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2021 NCSBN Annual Meeting - Next Generation NCLEX Update Video Transcript

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Event

2021 NCSBN Annual Meeting

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Presenter

Betsy Houchen, JD, MS, RN, Chair, NCLEX Examinations Committee; Executive Director, Ohio Board of Nursing

- [Betsy] Hello, I'm Besty Houchen, executive director of the Ohio Board of Nursing and chair of the NCLEX Examination Committee.

Today, it's my pleasure to present the work of our exams committee, including two matters related to the next generation NCLEX that will require your vote. The outline of my presentation is on this slide. I'll review NEC charges, accomplishments, and the recommendations we are presenting to the delegate assembly.

There are two next generation NCLEX matters that require your vote. And I must say how happy and proud I am to present these recommendations to you on behalf of the NEC. First, I'll begin by acknowledging the NEC members as well as others who have supported the work of the committee.

Let's start with the members of the NCLEX examination committee known as the NEC. I would normally have each of you stand, but in this virtual world, we want to recognize you and let you know how much we appreciate your work. Barbara Blozen, New Jersey. Carol Timmings, Ontario.

Cynthia Johansen, British Columbia. Claire MacDonald, Massachusetts. Crystal Tillman, North Carolina. Danette Schloeder, Alaska. Deborah Swartz, Vermont. Kimberly Miller, Minnesota. And Board Liaison, who we appreciate working with us, Valerie Fuller.

We also want to acknowledge the work of the members of the NCLEX item review subcommittee. These members make and review items to ensure all test content on the exams is appropriate for operational use. Allison Edwards, Texas.

Anne Hardee, North Carolina. Anne Heyen, Missouri. Ashlan Porter, Georgia. Brandon Jones, Virginia. Catherine Hample, Alaska. Cindy Fairchild, California VN. Elise McDermott, Texas.

Jacci Reznicek, Nebraska. And here are the rest of our NIRSC members. Jennifer Pelletier, North Carolina. Karen Lyon, Louisiana RN. Kathleen McManus, Maine. Mariclaire England, Minnesota.

Meedie Bardonille, District of Columbia. Patricia Motl, Nebraska. Sandra Culpepper, Mississippi. Tammy Bryant, Georgia. And it's very important to recognize the diligent work, commitment, and dedication of the NCSBN exams staff. Their work makes us all a reality and ensures the success of the NCLEX examinations.

They work with the NEC. They support our committee's charge and share their great expertise with us throughout the year. Phil Dickison, Chief Operating Officer. Jennifer Gallagher, Director of Exams. Joe Betts, Director of Measurement and Testing.

Jason Schwartz, Director of Test Development. Jacklyn Currier, Operations Manager. And Thy Cao, Operations Coordinator II. The NEC charge for the 2021 meetings included two main components. First, ensure the continuing success of the NCLEX exams and, second, develop the NGN to provide a valid and direct measurement of the clinical judgment needed by entry-level nurses for safe and effective care.

This past year involved adapting to the COVID-19 pandemic. We know it impacted all of us, and it also impacted the testing, and operations, and modifications needed to be made. An important modification at the start of the pandemic was the reduction to a maximum of 130 score items, and we made this change permanent this past October.

Another COVID-based modification was the temporary suspension of all unscored pretest items from the exams, including our NGN's special research section. However, for FY '20, we were able to resume having these research sections, including adding them to the PN exam.

To allow adequate testing time for the pretest and special research sections, exam time was increased to five hours from the four initially implemented at the start of the pandemic. The results of these changes is a stable exam structure that will remain in place until the launch of NGN. As for NGN, we finalized our recommendations for the overall design and structure of the new exam, including how items will be scored.

And I'll be sharing this information in more detail in the next several slides. And finally following the success of our 2020 virtual NCLEX conference, we have planned an open registration for the 2021 virtual event. So these things highlight a few of our key accomplishments and a very successful year for both the NCLEX and the NGN.

So, next, I want to review the recommendations of the delegate assembly. At the midyear meeting, you watched the video presentation where Phil provided our recommendations for test design and scoring. In these slides, I'll recap these recommendations for your consideration and vote. So we're going to begin with the test design.

The test design is an umbrella term used to cover aspects of an exam. So just how many items it includes, what kinds of items are included, how long candidates have to take the exam, and how the exam is delivered. Several years of research by our NGN exams department is behind the proposed test design for NGN, and I am very happy to present our recommendations on behalf of NEC and the exams department.

This table summarizes our proposed test design for NGN. First, let me tell you that the proposed testing time for NGN remains at 5 hours and our proposed test design will continue to rely on computerized adaptive testing or CAT.

Looking at the first row on the slide, you see our proposed test design increases the number of scored items to 70 to 135 which is different than the current range of 60 to 130 items. This increase allows for the use of clinical judgment case studies.

Each candidate will receive three case studies with six items each. Therefore, the total number of items from case studies is 18. On a minimum length exam, all remaining items will be knowledge items which are essentially the same items that are on current exams.

This will be 52 knowledge items on an NGN minimum length exam. For maximum length exam, the candidate will also see clinical judgment standalone items. That means single items not linked to a case study but would still measure clinical judgment. Some examples of these are the trend items and bow-tie items, and you might recall those from other presentations and publications regarding NGN.

About 10% of the final scored items will be this type, a range of 5 to 8 based on the random nature of the selection. The remaining 109 to 112 items will be standard knowledge items. There is some randomness in these items, so the value can differ from candidate to candidate.

I previously mentioned the pretest unscored items that are not counted towards the results. The current exams include 15 search items, and we are proposing the same for NGN. These questions allow us to continue to develop and test new items for the item bank.

And this ensures a sustainable future for our exams, so it's very important. So to summarize, the proposed test largely mimics the current exam with the primary change being a slight reduction in knowledge items to accommodate the addition of the clinical judgment content.

So why does the NEC feel confident in recommending the proposed test design for approval? Well, the new test design enables the NCLEX to provide a direct measurement of clinical judgment. Evidence tells us clinical judgment is critical.

It's critical for safe and effective nursing care even at the entry-level. We can measure it and even improve the overall measurement of the exam. Finally, the proposed changes do not increase testing time. You might question how we can measure so much more in the same amount of time. The answer involves a new approach we proposed for scoring the exam.

Remember that, in the current exam, all NCLEX items are scored as right or wrong. There is no in between. Our psychometricians refer to this as dichotomist scoring. On the NGN, as you saw in the video that was presented at the mid-year meeting, we are proposing a different approach to scoring clinical judgment content.

Here, a candidate will be able to earn some points for responses that are partly correct. For example, if an item has 3 points, each worth a point, a candidate might earn a 0, 1, 2, or 3, depending on their response.

Unlike dichotomist scoring, there are many ways to assign partial credit. As we walk through the three methods we proposed for NGN, please remember the big picture. Partial credit will now be possible for

certain exam items. The most common scoring method we're proposing for NGN is called Plus-Minus scoring.

For items that involve several response elements such as a Select All That Apply or a Drag and Drop, candidates earn a point for each correct element but lose a point for each incorrect element. The intent here is to discourage test-taking strategies such as selecting all possible responses for an item.

For some items, candidates will only be able to select a certain number of responses. An example is that there may be an item that tells the candidates to select the three most essential actions to take.

Here, we will use One-Zero scoring, which awards a point for each correct response but does not deduct points for incorrect responses. Finally, there are some items we proposed to score using Rationale scoring. When multiple elements of a response go together, such as making a selection and then justifying it with a reason, these elements are combined into a single unit for scoring.

You may recall from the midyear video, the example of world capitals where a statement like "the capital of France is Paris" would receive one point for the answers of France and Paris. And a statement like "the capital of Japan is Egypt" would receive no points for the responses of Japan and Egypt.

These three different ways to assign partial credit provide maximum flexibility in scoring the types of items that candidates will encounter on NGN. And why do we believe these various partial credit scoring methods are important to adopt for the NGN? There are three main reasons.

Most importantly partial credit scoring allows for more precise measurement. And from the perspective of administering tests, the purpose of each item is to provide as much information as possible about the test takers. When we score an item dichotomously, the item essentially places candidates into two groups—those who respond correctly and those who respond incorrectly.

These groups may be quite large and, within each group, there may be a vast range of candidate ability. For example, the zero group may include candidates who know almost enough to respond correctly but also includes candidates who have very little of the knowledge required.

Now, think about an item that uses partial credit scoring with a maximum of 4 points possible. This item now divides candidates into five groups, 0s, 1s, 2s, 3s, and 4s. In general, each of these groups is significantly smaller and candidates within each group are more similar to each other than ever before with respect to knowledge, skills, and ability.

When an exam has several items scored this way, the amount of information gained is substantial. In addition, NGN items are generally much more complex than standard NCLEX items. Because of the range and depth of what's being measured, partial credit scoring is more appropriate for these items.

And finally, partial credit scoring may be considered more fair for items that require several response elements. Receiving a 0 for a complex response that is almost entirely correct may be perceived as unfair and therefore the validity of the exam. This concludes my presentation on the work of the exam committee and our recommendations to the delegates.

The information I've presented is the culmination of nearly a decade of work by the exams team in close coordination with the NEC. If the proposals for test design and scoring are approved, we will have the decisions in place to support the online launch of NGN for April 2023.

And I know if we were in person, I would hear loud clapping in the room right now. Thank you very much for your time and attention. It is truly my honor to represent NEC and to be a part of bringing the NGN to you for a vote to proceed to make NGN a reality.

Thank you.

- [Jason] Thank you, Betsy, for your presentation. Betsy and Phil Dickinson are joining us now for live Q&A.

Please type your questions into the Q&A box. And, Betsy, we have a question for you from Chaney Landgraf who asks, "Will the pretest items include both next gen and knowledge items?"

- And I'm going to refer that question to Phil.

- [Phil] I assumed you would. Thank you, Betsy. The answer is absolutely. Remember the life of the bank is dependent on both standard NCLEX items and NGN items. And so we have to keep throughout every year replenishing all of those. So those 59ers will be dispersed across all types of items that would be potentially available on exams.

That includes both standalones, case study items as well as standard NCLEX items.

- Okay, thank you, Betsy and Phil. I'm not yet seeing other questions. So, again, a reminder to attendees. If you do have questions for Betsy or Phil, please use the Q&A box. Betsy, your explanations must have been crystal clear.

- Well, I have to thank Phil and staff for that. And just while we're waiting, I want to say it's been my pleasure and honor to be a part of this through the NCLEX committee and working with the exams staff and Phil.

It's truly been an honor. And this is a real milestone for the organization and for NCLEX. And I think so much credit needs to be given to Phil and the exams staff for the great job they did and how they worked with us as a committee, and we worked together to see this to this point.

- Betsy, I certainly want to say thank you to you for your service on the exams committee and everything you've done for NCSBN. I know you have a retirement coming up, so I want to congratulate you on that and wish you the best.

I just want to take one quick look to see if any other questions have come in in the meantime. Yes, actually. So from Jacci Reznicek, "What percentage of the next generation NCLEX items will be case studies or, better yet, what percentage of the next generation exam will be the exam as we know it today?"

- Okay, I'm going to refer to Phil again.

- Well, I don't do that in percents, because if you put the... I know we can't put the slide back up, but ultimately it's pretty stable. What that means is that every candidate who takes the NCLEX exam in the future, following the launch date, will get three case studies. Those three case studies will have six items apiece.

So quick math tells you they're going to get 18 items divided into three case studies. Everybody gets that. After that, the remaining items, the candidate has the potential of getting 10% of the remaining items, obviously that will be a different number for everybody, but it would be about 10% of the remaining items, and those remaining items will be what we called, as Betsy described, the standalone.

So you're looking at potentially items that we call bow-ties or trend items, but they're just standalone items that give us the ability to measure a clinical judgment across the combination of the traits of clinical judgment as opposed to in a case study.

- Okay, thank you, Phil. We do have one more follow-up question from Chaney Landgraf. And, Betsy, when you referred to an online launch, is that an implication that the NGN could be remote proctored?

- Yeah. I'll let Phil correct me if I'm wrong, but I don't think at this point we are to the level of having a remote proctor.

- That is correct. Online simply means it's going to be administered in 2023 exactly as we minister the NCLEX. So it'll be at PPC centers, the Pearson... The PP centers like they are today. There'll be no change in that process.

They're at the launch. I will add, since you're asking, certainly we're investigating remote proctoring. But you heard me in the March midyear meeting, if you were there, talk about the... There was a lot of work that needed to be done around that related to security, validity of exams, what I call the validity triangle.

That will take some time to get through all that research, and that would not be completed by April of 2023.

- Okay, we have a new question from Kristin Petrovic who asks if the passing standard would change for the next generation NCLEX.

- So I'm going to just jump in, Betsy, because I have a brief [inaudible] on that thought. I'll take care of that. Remember, in the cycle of things, we are completing our practice analysis. This year, we had to delay RN practice analysis because of COVID. It is now being completed along with the PN practice analysis.

The process remains the same. So we will be taking the results of the practice analysis to the board of directors in December of 2022. Prior to that, we will be conducting standard setting workshops on both those exams. Will the standard change?

I don't know because we follow the evidence on that. And the process by which we set the standard will follow the general psychometric processes and principles that they follow today.

- Okay, I'm not seeing any further questions. Maybe we'll just give it a few seconds in case anything comes in at the 11th hour, let's say, but if not, let's see. Okay, it looks like one more has just come in, so give me one second. Yes, okay.

So from Chester Farley, "Is there consideration for administering the exam in Spanish?"

- At this point in time, not in 2023. I'm sorry. I cut you off, Betsy. You go ahead. Sorry about that.

- No, I was just going to have you answer, Phil.

- All right. In 2023, the answer is no. There are larger issues that we are working with the board of directors on around the English language and proficiency exams. A significant amount of research and activity needs to go around measurement equivalents and the impact of regulatory models.

So the answer, in 2023, is it would not be in Spanish.

- Okay. And with that, I see no further questions. So this concludes the Q&A. Thank you very much.

- Thank you.