

2022, Vol. 1

IN FOCUS

A PUBLICATION OF  NCSBN

The Evolutionary Road TO THE


Next Generation NCLEX[®]

Inside this Issue:

Assessing Substance Use Disorder Monitoring Program Guidelines

The Growth of Interstate Compacts

Conference Prepares Canadian Educators for Launch of New Exam

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

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

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

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Assessing Substance Use Disorder Monitoring Program Guidelines

NCSBN Research Department Seeks Boards of Nursing to Participate in Pilot

The NCSBN Research Department is currently recruiting boards of nursing (BONs) to participate in a pilot study to test substance use disorder (SUD) monitoring program guidelines. This pilot grew out of guidelines developed in 2020 after the completion of an extensive five-year study of alternative to discipline (ATD) programs for nurses. Titled “Outcomes of Substance Use Disorder Monitoring Programs for Nurses,” the results were published in the July 2020 issue of the *Journal of Nursing Regulation (JNR)*.



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Richard Smiley

“The most common reason nurses are disciplined across the nation, and it’s not even close, is because of substance abuse disorder,” says NCSBN Senior Statistician Richard Smiley, MS, MA. “This

topic is becoming more important due to the reported increase in substance abuse among health care workers as a result of the COVID-19 pandemic. This is a concern because we want to promote rehabilitation and get nurses back to safe practice. How can we support BONs in doing that?”

The ATD approach, in which nurses are referred to SUD monitoring programs for treatment, has proven to be more successful than discipline-based programs (Bettinardi-Angres et al., 2012; Worley, 2017). Nurses in ATD programs have better long-term recovery rates, program retention rates and health care outcomes.

Many states have ATD programs, but there is variability in the approaches they take. In 2020, NCSBN published [findings](#) from an analysis of SUD monitoring programs in the *JNR*, concluding, “There is a lack of consistency and uniformity among nurse monitoring programs, and additional investigation is needed to determine the essential components and requirements that would lead to positive outcomes for nurses with SUD.”

Unlike SUD programs for nurses, physicians health programs (PHPs) for physicians are standardized across the U.S. While studies have shown the effectiveness of the PHP system, comparable evidence for nursing SUD programs has been limited. Determining the effectiveness of specific SUD program components is difficult due to the lack of national standardization, and studies have yet to identify what elements and interventions yield the best outcomes for nurses.

To gain a comprehensive understanding of the factors related to substance use intervention, the “Outcomes of Substance Use Disorder Monitoring Programs for Nurses” study examined outcomes for nurses participating in ATD programs between 2007 and 2015 (results were examined in 2020 to allow time for completion of a five-year program). The aims of this initial study were to assess the completion rates of nursing SUD programs and determine what characteristics are associated with program completion.

Data from the study revealed important characteristics of nursing SUD monitoring programs:

- Nurses who successfully completed an ATD program stayed in the program longer, had a higher number of clean drug tests, attended more structured support group meetings, attended more mutual support meetings, and checked in more often than those who did not complete the program.
- The factor most strongly associated with successful program completion is the number of times nurses were selected for a drug test. Even nurses only in a program for two to three years had high completion rates if they were being tested at least twice per month.
- A nurse relapsing at any time was associated with program noncompletion. For nurses who had a relapse, being in a program for two to three years still produced high completion rates if accompanied by testing at least twice per month.
- The best results were achieved for nurses who were in a program at least five years and were tested at least twice per month. If it is not possible, the data suggest that the length of stay in the program should be scaled back before reducing the frequency of drug testing.

- The proportion of nurses successfully completing an ATD program is about 15% to 20% less than that of physicians in the PHP program.

Up until now, sporadic state-level success has not ignited widespread national adoption because success rates of a large sample of programs have not been published. “We’re really dealing with an area where there’s not necessarily a lot of structure,” says Smiley. The findings from this study help bridge this gap and provide evidence for which distinct program factors contribute to successful completion.

With the pilot program, NCSBN plans to assess these guidelines in order to establish proven approaches BONs can successfully utilize in their ATD programs. “We’re trying now to recruit BONs who might be interested in doing this,” says Smiley. “There are some BONs that might be willing to take this on, whether this be a board that is just starting an ATD program or a board that would feel comfortable in shifting from what they’re doing, to adopting our guidelines.”

Smiley explains that NCSBN plans to follow a group of nurses for a number of years in the pilot program. “We’re hoping to get BONs to take on our guidelines and follow a cohort of nurses coming into the program. We’ll be following these nurses for five years. We want to see what happens on the backend—follow their records and see if they return safely to practice.”

BONs interested in participating should contact Smiley at rsmiley@ncsbn.org. 🌐

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Bettinardi-Angres, K., Pickett, J., & Patrick, D. (2012). Substance use disorders and accessing alternative-to-discipline programs. *Journal of Nursing Regulation*, 3(2), 16–23. [https://doi.org/10.1016/S2155-8256\(15\)30214-3](https://doi.org/10.1016/S2155-8256(15)30214-3)

Worley, J. (2017). Nurses with substance use disorders: Where we are and what needs to be done. *Journal of Psychosocial Nursing and Mental Health Services*, 55(12), 11–14.



Questions about Nurse Licensure?

NCSBN’s Nurse Licensure Guidance tool provides resources and direction on becoming a licensed nurse in the U.S.

There are several steps in the process of obtaining registered nurse (RN) or licensed practical/vocational nurse (LPN/VN) licensure in the U.S. Our Nurse Licensure Guidance tool helps international nurses and domestic nurses learn more about state-specific licensure requirements based on their selections of where they want to live and practice in the U.S.

[Try out the Nurse Licensure Guidance tool today!](#)





Nursing Organization Uses Microsoft Cloud and Database Technology to Increase Nursing Mobility Nationwide

[View the Full Story](#)

NCSBN was featured in this Microsoft story about migrating our applications and databases to their Azure cloud platform. This move helps nurses, health care organizations and regulators share the latest information, enable cross-border collaboration, and work toward better health care for all.



“NCSBN works with our membership to lessen their burden of government and to help them fulfill their mission of public protection. Our work with innovative Microsoft technologies enables us to create secure systems and data repositories. This story about how we utilize Microsoft technology illustrates our dedication to sharing relevant data, enabling cross-border collaboration and working toward better health care for all.”

— Nur Rajwany, MS, NCSBN, Chief Information Officer

NCSBN CEO David Benton, RGN, PhD, FFNF, FRCN, FAAN, and Chief Information Officer Nur Rajwany, MS, also spoke with Microsoft’s Confessions of Health Geeks podcast about NCSBN’s agility and ability to pivot to new technology solutions during the past 18 months.



“With increased mobility of practitioners and the growing use of telehealth, technology has enabled us to more effectively and efficiently fulfill our mission of empowering and supporting nursing regulators across the world in their mandate to protect the public.”

— David Benton, RGN, PhD, FFNF, FRCN, FAAN, NCSBN CEO

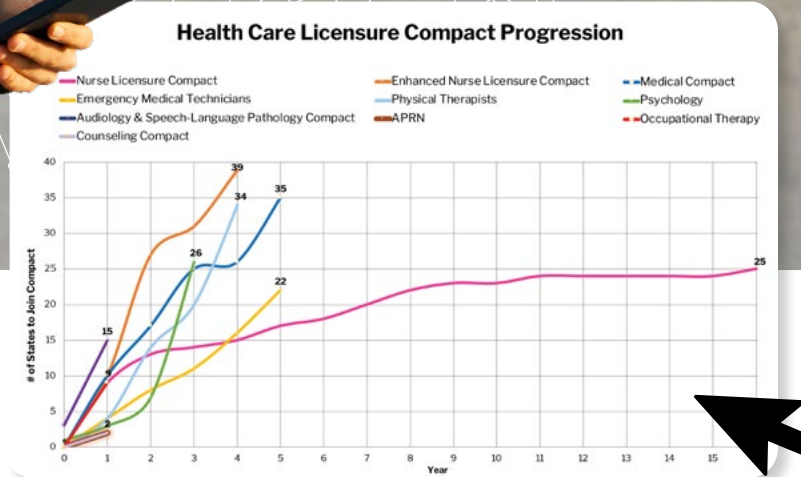


Confessions of Health Geeks

For four decades, NCSBN has worked to address a rapidly evolving health care environment through collaboration, innovation and technology.

Nov. 30, 2021

[Listen to the Podcast](#)



This chart illustrates the growth and progression of interstate compacts among health professions that offer multistate practice to their practitioners. View a larger version of the chart [online](#).

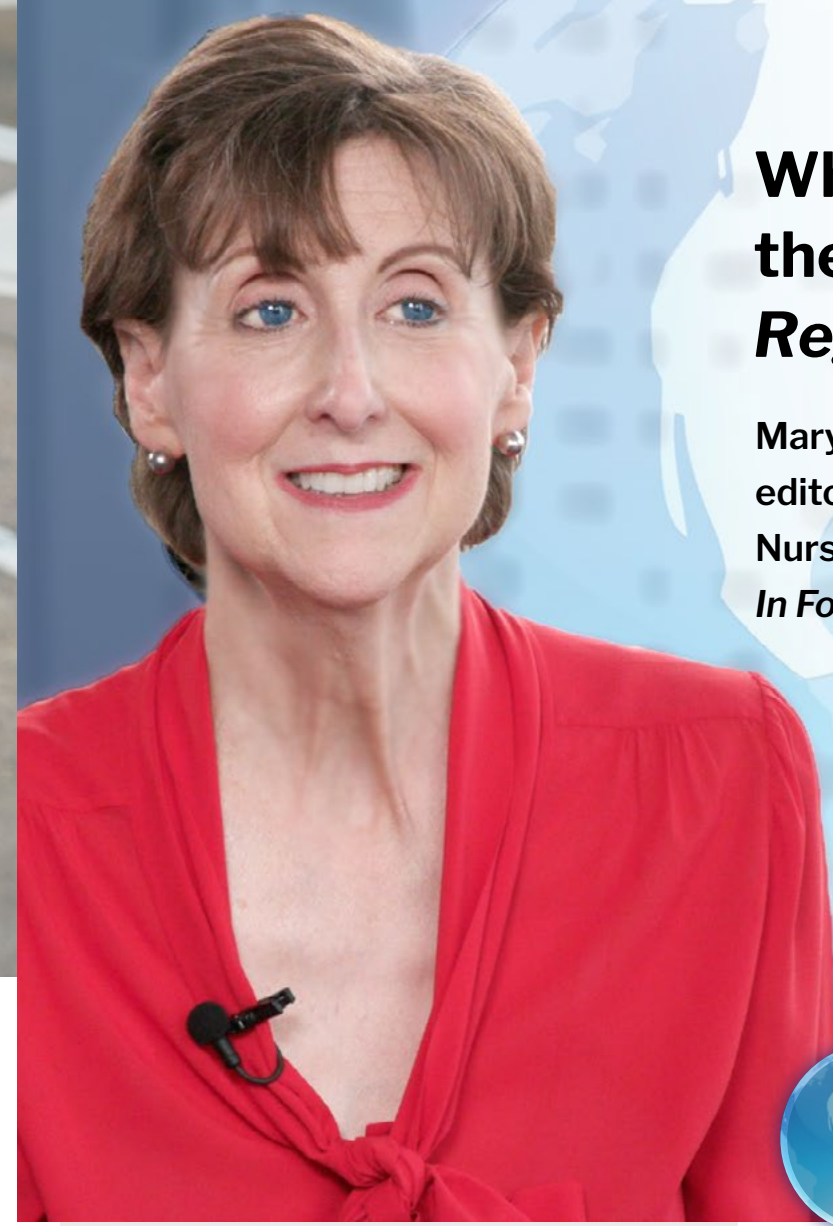
The Growth of Interstate Compacts

To date, 43 states and territories have enacted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical technicians, psychologists, speech therapists/audiologists, occupational therapists and counselors.

It comes as no surprise that the work of [Nurse Licensure Compact \(NLC\)](#) is essential to remove barriers and unnecessary burdens to borderless practice and increase access to care. The NLC model of mutual recognition has been adopted by other health care professions in developing interstate licensure compacts. NLC staff have been instrumental in helping other professions develop

their own licensure compacts. In FY21, on more than 20 separate occasions, NLC staff have served as an expert resource to provide information and guidance for compacts that currently exist and those under development.

Collaboration with other health care professions aligns with the 2021-2023 NLC Strategic Plan and key elements which include building and maintaining relationships with new and existing partners, creating new and enhanced educational resources, enhancing the NLC's reach and providing expert guidance on the benefits of the model of mutual recognition. 🌐



Why did NCSBN create the *Journal of Nursing Regulation*?

Maryann Alexander, PhD, RN, FAAN, editor-in-chief of the *JNR*, and chief officer of Nursing Regulation at NCSBN, sat down with *In Focus* to answer this and other questions.

JOURNAL OF NURSING REGULATION
Advancing Nursing Excellence For Public Protection

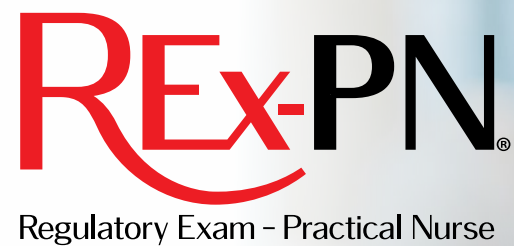


Watch the Video

“Regulation covers so many aspects of nursing – education, practice, substance use disorder, licensure. So while we are very focused on helping boards of nursing do their job in protecting the public, we also have something in the *Journal* for almost every nurse in the profession.”

— Maryann Alexander, PhD, RN, FAAN, Chief Nursing Officer

The *JNR* is a quarterly, peer-reviewed, academic and professional journal. It publishes scholarly articles that advance the science of nursing regulation, promote the mission and vision of NCSBN, and enhance communication and collaboration among nurse regulators, educators, practitioners and the scientific community.



Conference Prepares Canadian Educators for Launch of New Exam

For the past several years, candidates for licensure as practical nurses in British Columbia or Ontario sat for the Canadian Practical Nurse Registration Exam (CPRNE). Beginning in 2022 however, these candidates began writing a new exam, developed by NCSBN, called the Regulatory Exam – Practical Nurse or REx-PN® for short. In anticipation of the exam’s launch that occurred Jan. 4, 2022, NCSBN Examinations hosted a half-day REx-PN Conference for Canadian educators on Nov. 9, 2021.

The event opened with welcomes from Anne Coghlan, RN, MScN, executive director and chief executive officer of the College of Nurses of Ontario (CNO), and Cynthia Johansen, MA, MS, registrar/chief executive officer of the British Columbia College of Nurses and Midwives (BCCNM).

Following that, the NCSBN Examinations Operations group reviewed the registration and

scheduling process, a summary of which can be found on the new REx-PN website for candidates that went live in November 2021.

“Rather than simply present registration information in the same format as what we have on the website, our team presented it through several different role play scenarios based on common questions candidates often have,” explained Jacklyn Currier, senior manager for NCSBN Consolidated Services.

Following the presentation on registration and scheduling, Hong Qian, PhD, manager, NCSBN Measurement and Testing, covered standard setting, the scientific process of determining the pass/fail cutoff for the new exam.

“The passing standard for the REx-PN will be -0.32 logits and will take effect Jan. 4, 2022,” stated Qian, based on a Standard-setting workshop held in July 2021 and subsequent approval by CNO and BCCNM (logits are a unit of measure used in

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New Website for Canadian Practical Nurse Exam Candidates

Starting in January 2022, the Regulatory Exam - Practical Nurse (REx-PN) will be used as an entry-to-practice exam for those applying to become licensed practical nurses in British Columbia and registered practical nurses in Ontario.

NCSBN’s new REx-PN website provides a dedicated space for all information and resources testing candidates need to know. Access valuable preparation resources and learn about the exam’s components, the registration process and how the exam is delivered.

Experience RExPN.com Now



testing and correspond both to item difficulty and candidate ability). Qian also noted that the passing standard would remain in effect for five years, with a new passing standard becoming effective in January 2027.

Aly Brenton, MSN, RN, CNL, test development associate II, NCSBN Examinations, followed up with a session on the REx-PN Practice Analysis and Test Plan, which highlighted the research foundations of the REx-PN and the direct connection between exam content and the actual job tasks of entry-level practical nurses in British Columbia and Ontario.

Brenton's session was followed by the first of two live question and answer segments moderated by NCSBN Director of Outreach, Jason Schwartz, MS.

"I've come to view the Q&A sessions as incredibly valuable in programs like this," said Schwartz. "Many of the attendees come extremely well prepared, having reviewed all publicly available information in advance. As such, they rely on the Q&A as their opportunity to fill in any of the blanks they still have or in some cases clarify any misconceptions about the exam. In line with the NCSBN core value of transparency, we always do our best to share as much information as possible, as long as the security and integrity of the exam are not compromised."

Shu-chuan Kao, PhD, MA, senior manager, NCSBN Measurement and Testing, led off the afternoon sessions with a presentation on computerized adaptive testing (CAT), the technical algorithm that tailors each candidate's exam to their dynamically updated ability estimate. While providing a theoretical overview, Kao also provided concrete information on how CAT would be used for the REx-PN. For example, she described the minimum length exam (60 scored items and 30 unscored items) and the maximum length exam (120 scored items and 30 unscored items) and the various rules that would be used to determine each candidate's final ability estimate.

The next session was facilitated by Latrice Johnson, MSN, RN, manager, NCSBN Content Processes, and covered the processes NCSBN Examinations staff follow to develop test content for the REx-PN.

"A common misconception many candidates and educators have is that someone at NCSBN just sits down and comes up with all the questions on the test," said Johnson. "Presenting our actual item development process is my opportunity to highlight the collaborative nature of the process and especially the many touchpoints along the way by Canadian nurses, educators and other stakeholders. While our Examinations staff provides training and assists with some of the fact-checking, the REx-PN is really a product of the Canadian nursing community."

Johnson also provided an afternoon session on how the new exam would reflect the diversity of Canada's population and be fair to all test-takers. One part of the approach involved a review of all exam questions by review committees representing various ethnic, cultural or linguistic populations, and another aspect involved the statistical identification of questions where field test data suggested possible bias.

Currier, who reviewed registration and scheduling in the morning, also returned to address exam security and testing accommodations before the entire day's presenters teamed up for a final Q&A session.

Following the event, NCSBN Project Manager Katie Yandell, PMP, expressed her appreciation for the work of the Examinations team. "An important aspect of the launch, completely separate from building the new exam, is providing accurate and timely information to the exam's stakeholders. The REx-PN Conference, in conjunction with prior informational events and website resources, was an opportunity to do just that. My thanks to the team for their great work in planning and facilitating the event." 🌟



New NCLEX® Website Helps Candidates on Their Journey

Now there's a more efficient and streamlined way to get the most current and accurate information about the NCLEX-RN® and NCLEX-PN® Examinations. The new [nclex.com](https://www.nclex.com) is designed to provide the information and resources candidates need along their NCLEX journey:

- Learn the registration process.
- See how the NCLEX works.
- Prepare for success with helpful resources.
- Know the rules candidates must follow and find tips to ensure a smooth testing experience.
- Plan for your exam result and understand the retake process.
- Find answers to frequently asked questions and get contact information for specific questions

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The Evolutionary Road > >>

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Philosophically, “a journey of a thousand miles begins with a single step.” In research, the road to discovery starts with an astute question. For NCSBN, that important question was raised in 2012 by the perceptive members of the NCLEX® Examination Committee who posed a deceptively complex query, “Is the NCLEX measuring the right things?” The path to what would become the Next Generation NCLEX Examination (NGN) began at that moment.

When *In Focus* last featured NGN in 2018, NCSBN was deep into analysis of the findings from a Special Research Section (SRS) that was included in real candidate examinations, a process that commenced in 2017 and continues today. What NCSBN has uncovered during this almost 10 years of research has been intriguing, surprising and wonderfully informative.

In Focus interviewed Philip Dickison, PhD, RN, chief operating officer, NCSBN, who reflected on the trajectory of this high-stakes, premier exam. Remembering the moment when that seminal question was asked, Dickison commented, “I thought that was the boldest question anybody asked about the NCLEX. Were we measuring the right things? And even if we were, could we measure them better? I knew at that moment we were on a journey to find out.”

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At that point in time, NCSBN was confident that it was effectively measuring entry-level competency, but the bedrock principles of this organization are that good is not good enough. The NCLEX is too important to public protection to stop short of anything less than excellence. Dickison notes, “Instead of continuing to perform practice analyses the way we’ve always done them, I said let’s start over. Rather than starting from the assumption that nurses do certain things, let’s go out and watch them. We sent out crews of people all over the U.S. to major medical centers, to doctors’ offices, to long-term care facilities, etc. These crews watched round the clock and recorded what nurses were really doing. Not what we thought they were doing, not we assumed they were doing and not what any other group has told us they were doing. Let’s see what was actually happening.”

What emerged from the analysis of those observations was the critical importance of clinical judgment to nursing. It did not matter whether a nurse was a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN), clinical judgment underpins almost everything they do, even at the entry-level.

“Obviously, if clinical judgment underlies almost all of a nurse’s activities, it was paramount to NCSBN. We need to be able to measure it effectively to safeguard public protection. We need to help ensure that when a regulatory body licenses a nurse to practice, they are safe to care for your mother, your father, your grandmother, my mother, or my father,” notes Dickison.

NCSBN researchers drew upon the prevailing literature in nursing, nurse pedagogy, cognitive psychology, psychological assessment, and decision science related to nursing

clinical judgment and decision making. Additionally, multiple investigations were conducted involving more than 100 nursing experts and analysis of data from more than 200,000 NCLEX candidates. The result of that work, the [NCSBN Clinical Judgment Measurement Model \(NCJMM\)](#) is, at its core, a framework for the valid measurement of clinical judgment and decision making within the context of a standardized, high-stakes examination. What has followed is an evidence-based framework for developing, classifying, and scoring test items that is not only technologically attainable, but feasible within the current computerized adaptive testing paradigm of the NCLEX.

An important aspect of the research included taking a deeper look at the current NCLEX exams. It was found that the exams did measure clinical judgment to a degree but that the measurement was indirect and limited by the item types available. The existing item types, primarily multiple choice, were very successful in measuring important clinical knowledge but were less appropriate for modeling the complexity of real-world nursing situations where judgment and decision making are most consequential.

One of the revolutionary actions NCSBN took was to look to experts inside and outside of the field of nursing from across the globe. NCSBN challenged this group to explore the creation of question types that were not multiple choice. Dickison explains, “It was a fascinating opportunity for our psychometricians and test developers to look at different item types that directly target clinical judgment. We were extremely

pleased to come out of this great experiment with more than 10 item types that we have established through evidence are able to measure clinical judgment. We were bold enough to recognize that we needed to break the mold on how we put new items on the exam.”

NCSBN psychometricians knew that these new items needed to be tested in a real-world setting. Once again, NCSBN took a groundbreaking approach by giving current NCLEX candidates the opportunity to take these new items as part of an unscored SRS on their exam. At the onset, the hope was that responses would meet the threshold of 5,000-10,000 candidates per item. During the first quarter of offering the SRS, more than 35,000 responses were received. As of this writing, more than 680,000 NCLEX candidates have participated in the NGN SRS.

While the overwhelming response to the SRS came as a bit of a surprise to researchers, what was truly intriguing was the wealth of data they were able to obtain. Dickison notes with a chuckle, “If you’re a scientist, you’re loving that moment because if you do the math, those 680,000 individuals had the opportunity to look at 20 items each and that adds up to the millions of data points we now have. That large sample allowed us to do different kinds of research that we weren’t even planning on conducting when we began.”





“
What we tried to do was build a model in its simplicity that, no matter how you make your decisions, we can actually measure the outcomes of those decisions and the process.
”

One of the pivotal research questions the data helped answer is related to a testing concept known as dimensionality, which is the number of different constructs a test measures. In simple terms, could clinical judgment be measured as part of nursing, the way geometry questions might be included on a math test, or was it different enough to require separate testing, more like how reading or social studies questions would compare to math?

What the research revealed was that clinical judgment is a fundamental component of nursing and does not lend itself to a second construct. It is actually an elemental construct of nursing. Dickison notes, “Clinical judgment is at the very core of what nurses do and who they are.”

This research allowed NCSBN to keep the same scoring scale that has been in place

since computerized adaptive testing (CAT) was launched in 1994. Dickison clarifies, “I had a concern that we would have to change that scale and then we wouldn’t have comparison forward and backwards. And that went away. The minute we could put it on the same scale, it opened doors for us to be able to move forward with the CAT, to have forward-backwards comparability, to insert these items into the actual exam as opposed to creating a separate, more complex exam with two scales, one for nursing and the other for clinical judgment.”

While the dimensionality of the new exam is a technical element best appreciated by psychometricians, it is another element of the new exam, its fidelity to real-world nursing situations, that has resonated strongly with nurses on the item reviewing panels over the last several years. Likewise, hundreds of nurses who have seen the sample clinical judgment items and case studies at conferences and

webinars have enthusiastically applauded their creation.

Dickison muses, “One of the concerns I’ve had about all of testing throughout my career is, where is the fidelity in it? Imagine a nurse walking into a patient’s room. There are so many variables, so many inputs. You might not think about it, but there are odors, there are sounds, there’s taste, there’s sight, all of those things are in there. The color of the wall might matter or the fact that there’s a memory chart on the wall might be important. But is it always important? The nurse doesn’t know until they start doing an assessment. The nurse has to decide what is relevant and what is not relevant to health and well-being of the patient in the current situation.”

In contrast, most psychometric models discourage test items with extraneous content. For example, if an odor in the patient’s room isn’t directly pertinent to the concept being measured, that element would be eliminated. Irrelevant cues are treated as “noise” and are typically omitted.

“As both a psychometrician and nurse there is a dichotomy going on in my mind. The psychometrician in me wants, to put it colloquially, no ‘dirt’ or ‘noise’ in my items, Items should be designed to be as succinct and simple as possible. We try to tell everybody, ‘In your item writing and how you develop things, get rid of the noise.’ As a nurse I know that in the real world, this noise can influence a nurse’s judgment and decision making.”

NCSBN knows that in the attempt to measure clinical judgment, items on the NCLEX need to have some irrelevant information to determine whether the candidate can differentiate between what is relevant and what is not in the scenario. The test content needs to be a mirror of what nurses actually experience when applying clinical judgment and ultimately making decisions about a client’s care.

This new way of measuring candidate ability is a large evolutionary step in assessment. NCSBN has been able to create a model that is potentially applicable to fields beyond nursing. This model can measure the level of ability to make appropriate decisions for a number of careers that need this type of rigor in their testing.

[continued on page 22](#)



“
... When you hear that there is a system to try to beat the exam or to keep you from passing, that doesn’t exist. Those are just not true.
”

Students entering nursing programs over the next year will be among the first to take this new iteration of the NCLEX when it launches in 2023. Acknowledging that anxiety over taking this high-stakes exam is always high, Dickson seeks to reassure candidates. “I think there’s always talk about the fear of taking the exam, and everybody gravitates to the fear.

I would argue that if you are attending a nursing program that is fulfilling its role in providing you the depth and breadth of nursing foundational knowledge in which you can build your career, focusing on that education will prepare you to pass the exam. I would tell students, when you hear that there are trick questions on there, stop listening. When you hear that there is a system to try to beat the exam or to keep you from passing, it doesn’t exist. I would also tell students that they shouldn’t be afraid to ask educators to explain more and to discuss where their areas of weakness are so that they can be successful on the exam and in their career.”

For educators, he recommends taking the NCJMM and its related Action Model and using them as guides for classroom discussion. “If I were the educator, I would be using them in my classroom, in almost every lesson to walk through the clinical judgment process,

“ **NGN is the ability to measure clinical judgment inside the NCLEX. NGN is merely an enhancement of the current NCLEX.** ”



new item types and measurement concepts we now call the NGN will be enfolded into the current NCLEX exam. As Dickson explains, “NGN is the ability to measure clinical judgment inside the NCLEX. In other words, NGN is merely an enhancement of the current NCLEX.”

The number of psychometricians, test developers, item writers, item reviewers, educators, committee members and panel members who contribute to the NCLEX each year is more than 2,500 individuals. The test is designed to validate the knowledge, skills, and abilities students gained from their education. As seen from the experiences of the last 20 months, students went from the classroom to the front line of the COVID-19 pandemic in the blink of an eye. The NCLEX exam is built to assure that nurses are safe and competent on their first day as licensed professionals.

whether I’m talking about pathophysiology, pharmacology or the fundamentals of nursing. Whatever the topic, students should be practicing clinical judgment, thinking every day in that iterative fashion,” Dickson advises.

For both students and educators, it is important to recognize that the current NCLEX and the NGN are not separate tests. The

Over time, the exam will continue to evolve to reflect what nurses need to know to practice safely and effectively. New technologies and models will be employed to ensure that NCSBN is accurately assessing a candidate’s ability. What new horizons NCSBN can reach is an exciting concept to Dickson. “The real question is, what’s next? If you think about next steps in technology, is there a point where we can use some sort of virtual reality? Can we use open-ended questions to evaluate clinical judgment? Are there different modalities that can be used to administer the NCLEX?”

Likewise, Dickson is already thinking beyond the specific usage of the NCJMM to the NCLEX itself. Can the NCJMM be used by regulators in other ways? Could it be used to assess reentry after discipline?

This new way of measuring candidate ability is a significant evolutionary step in assessment. NCSBN has created a model that is potentially applicable to professions beyond nursing. Its model and pathway for the testing of judgment and decision making can offer an innovative approach to other professions where there is a similar need for testing rigor.

NCSBN is always mindful of its mission and its charge to enhance public protection. The NCLEX has long been foundational to those endeavors, and the NGN is ultimately just one more step along the journey. 🌐



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Speed Round

Get to know NCSBN staff:

Sherri L. Ter Molen, PhD, MA
Associate, Nursing Regulation

What do you do at NCSBN?

I am the *Journal of Nursing Regulations*' acquisitions editor. I also teach in the International Center for Regulatory Scholarship (ICRS) Certificate Program, and I am leading one of the projects for NCSBN's Strategic Initiatives for 2020–2022, the development of a competency-based leadership development model with a diversity recruitment component. In addition, I write and edit some content for NCSBN's publications and social media channels.

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

My background is in intercultural communication, which is steeped in social justice. Therefore, nursing regulation pairs well with my values because patient safety and public protection are for everyone, regardless of race, economic status, national origin or other characteristic. The regulation of the nursing profession occurs in offices and legislative chambers, but—when I think about this field—the images in my mind are of safe and competent nurses caring for sick and injured patients in America's most impoverished ZIP codes just as they do in the world's most opulent cities. Unfortunately, nursing regulation is not well known nor often studied by scholars in the humanities or social sciences, even those who are inclined to study health care equity. Therefore, some of my biggest challenges include educating interdisciplinary scholars about nursing regulation, promoting the abundant research possibilities that exist in this field and inviting global scholars to submit their research to the *Journal of Nursing Regulation*.

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

I previously volunteered with Engage Korea—a global network of medical doctors, public health professionals and humanitarians who host conferences and other programs designed to foster a sustained peace-building effort on the Korean Peninsula—so I would not complain if my work at NCSBN occasionally included a North or South Korea focus, or if I one day worked for a Korean NGO. 🌐

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News & Notes



Castillo Receives Advocacy Award

Jose D. Castillo III, PhD, MSNA, CRNA, APRN, was recently honored by the American Association of Nurse Anesthesiology (AANA) with

the Ira P. Gunn Award for Outstanding Professional Advocacy during the Association's Virtual Congress on Aug. 17, 2021. Castillo holds the APRN Seat on the Florida Board of Nursing. He was recognized for his work as president of the Florida Association of Nurse Anesthetists (FANA) in 2019 and 2020, as he led the effort to remove physician supervision requirements in Florida law. FANA was previously honored in 2020 with the AANA Award for Excellence in State Government Relations Advocacy. Castillo commented, "As we continue to work on ways to benefit Florida's residents, I look forward to standing side by side with my APRN and CRNA colleagues."



Sharpnack Elected to Serve on National League for Nursing

The National League for Nursing (NLN) has announced that Patricia Sharpnack, DNP, RN, Ohio Board of Nursing, has

been chosen by voting members as chair-elect of the organization's Board of Governors. She will serve two years as chair-elect and, starting in 2023, two years as chair. Members of the Board of Governors assume significant responsibility for all aspects of the NLN, including shaping its vision, developing its policies, advancing its mission and goals, and ensuring its growth.

The Ohio Board of Nursing congratulates Sharpnack for being selected for this significant role.



Houchen Retires After a 50-Year Nursing Career

Betsy Houchen, JD, MS, RN, began her nursing career in the field of home health. As her professional journey evolved over the years, she became a recognized leader

in her field and was recognized and praised for her knowledge, diplomacy, and commitment to nursing regulatory excellence. Houchen retired on Sept. 30, 2021, after serving as executive director of the Ohio Board of Nursing (BON) since 2005.

"I wanted to go to college and go into nursing," she recalls. My mom said, 'Well, colleges in Ohio offer degrees in nursing.' So, that's how I got started. When I graduated, I worked in public health and home health. And that was my life for years, visiting people in their homes and caring for them, and almost becoming part of their families. It's a different kind of nursing that I know isn't for everybody, but I loved it."

Her first administrative job was in a home care agency. "I was there when the hospice movement started, and we started one of the first hospices in central Ohio," she says. She held an assistant health commissioner position and served as the director of a home health and hospice program, where the focus for home care was both maternal and child health and acute care.

While pursuing a law degree at night, Houchen held positions as a bureau chief at the Ohio Department of Health, and later worked as a policy director for the Ohio Council for Home Care and as a consultant for the National Association for Home Care. She worked for two law firms in the health care area, but discovered, she comments, "law practice in a large firm was not my thing." Her first position at the Ohio BON was in the Discipline and Compliance Unit as a staff nurse attorney. She eventually rose to associate director and then executive director.

Under Houchen's leadership, the Ohio BON received a governor's proclamation recognizing the board's contributions, and in 2009 received NCSBN's Regulatory Achievement Award for generating "an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare."

In 2013 Houchen received the prestigious NCSBN R. Louise MacManus Award, for making "sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN." Her contributions were substantial. She volunteered on a number of committees and served on the NCSBN Board of Directors as an area director for four years and also as a director-at-large for four years.

Reflecting on her time at the Ohio BON, there are a number of accomplishments Houchen is proud to have as part of her legacy. "We focused on trying to streamline our processes for investigations of complaints and timely resolutions of disciplinary cases," she explains. "We established a board hearing committee to facilitate cases through the process. We moved from an all-paper license application to fully automated online system for all of our applications and related processes."

One significant accomplishment Houchen cites was the board's moving APRN certifications into licensure

with prescriptive authority. "We established an advisory committee for advanced practice registered nurses and an exclusionary formulary. That was a big accomplishment."

Reflecting on the Ohio BON's successes and what lies ahead for nursing regulation, Houchen stresses that she feels the principles and focus of regulation have always been and still are the public protection aspect. "At the Ohio BON, we always focused on that," she says. "There are challenges that come up just day-to-day in following that mission, but the basic premise has not changed. I do think that nursing boards are transforming to meet that mission. For us, it was important that we had a strong partnership with board members, to make changes, to address public protection, and to reach the achievements that we did."

Houchen says she is enjoying her new retirement life. She is enjoying catching up with friends, exploring volunteering opportunities, and planning a family trip to Aruba in the spring.

"It's been a great journey," she says. "I really would call it a career journey, that's what it's been. I never knew I'd end up at the board of nursing, but I'm glad I did. It all worked out very well. It was a great way to finish up my career." 🌈



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

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NCSBN members can visit the [Awards Program webpage](#) for informative tools and guidance for preparing a comprehensive awards nomination.

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Submission Deadline: March 25, 2022