

Winter 2021

# IN FOCUS

A PUBLICATION OF  NCSBN

## Out of Many, One

Ensuring Integrity, Sensitivity and Rigor in the Development of NCLEX® Items

**Inside this Issue:** [NCSBN Members Volunteer to Administer COVID-19 Vaccines / Impact in Action: Nurses Share their NLC Stories / Nurse Licensure Compact \(NLC\) Engages and Educates Stakeholders](#)



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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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VanBeuge after receiving her COVID vaccine



# NCSBN Members Volunteer to Administer COVID-19 Vaccines

Now that the U.S. has moved into the vaccine phase of the COVID-19 pandemic, there is an unprecedented and urgent need for qualified personnel across the country to safely administer the COVID-19 vaccines. Many medical professionals have stepped up to volunteer their skills and expertise, and it's no surprise that NCSBN's members are among them.

## An Amazing and Humbling Experience



By Nevada State Board of Nursing Board President Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

I am reflecting on a year to remember. In early 2020, I was busy writing about The International Year of the Nurse and Midwife for *Nevada State Board of Nursing News* and the Nevada Nurses Association's *RNformation* publication. At the time, I was reflecting on the writings of Florence Nightingale and how far nursing had come as a profession since our humble beginnings. I was also caring



“It is important that the general public trusts not only the vaccine they will be receiving but also the practitioner who is administering it.”

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

for an immediate family member undergoing radiation for brain cancer and focused on my role as caregiver during an uncertain time, all while managing my role as educator, board member, spouse and parent.

Like many people, when I first heard of COVID-19 I was not concerned because it seemed like something far away and with little impact to my immediate world. I was busy with my regular duties as an associate professor in residence at the University of Nevada, Las Vegas, my responsibilities as a board member, and a nurse practitioner. By early March, at NCSBN's Midyear Meeting in Boston, there was a lot of buzz about the virus. On a quick trip to Washington, D.C.,

shortly after that for another meeting, it was all becoming real. I flew home March 10 under a cloud of panic and uncertainty, with little understanding of what would change in just a matter of days.

On March 13, Nevada public schools closed and sent students' home. Four days later, an unprecedented closure of the Las Vegas "strip" went into effect. Our nursing board office was directed to take work to remote locations and manage the daily functions and duties of the board staff. Board members were constantly updated on the ever-changing situation, while always keeping the board's mission front and center: "to protect the public's health, safety, and welfare through effective nursing regulation." This never wavered.

From everything I was reading, I knew that we would need volunteers to mobilize once a vaccine was readily available. Then in March, Gov. Sisolak called on Nevadans to volunteer and established the Nevada Battle Born Medical Corps. I signed on and completed activities to be prepared when the time came to serve, including modules on contact tracing and immunizations.

In January I began volunteering in the Las Vegas community. The experience has been amazing and humbling. Vaccine recipients were grateful, happy, and some were visually moved to tears. When I received my first vaccine, I was almost overcome with emotion: relief, joy, and the feeling that this was the beginning of the end of COVID-19.



VanBeuge volunteering

The vaccination site where I volunteered has been well organized, efficient and a model of teamwork. Most of the people at my site are volunteers, from the greeters at the door to those who watch over patients after they have received their vaccinations. Local health department leaders

in charge of the logistics ensure that the effort runs smoothly, and are also available to answer questions and address challenging situations.

As a nurse practitioner, I have not been in a typical bedside nurse position for many years. I was initially anxious about giving vaccines, but it was easy to refresh my skills and get back into the swing of providing this type of care. While I know my time and efforts are supportive of the vaccination efforts, I get so much more out of it personally, and I am grateful for the opportunity to serve my community.

## I Needed to do Something to Give Back



By Nevada State Board of Nursing Executive Director Cathy Dinauer, MSN, RN, FRE

My days are usually filled with regulatory issues affecting nursing practice — the

licensing and certification of nurses and nursing assistants, overseeing prelicensure programs and investigating potential and actual violations of the Nurse Practice Act.

When COVID-19 hit, my regulatory world and its priorities changed, and I realized I'd need to call on my years of experience as an emergency nurse and spring into action.

In the early stages of the pandemic, Nevada established the Battle Born Medical Corps of volunteers to relieve anticipated burdens placed on active health care personnel and facilities affected by COVID-19. Nevada medical providers, mental health providers, health care leaders, students and others were encouraged to apply for this volunteer service.

I was initially reluctant to sign up; I had not been at the bedside for many years, and in my opinion my nursing skills were very rusty. But as the pandemic continued, I was reminded on a daily basis of those who were devastated by this terrible virus; health





Dinauer at her volunteer site.

care workers were at their breaking point watching patients die day after day. I needed to do something to give back to the profession that has for so long taken care of me. It was time.

I volunteered and waited for the call. When it came, I jumped at the opportunity and signed up immediately for my first shift. Since vaccinators qualify to receive the COVID vaccine, I was able to get the Moderna vaccine before starting my volunteer duties.

I was nervous and invigorated at the same time. I felt like I was part of something important; something historical. Was I going to be part of helping save someone's life by giving them this vaccine? As we prepared to deliver vaccines, I was impressed with the preparation and organization of the Washoe County Health Department. I was assigned a "lane" for the drive-ups with another "dispenser" and helper, while a pharmacist prepared the doses.

With the assistance of the National Guard, volunteers from everywhere, cars began filling my lane. There were tears of joy, tears of relief and just sheer happiness on

the faces of those getting vaccinated. People took selfies and recorded the experience on their cell phones. People cheered. You could feel the utter relief that, finally, help was on the way.

Our shifts are in four-hour increments. It is exhausting to be outside in the freezing weather, but whenever I feel like complaining, I think of all the nurses working tirelessly in full PPE for 12-14 hours at a time as they care for dying patients. I have *nothing* to complain about.

I have volunteered again and again and have offered my staff one administrative day of pay per week if they wish to volunteer. What better way to give back? I am so grateful to the volunteers and staff who have put their livelihood on the line each day.

NCSBN has issued a [policy brief](#) that recommends what personnel should administer the vaccine in order to protect the public. The brief specifically states, "COVID-19 vaccines can be safely administered by licensed practical nurses/vocational nurses (LPNs/VNs), registered nurses (RNs) and advanced practice registered nurses (APRNs), in addition to other licensed health care providers such as physicians, physician assistants and pharmacists."

Nursing regulatory bodies are assuring that there is a supply of licensed nurses who are safe and competent to administer these vaccines. Additionally, the formation of partnerships with nursing education programs where the services of student nurses can be employed to administer the vaccines under the supervision of faculty or other qualified, licensed personnel, is also vital. 🌍

# JOURNAL OF NURSING REGULATION

## Read NCSBN's Environmental Scan

## COVID-19 and its Impact on Nursing and Regulation

Throughout the COVID-19 pandemic, nurse regulators have played a pivotal role by working to get nurses licensed and into the workforce. NCSBN's annual Environmental Scan highlights professional, political and social changes for nurse regulators and other nursing leaders, with a current and comprehensive portrait of nursing in the U.S., including emerging issues and challenges.





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.

Over the past year, NCSBN has been sharing compelling [NLC Stories](#) to show how the compact can positively impact nurses and their patients. When the COVID-19 pandemic hit, the ability of nurses to move quickly where they are needed became more important than ever. 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

### Now is the Time: Compact Licensure Can't Wait Until the Next Crisis

Henry “Hank” Drummond, PhD, MDiv, RN, will never forget the call he received from a client during the first wave of the COVID-19 pandemic. “One leader told me on the phone, ‘This is my situation: if I don’t have staff here that are qualified to care for the amount of acutely ill patients we have, then patients will die.’ It was a heartbreaking reality. She was in tears, begging me to send staff, and yet I had to be in compliance from a federal, state and local regulatory standpoint.”

Drummond is a senior vice president and chief clinical officer for [Cross Country Healthcare](#), one of the largest health care staffing firms in the U.S. He oversees the organization’s Clinical, Quality, Education and Regulatory Compliance areas. Previous leadership roles include executive and director-level positions as chief nursing officer (CNO), nursing administrator and nurse executive. He has also served as an educator – with instructor

positions at Indiana University and Montana State University.

Drummond recalls the pressure he felt, knowing patients needed care urgently and being unable to deploy staff swiftly. “I hung up from that call, and it was excruciating because I’ve sat in that chair of being a CNO and a systems CNO,” he says. “That remained with me all night, because what can we do? How can we expedite this? I never want to experience that emotional pain again.”

Clinical managers at Cross Country Healthcare take turns on the organization’s clinical COVID hotline where they hear the often harrowing stories of what health care professionals experience on a daily basis. “I was on the phone earlier today with someone who was sobbing and who told me, ‘I just don’t know if I can continue to do this because in my 15 years of nursing, I’ve never seen death at this level in my life.’ It’s been tough. We as leaders

must do better, and I believe that with a nationwide [Nurse Licensure Compact \(NLC\)](#), we can.”

The NLC allows a nurse whose primary state of residence is in an NLC state to hold one multistate license, with the authority to practice in person or via telehealth in all compact states, including the nurse’s home state. This fosters greater nurse mobility, public protection and access to care. In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond. The compact can reduce complexity, decrease cost and provide an equal or even higher level of protection to the public. Licensure requirements are aligned in NLC states, and all nurses applying for a multistate license are required to meet the same standards, including submission to federal and state fingerprint-based criminal background checks.

The unprecedented number of patients affected by COVID-19 and the overwhelming effect it has had on health care providers resulted in all states,

territories and the District of Columbia issuing emergency declarations and lifting state licensure regulations. In some cases, emergency license waivers were issued to allow nurses licensed in other states to speed their ability to practice and assist with disaster relief. The loosening of licensing restrictions to enable cross-border practice resulted in confusing state emergency orders.

“We staff all 50 states and the Virgin Islands, so nurses who had compact licenses were easy to place,” says Drummond. “States in the compact were easier to work with. Even if the governors put out executive orders, it was very confusing. We would read them and say, ‘What does this really mean?’ We would get on the phone with the governor’s office and ask very pointed questions, and they would still not be able to answer them. We called the boards of nursing and asked them, and they said they were trying to get clarity too. We would reach out to the client and get the same response.”



“If the pandemic has showed us anything, it has revealed the need for standardization across the board. It allows us to be **agile**, it allows us to be **fluid** and it allows us to be **quick**. If you think of it from the health care professional’s point of view, do we really need to put them through all of these steps every time they go to a new assignment?”

— Henry “Hank” Drummond



The NLC allows a nurse to practice in person or via telehealth in all compact states. This fosters greater nurse mobility and public protection. In the event of a crisis like COVID-19, nurses from multiple states can quickly and easily respond.

Make your voice heard. Tell your legislators you support the NLC and improving access to care.



The orders also lowered onboarding requirements, focusing more on the quantity of nurses available to help with COVID-19 cases during this urgent need. It was also difficult for the high volume of nurse applicants coming from out of state to obtain criminal background checks (CBCs) when required. CBC services were closed or had extended wait times.

Finally, the executive orders were of a temporary nature and had differing expiration dates, affecting continuity of care. There was a challenge of maintaining the constantly changing expiration dates and extension dates by each of the states.

If the NLC was expanded to all 50 states, the above-mentioned issues would have been avoided. All nurses would meet the uniform licensure requirements, ensuring that agreed upon standards were met. Each state would have enforcement authority when a nurse from another NLC state practiced in its jurisdiction, and expiration of executive orders and nurses' authority to practice would have been nonissues.

"As professionals, we always look to improve processes, and the end outcome is always about the patient and the outcome to the patient," says Drummond. "For us to provide care to reach those outcomes, we need qualified, competent staff at the bedside. From a patient perspective, if you go to the hospital, you don't want to hear, 'We don't have enough staff to care for you.' The expectation is that you will be cared for at the highest level possible. To be able to deliver that care, and provide it to those in need, we need the staff there to be able to do it."

Drummond sees the pandemic as an occasion to think about how we handle licensure in a very different way for the future. "The nurses who had compact licenses wanted to move to compact states to help because, frankly, it was a lot less paperwork. Nurses and other health care professionals in general really wanted to go in and help. They didn't want to wait two weeks to do it. And the facilities needed them two weeks ago because not only did they have an influx of patients, they had a staffing supply issue. And

some of their own core staff were becoming sick, and they were also exhausted, from a mental, physical, and spiritual standpoint. We needed to get people in to offer relief."

There are currently 33 states that have fully implemented the NLC, and one more with pending implementation in 2021. As the compact has evolved, some states are still hesitant to join. "For me, it's about uniformity and setting a standard, instead of the variation from state to state," says Drummond. "If the pandemic has showed us anything, it has revealed the need for standardization across the board. It allows us to be agile, it allows us to be fluid and it allows us to be quick. If you think of it from the health care professional's point of view, do we really need to put them through all of these steps every time they go to a new assignment?"

Drummond keeps a favorite Dr. Seuss quote handy, and it's one that he shares with his staff. "It's hanging on my computer screen on a Post-It® note right now," he says. It reads:

*When something bad happens you have three choices. You can either let it define you, let it destroy you, or you can let it strengthen you.*

"I think the whole episode with the COVID-19 pandemic has redefined who we are as nursing across the country," says Drummond. "It did not destroy us. It certainly made us stronger because we have united, we have come together, and we are one. When this pandemic is behind us, we know there will be something else coming. We must think about how we write the playbook for the future. One of the lessons I believe we have all stepped away with is the impact of compact licensure, and how it can help us move staff when the needs arises." 🌍

For more information about the [Nurse Licensure Compact](#), contact [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org) or visit [www.nlc.gov](http://www.nlc.gov).



## 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.





# Nurse Licensure Compact (NLC) Engages and Educates Stakeholders

## NLC Compliance Committee Engages in Seminal Work

Key elements of the robust NLC 2020–2022 strategic plan involve building and maintaining relationships with new and existing NLC partners, creating new and improved educational resources, enhancing marketing efforts and strengthening and developing compliance-related educational tools.

In alignment with the plan and its identified duties, the NLC Compliance Committee, chaired by NLC Commissioner and Missouri State Board of Nursing Executive Director Lori Scheidt, MBA-HCM, has been hard at work promoting continuous engagement of party states in the area of compliance, educating commissioners on utilization of compliance resources, and developing best practices in relation to party state compliance.

## NLC Party State Compliance Self-Assessment

To best accomplish these goals, the Compliance Committee has been working to develop and refine compliance-related educational tools such as the party state compliance self-assessment, a self-check of compact compliance that commissioners complete on an annual basis. In addition to

the self-assessment, the committee has developed a compliance review survey wherein commissioners can answer questions and upload forms to validate compliance.

The self-assessment tool is currently undergoing a comprehensive review and the Compliance Committee anticipates it will be ready for all NLC Commissioners to review at the NLC Midyear Meeting on March 8, 2021. Some of the enhancements to the self-assessment include reformatting the licensure section to a logical flow, adding a purpose statement and adding a methodology and evidence column. The methodology column would typically be either a Nursys report or the board's narrative of what methodology is used to ensure compliance with the audit item. The evidence column will designate how the evidence is validated.

The finalization of the self-audit will be essential for the Compliance Committee to complete next steps regarding a risk assessment of each audit item, rating each on a scale of low, medium or high for risk to patient safety and risk to reputation of the compact. Any items that will fall into the high-risk category would be included in a compliance review tool.

## New NLC Webinar Series Kicks Off

In addition to the work of the Compliance Committee, NLC staff continue to carry forward the educational goals highlighted in the strategic plan by creating and providing new educational resources, including a series of free educational webinars geared toward nurses, nurse educators, nurse employers and other stakeholder audiences.

Webinars have doubled in frequency and are presented twice per month. They feature topic or audience-specific content with explanation and clarification of areas that cover the most frequently asked questions from the public. This webinar series offers a general overview of the NLC, explains how it works, explains primary state of residency, provides regular legislative updates and addresses questions.

The webinar series kicked off Jan. 26 with, "Helpful NLC Tips for New Nursing Graduates." [Visit the website](#) to register and view the 2021 webinar calendar. There is no cost to attend. 🌐

## NCSBN Center for Regulatory Excellence Grant Program

Upcoming proposal submission deadlines:

- April 2, 2021
- Oct. 1, 2021

### About the Program

The Center for Regulatory Excellence (CRE) grant program provides funding for scientific research projects that advance the science of nursing policy and regulation and build regulatory expertise worldwide.

### Award Information

Investigators may apply for grants up to \$300,000. All projects must be completed in 12–24 months following the project start date.

### Research Priorities

Research priorities include, but are not limited to:

- Impact of legalized marijuana
- Substance use disorders in nursing
- National and international regulatory issues
- Economic analyses, e.g., Nurse Licensure Compact, APRN practice, etc.
- Remediation
- Innovations in nursing education



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

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

ICRS welcomes global nursing, regulatory and policy leaders to enroll in ICRS's online courses. Applicants from both NCSBN-affiliated organizations and from other institutions are encouraged to apply.

**April Courses** (these eight-week courses begin April 5):

- Experts in Humanity: The History of Nursing Regulation
- 研究基础第一部分 (中文) Fundamentals of Research (Chinese)
- Questionnaire Design
- Role of the Executive Officer

**May Course** (this eight-week course begins May 3):

- Administrative Law/Canada

**How to Apply to the ICRS Certificate Program:**

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

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



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# Out of Many, One

## Ensuring Integrity, Sensitivity and Rigor in the Development of NCLEX® Items

NCLEX® Examinations and the traditional motto of the U.S. – E Pluribus Unum, or *Out of Many, One* – have more in common than you might imagine. NCLEX Exams are specifically designed to appear as though one person has written the exam. But an extensive network of candidates, nurses, volunteers and NCSBN staff is involved in the process.

“The reason for making all the items read like a single person wrote them is to make sure that all items are written in a singular voice, language and vocabulary,” says Joseph Betts, PhD, MMIS, director, measurement and testing, Examinations. “This helps to standardize the items to ensure a commonality to all the items while imposing standardization to the exam content.”

Throughout this article you will learn just how many individuals interact with an NCLEX item and how much care is given to ensure that each candidate experiences a fair and equitable evaluation of their entry-level nursing abilities and competence.

Nursing regulatory bodies are charged with providing regulatory excellence for public health, safety and welfare. To ensure that nurses entering the workforce have the necessary knowledge, education and skills to practice, one of NCSBN’s preeminent initiatives is devoted to developing psychometrically sound and legally defensible nurse licensure examinations consistent with current nursing practice.

NCLEX exams are based on current entry-level practice as determined by practice analysis research. In addition, the NCLEX is continually monitored through established processes to determine that the items reflect both fairness and cultural sensitivity, allowing all candidates to demonstrate their competence in an impartial manner.

[continued on page 18](#)



Before a candidate ever sees an item during an actual NCLEX exam, it undergoes a meticulous process from inception to administration that is touched by a diverse group of experts, educators, nurses and volunteers. The items are screened to ensure they are evidence-based, free of bias and reflect current nursing practice at the entry level. Even after an item is in rotation on the exam, it is reevaluated and analyzed to assure that various groups of candidates do not perform differently in their responses. At any point in the “lifecycle” of an item it can be removed from further development or deleted from the exam.

NCLEX item development begins first with a practice analysis of entry-level registered nurses (RNs) for the NLCEX-RN® Examination and entry-level licensed practical/vocational nurses for the NCLEX-PN® Examination. These job analyses take place on a regular cycle in order to keep abreast of evolving nursing practice. A panel of subject matter experts (SMEs) are assembled representing geographic areas of the U.S. and in Canadian territories/jurisdictions that use the NCLEX for licensure decisions, all major nursing specialties and varied practice settings. These SMEs create a list of RN or LPN/VN activities and incorporate them into a survey that is sent to a nationally representative sample of newly licensed nurses. Survey respondents determine whether the activities listed in the questionnaire are representative of the work they perform in their practice settings.

“The practice analysis is a scientific, evidence-based study of what entry-level nurses actually do. What items end up on the test aren’t based on value judgments or opinions but instead come from data on real-world, entry-level practice,” notes Jason Schwartz, MS, director, test development, Examinations.

After the practice analysis is completed, an additional panel of nurses determines the knowledge, skills and abilities (KSAs) needed for safe and effective care. Their conclusions are used to inform the item writers who begin the process of developing new items for the exams using the KSAs. These item writers are recruited from and are selected to represent a diverse group of nurses with various years of experience, specialties, practice settings and geographic locations.

“When we convene any panel, we train the SMEs on the process and discuss the NCLEX test plan and thoroughly review the content areas. Occasionally, we will convene a panel of nurses within a specialty to write or review for a particular content area where we have identified a need for more items,” mentions Betts.

After these items are written, expert nurses on staff at NCSBN do another level of review to ensure that the answers to the items are evidence-based, none of the distractors could possibly be a considered correct and can be verified via an independent source. Such sources can include textbooks, peer-reviewed journals and websites such as the Centers for Disease Control and Prevention, among others.

“We also build in reviews by volunteer expert nurses shortly before the publication of each exam pool. This adds another layer of validation and draws on their current expertise rather than what may be written in some of our textbooks,” remarks, Latrice Johnson, MSN, RN, test development manager, Examinations.

After validation, items move to the Item Review Panel. This panel evaluates the items in order to safeguard that they are devoid of anything that could negatively impact a candidate’s test-taking experience. The panel is comprised of nurse volunteers working in supervisory or precepting capacity with entry-level nurses who provide direct patient care.

At this step in the process, items are also assessed to make sure they are grammatically correct, have appropriate punctuation and accurate spelling. Checks are also done to make certain that the new items have the same appearance as all other items in the exam (i.e., the same font, same size, etc.).

“When a new item passes the review panel it is then ready for inclusion in the exam for pretesting. This is the process of randomly administering the items in an exam without them being used for scoring the candidates results. The statistical functioning of the items will be evaluated based on the candidates’ responses. The results of the statistical analysis will determine if items show strong psychometric properties to be used in future exams as scored items that could contribute to a candidate’s final

score. If an item doesn’t meet the rigorous statistical criteria, it will not be used in future exams,” explains Betts.

Two groups, the NCLEX® Sensitivity Panel and the Differential Item Functioning (DIF) Review Panel, work to guarantee that the items do not contain any racial or ethnic stereotypes, elitism, gender or age bias.

“With other exams, the sensitivity or DIF reviews are rolled into the Item Review Panel, even though the reviews are designed to look at different things and the qualifications of the reviewers will not generally be suited to both types of review. What sets the NCLEX apart, is that we maintain the sensitivity and DIF reviews as separate from other item reviews to ensure both the qualifications and the focus of reviewers is targeted to the work required. It is paramount to us that the items are reviewed with the highest integrity and the greatest rigor,” states Schwartz.

The Sensitivity Panel looks at items before they enter the pretest pool (those items included on the exam but not part of a candidate’s score) and is composed of lay people and one RN holding current licensure. The lay members have no medical background and are diverse with respect to race, ethnicity, age and gender. The RN is included to assist in explaining unfamiliar nursing-specific content or terminology.

Johnson comments, “We work very hard to ensure that these panels reflect diversity, and it is extremely important to us that



every voice is heard. In their orientation, we tell our volunteers that their input is not only welcome but crucial to the integrity of the exam.”

All items are reviewed by the Sensitivity Panel to ensure that they exclude information that could be problematic to a particular population, ethnicity or background. Items are edited and phrases are removed if they are found to be insensitive. Among other things, this panel looks at the items for stereotyping, inflammatory material or distracting language.

“Sensitivity Panels take the work they are doing very seriously but there are some fun moments when people from different backgrounds can have a laugh. I have a fond memory of being present during one panel where an item contained mentions of food, such as salami, and to some panelists these were unfamiliar foods and the other half jumped in with an explanation of ‘Oh we know what that is we eat it all the time!’ As a result of that discussion, the NCLEX does not have any references to salami!” Johnson relates with a chuckle, “It was actually a

light-hearted moment, but it speaks to how careful we are to ensure that all candidates have an even playing field in taking the exam.”

“ **NCLEX is designed to appear to be written as if one individual composed the entire exam, more than 700 NCLEX candidates, nurses, educators and volunteers contribute to the development of an item before it becomes part of an operational pool.** ”

After an item passes through the Sensitivity Panel, it becomes part of the pretesting component of the NCLEX exams. The pretest items are indistinguishable from operational items (i.e., scored items) and are randomly intermixed. During this phase, candidates will experience these items during their exam but will not be scored on how they answer the questions. It is the pretest items that are being tested not the candidate. Statistical data are gathered on each pretested item and all items are evaluated before they can be formally included as a scored question.

While the Sensitivity Panel only looks at items intended for pretesting, the DIF Panel examines both the pretest and operational pool of items. DIF Panels are held twice a year and are composed of lay people from diverse ethnic and racial groups including at least one male member. Additionally, the panel has

two nurses, one from the U.S. and one from Canada, along with a professional linguist.

Each NCLEX item should measure only KSAs in nursing and should be fair for all groups taking the exam. Therefore, each item is examined for potential differential item functioning. DIF is a statistical analysis that is conducted for items following a set number of candidate exposures to determine if items might contain bias. This analysis identifies if an item is statistically testing easier or harder for a particular group based on a predetermined control group (which is currently white females – the largest majority of testing candidates), provided that the abilities between the groups are comparable.

An item is considered to be potentially biased when individuals from a different ethnic, cultural or gender group than the majority with the same ability have significantly different probabilities of answering the item correctly.

“We are highly sensitive to ensuring that we detect more items that could potentially fall into this category. We would rather identify items that are ‘false positives’ than allow items that could contain bias to remain unexamined. The integrity of the test is our paramount concern,” comments Betts.

The DIF Panel reviews items that have been statistically flagged as exhibiting possible bias. They determine if the difference in group performance is relevant to nursing and if there is a plausible explanation for the difference. If an item shows DIF, it

could mean one of the following: there is an extraneous feature within the item causing it such as wording or unusual terminology; there is a genuine group difference, but nursing concepts require this concept to be tested (e.g., obstetrical items); or, although the statistics were positive for DIF, there is no evidence from the review of the diverse panel members that the item itself exhibits DIF.

Any items that may be problematic are also referred to the NCLEX® Exams Committee for a final decision as to whether or not to retain the item.

So, as you have seen, that although the NCLEX is designed to appear to be written as if one individual composed the entire exam, more than 700 NCLEX candidates, nurses, educators and volunteers contribute to the development of an item before it becomes part of an operational pool. This high number of individuals who see, review and evaluate an item before a candidate encounters it speaks to the care and dedication involved in making the exam experience for all candidates equal and unbiased. That’s why the NCLEX is respected worldwide for not only being an exemplar of what nursing licensure exams should be but also a prototype of effective, efficient and fair testing for all candidates regardless of discipline that the exams cover. 🌍



# News & Notes



Pictured from left to right: Palermo, Primeaux, Funk, Boni and Faucett

## Louisiana State Board of Nursing (LSBN) Announces Two Appointments to its Board of Directors

Wendi Palermo, PhD, RN, has been reappointed for a full four-year term on the LSBN Board of Directors (BOD) following her first term in the position vacated by Jacqueline Hill, PhD, RN. Palermo is the executive director of nursing and healthcare initiatives for the Louisiana Community and Technical College System (LCTCS). She has more than 15 years of full-time experience in higher education at both undergraduate and graduate levels. In addition to her full-time position, she served as adjunct faculty in both doctoral and masters programs at Northwestern State University.

Mimi Primeaux, MS, CRNA, has been appointed as the certified registered nurse anesthetist (CRNA) representative on the LSBN BOD. She is currently the system CRNA director for the Ochsner Health System and brings over 13 years of CRNA management experience. During the COVID-19 pandemic, Primeaux managed a team at Ochsner Health System that focused on reallocation of scarce resources and compliance with financial initiatives. Primeaux is currently a board member of the Louisiana Association of Nurse Anesthetists. Her passion and love for helping people inspired her to participate in medical missions to Haiti and Guatemala.

## Funk Receives Friends School of Nursing Award

Deb Funk, RN, director of practice for the Missouri State Board of Nursing, has been named this year's recipient of the Friends of School Nursing Award. This honor, given by the Missouri Association of School Nurses (MASN), recognizes a person or a group who has made a statewide contribution to assist MASN in achieving its goal of quality health care for all Missouri children. She received the award through nominations and recommendation letters.

Funk has been a member of the Missouri Board of Nursing team since 2006. "It's an honor to be selected for this award," she says. "It is affirmation that I am truly fulfilling the responsibilities of my position. As the director of practice, I work closely with nurses and employers from all backgrounds, other state and local regulatory bodies, schools of nursing and other stakeholders. Building close relationships with these groups permits me to help them understand the laws and regulations that govern their practice in Missouri and allows them to view the board of nursing as an entity that provides help, not just discipline."

## Boni Appointed Nursing Executive Officer of Vermont Office of Professional Regulation

Shiela Boni, MSN, RN, has been appointed as the nursing executive officer of the Vermont Office of Professional Regulation (OPR). Boni began her new role January 25, 2021, bringing to the position clinical, executive and academic experience that she has gained over the span of a 35-year career in professional nursing practice. Boni starts her tenure at OPR just as the Vermont General Assembly begins their 2021 session with plans to continue discussing the Nurse Licensure Compact.

## West Virginia RN Board Congratulates Alice R. Faucett

The West Virginia Board of Examiners for Registered Professional Nurses (WVRN) thanks Alice R. Faucett, JD, for 25 years of service and congratulates her on her new position as general counsel at West Virginia State University. Faucett served as general counsel and director of discipline. She has been a consistent resource in nursing regulation and her commitment to protecting the organization's legal interests were unparalleled. Prior to her tenure with the WVRN, Faucett served the citizens of West Virginia as the child advocate case manager for the West Virginia Bureau for Child Support Enforcement from 1993-94 and as the assistant attorney general for the West Virginia State Attorney General from 1992-93 and from 1994-97). Faucett's profound knowledge and leadership will be missed. The WVRN is confident that she will continue to serve the citizens of the State of West Virginia in her new role and wishes her continued success in all future endeavors. 🌈



**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](#).





## What do you think of *In Focus*?

- Do you enjoy reading *In Focus*?
- Do you wish it came out more often?
- Are there topics we haven't covered you think we should?
- Here's your chance to let us know!

In 2014, NCSBN launched *In Focus* magazine, formerly known as *Council Connector*. While NCSBN Members are the primary audience for *In Focus*, nurses, nursing students, educators, employers and the public are welcome and encouraged to read it as well. More than 24,000 individuals subscribe to *In Focus*.

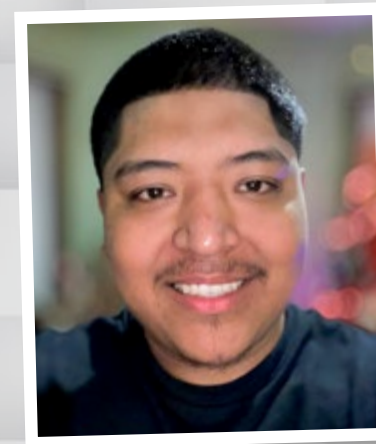
Rather than just telling you what happened, *In Focus* tells you why it happened and what might happen in the future. In addition to reporting the what, our aim is to provide an explanation of the why and the how, with a "storytelling" style of reporting that includes longer, more in-depth feature stories.

We'd appreciate it if you could take a few minutes to let us know how we are doing. Your opinion will help NCSBN continue to provide an informative and educational magazine.

**Let your thoughts be heard**



**Take our Survey**



### Speed Round

**Get to know NCSBN staff:**

**Fernando Cisneros, Product Support Associate, Information Resources**

#### What do you do?

I am a product support associate in the Information Resources (IR) division. I serve as the primary liaison between nursing regulatory bodies and other stakeholders. When I am not working on operational tasks, I am assisting with special projects like APRN implementation, user acceptance testing and coordinating configuration for Nursys® Member Board Notification. I also execute support for the following applications within the IR Division: Nursys, ORBS and Passport.

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

Other than being a part of a great team with years of knowledge, I would say one of the best aspects of my job is being able to work with different products NCSBN offers. It allows me to understand the way each application works, as well as how they help service the public or a nursing regulatory body. It can also be challenging at times because working with different applications means learning different configurations; I must be sure I constantly stay on top of their updates to assure the same top-tier support is provided.

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

I enjoy cooking, taking my dog to confirmation shows and traveling. So, I would explore international cuisine and host dog shows abroad. If I was not working at NCSBN, my dream job would be to become a world-renowned dog-handling ... chef! 🐾

## Exciting Virtual Opportunities for Nursing Graduate Students and Faculty

### Now Accepting Applications

The NCSBN Regulatory Scholars Program develops the field of nursing regulation by building regulatory experts and researchers, providing high-level evidence for nursing regulatory and policy decision-making, and encouraging scholarly dialogue and publications. It is a great opportunity for graduate nursing students and faculty to gain cutting edge experiences in nursing regulation and policymaking.

It consists of three positions: a grant program for doctoral students, a paid scholar in residence position, and an unpaid graduate internship in nursing regulation or policy.

During the COVID-19 pandemic, this opportunity is still available in a virtual capacity.



"Working remotely in this position provided adequate flexibility for me to complete my work, although it does not come without challenges.

However, with the support of the NCSBN Regulatory Innovations team and frequent touch base meetings with my leaders, I believe that I was able to make an impact to meet the vision and fulfill the mission of NCSBN."

— Alexandra Duke, DNP, RN-BC, CEN, CHSE, CNEcl, EBP-C, NCSBN's first 100% virtual Scholar in Residence participant



*For applications and more information, visit our webpage or contact us at [regulatoryscholars@ncsbn.org](mailto:regulatoryscholars@ncsbn.org).*



This is your time.



## Applications for NCSBN Leadership Positions are now Being Accepted.

### *Leadership Succession Committee Call for Nominations*

Attention NCSBN Potential Leaders!  
The fiscal year 2021 NCSBN Leadership Succession Committee would like you to consider becoming a candidate for office, or encouraging a colleague to do so. As a member of NCSBN's Leadership Succession

Committee, you will use your skills and expertise to effect change and guide the organization to new heights. Your unique input and experience are what NCSBN needs to guide it through challenges and opportunities, shaping it for what's ahead.

Complete the NCSBN Candidate Application form for a position on the Board of Directors or the Leadership Succession Committee.

**Deadline to Apply:  
March 20, 2021**