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at their fingertips

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**NCSBN**  
Leading in Nursing Regulation  
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## PN Focus Group

Nancy Spector, DNSc, RN, NCSBN Director of Education

### Background

Periodically, NCSBN's Research Services Department conducts an incumbent practice analysis (job analysis) for nurses up to six months in practice that provides the basis for the NCLEX-PN® Test Plan. These analyses are conducted on a three-year cycle, and NCSBN uses a rigorous methodology to evaluate practice. On April 29, 2004, NCSBN convened a national focus group to discuss the findings of NCSBN's 2003 LPN/VN Practice Analysis. These results showed that the scope of practice for LPN/VNs was changing, and, therefore, some LPN/VNs could be practicing outside their scopes of practice in their jurisdictions. Each state or territory has its own practice act for LPN/VNs so scopes of practice vary from jurisdiction to jurisdiction.

This national focus group discussed the findings of the 2003 LPN/VN Practice Analysis and made recommendations to the NCSBN Board of Directors. To ensure the broadest possible range of experience and knowledge, participants were selected from various nursing-related disciplines across the United States. An experienced group facilitator, who is not in the nursing profession, was hired to assist with planning the day and facilitating group processes, and to analyze and record the group discussions.

The recommendations of the group are summarized below:

**1) White Paper:** There was strong consensus, both during small and large group sessions, that the most important recommendation was for NCSBN to write a white paper, capturing the discussion of the day. As much data from the various research projects at NCSBN should be included in this paper as possible thus making it evidence-based.

This white paper can be used as a vehicle to develop partnerships and begin dialogue about the scope of practice of LPN/VNs with employers, associations, boards of nursing, nurse executives and educators. These partnerships can begin to promote mobility of the LPN/VN through articulation programs, such as the ones that exist in Texas, Washington, Colorado and Kentucky.

Further, this white paper can begin dialogue to create a model LPN/VN curriculum in an attempt to attain greater universality regarding the scope of practice of LPN/VNs across jurisdictions. Collaboration and input from various stakeholders, including boards of nursing and consumers, would be important when designing this model curriculum.

**2) NCSBN Model Rules:** While the group realized that the NCSBN Model Rules were going to be voted on in the 2004 Delegate Assembly, it emphasized that this should be a dynamic document that will evolve as LPN/VN practice changes.

**3) NCSBN as a Central Clearinghouse for LPN/VN Data:** It was recognized that there is a wealth of LPN/VN data available, but it has not been shared with various groups. Groups that collect data on LPN/VNs should collaborate and share their data, and NCSBN should make available all of the shared data. Some groups currently collecting data on LPN/VNs include NCSBN (practice analyses; Commitment to Ongoing Regulatory Excellence (CORE); employer surveys; etc.), National League for Nursing Accrediting Commission (NLNAC), National Association for Practical Nurse Education and Services (NAPNES), American Association of Community Colleges (AACC), and boards of nursing that collect discipline data. The group recommended that NCSBN encourage the use of the Taxonomy of Error, Root Cause Analysis and Practice Responsibility (TERCAP) tool by all boards of nursing. Some boards of nursing, such as the ones in Washington and Minnesota, have statewide initiatives to collect LPN/VN data. The combined results of all these studies will help to identify best practices.

The LPN/VN data should be held in a central location. NCSBN should summarize the available data in a readable form and distribute it to all stakeholders. It was emphasized that stakeholders would benefit by a brief document summarizing these results, rather than a lengthy one that is full of raw data and graphs.

**4) NCSBN's Committee Format Should Support LPN/VNs:** There was consensus that NCSBN committees should specifically address LPN/VN issues, and the Board of Directors should consider LPN/VNs when committee charges are written and when committee members are selected.

### Summary

Most of the recommendations address two areas: increasing the dialogue between nursing practice, education, regulation professionals and consumers about the issue of LPN/VN scope of practice; and the collecting and sharing of data about LPN/VNs. Once these recommendations are accomplished, we can develop partnerships and collaborations, and best practices and articulation models can be created.

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# LEADER to LEADER

Nursing Regulation & Education Together

## What is NCSBN?

The National Council of State Boards of Nursing (NCSBN) is composed of the 60 boards of nursing in the U.S. and its territories and provides leadership to advance regulatory excellence for public protection. It does this by providing information on key nursing and regulatory topics to keep its members and the public informed about the changing health care environment.

Through NCSBN, the boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. The boards of nursing are from the 50 states, plus four LPN/VN boards (California, Georgia, Louisiana and West Virginia), the District of Columbia, and the U.S. territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands).

The following lists some of the ways that NCSBN may become a resource for you. If you have questions or want more information, please visit our Web site at [www.ncsbn.org](http://www.ncsbn.org) or contact Nancy Spector, director of education ([nspector@ncsbn.org](mailto:nspector@ncsbn.org)), who can answer your questions or refer you to the correct person.

### NCSBN Resources and Information

- Test Plans for the NCLEX® Examinations
- Model Nurse Practice Acts and Rules
- Trends in Nursing Practice, Regulation and Education
- Public Policy Information
- Nurse Licensure Models: Single State and Mutual Recognition
- Issues Surveys

### NCSBN Products and Services

- NCLEX® Examinations
- Nursys® Licensure QuickConfirm (licensure verification system)
- NCSBN Learning Extension Online Courses

### NCSBN Research

- Practice Analyses for RNs, LPN/VNs, Nurse Aides
- Licensure and Examination Statistics
- Practice and Professional Issues Surveys
- Continuing Education Studies
- Employer Studies

## Jordanian Nurses Visit NCSBN

Nancy Spector, DNSc, RN, NCSBN Director of Education

In July, NCSBN was honored with a visit from a group of Jordanians who wanted to learn about nursing regulation in the U.S. We were especially privileged to host Her Royal Highness, Princess Muna Al-Hussein. Besides being a member of the royal family, she is also the President of the Jordanian Nursing Council. Accompanying the Princess were two nursing faculty members, the Secretary General of the



Jordanian Nursing Council, and the Secretary General of Family Affairs in Jordan. Although Her Royal Highness is not a nurse, she has strenuously advocated for nursing for a number of years and was instrumental in the development of the Jordanian Nursing Council, which is similar to NCSBN. The princess said that she told her son, the King of Jordan, that it was essential for him to support the establishment of the Jordanian Nursing Council. When he asked why, she said, "Would you want a pilot who had no education or experience to fly you somewhere?" He replied, "No, of course not," and she told him that it is the same for nursing. She explained that nurses, too, need excellent education and training because the lives of patients are at stake.

The two faculty members, the Secretary General of the Jordanian Nursing Council and the Secretary General of Family Affairs in Jordan, asked to visit a U.S. hospital and school of nursing. We took them to Rush University College of Nursing and the Rush University Medical Center in Chicago. Dr. Kathleen Andreoli, Dean of the College of Nursing, and Dr. Jane Llewellyn, Vice President of Clinical Nursing Affairs, graciously hosted the visit. The Jordanian visitors were very interested in the accelerated nursing programs in the U.S. The Jordanian program is two years in length and therefore not as popular as our one-year programs are. The Jordanian visitors were very interested to learn how their programs can be shortened to one year, and they eagerly took curricular materials for reference. They also were very interested in online and distance doctoral programs. They have no doctoral programs in Jordan, and therefore it is hard to develop qualified faculty. The visitors were quite intrigued with the College of Nursing's state-of-the-art simulation lab and expressed the desire to purchase something similar for their country. The group was also very impressed with the magnet status of Rush University Medical Center, and in fact several of them took pictures of the award giving Rush magnet status. We toured some hospital units, and the Jordanian group asked for some examples of our clinical pathways, as they are developing those in Jordan now.

We had an interesting meeting with our Jordanian visitors, and we all realized that, globally, our nursing issues are really very similar.

# ASK

NCSBN

Q I have heard about Nursys®, but what exactly is it?

A Angela Diaz-Kay, Director of Information Technology at NCSBN, replies:

Nursys® (Nurse System) is a comprehensive electronic information system that contains nurse licensure and discipline information provided by boards of nursing in the United States and its territories. Nursys receives regular updates of nurses' demographic (name, address, etc.), license, education and discipline information from participating boards of nursing. All boards of nursing have access to information within Nursys and use this data to verify the license information of a nurse requesting a license in a state. This is the system where many nurses will need to submit a request for license verification.

Employers or recruiters may access Nursys, but can only access information provided by boards that have agreed to allow such access to their information. This system can act as a one-stop-shop for employers or recruiters trying to gather all the licensure and discipline information on a specific nurse. To date, almost 50% of all boards of nursing submit nurse licensure data into this system, and almost 100% of boards of nursing submit nurse discipline information. More detailed information can be found at NCSBN's Web site or by visiting [www.nursys.com](http://www.nursys.com).

We invite your questions. Please send your questions to Nancy Spector ([nspector@ncsbn.org](mailto:nspector@ncsbn.org)), NCSBN's director of education, and we will call on our experts to answer them for you.

National Council of State Boards of Nursing

# www.ncsbn.org

## Alternate Item Formats and the NCLEX® Examinations

### Recently Published By NCSBN

#### Report of Findings from the 2002 RN Practice Analysis Update

This practice analysis describes and compares the possible differences in the entry-level practices of newly licensed associate and baccalaureate degree nurses.

#### Report of Findings from the Practice and Professional Issues Survey, Spring 2003

Practice and Professional Issues Surveys are conducted twice a year by NCSBN to collect information from entry-level nurses on specific practice activities and current professional issues. This report contains topics including transition to practice and interactions with assistive personnel.

#### Report of Findings from the 2003 Employers Survey

Provides employers' views of entry-level nurses and assistive personnel. The report contains rich data regarding the preparation of entry-level nurses for the practice setting and issues surrounding the appropriate preparation and utilization of assistive personnel.

#### Report of Findings from the Practice and Professional Issues Survey, Winter 2003

This survey of nurses (RNs and LPN/VNs) during their first six months of practice collects information about activities they perform and issues surrounding practice. The study was designed to collect data from entry-level nurses educated in the United States and from nurses educated in foreign countries who had recently been licensed to practice in the United States.

#### Evidence-Based Regulation: A Regulatory Performance Measurement System

Describes an outcome-based performance measurement system for state and territorial boards of nursing.

For more information or to order NCSBN publications, call 1.800.765.3944 or visit [www.ncsbn.org/resources](http://www.ncsbn.org/resources).

Anne Wendt, PhD, RN, NCSBN Associate Director of Testing Services, has provided the following information on alternate item formats on the NCLEX examinations.

The National Council of State Boards of Nursing (NCSBN) introduced computerized adaptive testing (CAT) in 1994. CAT has proven to be an efficient and effective method of assessing the knowledge, skills and abilities of the entry-level nurse. With advancements in technology, NCSBN has developed items with alternate formats. In April 2003, NCSBN introduced several types of items that use formats that are different than the standard multiple-choice item. The types of items are multiple-response, fill-in-the-blank (calculation), fill-in-the-blank (ordered response) and hot spot. These formats are illustrated in Figures 1 through 4. Nursing candidates who take the NCLEX examination can easily identify the multiple-response item from the multiple-choice item by the check boxes prior to the answer options. In addition, the phrase "Select all that apply" appears in the multiple-response items. Fill-in-the-blank items are easy to differentiate from multiple-choice items because the candidate is expected to type in a response as illustrated in Figures 2 and 3. For these items, the candidate should just type in numbers. For hot spot items, the candidate should select an area on a chart or diagram which best answers the question posed in the item. There are no suggested areas or options to cue the candidate's response.

Alternate items undergo the same rigorous process that is used to develop multiple-choice items. NCSBN is committed to developing a high quality examination to assess the knowledge, skills and abilities needed to practice nursing at the entry-level. If you would like more information about the alternate items, you can access the NCSBN Web site at [www.ncsbn.org](http://www.ncsbn.org) for the Fast Facts About Alternate Item Formats FAQ.

Figure 1

Candidate P Pearson (NCLEX-RN) Time Remaining 4:59:23

The nurse is caring for a client who has a wound infected with methicillin-resistant *Staphylococcus aureus* (MRSA). Which of the following infection control precautions should the nurse implement?

Select all that apply:

- 1. Wear a protective gown when entering the client's room.
- 2. Put on a particulate respirator mask when administering medications to the client.
- 3. Wear gloves when delivering the client's meal tray.
- 4. Ask the client's visitor to wear a surgical mask when in the client's room.
- 5. Wear sterile gloves when removing the client's wound dressing.
- 6. Put on a face shield before irrigating the client's wound.

Select all that apply. Click the Next(N) button or the Enter key or the ALT+N keys to confirm answer and proceed. Item 2

Next(N) Calculator(C)

Put the following words in alphabetical order:

1. Dog
2. Atom
3. Car
4. Egg
5. Bank

Type your answer in the box below:

25314

Type the numbers for the words in alphabetical order.

Next Generation NCLEX® Item  
Hot Spot

Figure 3

Figure 2

Candidate P Pearson (NCLEX-PN) Time Remaining 4:59:24

The nurse is completing the intake and output record for a client who had an abdominal cholecystectomy 3 days ago. The client has had the following intake and output during the shift.

Intake:

- 4 oz of orange juice
- 1/2 serving of scrambled eggs
- 6 oz of water
- 1/2 cup of fruit-flavored gelatin
- 1 cup of chicken broth
- 400cc of 0.9% sodium chloride (half-strength saline) IV

Output:

- 1000ml of urine
- 120 ml of drainage from the T-tube

How many milliliters should the nurse document as the client's intake?

Answer:

1060

Select all that apply. Click the Next(N) button or the Enter key or the ALT+N keys to confirm answer and proceed. Item 2

Next(N) Calculator(C)

The nurse is performing a cardiac assessment on a client. Identify the area where the nurse should place the stethoscope to best auscultate the mitral valve.

Next Generation NCLEX® Item  
Hot Spot

Figure 4

## NCSBN Writes White Paper on Approval/Accreditation of Nursing Programs

NCSBN's Practice, Regulation and Education (PR&E) Committee recently published, "White Paper on State of the Art Approval/Accreditation Processes at Boards of Nursing," and it can be accessed at: [www.ncsbn.org/pdfs/Approval\\_White\\_Paper\\_Final.pdf](http://www.ncsbn.org/pdfs/Approval_White_Paper_Final.pdf). The culmination of two years of work by the PR&E Committee, this document looks at the history of approval/accreditation in the U.S. and globally. The paper also reviews and analyzes the studies and projects that have been done on approval/accreditation at NCSBN.



From all of the information and data gathered, five models of approval/accreditation that are used by boards of nursing were identified. These models are:

#### I. Boards of nursing are independent of the national nursing accreditors.

Boards of nursing that use this model approve/accredit nursing programs separately and distinctly from the national nursing accrediting bodies. Initial approval processes are conducted before accreditation takes place.

#### II. Collaboration of boards of nursing and national nursing accreditors.

In this model, boards of nursing share reports with the national nursing accrediting bodies and/or make visits with them. However, the final decision about approval is made by the board of nursing, independent of decisions by the national nursing accreditors. Initial approval processes are conducted before accreditation takes place.

#### III. Deem national nursing accreditation as meeting state approvals.

Boards of nursing deem accreditation from the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) as meeting state approvals, though they continue to approve/accredit those schools that do not voluntarily get accredited. The board of nursing is available for assistance with statewide issues (i.e., the nursing shortage in that state); retains the ability to make emergency visits to schools of nursing, if requested to do so by a party reporting serious problems; and has the authority to close a school of nursing, either on the advice of the national nursing accreditors or after making an emergency visit with evidence that the school is causing harm to the public. Initial approval processes are conducted before accreditation takes place.

...looks at the history of approval/accreditation in the U.S. and globally, and reviews and analyzes the studies and projects that have been done on approval/accreditation here at NCSBN.

These boards deem CCNE or NLNAC accreditation as meeting state approvals, but may require more documentation, such as complaints, NCLEX® results, excessive student attrition, excessive faculty turnover and lack of clinical sites.

#### III a. Deem accreditation as meeting approvals, with further documentation.

These boards deem CCNE or NLNAC accreditation as meeting state approvals, but may require more documentation, such as complaints, NCLEX® results, excessive student attrition, excessive faculty turnover and lack of clinical sites.

#### IV. Boards of nursing require national nursing accreditation.

Boards require their nursing programs to become accredited by CCNE or NLNAC, and then will use Model III or IIIa to approve them. Initial approval processes are conducted before accreditation takes place.

#### V. Boards of nursing are not involved with the approval system at all.

The board of nursing is not given the authority to approve nursing programs. In these jurisdictions approval/accreditation is usually done by another state authority.

### NCLEX Goes International

NCSBN has selected the first three countries in which to offer the NCLEX® examinations for domestic nurse licensure purposes. Upon recommendation from the NCSBN Examination Committee, NCLEX testing is expected to begin in January 2005 in Seoul, South Korea; London, England; and Hong Kong.

"These are the initial countries where testing will begin," stressed Dr. Casey Marks, NCSBN director of testing services. He added that, "The examination committee was faced with difficult choices in order to choose the first locations. If the initiative proceeds as well as expected, additional countries will be added when warranted."

"NCSBN utilized rigorous selection criteria in making this decision on what countries to pilot the initiative," said Kathy Apple, NCSBN Executive Director. She added, "I feel the examination committee and Board made excellent initial choices."

Selection criterion included security and geographic representation outside of the current member board of nursing locations. The countries selected were highly rated against this criterion.

### The Nursing Practice Doctorate

Nursing leaders are discussing the nurse practice doctorate role at their various meetings and conferences across the country. NCSBN monitors the evolving roles of the profession, but does not become involved unless public protection is affected.

NCSBN was one of approximately 50 organizations that participated in the National Forum on the Practice Doctorate on December 8, 2003. The forum was cosponsored by the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) and allowed stakeholders from nursing practice, education, regulation, certification, and accreditation to participate in a discussion regarding the key issues surrounding the nurse practice doctorate. Nurse practice doctoral programs have been in existence since 1979; however, only within the past several years has there been expressed interest across the educational community in these types of programs.

During the forum, discussion focused on the purpose for the nurse practice doctorate as well as its benefits and challenges. There were also small group discussions on issues related to practice, education, regulation, certification and accreditation. No consensus on any specific issue was reached but next steps were identified. More information on the National Forum can be found on the NONPF Web site ([www.nonpf.org](http://www.nonpf.org)).

**NCLEX® Item Writers**

Are you ready for the challenge?

National Council of State Boards of Nursing (NCSBN) needs staff nurses, charge nurses, clinical nurse specialists, clinical nurse managers and preceptors to serve on a NCLEX® examination item development panel.

Item writers create questions ("items") that are used for the NCLEX examination, with the assistance of NCSBN's test service. Item reviewers check items for currency, accuracy, job relatedness and appropriateness for the entry-level nurse.

You may access the Item development panel application by visiting NCSBN's Web site, [www.ncsbn.org](http://www.ncsbn.org), and using the "Item Development Online Application" link.

If you do not have access to the Web, please call NCSBN at 1.312.525.3775.

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### Educators: Strengthen the Link Between Education and Regulation

As a nursing educator you can help your students to strengthen the link between education and regulation by encouraging them to respond to NCSBN-sponsored surveys. For example, every three years newly licensed registered nurses and newly licensed practical/vocational nurses are asked to complete surveys on the nursing activities that they perform as part of their nursing practice. The results of the surveys are used to evaluate NCLEX® test plans. Let your students know that they can make a difference to the nursing profession by completing the surveys and getting involved.

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