheila Ray, CRNA, is an innovator, an inventor and the only nurse chosen as a finalist in the 2020 Create the Future Design International Contest in the Medical category. Ray is ranked 6th out of a field of more than 200 entries, most of which are from scientists, engineers and teams worldwide. Her entry is the Soteria Safety Cylinder, a device she invented that connects between a patient and their medical equipment and safely contains the many tubes and cords that can become disconnected during care activities in ICU settings. [Vote for Ray's invention](#) and watch a video about it here. The deadline for voting is Sept. 11, 2020.

3



### Calmes Earns Doctor of Nursing Practice Degree

Louisiana State Board of Nursing (LSBN) Director of Licensure and Practice Monique Calmes, DNP, RN, FNP, has earned her Doctor of Nursing Practice degree.

Calmes oversees eligibility for registered nurse (RN) and advanced practice registered nurse (APRN) licensure and credentialing, manages practice inquiries, provides professional consultation with other departments and collaborates with other organizations to promote regulatory excellence. She provides consultative services to RNs and APRNs and utilizes sound judgment to interpret and apply policies, regulations and procedures.

Calmes' background as a family nurse practitioner (FNP) includes managing all aspects of patient care in primary care settings including rural health clinics where she also provided patient care as well as supervision, management and leadership to ancillary staff. She promotes safe and competent practice as well as growth of the profession on a state and national level. The LSBN congratulates Calmes on her achievement.

4



Pictured from left to right: Douglas, Ranck and Sharpnack

### Douglas, Ranck and Sharpnack Each Recognized as Nurse of the Day

The Ohio Board of Nursing congratulates board members Barbara Mako Douglas, DNP, MBA, APRN-CRNA, Sandra A. Ranck, MSN, RN, and Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, FAAN, for being recognized as Nurse of the Day during the Northeast Ohio Year of the Nurse 2020.

The project highlights the innovative and inspiring stories of nurses in Northeast Ohio. Douglas is a certified registered nurse anesthetist with 30 years of experience, Ranck has an extensive career in nursing practice and education, and Sharpnack is the dean and Strawbridge Professor at The Breen School of Nursing at Ursuline College. 🌍



# News & Notes

**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](#).



# Every Board Has a Story. NCSBN Wants to Tell Yours.

**Helping to Drive the Change: Alabama Board of Nursing Highlights Voluntary Disciplinary Alternative Program with Awareness Campaign**

According to the latest research from NCSBN, 8 percent of nurses with substance use problems are not identified for early intervention and monitoring.

"I remember reading that statistic and thinking that we really need to get that 8 percent," says **Alabama Board of Nursing (ABON) Executive Officer Inga Bennett, MSN, MBA, NE-BC**.

In 2017, in response to the growing trend of substance use disorders, the ABON initiated the **Voluntary Disciplinary Alternative Program (VDAP)**. The program is a voluntary alternative to disciplinary action for nurses with substance use disorders, chemical dependency, or physical condition that impairs the standards of the profession.

"I see the program because they come..."

ABON's VDAP awareness campaign is designed to improve communication related to the program, improve education for consumers and the public, and pursue early intervention for nurses to ensure a safe return to practice. The awareness campaign grew out of a "New Director" established by the ABON in 2014, its biennial year.

Bennett, "We've seen a significant growth in substance use complaints. It takes a lot more resources to get people with substance use disorder through the disciplinary process. So our whole goal with VDAP is to get them out of practice immediately and into therapy and treatment."

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**RESCUE ON MOUNT HOOD**

Oregon's Mount Hood is a spectacular sight to behold. Located roughly 50 miles from Portland, it is home to 32 glaciers. With an elevation of 11,249 feet, it is a prominent feature of southern Oregon's landscape and can be seen from 110 miles away. Mount Hood National Forest is one of the most heavily visited National Forests in the U.S., with more than 4 million visitors per year. Climbing and skiing are very popular - about 10,000 people attempt to climb the mountain each year.

It is also being increasingly benefited. The mountain can also be dangerous. As of May 2017, more than 120 climbing deaths have occurred there, most the result of falls and hypothermia. There are six main routes to approach the mountain. The most popular is the south route, which goes over **Center Rock**, a large granite feature and proceeds along another glacier via a route called the **Hoopback**. It was on Jan. 31, 2017, that the Hoopback would be the site of a rescue and evacuation mission.

Sarah Wickham, DPH, FNP, APRN, shares her time between being a policy analyst for the Oregon State Board of Nursing and a Board on the Oregon National Guard. She is a graduate of the University of North Carolina. She is a board member for...

**A United Mission**  
Reflections on Hosting an International Guest and Colleague at NCSBN's Annual Meeting

By Lori Scheidt, MBA-NCM  
Scheidt is the executive director of the Missouri State Board of Nursing and a director-at-large on NCSBN's Board of Directors.

I recently had the pleasure of serving as the liaison to David Murphy, principal of the School of Nursing, St. Ann's Hospital, and president of the Nursing Council of Thailand and Tanager (NCT). Murphy was one of eight invited special international guests at NCSBN's Annual Meeting Aug. 15-17, 2018, in Minneapolis.

A graduate of the School of Nursing, Andrews University and the University of the West Indies, Murphy is an ordained Seventh-day Adventist pastor/minister and state marriage officer. A registered nurse for the past 27 years, he is also a nursing educator/faculty at the UWI Schools of Nursing and Midwifery and occasionally teaches and lectures there and at the University of the Southern Caribbean. Murphy is presently a doctoral candidate working for a PhD in Public Health at Walden University. His areas of strength include preaching, public evangelism, counseling, teaching and health promotion.

NCT is the regulating body for the two professions of nursing and midwifery from the Missouri State Board of Nursing (MSOBON) and NCT share the primary purpose of protection of the public, particularly those who are vulnerable when ill and unable to meet their needs. NCT carries out this function by way of the maintenance of a register of all nurses, midwives and a roll of nursing assistants eligible to practice within Thailand and Tanager. This is also similar to MSOBON's structure, in which we maintain the database of nurses.

Murphy shared that regulation of the nursing and midwifery professions means that standards and rules are in place under specific legislation that governs the professions. The standards are established to govern education, training, performance and the ethical conduct of the nurse and midwife. Standards enunciate the principles of minimal good practice required by the nurse and form the basis by which performance can be evaluated.

**"Are there any Medical Personnel on Board?" Wyoming Board President Marjory Christiansen Assists During In-flight Medical Emergency**

By Marjory Christiansen, MSN, RN  
Board President (pictured above) and Stephanie Martin, P&E Administrative Assistant, Wyoming State Board of Nursing

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## Is your Board proud of a recent accomplishment?

We are always seeking information and story ideas for *In Focus*. This is your chance to tell your story, highlight a nursing regulatory body's achievement or recognize a colleague.

For more information contact Mike Grossenbacher at [mgrossenbacher@ncsbn.org](mailto:mgrossenbacher@ncsbn.org).