Next Generation NCLEXONIEWS

Next Generation NCLEX®: Stand-alone Items

The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess upcoming changes to the NCLEX Examinations. In this issue, you will find information related to Next Generation NCLEX (NGN) stand-alone items.

Stand-alone items are individual items that may contain multiple steps from Layer 3 and aspects of Layer 4 of the NCSBN Clinical Judgment Measurement Model (NCJMM) (<u>Spring 2020</u>, <u>Summer 2020</u>). Two types of stand-alone items are included in the NGN-RN and NGN-PN Special Research Sections (SRSs), bow-tie items and trend items.

The following chart explains the differences between a stand-alone item and a case study.

Stand-alone -

- Has a stated diagnosis or an implied diagnosis
- Includes clinical information for a specific client
- Provides components that require the entry-level nurse to make one or more clinical decisions

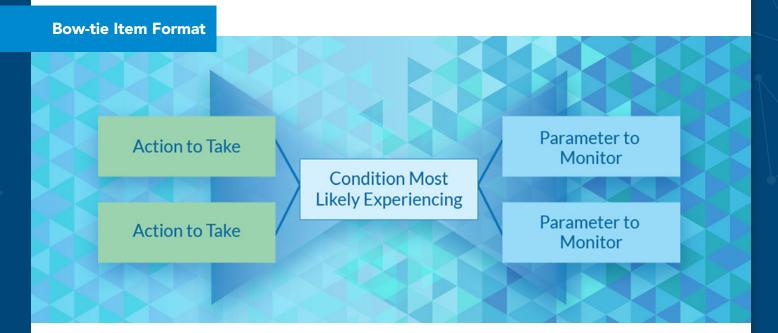
Case Study

- Has clinical information for one or more clients
- Is a group of six items that represents the NCJMM
- Requires the entry-level nurse to make multiple clinical decisions throughout the spectrum of the clinical judgment model
- Uses an action-model approach by combining individual components in a structured format



Bow-tie Items

Bow-tie items address all six steps of the NCJMM in one item. The entry-level nurse has to read the scenario on the left to recognize if findings are normal or abnormal (Recognize Cues), understand the possible complications or medical conditions the client may be experiencing (Analyze Cues) and identify possible solutions to address the client's needs and issues (Generate Solutions). The entry-level nurse will then answer the bow-tie item on the right to determine the most likely cause of the client's issues (Prioritize Hypotheses), the appropriate actions to take (Take Action) and the parameters to monitor once interventions have been implemented (Evaluate Outcomes). This is why it is called a 'bow-tie' item because the response area looks like a bow-tie with two "Actions to Take" on the left, two "Parameters to Monitor" on the right and a single "Potential Condition" response in the middle.



Bow-tie Item Format

For the entry-level nurse to complete the bow-tie item and move forward with the exam, all targets (placeholders for response options) must be filled with a token (the response option), which are found directly below the bow-tie in labeled columns. Tokens from the same column are interchangeable, but a token from "Actions to Take" cannot be used to fill a "Parameter to Monitor" target and vice versa. The target boxes and the option tokens also have similar wording and the same coloring to help facilitate appropriate responses. For instance, notice the four tokens colored in blue under the heading "Potential Conditions" in the sample bow-tie item on the next page. These align with the target area just above it that is similarly colored and has similar text indicating "Condition Most Likely Experiencing." This was done to help guide the correct placement of option tokens to the correct target area. Once a token has been placed on a target, it can be removed by moving it from the target back to its designated token column, or moving a new token to the target and placing the new token on top of the original token. The original token will then move back to the appropriate column.

Continued on next page





Bow-tie items may contain one or more tabs on the left. Possible tabs include Nurses' Notes, History and Physical, Laboratory Results, Vital Signs, Admission Notes, Intake and Output, Progress Notes, Medications, Diagnostic Results, and Flow Sheet.

Sample Bow-tie Item

The nurse in the emergency department (ED) is caring for a 79-year-old female client.

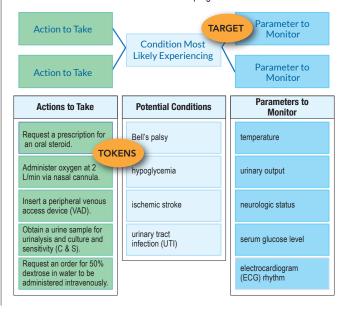
Nurses'

History and Physical

1215: Client accompanied to ED by daughter, right-sided ptosis with facial drooping noted. Right-sided hemiparesis and expressive aphasia present. Daughter reports client recently had an influenza infection. Lung sounds are clear, apical pulse is irregular. Bowel sounds are active in all 4 quadrants, skin is warm and dry. Incontinent of urine 2 times in the ED, daughter reports that the client is typically continent of urine. Capillary refill sluggish at 3 seconds. Peripheral pulses palpable, 2+. Vital signs: T 97.5° F (36.4° C), P 126, RR 18, BP 188/90, pulse oximetry reading 90% on room air. Capillary blood glucose obtained per protocol, 76 mg/dL (4.2 mmol/L). ED Physician notified.

The nurse is reviewing the client's assessment data to prepare the client's plan of care.

Complete the diagram by dragging from the choices below to specify what condition the client is most likely experiencing, 2 actions the nurses should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.



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Stand-alone Trend Items

Trend items are individual items that have the entry-level nurse review information gathered over a period of time. Trend items address multiple steps of Layer 3 of the NCJMM, but do not follow the six-item sequence like case studies do. Trend items can feature any item response type (Fall 2019) on the right. Possible tabs include Nurses' Notes, History and Physical, Laboratory Results, Vital Signs, Admission Notes, Intake and Output, Progress Notes, Medications, Diagnostic Results, and Flow Sheet.

Sample Trend Item

The nurse in the emergency department (ED) is caring for a 10-day-old client who is experiencing projectile vomiting after drinking formula.

Flow Sheet

Intake and Output	1000	1400	1800
Intake	480 mL of formula over the past 24 hrs	60 mL of formula over the past 4 hrs	60 mL of formula over the past 4 hrs
Output	3 small yellow stools over the past 24 hrs	40 mL of emesis 30 min after feeding	40 mL of emesis 30 min after feeding

Nurses' Notes

1000: Parent reports that the client has been vomiting after drinking each bottle of formula. Parent estimates the client is vomiting half of each bottle with each feeding. Client triaged. Vital signs: T 97.7° F (36.5° C). P 124. RR 30.

1400: Client experienced projectile vomiting 30 minutes after drinking 60 mL of formula. Anterior fontanel is soft and flat. Bowel sound are hyperactive.

1800: Client experienced projectile vomiting 30 minutes after drinking 60 mL of formula. Abdomen is distended. Client is crying and is inconsolable

The nurse is preparing to speak with the physician about the clients plan of care.

- Which of the following diagnostic procedures should the nurse anticipate the physician would order? Select all that apply.
 - ☐ barium enema
 - ☐ abdominal x-ray
 - □ abdominal ultrasound
 - □ complete metabolic panel
 - ☐ esophagogastroduodenoscopy (EGD)



Summary

In summary, stand-alone items allow a entry-level nurse to move through the steps of Layer 3 within one item. There are two types of stand-alone items: bow-tie items and trend Items. Both of these stand-alone item types allow a entry-level nurse to make clinical decisions dependent on the stated or implied diagnosis.

NGN Resources

For more information regarding the NGN project, please visit the NCSBN website and our Frequently Asked Questions, which address common questions from entry-level nurses and educators. The NGN Resources page includes past publications of the NGN News. The newsletter is published quarterly and provides the latest information about the work to assess potential changes to the NCLEX Examinations. NGN Talks & Videos houses short NGN videos on topics related to the NGN.



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