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# 1990 Book of Reports

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National Council of State Boards of Nursing, Inc.  
676 North St. Clair, Suite 550  
Chicago, Illinois 60611

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# Convention Schedule, August, 1990

## Office

York Room

## Incidental Meeting Rooms

Kennebec, Cumberland

### Monday, August 6, 1990

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	2:00- 4:00 p.m.	Convention Center Foyer
National Council Orientation	4:00- 5:30 p.m.	Vermont Room
Early Bird Social	5:30- 6:30 p.m.	Connecticut and Rhode Island Rooms

### Tuesday, August 7, 1990

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	8:00 a.m.- 2:00 p.m.	Convention Center Foyer
Executive Directors Networking Group	8:30- 10:00 a.m.	Somerset Room
Board Members Networking Group	8:30- 10:00 a.m.	Massachusetts Room
Board Staff Networking Group	8:30- 10:00 a.m.	New Hampshire Room
Coffee Break	10:00- 10:30 a.m.	Grand Ballroom Corridor
Nursing Practice & Education Forum	10:30- 11:30 a.m.	Connecticut, Rhode Island, and Vermont Rooms
Lunch Break	11:30 a.m.- 1:00 p.m.	On your own
NACEP Forum	1:00- 2:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
First Delegate Assembly Meeting	2:00- 3:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Coffee Break	3:00- 3:30 p.m.	Grand Ballroom Corridor
Testing Forum	3:30- 4:30 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Bylaws and Finance Forum	4:30- 5:30 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Dinner Break	5:30- 7:00 p.m.	On your own
Candidates Forum	7:00- 8:30 p.m.	Connecticut, Rhode Island, and Vermont Rooms
CTB/McGraw Hill Reception	8:30- 10:30 p.m.	Portland Museum of Art

**Wednesday, August 8, 1990**

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	8:00- 8:30 a.m.	Convention Center Foyer
Board of Directors Forum	8:30- 10:00 a.m.	Connecticut, Rhode Island, and Vermont Rooms
Coffee Break	10:00- 10:30 a.m.	Grand Ballroom Corridor
Ad Hoc Committee Chairs Forum	10:30 a.m.- 12:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Awards Luncheon	12:00- 1:30 p.m.	New Hampshire and Massachusetts Rooms
Joint Long Range Planning & Communications Committee Forum	1:30- 3:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Coffee Break	3:00- 3:30 p.m.	Grand Ballroom Corridor
Educational Sessions	3:30- 5:30 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Lobster Roast and Clam Bake	6:00- 10:30 p.m.	Peaks Island

**Thursday, August 9, 1990**

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	7:30- 8:00 a.m.	Convention Center Foyer
Psychological Corporation Breakfast	7:30- 9:00 a.m.	New Hampshire and Massachusetts Rooms
Elections	8:00- 9:00 a.m.	Somerset Room
Second Delegate Assembly Meeting	9:00 a.m.- 12:30 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Area I Meeting Luncheon	12:30- 2:30 p.m.	Oxford, Somerset Rooms
Area II Meeting Luncheon	12:30- 2:30 p.m.	New Hampshire Room
Area III Meeting Luncheon	12:30- 2:30 p.m.	Massachusetts Room
Area IV Meeting Luncheon	12:30- 2:30 p.m.	Cumberland, Kennebec, and Lincoln Rooms
Attendee Organized Activities	2:30 p.m.	

**Friday, August 10, 1990**

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	8:00- 8:30 a.m.	Convention Center Foyer
Resolutions Forum	8:30- 10:00 a.m.	Connecticut, Rhode Island, and Vermont Rooms
Coffee Break and Poster Session	10:00- 10:30 a.m.	Grand Ballroom Corridor

Research Forum	10:30- 11:30 a.m.	Connecticut, Rhode Island, and Vermont Rooms
Lunch Break	11:30 a.m.- 1:00 p.m.	On your own
Third Delegate Assembly Meeting, New Business Session	1:00- 5:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Maine Reception	6:00- 8:00 p.m.	Eastland Room, Sonesta Hotel

### **Saturday, August 11, 1990**

<i>Function</i>	<i>Time</i>	<i>Location</i>
Registration	8:30- 9:00 a.m.	Convention Center Foyer
NCNET Demonstration	9:00- 10:00 a.m.	Connecticut, Rhode Island, and Vermont Rooms
Fourth Delegate Assembly Meeting	10:00 a.m.- 12:00 p.m.	Connecticut, Rhode Island, and Vermont Rooms
Adjourn Convention	12:00 p.m.	



## Convention Events

### Monday

**Orientation.** Learn about the National Council directly from its key leaders in this review of the organization's history and structure as well as the parliamentary procedures of the Delegate Assembly.

**Early Bird Social.** The Board of Directors welcomes attendees at this informal and casual gathering.

### Tuesday

**Networking Groups.** Exchange concerns and activities with your colleagues during this session uniquely designed to provide opportunity for networking.

**Nursing Practice and Education Forum.** Activities of the committee and its subcommittees will be presented.

**Nurse Aide Competency Evaluation Program (NACEP) Forum.** Hear the latest report of the NACEP Program from its committee and The Psychological Corporation.

**First Meeting of the Delegate Assembly.** National Council delegates conduct the organization's business. Observers are welcome.

**Testing Forum.** The Examination Committee, Administration of Examination Committee, and CTB report on activities.

**Bylaws and Finance Committee Forum.** Learn about the internal workings of the National Council's organizational structure and its financial condition.

**Candidate's Forum.** A session to hear ideas and positions of those nominated for National Council office.

**CTB Reception.** CTB is the host of this evening of quiet elegance at Portland's Museum of Art.

### Wednesday

**Board of Directors Forum.** Among other subjects, the Board will report its findings on the feasibility of a third annual NCLEX administration.

**Ad Hoc Committee Chairs Forum.** Exciting developments will be presented by the Committee for Special Projects regarding the progress of the CAT project. Plus an actual demonstration of the CST project!

**Awards Luncheon.** This is the time we pause to honor some of the many who have played key roles in the development and continuing successes of the National Council.

**Long Range Planning and Communications Committee Forum.** Where are we headed? These two committees take a visionary look at the organization.

**Educational Session.** "Licensure of Foreign Educated Nurses." A panel of expert representatives explore the dynamics of this changing subject. You'll hear from CGFNS, the Department of Labor, Immigration and Naturalization Services, and the Colleges of Nursing of Ontario.

**Lobster Bake...and Comedy!** Ferry out to Peaks Island to enjoy Maine-style hospitality with a true lobster and clam bake. The casual evening is topped off with the humor of Tim Samples, who, as the Washington Post reports, is "...Maine's answer to Garrison Keillor."

## Thursday

**The Psychological Corporation Breakfast.** Start your day with the gracious hospitality of the NACEP test service staff.

**Area Meeting Luncheon.** Lunch with colleagues from your neighboring states and explore topics of mutual concern.

**Attendee Organized Activities.** A time for special interest groups. Or, attendees may choose to shop the famous Freeport area, home of L. L. Bean.

## Friday

**Resolutions Forum.** This is the opportunity to discuss new business coming before the National Council.

**Research Poster Session and Forum.** Review the research projects presented by various boards of nursing.

**Maine Down East Dinner.** Our host for the evening is the Maine State Board of Nursing, which welcomes all attendees to enjoy an evening of camaraderie and fun.

## Saturday

**NCNET Demonstration.** South Carolina and Georgia have piloted licensure verification through electronic transmission, NCNET. See how it can work for you, too!

# Rules for Conduct of Delegate Assembly

## General Procedures

1. All meetings will be called to order on time. Delegates are requested to be in their seats five minutes before the opening of each meeting.
2. Badges will be provided for delegates and alternates upon registering and must be worn at all meetings.
3. The order of business may be changed by a majority vote.
4. Smoking shall not be permitted in meeting rooms.

## Resolutions

1. All new business introduced through resolutions has been reviewed by the Resolutions Committee prior to presentation to the Delegate Assembly.
2. The deadline for presenting resolutions is 2:00 p.m. on Thursday, August 9, 1990.
3. Resolutions must be accompanied by a fiscal impact statement.
4. Other new business may be introduced if permission is granted by a majority vote of the Delegate Assembly.

## Motions

1. All main motions and amendments shall be written, signed by the maker, and presented to the Chair immediately after proposal.
2. Motions use the terms "receive" and "adopt." When used by the National Council convened in Delegate Assembly, any motion using the word "accept" will be interpreted to mean "receive."
3. Motions originating from the Board of Directors or committee reports shall be considered appropriately presented to the Assembly.
4. On a counted vote, the white voting card receives one vote, the pink voting card receives two votes.

## Debate

1. To be entitled to the floor, a delegate, alternate, or other person in attendance must go to the microphone, address the Chair, and give name and jurisdiction.
2. A delegate shall speak no more than three minutes to a motion without consent of the Delegate Assembly, granted by a majority vote.
3. A nondelegate may speak once to an issue for three minutes after all interested delegates have spoken. Such nondelegate may speak again, only at the Chair's invitation.

4. A delegate may speak more than once to the same question only after all who wish to speak have done so.
5. Members of the Board of Directors retain the same rights to speak on issues as the delegates.
6. A red card raised at the microphone interrupts business for the purpose of a point of order, a question of privilege, orders of the day, a parliamentary inquiry or an appeal.
7. A timekeeper will signal when allotted time has expired.

#### **Nominations and Elections**

1. The person, making a nomination from the floor, shall be permitted two minutes to give the qualifications of the nominee and to indicate that written consent of the nominee and a written statement of qualifications have been forwarded to the Committee on Nominations. Seconding speeches shall not be allowed.
2. The adopted electioneering rules shall remain in effect until amended or rescinded.
3. Election for officers and members of the Committee on Nominations shall be held Thursday, August 9, 1990, at 8:00 a.m.
4. Electioneering for candidates is prohibited in the vicinity of the polling place.
5. If no candidate receives the required vote for an office and revoting is required, the president shall announce the time for revoting immediately after the original vote is announced.

# Business Agenda of the 1990 Delegate Assembly

- I. **Call to Order**
- II. **Report of Registration Committee**
- III. **Report of Rules Committee**
- IV. **Adoption of Agenda**
- V. **Announcement of Appointments**  
Election Committee  
Registration Committee  
Timekeepers  
Pages
- VI. **Appointment of Committee to Approve Minutes**  
1990 Annual Delegate Assembly Convention
- VII. **Report of Committee to Approve Minutes**  
1989 Annual Delegate Assembly Convention
- VIII. **Nominations**  
Committee on Nominations  
Nominations from Floor for Officers and Committee on Nominations
- IX. **Reports of Officers**  
President  
Vice-President  
Secretary  
Treasurer, including audit  
Area I Director  
Area II Director  
Area III Director  
Area IV Director  
Director at Large

- X. Report of Board of Directors**
  - Third NCLEX Study
  - Nurse Information System Committee
  - Committee for Special Projects
  - Job Analysis Monitoring Committee
  - Steering Committee, Computerized Clinical Simulation Testing Project
  - Test Service - NCLEX
  - NCLEX Data Center
  - Test Service - NACEP
  
- XI. Report of Executive Director**
  
- XII. Reports of Standing Committees**
  - Bylaws Committee
  - Long Range Planning Committee
  - Communications Committee
  - Finance Committee
  - Examination Committee
  - Administration of Examination Committee
  - Nursing Practice and Education Committee
  - Subcommittee to Study Regulatory Models for Chemically Dependent Nurses
  - Subcommittee on Regulatory Language for Nurse Aides
  
- XIII. Report of Nurse Aide Competency Evaluation Program Committee**
  
- XIV. Election of Officers and Committee on Nominations**
  - Thursday, August 9, 1990, at 8:00 a.m.
  
- XV. Report of Election Committee**
  
- XVI. Report of Resolutions Committee/New Business**
  - Friday, August 10, 1990, at 1:00 p.m.
  
- XVII. Adjournment**

# Summary of Recommendations to the 1990 Delegate Assembly

To provide an overview, the recommendations presented to the 1990 Delegate Assembly for consideration are listed below. None of the recommendations listed below have a fiscal impact on the National Council.

## Committee on Nominations

1. Adoption of the 1990 Slate of Candidates.

## Board of Directors

1. That based on results provided by the Third NCLEX Study, the National Council not pursue a third annual administration of NCLEX-RN OR NCLEX-PN.
2. The adoption of the "Guidelines for Responding to Requests for Endorsement of Position Statements."
3. Without specific recommendation, the "Statement on Assistive Personnel to the Registered Nurse" for endorsement.

## Treasurer

1. The auditor's report for fiscal year 1989 be approved as presented.

## Bylaws Committee

1. The committee recommends the consideration of the five proposed changes as presented in Attachment A of its report.

## Long Range Planning Committee

1. The committee recommends the affirmation of the National Council mission statement as originally adopted in 1984:  
*"The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its member boards of nursing on matters of common interest and concern affecting the public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs."*

## Finance Committee

1. Adopt the proposed bylaw amendment, changing the fiscal year to October 1 - September 30.

## Examination Committee

1. The committee recommends no change in the NCLEX-RN test plan. This recommendation is based on the

results of the 1989-90 RN job analysis study. Empirical evidence provided by job incumbents supports the current weights assigned to the nursing process and client needs dimensions of the NCLEX-RN test plan.

#### **Administration of Examination Committee**

1. The committee recommends the following dates for the year 2000 administration of NCLEX: RN, February 8-9 (T-W), July 11-12 (T-W); and PN, April 18 (T), October 10 (T).
2. The committee recommends the following as alternate dates for the year 2000 administration of NCLEX: RN, March 7-8 (T-W), September 12-13 (T-W); and PN, May 16 (T), November 14 (T).

#### **Nursing Practice and Education Committee**

1. The Delegate Assembly adopt the concept paper on Delegation.
2. The Delegate Assembly adopt the Statement on Endorsement Issues Related to Peer Assistance/Alternative Programs.

#### **Subcommittee on Model Language for Nurse Aides**

1. The Delegate Assembly adopt the *Model Nurse Aide Regulation Act*.
2. The Delegate Assembly adopt the *Model Nurse Aide Administrative Rules*.



# Report of the Committee on Nominations

## **Activities**

The Committee on Nominations met two times: during the October Fall Planning Retreat; and on February 26, 1990, in Chicago.

The Call for Nominations was disseminated to Member Boards in the November 27, 1989, *Newsletter*. The committee subsequently received 12 candidates from 17 jurisdictions. Nominations for additional candidates were obtained by committee members on February 26, 1990.

Owing to an insufficient number of nominations for Area IV Director, it was necessary to issue a second Call for Nominations for that position. Because the current Area III Director was slated for the office of President, a Call for Nominations for Area III Director was also issued.

Telephone conference calls were held on March 8, 1990; April 16, 1990; and May 14, 1990, for purposes of completing the slate and to plan the format for the Candidates' Forum; to review a draft committee policy and procedure for the Policy and Procedures Manual; and to discuss the permissibility of various kinds of communications by candidates or others on candidates' behalf prior to the convention. The committee decided that it is appropriate for candidates themselves, or Boards of Nursing who wish to support them, to mail out letters and flyers prior to convention. The committee also decided that informal verbal communication could begin following the conclusion of the first business session of the Delegate Assembly, at which time the slate will have been adopted by the delegates.

## **Slate of Candidates**

The following slate was developed and adopted by the Committee on Nominations. The information about each candidate is as follows:

1. Name, Jurisdiction, Area
2. Present Board Position
3. Present Employment
4. Previous National Council Offices or Committees
5. Educational Preparation
6. Personal Statement of Interest

**President**

1. **Carolyn Hutcherson, Georgia-RN, Area III**
2. Executive Director
3. Georgia Board of Nursing
4. Area III Director, 1987 to present  
Committee for Special Projects, 1985-1987
5. University of Southern Mississippi, MS, 1978  
Mississippi College, BSN, 1977  
Gilfoy School of Nursing, Diploma 1965
6. Rapid changes and reorganization in the health care environment will inevitably impact on the expectations and activities of the National Council. I believe that the National Council is in a unique position to uphold its role of protecting the health, safety and welfare of the public while facilitating collegiality and vision. The members of this organization and the ideas they generate are our greatest, most valuable assets. My goal is to provide leadership which encourages and nurtures innovation and creativity while maintaining the mission and goals of the National Council as developed by the Delegate Assembly.

**President**

1. **Judy Jondahl, Illinois, Area II**
2. Nursing Coordinator
3. Illinois Department of Professional Regulation
4. Area II Director, 1988-1990  
Nursing Practice & Standards Committee, 1987-1988
5. Northern Illinois University, MS, 1979  
University of Iowa, BSN, 1962
6. During the past two years as Area II Director, and eight (8) years as the Nursing Coordinator for Illinois, I have greatly broadened my understanding of the nursing regulatory community and its related issues. The National Council has a unique opportunity to assist the nursing community in addressing issues to achieve a level of uniformity in nursing licensure and regulation. To meet its mission and goals related to public policy in protection of public health, safety, and welfare, the National Council must have as its priorities continued provision of a legally defensible and psychometrically sound licensure examination; maintenance of a viable communication network between jurisdictions and other interested parties; and service as a resource on public policy related to nursing and health care.

**Vice-President**

1. **Joan C. Bouchard, Oregon, Area I**
2. Educational Consultant
3. Oregon State Board of Nursing
4. Vice-President, 1986-1988, 1988-1990  
Evaluation of Test Service, Chairperson, 1989

Task Force on Examinations for the Future, 1986-1988  
 Examination Committee, 1983-1986  
 Nominating Committee, 1981-1983

5. University of Washington, MN, 1966  
 University of Oregon, BSN, 1964
6. I am proud of this organization. It is an organization that is rich in people and resources, financially strong and brimming with new opportunity. As we begin the 1990s, I believe we should build an agenda that will:
  - Sustain and promote excellence in the quality and integrity of current National Council programs
  - Carefully facilitate the transition of current research projects (CAT, CST) from design to reality
  - Work collectively to establish a system for selecting goals and priorities that will ensure the future strength of our organization
  - Plan strategically for long-term organizational goals that will provide a clear understanding of who, where, and what the National Council of tomorrow ought to be
  - Facilitate mutually supportive and interactive relationships between Member Boards, the Board of Directors, committees and staff.

I seek the office of Vice-President because I believe I can offer the National Council the experience, the vision, the commitment, the continuity and the leadership it demands and deserves. I wish to go forward, with you, to meet the challenges and opportunities of this new decade.

### ***Vice-President***

1. Corinne F. Dorsey, Virginia, Area III
2. Executive Director
3. Virginia State Board of Nursing
4. Subcommittee on PN/VN Competencies, 1988-1989  
 Bylaws Committee, 1982-1988
5. Old Dominion University, MS, 1973  
 Richmond Professional Institute, BS, 1965  
 Medical College of Virginia, Diploma, 1954
6. As a member of the Virginia Board of Nursing in the 1970s, I watched the development of an idea that was to be the National Council of State Boards of Nursing. With a longstanding interest and experience in organization work, I was particularly impressed with the activities and efforts to establish the organization. When I became a member of the staff to the Board in 1981, I indicated an interest in active involvement in the National Council and was appointed to the Bylaws Committee in 1982. As chair of that committee, I believe I truly had the opportunity to learn the structure, purpose and operation of the organization, thus building a foundation for continued involvement. It was an honor to be nominated for Vice-President this year. Having held various offices in professional and civic organizations, I would bring experience plus a knowledge of parliamentary procedure and the ability to both lead and follow as a member of a team.

As the National Council moves into the decade of the 1990s, I want to be actively involved in the effort to provide licensing examinations, services to the Member Boards and information on nursing regulations that reflect today's knowledge and technology. At the same time, I am committed to preparing to meet future needs in regulation and to expand services consistent with the mission of the National Council.

**Area II Director**

1. **Shirley Brekken, Minnesota, Area II**
2. Board Member, Minnesota Board of Nursing
3. Practical Nursing Program Director & Health Division Chair,  
Technical College East Grand Forks, 1979 to present
4. Nurse Aide Competency Evaluation Program Committee, 1988 to present
5. University of North Dakota, MS, 1987  
University of North Dakota, BSN, 1972  
Corbett College, AA, 1968

I am presently beginning a second four-year term as a member of the Minnesota Board of Nursing. I have served as vice-president and president of the Minnesota Board and as a delegate at two National Council conventions. In addition, I have represented Minnesota at two Area II meetings. Having served on the Nurse Aide Competency Evaluation Program Committee (NACEP) since December, 1988, I have experienced a most important work of the National Council, including the development of a psychometrically sound and legally defensible examination. I believe this exposure to the leadership of the organization has prepared me for the responsibilities of Board of Directors membership.

Minnesota looks forward to hosting the 1991 Area II meeting, and I would be honored to preside at that session. I would be responsive to the Area II Boards, represent them, and keep them informed about issues of the National Council. I believe a Board member perspective would be beneficial to the Board of Directors as testing issues as well as legislative and economic issues of regulation remain priorities of the National Council.

**Area II Director**

1. **Florence Stillman, Missouri, Area II**
2. Executive Director
3. Missouri State Board of Nursing
4. Administration of Examination Committee, 1988 to present  
Committee on Nominations, 1986
5. University of Oklahoma, MS, 1982  
University of Missouri, Specialist, 1980  
University of Missouri, MS, 1978  
University of Missouri, BS, 1976  
Research Hospital, Diploma, 1953
6. It is an honor to be considered for the position of Area II Director of the National Council of State Boards of Nursing. The National Council has become a vital part of the regulation of the nursing profession, and I want to participate more actively in the decision making process of that body.

Missouri is considered to be a quasi-umbrella state; we have some centralized services but still retain many autonomous services as responsibilities of the Board staff. Since I have experienced both types of delivery of services I can readily relate to problems and issues with both. I can relate easily to the hands-on problems of the more autonomous states as well as the results of centralization.

The demographics and location of the State of Missouri have allowed me the experiences of dealing with urban as well as with very rural problems and issues. At the same time the Missouri Board receives a good number of applications for licensure by endorsement or exam from foreign born and educated as well as from a good representation of minorities. Since Missouri is in the middle of the country, I believe we have an excellent blending and representation of the population groups represented in the other states which comprise Area II. Because of this, I can also relate to those problems and issues.

Missouri has the good fortune to have been selected as a CAT pilot project state and will be giving computer exams in February 1991. I have and will continue to acquire first hand experience and the resultant relevant information regarding this most important issue. As Area II Director, I would be in a good position to communicate that to others in the Area.

Since Missouri delivers several services which are personalized, we deal with many people one-on-one. This helps us remain in touch with our licensees and those in other states who are desiring services from Missouri. This helps us to remain current on issues in nursing in Missouri and other states as well. As Area II Director, I would be able to communicate these issues to all other states and, at the same time, be able to influence solutions available to all through National Council.

I would approach the responsibilities of Director of Area II with willingness, experience and understanding, determination and above all, a sense of humor. After all, it seems when "crazy" things happen, they happen in Missouri and I am accustomed to dealing with all situations and looking for that stabilizing factor of humor in each one.

### ***Area III Director***

1. **Maryalice Carey, Florida, Area III**
2. Nursing Education Director
3. Florida Board of Nursing
4. Delegate, 1986-1988
5. Canisius College, MS, 1972  
D'Youville College, BS, 1949
6. Nursing is faced with many challenges that will certainly effect the future of our profession and impact the goals of the National Council of State Boards of Nursing.

My years of experience in nursing practice, as a teacher and as a professional staff in a regulating agency, have afforded me the opportunity to see the profession from many perspectives.

I believe that communication and sharing of ideas must be encouraged and enhanced at the Area level so that the Council can provide direction for the future as a truly representative and responsive nursing agency.

My interest in serving as Director of Area III would be to facilitate this exchange of information.

**Area III Director**

1. **Charlie J. Dickson, Alabama, Area III**
2. Board Member, Alabama Board of Nursing
3. University of Alabama, School of Nursing, Professor & Interim Chair Level II, 1973 to present
4. Search Committee, 1989  
Election Committee, 1986-1987
5. University of Alabama, EdD, 1984  
Ohio State University, MS, 1969  
Tuskegee Institute, BS, 1966  
Grady Memorial Hospital, Diploma, 1960
6. My nursing career includes teaching in PN and RN programs; developing an ADN program; fulfilling administrative positions in education; writing grants; and serving as a hospital board member.

With 29 years of nursing experience, I have acquired vision and leadership abilities needed to provide effective service to the Council. My ability to critically evaluate complex and difficult issues and communicate to professional and lay audiences can facilitate the Council in the achievement of its goals and objectives. Priority issues include: (a) provision of legally and psychometrically sound licensing examinations; and (b) assisting Member Boards in addressing disciplinary and competency issues.

**Area IV Director**

1. **Jean C. Caron, Maine, Area IV**
2. Executive Director
3. Maine State Board of Nursing
4. Area IV Director, 1985 to present  
Area IV Ad Hoc Committee - PN Equivalency, 1984-1985  
Disciplinary Task Force, 1984-1985
5. Boston University, MSN, 1973  
Boston College, BSN, 1962  
Mercy Hospital School of Nursing, Diploma 1953
6. I am honored to be nominated for a third term for the office of Area IV Director. If elected, it is my intent to continue to advocate for Area IV and its members and to support open, complete, and ongoing communications between the National Council and the Member Boards. I believe that the paramount priority for the National Council continues to be the development of legally defensible examinations and a method of testing that will facilitate and enhance the administration process. I am most grateful for the opportunity to have served you as the Area IV Director.

**Area IV Director**

1. **Marian A. Murray, Pennsylvania, Area IV**
2. Nursing Education Advisor
3. Pennsylvania State Board of Nursing

4. None
5. Geriatric Education Center, University of Pittsburgh and Temple University, Certificate, 1988-1989  
University of Pittsburgh, Ph.D., 1969  
University of Pittsburgh, M. Litt., 1957  
University of Pittsburgh, BSNE, 1952  
Hahemann Hospital, Scranton, PA, Diploma, 1948
6. For two and one-half years, I have functioned as a nursing education advisor for the Pennsylvania State Board of Nursing, and have gained considerable knowledge of the National Council regulations and policies as well as respect for the professional and intellectual approach the National Council uses toward developing credentialing processes. My experiences as a board member of a regional Health Systems Agency and professional organizations have strengthened my belief that organizational structure is key to achieving organizational goals and maintaining effective communication with members. I would promote greater communication and collaboration between National Council and member jurisdictions, and support continued development of innovative testing strategies within regulatory boundaries.

***Director-at-Large***

1. Susan Boots, Washington-PN, Area I
2. Executive Secretary
3. Washington State Board of Practical Nursing
4. Election Committee, 1987-1988  
Job Analysis Monitoring Committee, 1989  
Resolutions Committee, 1989-1990
5. University of Washington, MN, 1979  
University of North Colorado, BSN, 1978  
Purdue University, ADN, 1972
6. I am honored to be considered for the Director-at-Large position.

My preparation derives from work on various National Council committees providing me with exposure to management of the Council, my past experience in hospital administration, and as a nurse educator in BSN and ADN programs. I have the ability to maintain a positive attitude, be creative and futuristic, demonstrate patience, and communicate openly.

I can be responsive to the diverse needs of Member Boards and, as your Director-at-Large, I will consistently seek information and promote collaboration between boards and the Council in order to achieve the Council's mission.

***Director-at-Large***

1. Judi Crume, Arizona, Area I
2. Associate Director
3. Arizona State Board of Nursing
4. Communications Committee, 1989-present
5. University of Kentucky, MSN, 1980  
Murray State University, BSN, 1973

6. In coming to the Arizona State Board of Nursing (ASBN) in 1987, a completely new specialty nursing practice opened up to me, that of licensing and regulation. Beginning as the nurse consultant for chemical dependency and then on into the Associate Director role, my main priority was to learn "quick." I needed to take my nursing and life expertise and transform that into being a "licensing and regulation nurse specialist." Well, I dug in as an ASBN staffer and spent the next two years learning the business in Arizona. In 1989, I was able to broaden the scope of my practice as I participated in National Council's first Regulatory Conference, Area I Spring Meeting, and Delegate Assembly. I am currently working on the Area I 1990 meeting in Phoenix, Arizona. My work on the National Council Communications Committee this year has demonstrated my ability as a team player and a vital contributor. As National Council moves into the 1990s as the solid leader in nurse testing that measures entry-level performance and as an organization that addresses the multitude of licensing and regulatory issues coming forth each year, it is important that you have an accessible Director-at-Large who can represent those issues to the Board. I can and will do that. As your National Council Board Member, I will play a vital role in National Council's continued development and will assist the organization in its mission to promote public policy related to the safe and effective practice of nursing in the interest of public welfare.

***Director-at-Large***

1. Carol Stuart, South Dakota, Area II
2. Executive Secretary
3. South Dakota Board of Nursing
4. Director-at-Large, 1989 to present  
PN/VN Competency Subcommittee, Chair, 1988-1989  
Task Force on Examinations for the Future, 1987-1988  
Entry Into Practice Report Committee, 1985-1986
5. University of Colorado, MS, 1966  
Hamline University, BSN, 1961
6. Having been selected by the present Board of Directors to fill the remaining fifteen months of the current term for Director-at-Large, I have gained valuable knowledge and experience which I can utilize in contributing toward meeting future goals and objectives of the Delegate Assembly. This experience, together with the ongoing responsibility as an Executive Secretary of a Member Board, provide the perspective needed for sound decision-making. A high priority of the Council must continue to be the preparation of psychometrically sound and legally defensible examinations which measure entry-level competence. Emphasis should also be placed on issues related to the safe and effective practice of nursing and the mechanisms through which communication with Member Boards can be strengthened. It would be an honor to continue to serve the National Council in this capacity.

***Committee on Nominations:***

**Area I**

1. Toma Nisbet
2. Executive Director
3. Wyoming State Board of Nursing
4. None
5. Northern Illinois University, MSN, 1973  
Northern Illinois University, BSN, 1969  
St. Marks Hospital, Diploma, 1967



6. What in your background prepares you to function in this position?  
Throughout professional life have had numerous experiences involving creative problem solving and have been able to utilize those experiences for the benefit of the organization for which I have worked.

What qualities and skills will you bring to the position?  
Tenacity, flexibility and honesty (tempered by diplomacy).

How will you be able to facilitate achievement of the National Council's goals and objectives?  
With courage, humor and the ability to recognize others' viewpoints.

What issues do you believe the National Council should address as a top priority?

- Examinations that continue to address minimum competencies
- Examinations which continue to facilitate interstate endorsement of licensure
- Computerization of both PN & RN examinations
- Open communication with member delegates

Last, I would consider it an honor to serve as a member of the Nominating Committee of the National Council.

### Area I

1. Catherine M. Puri, California-RN, Area I
2. Executive Officer
3. California Board of Registered Nursing
4. Committee on Nominations, 1989 to present  
Finance Committee, 1986-1989  
Committee on "Pre-Test," 1985
5. University of Oregon, PhD, 1983  
University of San Francisco, MS, 1969  
Chico State College, BS, 1964
6. I am interested in serving on the Committee on Nominations for the National Council of State Boards of Nursing. I have previous experience on nominating and selection committees at the college and district association level, e.g., I chaired the committee to select a new college president. My experience as Executive Officer for the California Board of Registered Nursing has provided a rich experience in the regulation of nursing. It has also been my good fortune to serve on other committees of the Council. If elected, I will work diligently on the committee to prepare a qualified slate of officers for the Council.

### Area II

1. Sheila Exstrom, Nebraska, Area II
2. Nursing Education Consultant
3. Nebraska Board of Nursing
4. Subcommittee on Nurse Shortage, 1989
5. Arizona State University, MA, 1973  
University of Nebraska, BSN, 1968  
Immanuel Hospital School of Nursing, Diploma, 1964

6. Because of my involvement locally, state-wide and nationally with nursing organizations, I have an understanding of the qualities necessary for persons to serve in organizational leadership roles.

I am objective and persuasive and these qualities would assist me in succeeding as a member of the Nominating Committee.

I believe that the role of the Nominating Committee, as it relates to the achievement of the National Council's goals and objectives, is to prepare a ballot of well informed, committed and enthusiastic candidates.

I believe the top priority for the National Council should be the implementation of computerized adaptive testing.

## **Area II**

### **1. Rosa Lee Weinert, Ohio, Area II**

2. Executive Director

3. Ohio Board of Nursing

4. Examination Committee Alternate, 1988-1990  
Examination Committee Member, 1986-1988  
Examination Committee Alternate, 1984-1986  
Delegate, 1982-1989

5. Ohio State University, MS, 1975  
Ohio State University, BSN, 1972  
Good Samaritan Hospital, Diploma, 1949

6. My interest in being elected to the Committee on Nominations stems from the fact that I have actively participated in all Area II meetings and Delegate Assembly meetings of the National Council since 1982. During these various activities, I have met many well qualified persons who have the knowledge, skills, and abilities to facilitate the movement of the National Council toward goal achievement. The task of the Nominating Committee is to seek out these individuals and encourage them to lend their talents to the National Council by allowing their name to be placed in nomination. I believe I have the ability to effectively recruit these qualified individuals to consider running for office.

National Council's top priority should remain to provide a psychometrically sound, legally defensible, job related, performance based examination and to engage in the appropriate research and study that contributes toward producing that kind of examination.

## **Area III**

### **1. Carol McGuire, Kentucky, Area III**

2. Assistant Executive Director, Nursing Education

3. Kentucky Board of Nursing

4. Candidate for Area III Director

5. Florida State University, MS, 1974  
Spalding University, BSN, 1960

6. My understanding of the National Council's mission as it supports the regulatory functions of Member Boards motivates a desire to apply my analytical and organizational development skills as a National Council officer or committee member. Extensive nursing experience in the education, practice, and regulatory arenas has stimulated

the growth of sizable/multiple health care interests, knowledge, and expertise applicable to either National Council committee or board functions. It would be an honor and privilege to serve the Council and its Member Boards.

Priority issues for the National Council include the following:

- an examination of the Council's mission, and the extent to which the National Council is meeting the current needs of Member Boards;
- the levels, types, and timing of future licensing examination; and
- managing the impact of external pressures (federal government, other health care practitioners, consumers, third party payors, etc.) on the regulation of nursing practice and education

### **Area III**

1. **Barbara L. Morvant, Louisiana-RN, Area III**
2. Executive Director
3. Louisiana State Board of Nursing
4. None
5. Louisiana State University, Medical Center, School of Nursing, Masters in Nursing, 1976  
Louisiana State University, Medical Center, School of Nursing, Baccalaureate, 1973  
Touro Infirmary, School of Nursing, Diploma, 1970
6. Committed, involved leadership is the key to the survival of any member organization. Whether the organization thrives vs. survives, is dependent on experienced, visionary elected membership who can work collaboratively with paid staff.

As a member of the Nominating Committee, I would strive to assure a qualified, competitive ballot. As a staff member of a Member Board, I have the opportunity to meet and interact with other Member Board staff and/or members. I also have the opportunity through the Member Boards' newsletters so generously shared with our office to have insight into the unique activities and issues among Member Boards. I would utilize this information to seek balance within the ballot, and representative of the diversity among Member Boards.

A top priority of any organization needs to be the continued growth and development of leadership. My contribution to the National Council goals and objectives would be to work toward a qualified representative slate of candidates; therefore, the Delegate Assembly is assured of capable leadership to implement the goals and objectives of the organization as mandated by this body.

It would be a privilege to serve the National Council.

### **Area IV**

1. **Caroline Ace, Pennsylvania, Area IV**
2. Board Member, Pennsylvania State Board Nursing
3. Staff Nurse, Carpenter Care Center, 1980 to present
4. Nurse Aide Competency Evaluation Program, 1988 to present  
Examination Committee Alternate, 1988
5. Scranton School District Practical Nursing Program, Diploma, 1968

6. I feel that the experience gained as a delegate to the National Council in 1987, 1988 and 1989 has enabled me to have a better understanding of the composition, goals and objectives of the Council, and in turn, to the regulatory issues which affect our individual Boards. Since I have enjoyed the process of handling challenges which were addressed and dealt with by the Nurse Aide Competency Evaluation Program Committee, I would equally enjoy meeting the challenges of developing a slate of candidates for the 1991 elections. It would be a great honor to serve the National Council as a member of the Nominating Committee.

The top priority of the National Council should continue to be the provision of psychometrically sound and legally defensible examinations to determine entry-level competencies. Embodied within this priority should be the provision of more comprehensive data to the jurisdictions for dissemination to schools of nursing.

#### **Area IV**

1. Harriet Johnson, New Jersey, Area IV
2. Assistant Executive Director
3. New Jersey Board of Nursing
4. Examination Committee, 1982-1988
5. Hunter College of the University of New York, MS, 1970  
Seton Hall University, BS, 1958  
Jersey City Medical Center School of Nursing, Diploma, 1954
6. I will bring to the position, if elected to the nominating committee, a background of eleven (11) years as a professional staff on the Board of Nursing in the State of New Jersey.

As chairperson of the Examination Committee, I had the opportunity to work with the Board of Directors on many occasions. This afforded me the advantage of gaining insight into those very special characteristics needed for those candidates who will be selected to run for an office. It is important that those candidates chosen bring a variety of talents which will assist in facilitating the goals and objectives of the National Council.

The issue I believe that should continue to be addressed as a priority is the correlation of the roles of the Licensed Practical Nurse and the Registered Nurse in practice and testing the beginning competencies of each.

## Report of the President

Once again it is my privilege to welcome all members and guests to the upcoming Twelfth Annual Convention of the National Council of State Boards of Nursing, Inc. In many ways, the year has gone by so quickly and yet, so much has been accomplished. As you read through the pages of this *Book of Reports* you will be impressed not only with the volume of information, but also the complexity of the issues the organization has faced.

A highly competent and productive staff have assisted the Board in the accomplishment of the organizational goals. After the Board appointed the Executive Director, the positions of Director of Testing Services, Associate Executive Director, and Director for Public Policy, Nursing Practice and Education were filled. Each brings a unique perspective to the position and together they bring a rich background in testing, regulation, law and nursing. The organization is well positioned to meet the challenges before us.

Following the 1989 Delegate Assembly, two new standing committees were created: Long Range Planning and Communications. These two committees have already demonstrated what seems to be the mark of each of our committees--diligence, perseverance and excellence.

A major responsibility of the Board of Directors is contract management. This year, we have seen our formal relationship with contractors continue to grow. The President signed a two-year contract extension with CTB McMillan/McGraw Hill immediately following the 1989 Delegate Assembly, and terms of the contract have been implemented. A three-year plan of the test service was provided to the Board of Directors along with an Internal Audit Report. These documents will assist the Board of Directors in monitoring the performance of the NCLEX test service and data center.

The President executed a license agreement with the National Board of Medical Examiners to provide for the National Council's access to the source code and object code for the Computerized Clinical Simulation Testing (CST) Project. This agreement will provide the National Council with an opportunity to eventually manage the CST project independently.

The Computerized Adaptive Testing (CAT) Project has created partnerships between the National Council of State Boards of Nursing, the American Board of Orthopaedic Surgery (ABOS) and the American Society of Clinical Pathologists (ASCP). The ABOS contract will provide \$100,000 to the National Council for use of the CAT software with modifications. The ASCP contract will provide the National Council valuable research information on CAT. The possibility of introducing computer imagery to CAT is being tested by the ABOS and will be very helpful to our own project.

The Board has also monitored the ongoing implementation of The Psychological Corporation contract for the Nurse Aide Competency Evaluation Program (NACEP). Changes in federal requirements created a very difficult implementation period. In spite of the obstacles, the project is the most widely utilized nurse aide testing program in the nation.

The Board is also awaiting the signing of the contract to have Puerto Rico as a member jurisdiction. Pending approval of the Security Measures and Procedures to Implement the Security Measures, the contract will be executed.

Testing activities continue to have a strong emphasis. Along with the exciting research projects being conducted with computerized testing, the Board has continued to study methods of improving the current paper and pencil test. A complete analysis of the standard-setting process has been accomplished. The Board has adopted a process which

continues to be based on a criterion-referenced Angoff approach using a panel of judges and also incorporates a series of checks on the validity of the judges' ratings by the use of survey questionnaires sent to nurse educators, nurse administrators and Member Boards. This new approach will be tested with the standard setting for the October 1990 administration of the new PN Test Plan.

Dimensionality of the NCLEX-RN examination continues to be studied in relation to the Computerized Adaptive Testing Project. A Bias Sensitivity Review Panel has been convened to screen items for potential bias.

A subcommittee of the Board prepared a comprehensive survey to gather data on the feasibility of increasing administrations for NCLEX-RN and NCLEX-PN and will report its findings to the Delegate Assembly in August.

Our newest testing project, the Nurse Aide Competency Evaluation Program, has proven to be a challenge to the Board, the test service and the NACEP Committee. As federal regulations for implementation have undergone extensive revision from the original focus, the organization has had to provide for flexibility while staying true to our commitment to provide a secure, legally defensible, psychometrically sound examination. Our thanks to the NACEP Committee for its perseverance and patience.

The Nursing Practice and Education Committee, again this year, has met with a formidable task in the preparation of position papers dealing with the complex issues of delegation and peer assistance programs as well as development of a model for continued competency. While working on these papers, the committee has also begun data collection on traveling and transport nurses, declaratory rulings and advisory opinions, and the activities of generalists as they relate to advanced practice for next year's work. Subcommittees have continued their work in studying regulatory models for dealing with chemically dependent nurses and the development of model nurse aide language for practice acts and rules.

A major goal of the Board over the last two years has been to strengthen the communication between the National Council and its members as well as between the National Council and major nursing organizations. With the hiring of a Director of Communications and full-time Copy Editor, and the establishment of the Communications Committee, we have been able to improve the National Council's image through its publications. The Board has continued to work closely with committee chairs by telephone conferencing during Board meetings and providing written follow-up of action taken with respect to recommendations.

Interorganizational liaisons have been created with the American Organization of Nurse Executives, American Red Cross and the Commission on Graduates of Foreign Nursing Schools. Liaisons have been maintained and strengthened with the American Nurses' Association, National League for Nursing, National Association of Practical Nurse Education and Service, and the National Federation of Licensed Practical Nurses. The liaison meetings have been instrumental in promoting mutual understanding of each organization's goals as well as defining areas of collaboration. In addition to the formal liaisons, Board members and staff have attended meetings and made presentations to numerous other nursing, testing and regulatory organizations.

It has been my greatest privilege to serve as your President the past two years. I have greatly appreciated your support and encouragement. The success of this organization lies in the tremendous commitment of its membership toward the goals. My thanks to the Board of Directors who have given of themselves so unselfishly, to committee members for their talent and productivity, and to the staff for their tremendous energy and commitment to the organization. I am proud to be associated with this organization and am pleased to have had the opportunity to play a small part in its development. I look forward to seeing you all in Portland, Maine!

Renatta S. Loquist, *President*

## Report of the Vice-President

As the Vice-President of the National Council of State Boards of Nursing, Inc., I have participated in the following activities since the 1989 Delegate Assembly:

- Attended all Board of Directors meetings and participated in all of the Board Conference Calls;
- Attended four Board Coordinating Committee meetings and participated in all Coordinating Committee Conference Calls;
- Participated in the Fall Planning Retreat held in Oak Brook, Illinois, in October 1989;
- Attended the American Medical Association Panel of Nurse Consultants meeting in Chicago and subsequently wrote a synopsis of the discussion regarding the Registered Care Technician issue for the National Council *Newsletter*;
- Attended the National Commission on Nursing Implementation Project (NCNIP) Conference "Nursing in the 1990s: The Impact of Cost, Access and Quality of Health Care" on March 23-24, 1990;
- Participated in the CTB Macmillan/McGraw-Hill test service contract evaluation meeting in April 1990;
- Served as the Board liaison to the Examination Committee and Long Range Planning Committee.

It has been a year of transition--a year of change and challenges. I would like to express my appreciation to all of you who have assisted the Board of Directors during the past year by serving on the various committees, or by filling out survey questionnaires, or by calling the Board members to discuss your concerns or offering your feedback regarding Board decisions and actions. The Board is stronger, and wiser, when we receive the feedback and participation from all our constituents.

Commitment. Strength. Direction. In 1989-90, those qualities aptly define the focus of the Board, the National Council members, committees and staff. Thanks to all of you who have worked so hard for the National Council this year, and thank you for the privilege of serving as your Vice-President.

Joan Bouchard, *Vice-President*

## Report of the Secretary

As the Secretary of the National Council of State Board of Nursing, Inc., for this past year, I have participated in all of the Board of Directors meetings and all of the conference calls of the Board. I attended the Board and committee Fall Planning Retreat at Oak Brook, Illinois, and participated in committee meetings during that time. I also attended the Area IV meeting in Baltimore, Maryland. My responsibility as secretary included that I review all minutes of the Board of Directors meetings and the Summary of Major Board Actions. This function was performed before any public distribution or publication in the National Council *Newsletter*.

I served as a member of the Third NCLEX Study Committee and attended all of its meetings and conference calls. I have been the Board liaison to the Nursing Practice and Education Committee. I also collaborated on the Survey of the Experienced Licensed Practical/Vocational Nurses of Board Members. As a representative of the National Council, I attended the annual convention of the National Federation of Licensed Practical Nurses and the National Association for Practical Nurse Education and Service.

This past year, I have continued to learn and even understand more clearly the mission of the National Council. I feel that, with this knowledge, I've been able to serve Member Boards more effectively. It is with great appreciation that I thank the delegates for allowing me this opportunity to represent you on the Board of Directors. The Board members and National Council staff have come through to assist me in making my position on the Board an extremely rewarding one. It has been an honor and privilege for me to serve the National Council of State Boards of Nursing.

Helen Kelley, *Secretary*



# Report of the Treasurer

## Recommendation

1. The auditor's report for fiscal year 1989 be approved as presented.

## Activities

This has been a very positive year for the National Council. Revenue was considerably higher than anticipated. This was due to an unexpected increase in the number of examination candidates, increase in publication revenue, and the ability to maintain high interest rates in investments. Costs lower than anticipated for the move to the new office space, and savings as a result of the Delegate Assembly decision to delay the issuance of a Request for Proposals for a testing service, helped reduce anticipated expenses.

The five-year financial projections, adjusted for the increase in examination candidates, indicate there is no need for a fee increase to be recommended this year. It is now anticipated that a fee increase will not need to be considered until the test service contract is reviewed. This will allow the Delegate Assembly to evaluate the entire candidate fee (test service and National Council portion) at one time.

Much of the success in managing the financial resources has been due to the conservative approach used in budgeting and careful management by staff. The program budget system has allowed for better monitoring and evaluation of the budget. Program areas not meeting budget expectations have been identified and targeted for correction. For example, expected revenues in the area of publications lagged behind projections. Once identified, aggressive action by staff and the Communications Committee corrected the situation.

Quarterly financial reports and investment statements were reviewed and presented to the Finance Committee and Board of Directors. All checks written in excess of \$10,000 were reviewed. Graphic presentations of the financial information were continued in order to enhance communication of financial information. No questions were received from Member Boards regarding the financial information.

I consulted regularly with the Financial Manager on issues related to the National Council's finances. The need for additional financial policies was also identified and directed to the Finance Committee for development. I also assured compliance with all financial policies.

A process of review of auditing firms was also initiated. It is important to periodically review what services firms can offer the National Council and at what cost, especially in light of increased cost for auditing services.

As Treasurer, I attended all meetings of the Board of Directors, Coordinating Committee, and chaired all meetings of the Finance Committee. I also had the privilege of representing the National Council at the annual convention of the National Association for Practical Nurse Education and Service, the spring meeting of the American Association of Colleges of Nursing, and the annual meeting of the American Organization of Nurse Executives. I also participated in the contract evaluation with The Psychological Corporation, as a representative of the Board of Directors.

I continue to find my work with the National Council exciting and challenging. It is extremely rewarding to see the progress made in establishing a strong financial base for the National Council. These accomplishments could not have occurred without a strong Finance Committee and staff. My thanks to Kathleen Hayden, Financial Manager, and to each member of the Finance Committee for their support, hard work and long hours given throughout the year.

Donna M. Dorsey, *Treasurer*

# Report of Independent Certified Public Accountants

**June 30, 1989 and 1988**

Board of Directors  
National Council of State Boards of Nursing, Inc.

We have audited the accompanying balance sheets of the National Council of State Boards of Nursing, Inc., as of June 30, 1989 and 1988 and the related statements of revenue and expenses, changes in fund balance and cash flows for the years then ended. These financial statements are the responsibility of the management of the National Council of State Boards of Nursing, Inc. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to in the first paragraph above present fairly, in all material respects, the financial position of the National Council of State Boards of Nursing, Inc., as of June 30, 1989 and 1988, and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

Grant Thornton Accountants and Management Consultants  
Chicago, Illinois  
August 25, 1989

**Balance Sheets**  
**June 30,**

Assets	<u>1989</u>	<u>1988</u>
<b>Cash and cash equivalents</b>		
Bank checking accounts .....	\$ 125,894	\$ 35,826
First Chicago Money Market .....	236,572	859,016
Continental Money Market .....	115,289	108,226
Wells Fargo Money Market .....	2,953	2,796
Lake Shore Bank Money Market .....	12,241	-
American National NOW Account .....	<u>193,385</u>	<u>-</u>
	686,334	1,005,864
<b>Accounts Receivable</b>		
Royalties .....	90,693	50,566
Interest and other .....	<u>100,461</u>	<u>52,483</u>
	191,154	103,049
Publication inventories (note A) .....	37,836	31,875
Prepaid disaster plan costs (note A) .....	-	76,835
Other assets and prepaid expenses .....	67,422	54,889
<b>Investments - at cost (market value \$3,511,495 in 1989 and \$3,928,661 in 1988)</b>		
U.S. government instruments .....	3,467,026	3,889,158
<b>Property and equipment - at cost (note A)</b>		
Furniture, fixtures and leasehold improvements .....	154,866	149,069
Equipment and computer software .....	<u>338,286</u>	<u>320,903</u>
	493,152	469,972
Less accumulated depreciation .....	<u>329,460</u>	<u>230,872</u>
	<u>163,692</u>	<u>239,100</u>
	<u>\$4,613,464</u>	<u>\$5,400,770</u>

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The accompanying notes are an integral part of these statements.

**Balance Sheets - Continued**  
**June 30,**

<b>Liabilities and Fund Balance</b>	<u>1989</u>	<u>1988</u>
Accounts payable .....	\$ 535,430	\$ 789,017
Accrued expenses and withheld taxes .....	100,107	92,470
Deferred revenue		
Examination fees collected in advance (net of prepaid processing fees of \$196,443 in 1989 and \$176,927 in 1988) .....	1,324,966	1,606,865
Contract and convention fees .....	<u>110,640</u>	<u>82,468</u>
	1,435,606	1,689,333
Commitments (notes C and D) .....	-	-
Fund balance		
Restricted (note D) .....	108,696	585,934
Unrestricted		
Undesignated .....	1,323,585	2,227,768
Designated (note C) .....	<u>1,110,040</u>	<u>16,248</u>
	<u>2,433,625</u>	<u>2,244,016</u>
 Total fund balance .....	 <u>2,542,321</u>	 <u>2,829,950</u>
	<u>\$4,613,464</u>	<u>\$5,400,770</u>

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The accompanying notes are an integral part of these statements.

**Statements of Revenue and Expenses**  
**Year Ended June 30,**

	1989			1988
	Unrestricted	Restricted	Total	Total
<b>Revenue</b>				
Examination fees .....	\$4,856,808	\$ -	\$4,856,808	\$3,803,489
Less: cost of development, application and processing .....	<u>3,424,936</u>	<u>-</u>	<u>3,424,956</u>	<u>2,665,564</u>
Net examination fees .....	1,431,872	-	1,431,872	1,137,925
Member board contracts .....	183,000	-	183,000	183,000
Publications .....	151,008	-	151,008	101,709
Delegate assembly .....	60,579	-	60,579	48,503
Honoraria and other .....	15,690	-	15,690	6,148
Investment income .....	288,676	-	288,676	237,044
Computer simulation testing grant .....	<u>-</u>	<u>-</u>	<u>-</u>	<u>628,680</u>
	2,130,825	-	2,130,825	2,343,009
<b>Program and organizational expenses</b>				
Publications .....	83,645	-	83,645	67,991
Delegate assembly and convention planning	73,306	-	73,306	50,839
Nurse aide .....	79,341	-	79,341	-
Computer research				
ACT nursing study .....	840	-	840	151,212
Computerized adaptive testing (CAT) ....	174,689	-	174,689	380,703
Computerized simulation testing (CST) ..	-	477,238	477,238	42,746
Job analysis monitor COM .....	2,200	-	2,200	-
Board meetings and travel .....	81,722	-	81,722	55,135
Public relations and communications .....	69,862	-	69,862	39,803
Other committee expenses .....	<u>113,394</u>	<u>-</u>	<u>113,394</u>	<u>92,739</u>
	678,999	477,238	1,156,237	881,168
<b>Administrative expenses</b>				
Staff salaries and benefits .....	852,686	-	852,686	757,387
Professional fees .....	35,965	-	35,965	27,331
Office supplies and expenses .....	75,784	-	75,784	69,801
Insurance .....	31,597	-	31,597	35,831
Rent and utilities .....	139,316	-	139,316	151,241
Equipment maintenance and rental .....	23,286	-	23,286	20,479
Depreciation .....	98,588	-	98,588	92,899
Miscellaneous .....	<u>4,995</u>	<u>-</u>	<u>4,995</u>	<u>9,198</u>
	<u>1,262,217</u>	<u>-</u>	<u>1,262,217</u>	<u>1,164,167</u>
<b>Revenue over (under) expenses .....</b>	<u>\$ 189,609</u>	<u>\$(477,238)</u>	<u>\$ (287,629)</u>	<u>\$ 297,674</u>

The accompanying notes are an integral part of these statements.

**Statement of Changes in Fund Balance**  
**Years ended June 30, 1989 and 1988**

	Unrestricted			Restricted		Total
	Undesignated	Designated for computerized adaptive testing (note D)	Designated for crisis management (note D)	Designated for NACEP (note D)	Computerized simulation testing (note E)	
Fund balance at July 1, 1987 ..	\$2,418,558	\$113,718	\$ -	\$ -	\$ -	\$2,532,276
Transfer to Board designated fund for computer adaptive testing .....	(283,233)	283,233	-	-	-	-
Excess of revenue over (under) expenses .....	92,443	(380,703)	-	-	585,934	297,674
Fund balance at June 30, 1988	2,227,768	16,248	-	-	585,934	2,829,950
Transfer to Board designated fund for crisis management	(121,836)	-	121,836	-	-	-
Computerized adaptive testing	(756,378)	756,378	-	-	-	-
Nurse aide competency evaluation program .....	(469,608)	-	-	469,608	-	-
Excess of revenue over (under) expenses .....	443,639	(174,689)	-	(79,341)	(477,238)	(287,629)
Fund balance at June 30, 1989	<u>\$1,323,585</u>	<u>\$597,937</u>	<u>\$121,836</u>	<u>\$390,267</u>	<u>\$108,696</u>	<u>\$2,542,321</u>

The accompanying notes are an integral part of this statement.

**Statements of Cash Flows**  
**Year Ending June 30,**

	<u>1989</u>	<u>1988</u>
<b>Increase in cash and cash equivalents:</b>		
Cash flows from operating activities:		
Cash received from testing fees and other sources	\$ 4,360,994	\$ 4,308,698
Cash paid to suppliers and employees	(5,329,967)	(4,180,630)
Cash received for restricted fund grant	-	628,680
Interest received	<u>248,350</u>	<u>235,197</u>
Net cash (used in) provided by operating activities	(720,623)	991,945
Cash flows from investing activities:		
Capital expenditures	(23,180)	(65,682)
Proceeds from maturity of investments	5,384,000	8,498,806
Purchase of investments	<u>(4,959,727)</u>	<u>(8,581,062)</u>
Net cash provided by (used in) investing activities	<u>401,093</u>	<u>(147,938)</u>
Net increase (decrease) in cash and cash equivalents	(319,530)	844,007
Cash and cash equivalents at beginning of year	<u>1,005,864</u>	<u>161,857</u>
Cash and cash equivalents at end of year	<u>\$ 686,334</u>	<u>\$ 1,005,864</u>
<b>Reconciliation of excess of revenue over (under) expenses to net cash (used in) provided by operating activities:</b>		
Excess of revenue over (under) expenses	\$ (287,629)	\$ 297,674
Adjustment to reconcile excess of revenue over (under) expenses to net cash (used in) provided by operating activities:		
Depreciation and amortization	\$ 175,423	\$ 169,978
Provision for inventory obsolescence	6,000	10,000
Amortization of premium on treasury notes	(2,142)	(1,847)
Increase in accounts receivable	(88,105)	(28,527)
Increase prepaid expenses	(12,533)	(15,204)
Increase in inventory	(11,961)	(2,638)
(Decrease) increase in accounts payable	(253,587)	410,469
Increase in accrued expenses	7,6383	5,231
(Decrease) increase in deferred revenue	<u>(253,727)</u>	<u>116,809</u>
Total adjustments	<u>(432,994)</u>	<u>694,271</u>
Net cash (used in) provided by operating activities	<u>\$ (720,623)</u>	<u>\$ 991,945</u>

The accompanying notes are an integral part of these statements.

**Notes to Financial Statements  
June 30, 1989 and 1988**

**Note A- Summary of Accounting Policies**

A summary of the Council's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

**Accounting Method.** The Council prepares its financial statements on the accrual basis of accounting. Examination fees collected and processing costs incurred in advance are deferred and recognized at the date of the examination.

**Depreciation.** Depreciation is provided for in amounts sufficient to relate the cost of depreciable equipment and leasehold improvements to operations over their estimated service lives on the straight-line method.

**Inventories.** Inventories, primarily publications, are stated at the lower of actual cost or market. Cost is determined principally by specific identification. An allowance for inventory obsolescence in the amount of \$16,000 and \$10,000 at June 30, 1989 and 1988, respectively, was recorded.

**Prepaid Disaster Plan Costs.** The Council incurred supplemental reprinting costs for examinations in 1985 and 1986. The costs were being amortized over their useful life on a straight-line basis.

**Service of Volunteers.** Officers, committee members, the Board of Directors and various other non-staff associates assist the Council in various program and administrative functions, without remuneration. No value has been ascribed for such voluntary service because of the impracticality of their measurement.

**Note B- Purpose and Tax Status**

The Council is a non-profit corporation organized under the Statutes of the Commonwealth of Pennsylvania. Its purpose is to serve as a charitable and educational organization through which State Boards of Nursing act on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations and standards in nursing. It is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, as indicated in a letter dated June 8, 1987. Therefore, the accompanying financial statements reflect no provision for income taxes.

**Note C- Commitments**

**Operating Lease.** The Council's lease agreement for office facilities extends through August 31, 1989 and calls for monthly payments of \$11,577. In addition to the basic rental, the Council is required to pay for electricity.

The Council's future minimum rental payments required under this lease are as follows:

July and August, 1989 .....	<u>\$ 23,154</u>
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A new lease agreement for office facilities was entered into commencing on September 1, 1989 extending through August 31, 1999. Monthly payments for the first year are \$11,685. Annual payments are as follows for subsequent years:

Period ending June 30,	
1990 .....	\$ 116,850
1991 .....	234,600
1992 .....	257,696
1993 .....	262,850
1994 and thereafter .....	1,741,021



**Data Center Contract.** The Council has entered into an agreement for the design of a computerized system for processing test applications. In connection with this system, the agreement provides for the test service company to process the test applications with a minimum annual fee of \$343,000 through July 1988, and \$413,000 from August 1988 through July 1991.

***Note D- Designated Funds***

**Computerized Adaptive Testing.** The Council designated \$756,378 in 1989 for phase II, and \$283,233 in 1988 to fund a computerized adaptive testing project. During fiscal 1989 and 1988, \$174,514 and \$380,703 were expended. As part of this project, the Council entered into contracts with an outside research organization in the amount of \$125,000 to develop computerized adaptive testing software.

**Crisis Management.** During 1989, the Council designated \$121,836 to fund a crisis management plan. The plan calls for the purchase of paper and printing materials to be used in the event of a security break that would occur directly before any scheduled nurse examination.

**Nurse Aide Competency Evaluation Program (NACEP).** During 1989, the Council, in accordance with the federal government's guidelines, coordinated the development of an evaluation program to test the competency of nurse aides. \$469,608 was designated for this fund.

***Note E- Computerized Simulation Testing***

In 1988, the Council received a restricted grant from the Kellogg Foundation to develop a software system to insure clinical competence of nurses and to insure inter-professional collaboration between nursing and medicine, through computer based clinical simulation. The grant, amounting to \$1,868,954, will be received in three installments through June of 1991. In return for computer programming and consulting services, the National Council must pay National Board of Medical Examiners a minimum of \$625,000 between March 1, 1988 and February 28, 1991. The second installment of \$837,791 was received from the Kellogg Foundation in August 1989.

## Report of the Area I Director

As Area I Director, I participated in all the Board meetings and conference calls which were held this year. In addition, I chaired the Third NCLEX Study Committee and served as the Board liaison to the Computerized Clinical Simulation Testing Committee.

The Area I meeting was held in Phoenix, Arizona, on March 1-2, 1990. Fourteen of our eighteen jurisdictions were represented at the meeting. The representatives were updated on major National Council activities and discussed additional subjects of interest including:

- Licensure of foreign-educated nurses
- Unlicensed practice of nursing
- Licensed Practical Nurse scope of practice
- Programs for recovering nurses
- Faculty qualification waivers

The efforts of Fran Roberts, Judi Crume, the board members and other staff of the Arizona Board were greatly appreciated. We each took home a gift from the southwest: a cactus garden. (Mine survived the winter, so is it time to water it yet?) Thanks also to Susan Boots of the Washington Practical Nursing Board for recording the minutes of the meeting.

The next Area I meeting will be held in Jackson Hole, Wyoming, on February 28 - March 1, 1991.

I would like to recognize the efforts of the many Area I volunteers who also served on committees and extend my appreciation to the Area I Boards who responded to my request for assistance with special projects related to testing. The Washington Registered Nurse Board deserves thanks for hosting the 1990 Nurse Aide meeting for the National Council members to discuss the programs and problems related to the Omnibus Budget Reconciliation Act (OBRA) '87 & '89 nurse aide requirements.

I have enjoyed serving as your representative on the Board of Directors this year and remain committed to open communication. I look forward to hearing your suggestions.

Gail McGuill, *Area I Director*

## Report of the Area II Director

As Area II Director, I have participated in Board of Directors meetings and conference calls as well as the Fall Planning Retreat for the Board and committees held in Oak Brook, Illinois. I have also served as the Board of Directors' liaison to the Communications Committee.

The *NCLEX-PN Test Plan* was reviewed upon request of the Examination Committee by the Area II Member Boards. The responses were compiled and a summary submitted to the Examination Committee.

On April 24-25, 1990, the Missouri Board hosted the Area II Meeting. Twelve of the thirteen jurisdictions, thirteen of fourteen Boards, were represented. Others in attendance included: Renatta Loquist, President; Jennifer Bosma, Executive Director; Doris Nay, Associate Executive Director; Carolyn Yocom, Director of Research Services; Andrea Kingman, CTB Macmillan/McGraw-Hill; and Jane Tait, The Psychological Corporation. Major topics of discussion included:

1. Computerized Adaptive Testing
2. Computerized Clinical Simulation Testing
3. Administration of a Third NCLEX
4. State Summary Profiles of NCLEX
5. National Practitioner Data Bank & National Council Disciplinary Data Bank
6. Validation of NCLEX
7. Development of a Baccalaureate Examination
8. Licensure of Foreign-Educated Nurses
9. Legislative Initiatives in Area II
10. Nursing Practice and Education Committee Papers
  - Peer Assistance
  - Delegation
  - Continued Competence
  - Nurse Shortage

The Area II Boards continued to support the National Council position of neutrality with regard to entry into nursing practice based upon the lack of uniformity among Member Boards on this issue. The Area II Boards did not support the concept of the National Council developing a baccalaureate examination at the current time, an administration of a third NCLEX, nor development of program-specific state summary profiles.

On behalf of the Member Boards in Area II, I wish to express appreciation to the Missouri Board for their handling of the arrangements for the meeting. The evaluations were highly positive.

I have enjoyed serving as the Area II Director and thank all of the Boards in this outstanding Area for their assistance.

Judy A. Jondahl, *Area II Director*

## Report of the Area III Director

During the past year, representatives from Area III Boards have actively participated in a variety of activities which assist the National Council with accomplishment of its goals and objectives. Volunteers have been abundant for service on committees and in response to other needs.

Almost eighty participants attended the March 12-13, 1990, Area III meeting in Charleston, South Carolina. In addition to updates by the President and Executive Director, committee reports were given by the Area participant from each respective committee. Other agenda concerns were:

- Faculty shortage and faculty/student ratio
- Bachelor of Science in Nursing credentialing options
- Practical nurse scope of practice questions
- Impaired students
- Handicapped candidate issues
- Endorsement requirements
- Foreign applicants/recruiters

Due to the degree and scope of concern expressed by many states, a subcommittee, chaired by Louise Waddill, was appointed to develop a resolution about this issue for presentation at the Delegate Assembly. The 1991 Area III meeting will be held in Florida, probably in the Orlando area.

As Area III Director, I have participated in all Board meetings and telephone conference calls. Additionally, I have chaired the Board's Personnel Committee.

I continue to be amazed at the tremendous talent and expertise within the National Council. The complexity of issues facing the regulatory community poses both a challenge and an opportunity to meld practical reality with creativity and innovation.

*Carolyn Hutcherson, Area III Director*

## Report of Area IV Director

As Area IV Director, I have attended all meetings of the Board of Directors, participated in all but one conference call, and served as a member of the Board of Directors' Third NCLEX Study Committee. On April 18-20, 1990, I represented the National Council at the annual convention of the National Student Nurses' Association held in Nashville, Tennessee.

The Area IV Member Boards met on April 26-27, 1990, in Baltimore, Maryland. Twelve of the thirteen jurisdictions were represented by forty attendees. Representing the National Council were Renatta Loquist, President; Dr. Jennifer Bosma, Executive Director; Dr. Carolyn Yocom, Director of Research Services; and Anthony Zara, Director of Special Projects. Also in attendance were Andrea Kingman, CTB Macmillan/McGraw Hill, and Jane Tait, The Psychological Corporation. Agenda items and presentations included the following:

1. Third Administration of NCLEX
2. National Practitioner Data Bank
3. State Summary Profiles
4. Licensed Practical Nurse Test Plan
5. Resolution from Pennsylvania regarding statistical information
6. Issues related to nursing assistants
7. Regulations in New York regarding licensure for nurses
8. Role of recent graduates pending licensure
9. Requirements for continued competence
10. Admission of handicapped applicants to nursing programs
11. Pennsylvania's Impaired Professional Program
12. Nurse Aide Competency Evaluation Program (NACEP)
13. Computerized Simulation Testing (CST) demonstration

We were pleased to have Virginia Maroun, Executive Director, Commission on Graduates of Foreign Nursing Schools (CGFNS), present a report on the CGFNS's activities with particular reference to current international issues.

Appreciation is extended to the Maryland Board of Nursing and its Executive Director, Donna Dorsey, for planning this meeting and for their gracious hospitality.

The 1991 Area IV meeting will be held in Washington, D.C.

I thank you, in the warmest terms, for the support and assistance you have provided me over the past two years. It has been a most rewarding experience to have had the privilege of collaborating with such committed and caring professionals.

Jean Caron, *Area IV Director*

## Report of the Director at Large

This past year of active participation in the activities of the Board of Directors has afforded me an opportunity to gain valuable knowledge, insight and experience regarding the current issues pertinent to the National Council. I have attended all meetings of the Board of Directors and participated in all Board of Directors' conference calls.

I have served as a member of the Personnel Committee and attended all of its meetings. I have been the liaison to the Job Analysis Monitoring Committee and the Nurse Information System (NIS) Committee, and I was able to attend a meeting of the NIS Committee during the October 1989 National Council Fall Planning Retreat.

I have been appointed as the National Council representative to the Board of Trustees of the Commission on Graduates of Foreign Nursing Schools (CGFNS), and I have attended the spring 1990 meeting of this Board. I also represented the National Council at the annual Federation of Associations of Regulatory Boards (FARB) Forum.

This past year has demonstrated once again the commitment of individuals, Member Boards and National Council staff to the mission and goals of the organization. It has been a privilege to serve as Director at Large of the National Council during this past year.

*Carol Stuart, Director at Large*

# Report of the Board of Directors

## Recommendations

The Board of Directors recommends:

1. That based on results provided by the Third NCLEX Study, the National Council not pursue a third annual administration of NCLEX-RN or NCLEX-PN.
2. The adoption of the "Guidelines for Responding to Requests for Endorsement of Position Statements."

## Request for Endorsement of Position Statement

The Board of Directors presents to the Delegate Assembly the "Statement on Assistive Personnel to the Registered Nurse" developed by the Tri-Council for Nursing (Appendix D). The National Council has been requested, along with a number of other nursing organizations, to endorse the statement. The Board presents the statement to the Delegate Assembly for a decision on endorsement, without a specific recommendation.

*NOTE: A supplemental report from the Board of Directors regarding options for Member Boards and/or the National Council reporting to the National Practitioner Data Bank will be mailed to Member Boards prior to Delegate Assembly.*

## Meetings

The Board of Directors of the National Council of State Boards of Nursing, Inc., met on the following dates since the time of the last annual report to the Delegate Assembly.

- \* June 12, 1989
- July 6-7, 1989
- July 30-31, 1989
- August 5, 1989
- October 13-14, 1989
- November 6-8, 1989
- \* December 20, 1989
- January 29-31, 1990
- \* February 12, 1990
- \* April 3, 1990
- April 30-May 2, 1990

\* telephone conference calls

Board of Directors meetings are scheduled for July 16-17 and August 5-6, 1990.

## Directives from the 1989 Delegate Assembly

The Board of Directors received three major directives from the 1989 Delegate Assembly:

- 1) explore the feasibility of a third annual administration of NCLEX-RN and NCLEX-PN;
- 2) monitor the status of the qualitative job analysis instrument and the sample size in differentiated practice sites; and
- 3) direct staff to conduct a survey of PN/VN members of boards of nursing to investigate the practice of experienced PN/VNs in a variety of practice settings.

The Board conducted a comprehensive study of the feasibility of administering a third NCLEX annually, including a survey of Member Boards, appropriate committees, test service and staff. The results of the surveys have indicated that at this time there is not support for a third administration. The potential benefits are generally perceived by the groups surveyed to be outweighed by the drawbacks. The report of the Board of Directors subcommittee (Appendix A) provides further detail regarding the responses and the rationale for the Board's decision to recommend against pursuing the third administration.

The Board has received periodic reports from the Director of Research Services regarding the status of the qualitative job analysis instrument and the sample size in differentiated practice sites. A synopsis of the most recent report is provided in Appendix B. This monitoring has revealed that the sample size of new nurses who are practicing in jobs differentiated by educational preparation remains extremely small, and that the qualitative instrument is not yet ready for full-scale implementation. Therefore, the Board of Directors brings no recommendation at this time regarding the conduct of a limited-scope job analysis to determine whether or not the three sets of competencies synthesized by the Task Force on Examinations for the Future and the Subcommittee on PN/VN Competencies are validated. The Board will continue to monitor the situation during the next year and report to the Delegate Assembly in 1991.

The Board of Directors directed staff to carry out a study of experienced practical/vocational nurses (PN/VNs) by surveying PN/VN members of Member Boards. A complete report of the survey results is presented in Appendix C. The findings of the study reflect that there are substantial differences between the practice of experienced PN/VNs and the practice of newly licensed PN/VNs (based on the 1988 PN job analysis). The next job analysis of newly licensed PN/VNs is scheduled for the coming year.

#### **Request for Endorsement of Position Statement**

In March 1990 the National Council received a request from the Tri-Council for Nursing to endorse the "Statement on Assistive Personnel to the Registered Nurse" (Appendix D). Without specific direction in the bylaws regarding the Board's options in responding to such a request, the Board decided to bring the request before the Delegate Assembly.

In order to clarify the Board's options in responding to such requests, which frequently have attached timelines, the Board drafted guidelines to submit to the 1990 Delegate Assembly for consideration and possible approval (Appendix E).

#### **Planning**

At the annual Fall Planning Retreat, the Board of Directors and committees plan specific activities to carry out the adopted goals, objectives, and strategies of the National Council of State Boards of Nursing. After review for coordination and coverage, and updating to include activities directed by the 1989 Delegate Assembly, the Board of Directors approved the Operational Plan for FY90 and the projected plan for FY91. Planning for committee and Board of Directors activities and the annual budget is guided by the Operational Plan. The Board approved the budget for FY91 (July 1, 1990 to June 30, 1991) in April, along with a second version of the FY91 budget (including a fifth quarter for FY90 and a FY91 year from October 1, 1990, to September 30, 1991) for use in the event that the Delegate Assembly amends the bylaws to change the dates of the National Council's fiscal year (see Tab 5, Operational Plans and Budgets).

#### **Committees**

Members of the Board of Directors served on the following committees to expedite the work of the Board:

- Coordinating Committee
- Personnel Committee
- Third NCLEX Study Committee



The following are Ad Hoc Committees created by and reporting to the Board of Directors, with charges to perform particular tasks related to the mission and goals of the National Council:

- Nurse Information System Committee (Goal IV. Objectives A and B)
- Job Analysis Monitoring Committee (Goal I. Objective A. Strategy 4)
- Committee for Special Projects (Computerized Adaptive Testing Feasibility Study) (Goal I. Objective A. Strategies 6 and 7)
- Steering Committee, Computerized Clinical Simulation Testing Project (Goal I. Objective A. Strategy 8)

The following is an Ad Hoc Committee created by the Delegate Assembly with a charge to perform a specific task related to the mission and goals of the National Council:

- Nurse Aide Competency Evaluation Program (NACEP) Committee (Goal I. Objective C. Strategy 7)

The following are Standing Committees of the Delegate Assembly whose work progress is monitored throughout the year by the Board of Directors:

- Administration of Examination Committee
- Bylaws Committee
- Communications Committee
- Examination Committee
- Long Range Planning Committee
- Finance Committee
- Nursing Practice and Education Committee

### **Board of Directors Actions**

The following summarizes the major actions taken by the Board of Directors at meetings from June 1989 to May 1990, grouped by the major programmatic areas:

#### ***Testing***

- Approved eight field test states and four alternates for the Computerized Adaptive Testing (CAT) feasibility study; reviewed the field test implementation plan; under the plan, representatives from the field test states and the National Council will work together to identify and obtain access to computerized test sites.
- Directed staff to determine the impact of the proposed retiring of 1,500 five- and six-year-old NCLEX-RN items on the CAT field tests; subsequently approved an Examination Committee recommendation for phasing in the change from a six-year to a four-year item lifespan beginning with the July 1991 examination, and a Committee for Special Projects request that the entire item pool undergo a currency review prior to the CAT field tests.
- Supported the need for development by CTB of operational definitions for NCLEX test plan categories.
- Approved a mechanism and criteria for Member Board review of previous examinations; this will provide examination booklets and an answer key to Member Boards wishing to review examinations other than those provided by CTB as alternatives to "review drafts" of newly written items.
- Approved a policy for the signing of contracts with new Member Boards, which calls for approved Security Measures and Procedures to Implement the Security Measures to be in place prior to the execution of the contract.
- Approved an amendment to the policy for modifications for handicapped candidates as recommended by the Administration of Examination Committee, and directed staff to disseminate the policy.
- Authorized a five-phase plan for a comprehensive investigation of dimensionality and other psychometric properties of NCLEX, as proposed by CTB Macmillan/McGraw-Hill.

- Approved a standard setting process for NCLEX, developed by CTB research staff, which is based on a criterion-referenced Angoff approach (one panel to be convened), and also incorporates a series of checks on the validity of the judges' ratings; directed staff to distribute the document describing it to Member Boards; the process will be implemented with the next standard setting, which will occur for NCLEX-PN in October 1990.
- Ratified the Examination Committee's decision to modify the acceptable range for the average item p-value (proportion of candidates answering an item correctly) to .60 - .70 from .65 - .75 on NCLEX-RN examinations and to .66 - .74 from .71 - .79 on NCLEX-PN examinations. The modifications will take place in .01 increments over the course of five administrations. The purpose of these modifications is to refine the reliability of pass/fail results. Reliability of pass/fail results is greatest when item p-values average .50. The new range will not alter the proportion of candidates who pass or fail the examination, because pass/fail rates on the NCLEX are a function of a fixed criterion-reference standard that is independent of item p-values.
- Approved for dissemination to Member Boards the Examination Committee report on the comparison of NCLEX-RN to the Canadian Nurses Association Testing Service (CNATS) examination.
- Determined that the National Council is responsible for the validity of the NACEP forms which are customized to meet specific state needs but still satisfy the NACEP Blueprint; the National Council will not assume responsibility for the validity of customized addenda that do not satisfy the Blueprint nor for pass-fail decisions based in whole or in part on these addenda.
- Accepted the standards recommended by the NACEP Standard Setting Panel for both the written and manual skills evaluation; decided to disseminate information regarding the passing standards.
- Approved the *Expanded Evaluation Blueprint* for NACEP.
- Decided that the National Council would maintain a list of state agencies responsible for the nurse aide registry.
- Approved the conduct of a logical job analysis for home health aides and an incumbent job analysis for nurse aides working in long term care, home health care, and acute care settings.
- Approved the dissemination of aggregate statistics from the NACEP evaluations.
- Approved four delivery options (two current and two new) for use by state agencies for administering NACEP; the two new options afford additional flexibility for dealing with internal state circumstances and changes due to OBRA amendments and proposed HCFA rules.
- Approved marketing the current NACEP for evaluating home health aides.

### ***Nursing Practice and Education***

- Reviewed the Nursing Practice and Education Committee's recommendations regarding a Subcommittee for Model Nurse Aide Language; agreed that funding for the activities of this subcommittee should come from the NACEP designated fund, as originally proposed in the budget submitted to the 1988 Delegate Assembly; subsequently added \$4,700 to the designated fund to allow the subcommittee to hold a second meeting to complete its work on the model administrative rules language.
- Approved the addition of \$10,800 to the FY90 budget for the Subcommittee on Regulatory Models for the Management of Chemically Dependent Nurses. This funding will be used for the purpose of conducting an initial pilot study to provide data to support the National Council's application for a grant for federal funding for the project, which will study the issues as directed by the 1988 Delegate Assembly.

- Discussed issues regarding the National Council's Disciplinary Data Bank and the National Practitioner Data Bank; determined to prepare a supplemental report for the 1990 Delegate Assembly identifying options related to the reporting of disciplinary data.

### **Communications**

- Approved a change in format and frequency of *Issues* to include greater information exchange surrounding four major themes each year: research, practice and education, communications (the "convention" issue), and testing; to include a policy calling for staff bylines only when the article required original research or synthesis beyond the staff person's normal duties.
- Directed staff to continue publication of the *State Nursing Legislation Quarterly* with revisions suggested by the Communications Committee, and re-evaluation in one year.
- Adopted a postage and handling fee schedule for publications orders.
- Approved the 1990 convention schedule and set the registration fee at \$325.
- Selected Colorado Springs as the site for the 1992 National Council convention.
- Decided to change the rotation cycle for the convention from every other year in Chicago to every third year in Chicago.
- Approved a proposal for sponsorship of a second regulatory conference in connection with the CTB NCLEX Invitational Conference in Monterey during February 1991.
- Approved a demonstration project for NCNET, the National Council's electronic mail network, involving the set-up of a licensure verification form on the system; the creation of new and improved promotional materials; and a demonstration of the system at the 1990 National Council convention.

### **Research**

- Approved the inclusion of a "critical incident" approach in the FY90 RN job analysis study. The rationale was that inclusion of a critical incident approach will provide data on the validity of the critical incident approach as a research methodology and assist in validating the hypothesized competencies developed by the Task Force on Examinations for the Future and the Subcommittee on PN/VN Competencies; it also would assist in carrying out the 1987 Delegate Assembly mandate to develop instrumentation for detecting "contextual" differences between newly-licensed nurses from different types of nursing education programs.
- Agreed to appoint two persons to serve on an External Job Analysis Monitoring Panel. Panel members, who will be external experts in job analysis methodology, will meet twice: once at the beginning of the job analysis study to address methodological issues, and a second time to evaluate the interpretation of study results.
- Created a Content Steering Panel and a Technical Advisory Panel to advise and assist the Director of Research Services in conducting a job analysis of nurse aide incumbents in FY90.
- Authorized an addition of \$7,000 to the FY90 budget of the Nurse Information System Committee for the purpose of conducting a pilot study to demonstrate that licensee data from three jurisdictions can be combined into one database and that licensee entries can be unduplicated; pilot study data will be used to support the proposal to the Robert Wood Johnson Foundation for funding the creation of a national nurse information system.
- Appointed twelve members and four alternates to serve on the Scoring Key Development Committee; this committee will develop the scoring keys that will be used in the Computerized Clinical Simulation Testing Project.

### **Organizational**

- Appointed committee chairpersons and ratified Area Directors' appointments of members to standing and ad hoc committees.
- Reviewed reports and recommendations from officers, committees, staff, and test services at each meeting and took appropriate action.
- Agreed that the National Council should facilitate a networking program for consumer members of Member Boards; the program, organized by the American Association of Retired Persons (AARP), exists to orient consumer members of regulatory boards to their unique roles and responsibilities and provide them with the opportunity to network with consumer members from other jurisdictions; the National Council's role will be facilitation of these opportunities to Member Boards by providing information about program publications and meetings via the *Newsletter*.
- Adopted a process for renewal of Member Board contracts by means of an amendment; the amendment will reflect the 1988 Delegate Assembly decision to increase the NCLEX price to \$40 beginning with the October 1990 NCLEX-PN.
- Voted to withhold future shipments of test booklets to one jurisdiction until such time as Security Measures and Procedures to Implement the Security Measures have been received and approved by the Administration of Examination Committee.
- Appointed Carol Stuart (SD) to serve a three-year term on the board of trustees of the Commission on Graduates of Foreign Nursing Schools.
- Approved a content and format outline for the National Council Policy and Procedure Manual; the manual is to include Delegate Assembly, standing committees, and Board of Directors policies and procedures arranged in topical categories that mirror the organization of the bylaws.
- Reviewed the implications of changing the National Council's fiscal year, which is currently July 1 through June 30, to one that would begin October 1 and end September 30; the proposed schedule would allow committee and Board activities to culminate in presentation to the Delegate Assembly within the same fiscal year, would allow Delegate Assembly directives with fiscal impact to be incorporated into the next fiscal year's budget before final budget approval and implementation, and would allow the audit to be conducted at a non-peak time for the staff; decided to propose a bylaws amendment to the 1990 Delegate Assembly recommending an October 1 to September 30 fiscal year.

### **Operational**

- Approved a position for an Associate Executive Director, replacing the previous position of Director of Administration; approved a Copy Editor position in lieu of previous positions for a half-time editor and full-time secretary in the Communications Department.
- Approved a policy making the National Council office a smoke-free environment.
- Designated the Sheraton Plaza as the National Council's corporate hotel.
- Reviewed, modified, and approved personnel policies in the areas of vacation time, compensatory time, and termination.

# Report of the Third NCLEX Study Committee

## Recommendation

1. All of the available information to date indicates that there is little support for a third NCLEX administration. Therefore, we recommend that the National Council not pursue a third NCLEX administration.

## Background

Interest in a third annual administration of the NCLEX-RN and NCLEX-PN arose in 1988 in response to the need for rapid entry of qualified candidates into nursing practice. With the current semi-annual administration of the NCLEX, some candidates have to wait up to six months to take the exam. These candidates include those who failed an earlier administration of the exam, as well as first-time candidates.

The 1989 Delegate Assembly mandated the Board of Directors to study the issue of administering a third NCLEX examination on a cyclical basis. The Board of Directors created the Third NCLEX Study Committee to carry out this mandate.

In December 1989, the Third NCLEX Study Committee and the National Council staff distributed a survey to all Member Boards and requested input from CTB/McGraw-Hill (CTB Macmillan/McGraw-Hill as of January 1990), the Examination Committee, the Administration of Examination Committee, the Finance Committee, the Committee for Special Projects, and National Council staff. Surveys were returned by forty-nine Member Boards by March 6, 1990. All other requested input was also received by that date.

## Supporting Materials

The supporting materials for our recommendation and the following summary are included in "Supporting Materials for Report of the Third NCLEX Study Committee." This is published as a separate document, and included as a supplement to this *Book of Reports*.

## Summary

While there is general agreement that a third NCLEX exam may be of some benefit, the potential benefits are outweighed by the expected costs, logistical problems, and a lack of consensus on key scheduling and administrative questions. Respondents were quite clear on two points. The first was that a third administration is not seen as serving the candidates significantly better than the current system. The second is that all respondents see computerized adaptive testing (CAT) as a viable alternative to adding a third administration. The following text summarizes in greater detail the supporting materials. The text is organized into the following sections:

1. Candidate Pool
2. Potential Benefits
3. Costs and Arrangements
4. Regional Administration
5. Other Considerations and Alternatives
6. Schedule for a Third NCLEX

### 1. Candidate Pool

RN candidates wait eight to ten weeks on average to take the NCLEX. PN candidates wait eleven to twelve weeks on average. Average waiting time is based on the time between graduation and the exam date. Over ninety percent of Member Boards do not allow candidates to take the exam before the candidate completes the educational program. None are considering changes in this regard.

The average number of first time candidates per Member Board that would benefit, in terms of shorter waiting time to take the exam, is estimated to be 346 RN candidates and 284 PN candidates per year. However, a majority of the Member Boards responding to the survey felt that the shorter waiting time would have both positive and negative consequences. The present time frame does allow for the candidates to test their knowledge in a safe environment, which is highly encouraged.

The questionnaire to Member Boards shows clearly that the only true benefactors of a third NCLEX administration are candidates who failed the exam previously.

### 2. Potential Benefits

The potential benefits were identified through the questionnaire to Member Boards. Two-thirds of the respondents believe that there would be a regulatory and public relations benefit with a third administration. The public would perceive the potential for more rapid entry of nurses into the workforce as a benefit.

According to Member Boards, the largest perceived benefit is that previously failing candidates have the opportunity to retake the exam sooner than with the current system. Failure candidates are seen as benefiting in terms of reduction in lost time and wages.

With regard to candidates in general, question 31 in the Member Boards Questionnaire shows that over eighty percent of Member Boards responding to the questionnaire felt that RN candidates in their jurisdiction would not be served significantly better by a third NCLEX. Seventy-five percent of Member Boards felt PN candidates in their jurisdiction would not be served significantly better by a third NCLEX.

Most Member Boards responding to the questionnaire identified some benefit to the public and to practice settings. The primary benefit to both the public and to practice settings is expected to be a reduction in the amount of time lost by failure candidates. Less than half of the Member Boards agreed there would be a potential benefit of easing the nurse shortage and promoting higher quality of care. Of the Member Boards who responded, eighty-five percent could see no benefit of a third NCLEX to nurse education programs.

### 3. Costs and Arrangements

According to Member Board responses to the questionnaire, the average annual cost for administering a third NCLEX-RN would be \$80,704 per board. For a third NCLEX-PN, the average estimated annual cost is \$40,707 per board. These costs cover facilities, exam staff, test administration agency costs, office staff, and other services. A small number of Member Boards thought they would realize additional revenues as a result of administering a third exam. Member Boards would need an average of twenty months to effect budgetary changes to cover a third administration. Member Boards would need an average of two and one-half years to three years to secure exam sites with some jurisdictions needing up to ten years, and others as little as six months. An overwhelming majority of the boards responding to the questionnaire feel that each jurisdiction should have the option to not give a third administration.

Start up costs estimated by CTB amount to \$228,800. An acceptable method of paying for the start up costs is to have each Member Board pay costs proportional to the number of candidates to which it administers the third exam. The second choice was to spread the costs equally over all candidate fees for a few years. Annual costs after the initial start up were estimated at \$795,560 to \$860,000, depending on the number of candidates. Combined start-up and annual costs amount to between \$5.62 and \$5.83 additional cost for every candidate taking the NCLEX-RN or NCLEX-PN through July 1993, if all candidates for all administrations within all jurisdictions are counted. Additional annual costs incurred by the National Council were estimated at \$95,000. Member

Boards were split over approaches for paying cyclical costs of a third administration. None of the suggested approaches in the questionnaire was endorsed by a majority of Member Boards. The least objectionable approach was to assess costs across all jurisdictions.

The Examination Committee pointed out that there are not enough items in the item pool currently to support three examinations, so more exam development at every step would be needed, which is a costly process.

The majority of respondents did not think external funding for starting a third administration was a viable option. National Council staff most experienced with external funding sources could not identify a likely source of external funding, and advised that any external funding would probably be limited to start-up costs. Jurisdictions did not support formally investigating external sources of funding prior to the 1990 Delegate Assembly.

#### 4. Regional Administration

The use of a regional test administration site was seen as viable by only twenty-seven percent of Member Boards responding to the questionnaire. Most boards responding felt that rotating the site is unacceptable. Boards were evenly divided between having the National Council be the administration agency or having a neighboring state as a permanent regional test site.

#### 5. Other Considerations and Alternatives

With regard to allowing NCLEX-RN failing candidates to take NCLEX-PN exam, only thirty-six percent of Member Boards responding permit this. Only twenty-one percent of the boards responding saw this as a viable means of meeting the purpose of a third NCLEX.

When asked about adjustment of current administration schedule, only twenty-one percent of Member Boards responding felt that adjusting the current semi-annual administration schedule could serve the same purpose as a third NCLEX.

With regard to Computerized Adaptive Testing (CAT), ninety-three percent of Member Boards responding saw CAT as a viable means of meeting the same needs as a third NCLEX. The remaining boards gave conditional endorsement of CAT (see comments). No board objected to CAT as a viable alternative to adding a third administration in order to serve the needs of candidates and healthcare organizations. (Three boards gave conditional endorsement to this alternative.)

With regard to the viability of CAT as an alternative, the Committee for Special Projects indicated it would take two to five years to operationalize CAT. They noted it may be easier for Member Boards to implement a third NCLEX because it is an already known procedure; however, the costs of a third NCLEX far exceed income and benefits. They believe CAT would be more effective in getting nurses into the work force sooner.

#### 6. Schedule for a Third NCLEX

There was no consensus among boards as to an acceptable schedule for three NCLEX administrations. Most objected to the schedules proposed in the questionnaire. Over eight-five percent of Member Boards responding objected to "piggybacking"—scheduling the third RN exam to immediately follow one of the PN exams and vice versa.

Based on current parameters of scheduling, release of scores, and processing examination applications, the boards responding to the questionnaire indicated three major problems with a third NCLEX administration. Following is a statement of the problems followed by the percent of Member Boards who indicated this would be a problem:

- Insufficient time for failing candidates to apply for the next examination (58%).
- Insufficient time for getting results of handscoring back to failing candidates in time to apply for the next examination (93%).
- Insufficient time for review and challenge to be completed by the next examination (90%).

These problems primarily affect failing candidates—the group believed to have the most to gain from a third NCLEX.

Most Member Boards responding (72%) felt they could not decrease their time period for review of “deliverables” (e.g., inspection of rosters for candidate code changes), which would be necessary in order to alleviate the above listed timing problems.

The average amount of time Member Boards felt they would need in order to begin a third administration is thirty-three months. The minimum time is five months. The maximum time is over nineteen years.

**Committee Members**

Gail McGill, AK, Area I, *Chair*

Jean Caron, ME, Area IV

Helen Kelley, MA, Area IV

**Staff**

Matthew Schulz, *Director of Testing Services*



**Appendix B**

TO: Board of Directors

FR: Carolyn J. Yocom, Ph.D., R.N.  
Jennifer Bosma, Ph.D.

RE: Status of Qualitative Instrument and  
Differentiated Practice Sites

**Background**

The 1989 Delegate Assembly directed that the Board of Directors monitor the validity of the qualitative job analysis instrument and the numbers of newly-licensed nurses in differentiated practice sites. At such time as both of these situations were sufficiently developed, the Board will bring to the Delegate Assembly a recommendation regarding the conduct of a limited-scope job analysis. The purpose of the job analysis study would be (1) to determine whether or not hypothesized entry-level competencies for evolving levels of nursing practice are validated, and (2) to facilitate the subsequent identification of an appropriate testing model for licensure examinations of the future.

**Current Status of Qualitative Instrument**

A pilot study to determine the validity of performing a content analysis of critical incident descriptions, the "qualitative instrument" for use in differentiating the practice of individuals who have graduated from different types of basic nursing education programs, has continued during FY90.

The sample of 3,636 newly-licensed RNs surveyed for the RN job analysis also received the critical incident portion of the instrument. The External Job Analysis Monitoring Panel reviewed samples of their responses and found the descriptions to be a rich source of data. In cooperation with the Director of Research Services, the Panel developed an analysis protocol to be used by the Content Analysis Panel, scheduled to meet in September 1990, in developing an analysis framework for the critical incident data. The September analysis will also allow for the inclusion of second-wave job analysis responses (including critical incident descriptions). The Job Analysis Monitoring Committee will continue to evaluate progress with instrument development in FY91.

**Current Status of Differentiated Practice Sites**

A total of 26 institutions, identified by the American Organization of Nurse Executives (AONE), utilize differentiated competencies for two levels of registered nurses. During fall 1989, eleven of these agencies indicated that they had hired and placed new graduates on units where differentiated job descriptions were used. Several of these institutions, particularly those in western Wisconsin, had only hired graduates of associate degree programs. In several other institutions, all new graduates (baccalaureate and associate degree) began work under the lower level job description (Case Associate). Agency administrators indicated that the new graduates would remain in the Case Associate role for a minimum of six months. In addition, future movement into the Case Manager role was not confined to the baccalaureate program graduate, nor was the baccalaureate graduate required to move into the Case Manager role.

Consequently, there are very few newly-licensed RNs who are baccalaureate program graduates working under a job description that is different from the one under which newly-licensed associate degree program graduates are working. Therefore, in the institutions identified to date, there is an insufficient number of newly-licensed RNs available to participate in a limited-scope incumbent job analysis study.

# Survey of Experienced Licensed Practical/Vocational Nurses Who Are Members of Boards of Nursing

## INTRODUCTION

During the 1989 convention of the National Council of State Boards of Nursing, the Licensed Practical/Vocational Nurses (LPN/VN) Special Interest Group (SIG) expressed concern that the practice of experienced LPN/VNs had not been addressed. Subsequently, a resolution was prepared and submitted to the Delegate Assembly, requesting that the National Council survey experienced LPN/VN members of Member Boards to determine characteristics of their practice. The resolution was adopted. This report summarizes how the study was performed and its findings.

## METHODOLOGY

This section provides a description of the methodology used to conduct a study of the practice of experienced LPN/VNs who are members of boards of nursing. Descriptions of the design, sample selection, and data collection procedure are included.

### *Design and Sample Selection*

A non-experimental, descriptive study of experienced LPN/VNs who are members of boards of nursing was undertaken. Each board of nursing with LPN/VN members ( $n = 53$ ) provided the names of their LPN/VN board members. This list of names ( $n = 135$ ) served as the sample for this study.

### *Instrument*

A copy of the questionnaire used in this study is provided on page 25. A general description of the instrument will be addressed.

### General Structure

The Survey of Experienced Licensed Practical/Vocational Nurses (Survey) contains five sections plus a cover page. The cover page provided general information (e.g., about confidentiality) and information about how to respond to the questions that followed. Section I of the Survey included some general information questions about the participant's work history. Section II contained questions on the participant's educational preparation prior to licensure as well as what has been achieved since graduation. Section III of the Survey included several questions about the participant's work environment and the characteristics of "most" of their clients. Question 7 of this section asked what percentage of time was spent on certain role functions (e.g., administration/management, direct client care, etc.). The participants were asked to describe their position title as well as supervisory responsibilities. Section IV contained the major component of the Survey and asked participants to provide information about their performance of 88 nursing activities. For each activity, participants were asked to indicate whether they had ever performed the nursing activity (yes or no), and if they performed the activity as part of their current nursing position's responsibilities (yes or no).

Development of the 88 nursing activity statements was based on results of a role differentiation study constructed by the National Council of State Boards of Nursing (Kane et al., 1986). Also, input was received from the executive director of a LPN/VN board of nursing, and an experienced LPN/VN consultant in practice.

In constructing the activity list, thought was given to those activities that are beyond entry level and considered high level skills (e.g., perform venipuncture to start IV fluid/meds, regulate flow of lipids). The activity statements were worded in terms of what the nurse does, rather than how the nurse performs an activity.

Space was provided after the list of nursing activities to list any additional activities or procedures that the participant performed but which were not included in their basic nursing education program. Section V provided space for the participant to make additional comments if so desired.

### ***Data Collection***

A two-phase mailing process, using first-class mail, was used to collect data from prospective study participants. Initially, each of the boards of nursing was sent a letter (pages 33-34) asking them to provide the names and mailing information for their LPN/VN board members. If this list of names was not received within three weeks, a letter was sent as a reminder. When the list of names was obtained, a letter (page 35), questionnaire, postage-paid return envelope, and a pencil was sent to the LPN/VN's home or to the state board office, whichever was their mailing address preference.

Approximately four weeks later, a letter was sent to the participants asking them if they had completed and returned the questionnaire. If they had not received it, this letter also informed them as to how another questionnaire could be obtained, or if it had not yet been filled out, to do so, and return it as soon as possible.

### ***Confidentiality***

All participants were promised anonymity with regard to their participation and their responses. A code was assigned to each returned questionnaire. No attempt was made to match responses with an individual participant.

### ***Response Rates***

As described above, materials were sent to 135 experienced LPN/VNs who were members of boards of nursing. Two individuals on the mailing list indicated they were not currently working. Therefore, the effective sample size was 133. The Survey was returned by 113 individuals, representing an 85% (113/133) response rate. This response rate was determined to be sufficiently high to warrant proceeding with data analysis.

## **RESULTS**

This section provides a general description of the educational preparation and work environments, and nursing activities of the experienced LPN/VN who participated in this study. The microcomputer version of the Statistical Analysis System (SAS) was used to perform all statistical analyses.

### ***General Characteristics of Clients and their Work Environment***

#### ***Educational Preparation***

The majority of study participants indicated that their basic nursing education preparation was from a state-approved school of practical/vocational nursing (n = 105, 96.3%). Also, 92 participants (83.5%) indicated that the LPN/VN diploma/certificate was the highest educational level they had achieved.

#### ***Advanced Certificates***

The participants were asked to list the types of advanced certificates they had earned since graduation. The certificates most frequently achieved were in IV Therapy (23), CPR/BCLS/ACLS (20), Medication/Pharmacology (14), and CCU/ICU/MICU courses (9). Several other types of certificates were earned by the participants, as shown in Table 1 (page 17).

### Work History

Participants were requested to indicate the total number of years they have been licensed as an LPN/VN, worked as an LPN/VN, and number of years/months they have been working in their current position. The average number of years the participants have been licensed as a LPN/VN is 20.1 (S.D. 7.9, median = 19 years; range = 5 - 40 years). The average number of years the participants worked as an LPN/VN was 19.4 (S.D. 8.2, median = 18 years; range = 5 - 40 years). The average number of years/months the participants worked in their current position was 9.6 (S.D. 7.3, median = 8.2; range = 0 - 30.2 years).

### Work Setting

The settings in which the LPN/VN worked are listed in Table 2 (page 18) along with the frequency and percent of participants who indicated each setting. While participants were encouraged to indicate the setting in which they mainly worked, they could indicate all those in which they spent at least a third of their time. As indicated in Table 2, a majority of the participants worked in hospital settings. Furthermore, within the hospital setting, most of the participants indicated that they worked on medical-surgical units, intensive care units, and/or in the emergency room.

Relatively few LPN/VN participants indicated that they worked in nursing homes or community/home care settings. Within these settings, the largest numbers worked in skilled care facilities (n = 18, 16.5%).

Participants were also asked to indicate the bed capacity of the hospital or nursing home in which they were currently employed. Facilities with less than 100 beds employed 28.6% (n = 26) of the participants. Facilities with 100 - 299 beds employed 29.6% (n = 36); those with 300 - 499 beds employed 13.2% (n = 12); and those with 500 or more beds employed 17.6% (n = 16) of the participants. The location of their employing agency was also reported. Thirty-nine percent (n = 37) indicated that they worked in an urban setting while 39.8% (n = 37) worked in rural settings and 20.4% (n = 19) in suburban settings.

Table 3 (page 19) reports data relative to the shift assignment of the LPN/VNs. The data indicated that 64.4% (n = 67) work the day shift, 19.2% (n = 20) work the evening shift, and 7.7% (n = 8) work on the night shift. The remaining participants (n = 5, 4.8%) reported working rotating shifts.

### Client Characteristics

The characteristics of clients that the experienced LPN/VN cared for were reported in terms of the clients' conditions and their ages. Table 4 provides information about the numbers and percentages of participants who categorized their clients' conditions as falling into one or more of eight categories included in the Survey. Acutely ill clients were cared for by the largest percentage of participants 45.9% (n = 50). Clients with unstabilized chronic conditions also were reported to be cared for by substantial numbers (n = 48, 44.0%), as well as those with stabilized chronic conditions (n = 40, 36.7%).

Participants were asked to report the age group that best described their clients. This information is reported in Table 5 (page 20). Participants most frequently identified that they cared for elderly 67.0% (n = 73) and adult clients (n = 66, 60.5%). It was indicated that 17.0% (n = 17) cared for infants and children, and 7.3% (n = 8) cared for newborns.

### Percentage of Time Spent Performing Various Nursing Functions

Participants indicated what percentage of their time was spent in each of five general nursing functions, plus an additional "Other" category. The mean percentage of time that participants reported performing these functions is reported in Table 6 (page 20). The majority of time was spent providing direct care (65.96%). Less time was devoted to indirect care activities (11.31%) and administration (8.40%). Low percentages of time were spent on the education of students (3.87%), research (0.54%) and other functions (4.40%).

### Position Title

Participants were asked to describe their position title, which is reported in Table 7 (page 21). The majority of the participants reported their title as Staff LPN (61.3%). A total of 23.5% (n = 25) of the participants reported they had position titles that implied management responsibilities (e.g., Director/Assistant Director, Team Leader, etc.) (see Table 7 on page 21). Another 14.2% indicated the "Other" category.

When all participants were asked if they had supervisory responsibilities for other personnel, 53.8% (n = 57) responded "no" while 45.2% (n = 47) responded in the affirmative. Those indicating they had charge nurse responsibilities provided information regarding whether this was a permanent position or one where they substituted for another person. Most (n = 38, 77.6%) indicated that supervisory responsibilities were part of their regular position while 20.4% (n = 11) said they were substituting for another person. The average number of clients nurses were responsible for was 36.

For the LPN/VNs that were in charge, 10.4% (n = 5) indicated that there was never an RN on the premises, 14.6% (n = 7) said "sometimes," and 75% (n = 36) stated "usually." For those participants that indicated an RN was not on the premises, 95.6% (n = 43) said that one could be reached by telephone while 4.4% (n = 2) said that a RN could not be reached.

### Nursing Care Delivery Models

Participants were asked what type of nursing care delivery model was used in their setting (Table 8 on page 21). Team nursing was the most frequently indicated model (35.9%, n = 37). Of the remaining participants, 33% (n = 34) indicated primary care, 19.4% (n = 20) indicated functional, and 10.7% (n = 11) indicated "other." One participant reported not knowing the model used.

The frequency with which each delivery model was used in nursing homes and hospitals is reported in Table 9 (page 22). In hospitals, the most frequently used model was primary care (n = 19, 55.9%), and in nursing homes it was team nursing (n = 13, 50.0%).

### **Performance of Nursing Activities**

Participants were asked to indicate which of 88 activities they (1) had ever had to perform and (2) had to perform in their current position. The activity list (see Table 10 on page 23) was composed of "higher level" activities that would not necessarily be included in the basic LPN/VN education. The number and percent of experienced LPN/VNs indicating whether they ever had to perform a specific activity or had to perform it in the current position are reported in Table 10.

A majority of participants (>60%) currently and historically reported giving medications via oral, subcutaneous, intramuscular, intradermal, rectal, and vaginal routes. When comparing the performance data with the list of advanced certificates that had been earned (Table 1), it was surprising to find the percentage of LPN/VNs who reported performing some activities, such as those listed below:

- Administer intravenous medications via IV push
- Administer intravenous medications via IV piggyback infusion
- Hang and regulate TPN fluids for infusion
- Hang and regulate lipids for infusion
- Hang and regulate fluids administered via arterial line
- Hang and regulate whole blood for transfusion
- Set / readjust ventilator settings
- Deliver a newborn

This review of the data indicated that experienced LPN/VNs are currently performing or have previously performed many activities that are not included in the basic educational program or in the continuing education or advanced certification programs they reported attending.

### **SUMMARY AND CONCLUSIONS**

A survey questionnaire was sent in January 1990 to all identifiable LPN/VN members (n = 133) of 53 boards of nursing. Following one follow-up mailing, responses were received from 85% (n = 113). A majority of the participants (96.3%) graduated from a state-approved school of practical/vocational nursing. The highest educational level achieved by the participants was a LPN/VN diploma/certificate (83.5%).

The average number of years the participants had been licensed as LPN/VN's was 20.1 years. The average amount of time the participants worked in their current position was 9.6 years.

The majority of the participants worked in hospital-based medical-surgical, intensive care units, and/or in the emergency room. Most of the participants (29.6%) were employed in facilities with 100-299 beds and reported working in rural settings (39.8%). The participants indicated they mostly worked the day shift (64.4%), and spent the majority of their time (65.9%) providing direct care to clients. Acutely ill clients were cared for by the largest percentage of participants (45.9%). Elderly clients (67.0%) were most frequently cared for.

The majority of the participants reported their title was that of Staff LPN (61.3%), however, 23.5% reported they had titles that implied management responsibilities. Participants who had supervisory responsibilities accounted for 45.2%, but 20.4% indicated they were substituting for another person.

Team nursing was the most frequently indicated model being used by the participants (35.9%).

Participants indicated if they ever had to perform and/or if in their current position they performed 88 nursing activities. The data indicating performance of specific nursing activities provided evidence that experienced LPN/VNs currently and historically performed many activities that are not generally included in a basic LPN/VN education program.

Caution should be exercised in generalizing the results of this study. Since a select sample of convenience consisting of experienced LPN/VN members of boards of nursing was used, the findings may not reflect the practice of other LPN/VNs.

#### **Staff**

Carolyn J. Yocom, *Director of Research Services*

Beth A. Cayia, *Research Assistant*

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*Table 1. Advanced certificates earned by experienced Licensed Practical/Vocational Nurses.*

<u>Type</u>	<u>#</u>
IV Therapy	23
IV Medications	2
Medications/Pharmacology	14
CPR/BCLS/ACLS	20
CPR Instructor	4
CCU/ICU/MICU courses	9
Treadmill training	1
Remote Monitor Technician	1
Emergency Medical Technician	5
Emergency Medical Technician Instructor	1
Telemetry	1
EKG Technician	1
Paramedic	1
EKG/Cardiac monitoring	2
Ambulance Attendant	1
Helicopter Transport	1
Telecommunications	1
Trauma Nursing	1
Emergency Room Nursing	1
Surgical Technician	2
Venipuncture	2
First Aid	1
Insert NG tubes	1
Pulmonary function testing	1
Radiology Technician	1
Suture/Staple removal	1
Physical Assessment	1
Hemodialysis training	1
Gerontology/Geriatrics	3
Ophthalmic Assistant	1
Detox training	1
Rehabilitation	1
Group Therapy	1
NCPs	1
Infection Control	1
Problem Oriented Medical Record Charting	1
Death & Dying	1
Psych Nursing	1
Epilepsy	1
Certified Medical Assistant	1
Charge Nurse/Supervisor/Management	4
Advanced LPN	2
Expanded Role LPN	3
Nursing Home Administrator	2
Unspecified CEUs, Workshops, etc.	10
None	43

Table 2. *Work settings of experienced Licensed Practical/Vocational Nurses.*

Type Setting	Frequency <sup>1</sup>	Percent <sup>2</sup>
<b>Hospitals</b>		
Medical-Surgical	25	22.9
Orthopedic	8	7.3
Rehab	7	6.4
Pediatrics	7	6.4
Intensive Care	13	11.9
Operating Room	4	3.7
Recovery Room	4	3.7
Psychiatric	8	7.3
Post Anesthesia	1	0.9
Central Supply	1	0.9
Emergency Room	12	11.0
Labor and Delivery	4	3.7
Postpartum	7	6.4
Nursery	6	5.5
Patient Education	0	0.0
Inservice Educator	0	0.0
<b>Nursing Homes</b>		
Skilled	18	16.5
Intermediate	12	11.0
Residential	6	5.5
<b>Community/Home Care Settings</b>		
Doctor's Office	13	11.9
School	4	3.7
Occupational	0	0.0
Chemical Dependent	1	0.9
Outpatient Surgery	2	1.8
Weight reduction	0	0.0
Other outpatient	5	4.6
Hospice	0	0.0
Client's Home	5	4.6
<b>Other Settings</b>	<b>23</b>	<b>21.1</b>

<sup>1</sup> Adds to more than 113 because participants could indicate all areas in which they spent at least a third of their working time.

<sup>2</sup> percent based on n = 113



*Table 3. Shift assignment of experienced Licensed Practical/Vocational Nurses.*

Shift	Frequency	Percent
Days (8, 10, or 12 hour shift)	67	64.4
Evenings (8, 10, or 12 hour shift)	20	19.2
Nights (8, 10, or 12 hour shift)	8	7.7
Rotating	5	4.8
Other	4	3.9

Missing Information = 5

*Table 4. Types of clients cared for by experienced Licensed Practical/Vocational Nurses.*

Type of Client	Frequency <sup>1</sup>	Percent <sup>2</sup>
Well	25	22.9
Maternity	9	8.2
Stabilized chronic	40	36.7
Unstabilized chronic	48	44.0
Acute conditions	50	45.9
Terminally ill	35	32.1
Behavioral/Emotional Disorders	28	25.7
Other	14	12.8

<sup>1</sup> Adds to more than 109 because participants could select more than one response option.

<sup>2</sup> Percent based on n = 109

*Table 5. Ages of clients cared for by experienced Licensed Practical/Vocational Nurses.*

Client Age Groups	Frequency <sup>1</sup>	Percent <sup>2</sup>
Newborn (0 - 1 month)	8	7.3
Infants/Children (1 month - 14 years)	17	17.0
Adults (15 - 65 years)	66	60.5
Elderly (over 65 years)	73	67.0
Other	8	7.3

<sup>1</sup> Adds to more than 109 because participants could select more than one response option.

<sup>2</sup> Percent based on n = 109

*Table 6. Mean percent of time spent in various nursing roles by experienced LPN/VNs.*

Functional Role	Percent of Time	
	Mean	SD
Administration/Management	8.40	18.27
Direct Client Care	65.96	37.15
Indirect Client Care	11.31	16.34
Education of Students	3.87	13.94
Research	0.54	2.04
Other	4.40	19.55

*Table 7. Position title of experienced Licensed Practical/Vocational Nurses.*

Position Title	Frequency	Percent
Director/ Assistant Director	1	0.9
Charge Nurse	18	17.0
Supervisor	1	0.9
Team Leader	5	4.7
Staff LPN	65	61.3
Inservice Educator	1	0.9
Other	15	14.2

*Table 8. Nursing care delivery models used in work settings of experienced Licensed Practical/Vocational Nurses.*

Models	Frequency	Percent
Primary Care	34	33.0
Team Nursing	37	35.9
Functional	20	19.4
Other	11	10.7
Didn't Know	1	1.0

*Table 9. Distribution of nursing care delivery models by type setting worked in by experienced Licensed Practical/Vocational Nurses.*

Setting	Delivery Models				
	Primary Care	Team Nursing	Functional	Other	Don't Know
Hospitals	19	8	5	2	0
Community/Home Care Setting	4	6	5	5	1
Nursing Homes	6	13	5	2	0
Other Settings	5	10	5	1	0

Table 10. Nursing Activities performed by experienced Licensed Practical Nurses/Vocational Nurses.

Item #	Activity Statement	# Who Ever Did	% Who Ever Did	# Who Perform Now	% Who Perform Now
1	PREPARE ORAL MEDICATIONS FOR ADMINISTRATION	103	100.0	95	90.5
2	ADMINISTER ORAL MEDICATIONS	103	100.0	95	90.5
3	PREPARE SUBCUTANEOUS MEDICATIONS FOR ADMINISTRATION	101	100.0	92	86.8
4	ADMINISTER SUBCUTANEOUS MEDICATIONS	100	100.0	91	86.7
5	PREPARE INTRAMUSCULAR MEDICATIONS FOR ADMINISTRATION	101	99.0	90	86.5
6	ADMINISTER INTRAMUSCULAR MEDICATIONS	101	99.0	91	87.5
7	PREPARE INTRADERMAL MEDICATIONS FOR ADMINISTRATION	80	79.2	64	62.1
8	ADMINISTER INTRADERMAL MEDICATIONS	79	78.2	65	63.1
9	PERFORM VENIPUNCTURE TO START IV FLUIDS/MEDS	48	45.7	29	28.2
10	PREPARE INTRAVENOUS MEDICATIONS FOR ADMINISTRATION VIA IV PUSH	39	37.9	21	20.4
11	ADMINISTER INTRAVENOUS MEDICATIONS VIA IV PUSH	32	31.1	16	15.4
12	PREPARE INTRAVENOUS MEDICATION FOR ADMINISTRATION VIA IV PIGGYBACK INFUSION	50	48.5	32	31.4
13	ADMINISTER INTRAVENOUS MEDICATIONS VIA IV PIGGYBACK INFUSION	61	60.4	40	38.8
14	HANG INTRAVENOUS SOLUTIONS FOR INFUSION	88	86.3	59	56.7
15	REGULATE FLOW OF INTRAVENOUS FLUIDS	97	94.2	65	62.5
16	HANG TOTAL PARENTERAL NUTRITION (TPN) FLUIDS FOR INFUSION	52	50.5	26	25.0
17	REGULATE FLOW TPN FLUIDS	60	59.4	32	30.8
18	HANG LIPIDS FOR INFUSION	31	30.4	22	21.2
19	REGULATE FLOW OF LIPIDS	40	39.2	28	26.9
20	HANG SOLUTIONS FOR INFUSION VIA CENTRAL VENOUS LINE	39	39.0	26	24.8
21	REGULATE FLOW OF FLUIDS ADMINISTERED VIA CENTRAL VENOUS LINE	50	48.5	32	30.5
22	CHANGE INSERTION SITE DRESSINGS FOR CENTRAL VENOUS LINE	47	45.6	26	25.2
23	HANG SOLUTIONS FOR INFUSION VIA ARTERIAL LINE	22	21.2	9	8.7
24	REGULATE FLOW OF FLUIDS ADMINISTERED VIA ARTERIAL LINE	29	28.7	16	15.4
25	CHANGE INSERTION SITE DRESSINGS FOR ARTERIAL LINE	29	28.2	14	13.3
26	HANG WHOLE BLOOD FOR TRANSFUSION	33	32.4	13	12.4
27	REGULATE FLOW OF BLOOD TRANSFUSION	58	56.3	30	28.8
28	HANG OTHER BLOOD PRODUCTS FOR ADMINISTRATION (E.G. PLATELET, RBCs, FRESH FROZEN PLASMA, ETC)	38	37.3	18	17.1
29	SUCTION NASOPHARYNX	96	93.2	67	63.8
30	SUCTION OROPHARYNX	95	94.1	63	61.2
31	PERFORM DEEP TRACHEAL SUCTIONING VIA ORO- OR NASOPHARYNX	72	70.6	48	45.7
32	PERFORM DEEP TRACHEAL SUCTIONING VIA TRACHEOSTOMY	81	79.4	52	50.0
33	PERFORM DEEP TRACHEAL SUCTIONING VIA ENDOTRACHEAL TUBE	66	64.7	39	37.5
34	CHANGE TAPES/TIES HOLDING TRACHEOSTOMY TUBE IN POSITION	90	87.4	63	60.0
35	REMOVE, CLEAN, AND REPLACE INNER CANNULA OF TRACHEOSTOMY TUBE	86	83.5	58	56.3
36	USE AMBU (BREATHING) BAG TO VENTILATE CLIENT DURING SUCTIONING PROCEDURE	61	59.8	42	40.0
37	ATTACH CLIENT TO MECHANICAL VENTILATOR	37	36.3	22	21.0
38	SET/READJUST VENTILATOR SETTINGS	23	22.3	14	13.3
39	DRAIN EXCESS MOISTURE FROM VENTILATOR TUBING	57	55.9	37	35.6
40	ATTACH CARDIAC MONITORING ELECTRODES TO CLIENT	75	72.8	47	45.2
41	MONITOR CONTINUOUS ECG PRINTOUTS/MONITORS	60	58.3	34	33.3
42	HANG OR CHANGE DIALYSATE (FLUID) FOR CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD)	18	17.3	9	8.7
43	REMOVE CAPD DRAINAGE CONTAINERS WHEN FULL	22	21.2	11	10.5
44	MONITOR CLIENT DURING PERFORMANCE OF CAPD	25	24.8	15	14.3

Item #	Activity Statement	# Who Ever Did	% Who Ever Did	# Who Perform Now	% Who Perform Now
45	CONNECT CLIENT TO HEMODIALYSIS MACHINE	3	3.0	2	1.9
46	SET/ADJUST HEMODIALYSIS MACHINE PRESSURES, RATES, ETC.	3	3.0	2	1.9
47	MONITOR CLIENT DURING PERFORMANCE OF HEMODIALYSIS	11	10.9	3	2.9
48	INSERT NASOGASTRIC TUBE USING STILETTE	23	22.5	15	14.3
49	INSERT NASOGASTRIC TUBE WITHOUT STILETTE	51	50.0	28	26.7
50	PERFORM VENIPUNCTURE FOR PURPOSE OF OBTAINING BLOOD SPECIMENS	52	50.0	28	26.7
51	PERFORM CARDIOPULMONARY RESUSCITATION	86	82.7	75	70.8
52	PERFORM HEIMLICH MANEUVER	72	68.6	64	60.4
53	REMOVE FECAL IMPACTION	99	95.2	70	66.7
54	PERFORM RECTAL EXAMINATION	61	69.8	47	44.3
55	INSERT RECTAL SUPPOSITORY	103	100.0	88	83.0
56	INSERT VAGINAL SUPPOSITORY	97	94.2	73	68.9
57	USE APNEA MONITOR	45	43.3	31	29.5
58	USE FETAL MONITOR	34	32.7	12	11.4
59	DELIVER A NEWBORN	23	22.5	6	5.7
60	PERFORM VAGINAL EXAMINATION ON CLIENT IN LABOR	19	18.6	3	2.9
61	PERFORM VAGINAL EXAMINATION FOR OTHER DIAGNOSTIC PURPOSE	15	14.6	7	6.7
62	PERFORM PELVIC EXAMINATION	11	10.7	5	4.8
63	REMOVE SURGICAL SUTURES/STAPLES FROM AN INCISION	80	78.4	51	48.1
64	LEAD OR DIRECT GROUP THERAPY SESSIONS	30	28.8	20	19.0
65	LEAD OR DIRECT RECREATIONAL THERAPY OR GROUP ACTIVITY SESSIONS	37	35.9	20	18.9
66	OBTAIN CLIENT'S MEDICAL HISTORY UPON ADMISSION	99	95.2	78	73.6
67	DOCUMENT CLIENT'S MEDICAL HISTORY	94	92.2	78	73.6
68	PERFORM FULL PHYSICAL ASSESSMENTS	37	36.3	50	47.2
69	DOCUMENT PHYSICAL ASSESSMENT FINDINGS	82	80.4	67	63.8
70	IDENTIFY AND DOCUMENT A CLIENT'S NURSING DIAGNOSES	77	75.5	64	60.4
71	UPDATE A CLIENT'S NURSING DIAGNOSES	81	80.2	63	60.0
72	INITIATE CLIENT'S INDIVIDUALIZED, WRITTEN NURSING CARE PLAN (NCP)	84	83.2	60	56.6
73	UPDATE/CHANGE CLIENT'S NCP	94	92.2	71	67.0
74	WRITE NURSING/PROGRESS NOTES ABOUT CLIENTS	94	93.1	89	84.0
75	WRITE CLIENT TRANSFER OR DISCHARGE NOTE	91	89.2	77	72.6
76	WRITE TRANSFER/DISCHARGE NCP	85	83.3	71	67.0
77	INITIATE REFERRALS TO SOCIAL SERVICE	69	67.6	63	59.4
78	INITIATE REFERRALS TO VISITING NURSES ASSOCIATION, PUBLIC HEALTH NURSES, OR HOME HEALTH	59	57.8	48	45.3
79	COMPLETE REFERRAL FORMS (SOCIAL SERVICE, VNA, ETC)	52	50.5	40	37.7
80	SIGN TREATMENT/SURGICAL CONSENT FORM TO INDICATE YOU HAVE WITNESSED A CLIENT'S SIGNATURE	93	91.2	82	77.4
81	DETERMINE SCHEDULE FOR ADMINISTRATION OF CLIENT'S MEDICATIONS	79	78.2	77	72.6
82	PREPARE STAFF ASSIGNMENTS FOR PROVISION OF CLIENT CARE	62	61.4	46	43.4
83	PREPARE WORK SCHEDULE FOR UNIT STAFF (E.G., DAYS OFF, SHIFT WORKING, ETC)	35	34.0	24	22.9
84	RECEIVE AND WRITE PHYSICIAN'S VERBAL TELEPHONE ORDERS	84	81.6	73	68.9
85	TRANSCRIBE PHYSICIAN'S WRITTEN ORDERS	87	86.1	77	72.6
86	PREPARE INSERVICE CLASSES FOR OTHER NURSING STAFF AND NURSES' AIDES	51	50.5	36	34.3
87	PREPARE WRITTEN EVALUATIONS OF OTHER NURSING STAFF AND NURSES' AIDES	45	43.7	34	32.1
88	SUPERVISE OR PRECEPT STUDENTS	61	59.2	41	39.0

**SURVEY OF EXPERIENCED LICENSED  
PRACTICAL/VOCATIONAL NURSES**

CODE # \_\_\_\_\_

This questionnaire represents a study of the practice of experienced Licensed Practical/Vocational Nurses who are members of boards of nursing. Throughout this questionnaire, the term "LPN" is used to designate either a Licensed Practical Nurse or a Licensed Vocational Nurse.

The code number at the top of this page will facilitate tracking questionnaire returns. However, please be assured that your answers will be kept confidential. Individual responses will not be released. The final report will summarize the study's findings.

**DIRECTIONS**

1. Most questions have several alternative answers. Choose the answer(s) that best describes your practice and place an **X** in the box that precedes it. In Section IV, circle your answer.
2. To change an answer, erase your first mark completely and then indicate your new choice with an X or, in Section IV, a circle.
3. A few questions ask you to write in information. Print your answer in the space provided. Please print legibly.
4. If you have any questions about this study, please call Carolyn Yocom at the National Council of State Boards of Nursing. The number is 312-787-6555.

**SECTION I. GENERAL INFORMATION**

1. How many hours per week do you usually work as a nurse?  
\_\_\_\_ (Hours per week)
2. How many years have you been licensed as an LPN?  
\_\_\_\_ (Years licensed)
3. How many years have you worked as an LPN (include all positions held as a graduate or licensed LPN)?  
\_\_\_\_ (Years worked)
4. How long have you been working in your current position?  
\_\_\_\_ (Years) \_\_\_\_ (Months)

**SECTION II. EDUCATIONAL PREPARATION**

1. Which one of the following best describes your basic nursing education preparation prior to licensure?
  - Graduation from a state approved school of practical/vocational nursing
  - Completion of military corpsman program (e.g., U.S. Army 91C program)
  - Work experience accepted as an alternative to a formal education program
  - Enrollment in or graduation from a registered nurse education program
  - Other, please describe: \_\_\_\_\_

2. What is the highest educational level you have achieved?
- High school diploma
- LPN/LVN diploma/certificate
- Associate Degree
- Baccalaureate Degree
- Graduate degree (e.g., Masters, Doctorate, etc.)
- Other (Describe): \_\_\_\_\_
3. Are you currently enrolled in a formal educational program?
- Yes (go to Question #4)     No (go to Question #5)
4. If you are enrolled in an educational program, what is its area of focus (e.g., nursing, accounting, etc.)?
- Specify: \_\_\_\_\_
5. List the types of advanced certificates you have earned in nursing since graduation:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### SECTION III: YOUR WORK ENVIRONMENT

1. Which of the following choices best describes where you work? Look over the full list of choices before responding. If you work mainly in one setting, indicate that one setting. However, if you work in more than one setting, indicate all those settings where you spend at least a third of your time.

#### HOSPITALS

- Medical-Surgical Unit
- Orthopedic Unit
- Rehabilitation Unit
- Pediatric Unit
- Intensive Care Unit
- Operating Room
- Recovery Room
- Psychiatric Unit
- Post-Anesthesia Unit
- Central Supply Services
- Emergency Room
- Labor and Delivery Unit
- Postpartum Unit
- Nursery
- Patient Education Unit
- Inservice Education Unit

#### COMMUNITY/HOME CARE SETTING

- Physician's/Dentist's Office
- School/Student Health Service
- Occupational/Industrial Health
- Chemical Dependency Unit
- Outpatient Surgery Unit
- Weight Reduction Clinic
- Any other outpatient clinic/setting
- Hospice
- Client's home

#### NURSING HOMES

- Skilled Care
- Intermediate Care
- Residential Care

#### OTHER SETTINGS

- Other (Describe): \_\_\_\_\_
- \_\_\_\_\_



2. If you work in a hospital or nursing home, how large is it?
- Under 100 beds
- 100-299 beds
- 300-499 beds
- 500 or more beds
3. If you work in a hospital or nursing home, which one of the following statements best describes the location?
- Urban
- Rural
- Suburban
4. Which of the following best describes most of your clients (You may indicate more than one)?
- Well clients, possibly with common minor illnesses
- Maternity clients
- Clients with stabilized chronic conditions
- Clients with unstabilized chronic conditions
- Clients with acute conditions
- Terminally ill clients
- Clients with behavioral/emotional disorders
- Other (Please describe): \_\_\_\_\_
5. Which of the following best describes the ages of most of your clients (You may indicate more than one)?
- Newborns (0-1 month)
- Infants/Children (1 month-14 years)
- Adults (15-65 years)
- Elderly (over 65 years)
- Other (Describe): \_\_\_\_\_
6. Which one of the following best describes the hours you work?
- Days (8, 10, or 12 hour shift)
- Evenings (8, 10, or 12 hour shift)
- Nights (8, 10, or 12 hour shift)
- Rotating shift
- Other (Describe): \_\_\_\_\_
7. Approximately what percentage of your time is spent on each of the following functions during a typical work week? The total **MUST** equal 100%.
- \_\_\_ Administration/Management
- \_\_\_ Direct client care (hands-on care, client teaching and charting)
- \_\_\_ Indirect client care (e.g., planning, consulting, assigning and teaching staff, evaluating care)
- \_\_\_ Education of students (including preparation time)
- \_\_\_ Research
- \_\_\_ Other (Describe): \_\_\_\_\_
- 100% TOTAL**

8. Which one of the following best describes your position title?
- Director/Assistant Director of Nursing
- Charge Nurse
- Supervisor
- Team Leader
- Staff LPN
- Inservice Educator
- Other (Describe): \_\_\_\_\_
9. Does your position include supervisory responsibilities for other nursing personnel?
- No (Go to Question #10)       Yes (Continue with the rest of the items in this section)
- a. Is this your regular position or do you substitute for the person who fills this position on his/her days off, vacations etc.?
- Regular position       I substitute
- b. How many staff do you usually supervise?
- \_\_\_\_ Indicate number of LPNs
- \_\_\_\_ Indicate number of nurses' aides
- \_\_\_\_ Indicate number of other types of personnel and list their titles:
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
- c. When serving in a supervisory position, what is the total number of clients you are responsible for?
- \_\_\_\_\_ (Total number of clients)
- d. When you are "in charge", is there a registered nurse on the premises (in the building/complex/facility)?
- Never
- Sometimes
- Usually
- e. If an RN is not on the premises, can one be reached by telephone?
- No       Yes
10. Which one of the following nursing care delivery models best describes that which is used in your setting?
- Primary care (total care for specific number of clients)
- Team nursing (group of professional and non-professional nursing personnel work together to deliver care)
- Functional (nursing tasks divided and performed by various levels of personnel)
- Other (describe): \_\_\_\_\_
- I don't know

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**SECTION IV: NURSING ACTIVITIES**

This section contains a list of activities that describe nursing practice in a variety of settings. Do not be surprised if some activities do not apply to your setting. For each activity, two questions are asked.

**QUESTION A: Ever Perform.** Have you ever performed this nursing activity at any time between now and the time you first started working as an LPN?

NO—I have never performed this activity

YES—I have performed this activity at least once since beginning work as an LPN.

**QUESTION B: Current Position.** Do you perform this activity as part of your current nursing position's responsibilities?

NO—I do not perform this activity in my current nursing position

YES—I perform this activity in my current nursing position.

See the examples below and then circle your answers for both Question A and Question B for each activity statement, beginning with statement #1.

**EXAMPLES:**

<b>EVER PERFORM</b>	<b>CURRENT POSITION</b>	<b>ACTIVITY STATEMENTS</b>
(Y) N	(Y) N	a. THIS SHOWS WHAT TO DO IF YOU PERFORM THE ACTIVITY IN YOUR CURRENT POSITION
(Y) N	Y (N)	b. THIS SHOWS WHAT TO DO IF YOU DON'T PERFORM THE ACTIVITY IN YOUR CURRENT JOB, BUT HAVE PERFORMED IT PREVIOUSLY.
Y (N)	Y (N)	c. THIS SHOWS WHAT TO DO IF YOU HAVE NEVER PERFORMED THE ACTIVITY

**NURSING ACTIVITY STATEMENTS:**

<b>EVER PERFORM</b>	<b>CURRENT POSITION</b>	<b>ACTIVITY STATEMENTS</b>
Y N	Y N	1. Prepare oral medications for administration
Y N	Y N	2. Administer oral medications
Y N	Y N	3. Prepare subcutaneous medications for administration
Y N	Y N	4. Administer subcutaneous medications
Y N	Y N	5. Prepare intramuscular medications for administration
Y N	Y N	6. Administer intramuscular medications
Y N	Y N	7. Prepare intradermal medications for administration
Y N	Y N	8. Administer intradermal medications
Y N	Y N	9. Perform venipuncture to start IV fluids/meds
Y N	Y N	10. Prepare intravenous medications for administration via IV push
Y N	Y N	11. Administer intravenous medications via IV push
Y N	Y N	12. Prepare intravenous medications for administration via IV piggyback infusion
Y N	Y N	13. Administer intravenous medications via IV piggyback infusion
Y N	Y N	14. Hang intravenous solutions for infusion
Y N	Y N	15. Regulate flow of intravenous fluids

<u>EVER PERFORM</u>	<u>CURRENT POSITION</u>	<u>ACTIVITY STATEMENTS</u>
Y N	Y N	16. Hang total parenteral nutrition (TPN) fluids for infusion
Y N	Y N	17. Regulate flow of TPN fluids
Y N	Y N	18. Hang lipids for infusion
Y N	Y N	19. Regulate flow of lipids
Y N	Y N	20. Hang solutions for infusion via central venous line
Y N	Y N	21. Regulate flow of fluids administered via central venous line
Y N	Y N	22. Change insertion site dressings for central venous line
Y N	Y N	23. Hang solutions for infusion via arterial line
Y N	Y N	24. Regulate flow of fluids administered via arterial line
Y N	Y N	25. Change insertion site dressings for arterial line
Y N	Y N	26. Hang whole blood for transfusion
Y N	Y N	27. Regulate flow of blood transfusion
Y N	Y N	28. Hang other blood products for administration (e.g., Platelet, RBCs, Fresh Frozen Plasma, etc.)
Y N	Y N	29. Suction nasopharynx
Y N	Y N	30. Suction oropharynx
Y N	Y N	31. Perform deep tracheal suctioning via oro- or nasopharynx
Y N	Y N	32. Perform deep tracheal suctioning via tracheostomy
Y N	Y N	33. Perform deep tracheal suctioning via endotracheal tube
Y N	Y N	34. Change tapes/ties holding tracheotomy tube in position
Y N	Y N	35. Remove, clean, and replace inner cannula of tracheotomy tube
Y N	Y N	36. Use ambu (breathing) bag to ventilate client during suctioning procedure
Y N	Y N	37. Attach client to mechanical ventilator
Y N	Y N	38. Set/readjust ventilator settings
Y N	Y N	39. Drain excess moisture from ventilator tubing
Y N	Y N	40. Attach cardiac monitoring electrodes to client
Y N	Y N	41. Monitor continuous ECG printouts/ monitors
Y N	Y N	42. Hang or change dialysate (fluid) for continuous ambulatory peritoneal dialysis (CAPD)
Y N	Y N	43. Remove CAPD drainage containers when full
Y N	Y N	44. Monitor client during performance of CAPD
Y N	Y N	45. Connect client to hemodialysis machine
Y N	Y N	46. Set/adjust hemodialysis machine pressures, rates, etc.
Y N	Y N	47. Monitor client during performance of hemodialysis
Y N	Y N	48. Insert nasogastric tube using stilette
Y N	Y N	49. Insert nasogastric tube without stilette
Y N	Y N	50. Perform venipuncture for purpose of obtaining blood specimens

<b>EVER PERFORM</b>	<b>CURRENT POSITION</b>	<b>ACTIVITY STATEMENTS</b>
Y N	Y N	51. Perform cardiopulmonary resuscitation
Y N	Y N	52. Perform Heimlich Maneuver
Y N	Y N	53. Remove fecal impaction
Y N	Y N	54. Perform rectal examination
Y N	Y N	55. Insert rectal suppository
Y N	Y N	56. Insert vaginal suppository
Y N	Y N	57. Use apnea monitor
Y N	Y N	58. Use fetal monitor
Y N	Y N	59. Deliver a newborn
Y N	Y N	60. Perform vaginal examination on client in labor
Y N	Y N	61. Perform vaginal examination for other diagnostic purpose
Y N	Y N	62. Perform pelvic examination
Y N	Y N	63. Remove surgical sutures/staples from an incision
Y N	Y N	64. Lead or direct group therapy sessions
Y N	Y N	65. Lead or direct recreational therapy or group activity sessions
Y N	Y N	66. Obtain client's medical history upon admission
Y N	Y N	67. Document client's medical history
Y N	Y N	68. Perform full physical assessments
Y N	Y N	69. Document physical assessment findings
Y N	Y N	70. Identify and document a client's nursing diagnoses
Y N	Y N	71. Update a client's nursing diagnoses
Y N	Y N	72. Initiate client's individualized, written nursing care plan (NCP)
Y N	Y N	73. Update/change client's NCP
Y N	Y N	74. Write nursing/progress notes about clients
Y N	Y N	75. Write client transfer or discharge note
Y N	Y N	76. Write transfer/discharge NCP
Y N	Y N	77. Initiate referrals to social service
Y N	Y N	78. Initiate referrals to visiting nurses association, public health nurses, or home health care agency
Y N	Y N	79. Complete referral forms (social service, VNA, etc.)
Y N	Y N	80. Sign treatment/surgical consent form to indicate you have witnessed a client's signature
Y N	Y N	81. Determine schedule for administration of client's medications
Y N	Y N	82. Prepare staff assignments for provision of client care
Y N	Y N	83. Prepare work schedule for unit staff (e.g., days off, shift working, etc.)
Y N	Y N	84. Receive and write physician's verbal telephone orders
Y N	Y N	85. Transcribe physician's written orders
Y N	Y N	86. Prepare inservice classes for other nursing staff and nurses' aides
Y N	Y N	87. Prepare written evaluations of other nursing staff and nurses' aides
Y N	Y N	88. Supervise or precept students

---

In the space below, please list any additional activities or procedures that you have had to perform but which were not included in your basic nursing education program.

**SECTION V: ADDITIONAL COMMENTS**

If you wish to make any comments or suggestions concerning this study, please use the space below.

**THANK YOU FOR COMPLETING AND RETURNING THIS  
QUESTIONNAIRE PROMPTLY!**

DATE: November 22, 1989  
TO: Member Boards  
FROM: Carolyn J. Yocom  
Director of Research Services  
RE: Survey of Experienced LPN/LVN members of  
boards of nursing.

During the 1989 Convention of the National Council of State Boards of Nursing, the LPN/VN Special Interest Group (SIG) expressed concern that the practice of experienced LPN/LVNs had not been addressed. Subsequently, a resolution requesting that the National Council survey experienced LPN/LVN members of Member Boards to determine the characteristics of their practice was prepared and submitted to the Delegate Assembly. The resolution was adopted.

The questionnaire is currently being finalized in preparation for mailing in early January. However, at this point in time I am in need of the names and addresses of the LPN/LVN members of your board so that mailing labels, letters, etc. can be prepared.

Would you please complete the attached form and return it to my attention. I would appreciate a response no later than 18 December. If you need any additional information, please call me.

Thanks.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Survey of Experienced LPN/LVNs

Response to request for Mailing Information

- 1. Board of Nursing:
- 2. Number of LPN/LVN board members: \_\_\_\_\_  
(note: If none, enter "O" and return to National Council)
- 3. (a) Check one (1) of the following and (b) provide requested information.

\_\_\_\_ Names and addresses are attached

\_\_\_\_ Names are provided; please send questionnaire packets to Board office and we will mail to our LPN/LVN members.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)

Return to C. Yocom  
Due date: December 18, 1989



DATE: January 5, 1990

TO: Licensed Practical and Licensed Vocation Nurse Members of Boards of Nursing

FROM: Carolyn J. Yocom, Ph.D., R.N.  
Director of Research Services

RE: Request for information

During the 1989 Convention of the National Council of State Boards of Nursing, the LPN/VN Special Interest Group (SIG) expressed concern that the practice of experienced LPN/LVNs has not been addressed. Subsequently, a resolution requesting that the National Council survey experienced LPN/LVN members of Member Boards to determine the characteristics of their practice was prepared and submitted to the Delegate Assembly. The resolution was adopted.

Therefore, the enclosed questionnaire is being distributed to all LPN/LVN members of boards of nursing. As a representative of this group, you are requested to complete it and then return it in the enclosed postage-paid, return envelope. Your input is important! The information you provide will assist the National Council to describe the practice of experienced LPN/LVNs.

The code number at the top of the questionnaire's first page will facilitate tracking of questionnaire returns. Use of the code number, rather than your name, will also help to maintain the confidentiality of your responses. The responses of all individuals participating in this study will be combined and then summarized in the final reports. Individuals' specific responses will not be revealed.

You are strongly encouraged to complete this questionnaire and to return it to me at the National Council within two weeks. This will allow adequate time to compile and summarize the data and prepare the final report. If you have questions, please contact me at the National Council. The number is 1-312-787-6555.

Thank you in advance for taking the time to respond to this request.

## American Nurses' Association, Inc.

2420 Pershing Road, Kansas City, Missouri 64108

(816) 474-5720

Lucille A. Joel, Ed.D., R.N., F.A.A.N.  
President

Fax: (816) 471-4803

Barbara K. Redman, Ph.D., R.N., F.A.A.N.  
Executive Director



Washington Office:  
1101 14th Street, N.W.  
Suite 200  
Washington, D.C. 20005  
(202) 789-1800  
FAX: (202) 842-4375

February 12, 1990

Ruth Elliott  
President  
National Council of State Boards of Nursing  
675 North St. Clair, Suite 550  
Chicago, Illinois 60611-2921

Dear Ms. Elliott:

I am writing on behalf of the Tri Council for Nursing which is comprised of the chief elected and executive officers of the following four national nursing organizations: American Association of Colleges of Nursing, American Organization of Nurse Executives, National League for Nursing and American Nurses' Association.

As you know, use of health care workers who are not properly trained or qualified to perform nursing functions is a long-standing concern of organized nursing. This concern has been made clear over the past several months as nursing collectively voiced its opposition to the American Medical Association's plan to implement Registered Care Technicians (RCTs). The Tri Council for Nursing believes that a response to the RCT must be based upon a strong, cohesive statement regarding the appropriate role of assistive personnel.

In September 1989 Tri Council members discussed at great length the issue of assistive personnel. In the intervening months since that initial discussion, the Tri Council has worked to develop such a statement. A copy of the **Statement on Assistive Personnel to the Registered Nurse** was unanimously endorsed by the Tri Council for Nursing on January 15, 1990 and is enclosed for your information.

The Tri Council believes that the statement can be strengthened by receiving the support of national nursing organizations. Therefore, Tri Council invites nursing's major national organizations to come together and sign on to the Statement on Assistive Personnel to the Registered Nurse. Please complete and return the enclosed form indicating your support for the statement. As soon as a number of organizations have signed on to the statement, a press release will be issued as well as coverage in the communication vehicles of the four sponsoring organizations.

We look forward to hearing from you.

Sincerely,

Lucille A. Joel, Ed.D., R.N., F.A.A.N.  
President

Enclosures

ANA — An Equal Opportunity Employer

## Statement on Assistive Personnel to the Registered Nurse

Nursing is an essential component of health care, and the consumer of health care needs to be assured of the availability, accessibility, and quality of nursing care. It is in the spirit of this responsibility that this statement related to the use of assistive personnel has been developed. Historically, unlicensed personnel have assisted registered nurses in the delivery of patient care. However, in recent years, with economic demands driving the delivery system, there have been increasing concerns about the role of assistive personnel. It is extremely important to use assistants in a manner that assures appropriate delegation or assignment of nursing functions and adequate direction and supervision of individuals to whom nursing activities are delegated.

Patient care is delivered today by a staff mix of Registered Nurses (RN), Licensed Practical/Vocational Nurses (LPN), and unlicensed personnel in assistive roles. The term "assistive personnel" is used to recognize the trained/unlicensed health care worker who is employed within the continuum of acute hospital care to home health, ambulatory and long term care. Two categories of assistive personnel are generally recognized: the patient care assistant to whom the RN delegates or assigns aspects of nursing care and who functions under the supervision of the Registered Nurse, and the unit assistant who supports the nursing care system through a variety of non-nursing activities.

Many clinical settings are revising the staff mix needed for the delivery of patient care because of changing patient needs, the economics of reimbursement, and demand driven shortages of nursing personnel. A variety of manpower models are being explored and refined as the industry strives to balance quality and cost issues. The ultimate aim is to reallocate nursing and non-nursing activities to enable the registered nurse to focus on the patient. Specific models are best crafted at the point of delivery of care.

The nursing profession is accountable for the quality of the service it provides to the consumer. This includes the responsibility for developing nursing policies and procedures and setting the standards of practice for the nursing care of populations being served. It is further incumbent on the nursing profession to define the appropriate educational preparation and role of any group providing services within the scope of nursing practice. The State Board of Nursing is responsible for the legal regulation of nursing practice for the RN and LPN and should be responsible for the regulation of any other category of personnel who assists in the provision of direct nursing care. Professional and statutory provisions require that when the RN delegates and assigns direct nursing care activities to LPNs and assistive personnel, appropriate reporting relationships are established and the RN supervises all personnel to whom these activities have been delegated. In all situations, registered nurses and licensed practical nurses are responsible and accountable for their respective individual nursing activities. These relationships should be made explicit in workplace policies.

1/15/90

American Association of Colleges of Nursing  
One DuPont Circle - Suite 530  
Washington, D.C. 20036  
202-463-6930  
FAX 202-785-8320

American Nurses' Association, Inc.  
2420 Pershing Road  
Kansas City, Missouri 64108  
816-474-5720  
FAX 816-471-4903 (KC)  
FAX 202-842-4375 (DC)

American Organization of Nurse Executives  
840 North Lake Shore Drive  
Chicago, Illinois 60611  
312-280-5213  
FAX 312-280-5995

National League for Nursing  
350 Hudson Street  
New York, New York 10014  
212-989-9393  
FAX 212-989-3710

## **Guidelines for Responding to Requests for Endorsement of Position Statements**

The Board of Directors may endorse position statements developed by other organizations, provided that qualification #1 is met AND either qualification #2 or #3 is met:

- 1) The position statement addresses an issue that is consistent with the organizational mission, goals and objectives.
- 2) There has been a prior Delegate Assembly action that conceptually supports the content of the statement.
- 3) The position statement complements a position statement adopted by the National Council.

# Report on the National Practitioner Data Bank

## Recommendations

Based upon the assumptions and discussion presented in this report, the Board of Directors recommends to the Delegate Assembly:

1. That the National Council's Disciplinary Data Bank be maintained, with conversion of the database structure and reports to be congruent with NPDB report forms;
2. That upon implementation of the NPDB for nursing licensure actions, Member Boards be urged to send to the National Council photocopies of the adverse licensure actions forms submitted to the NPDB; and
3. That the Board of Directors explore and report to the 1991 Delegate Assembly regarding possible future computer applications as a means to enhance inter-Board communication regarding disciplinary actions.

## Introduction

The United States Congress established a National Practitioner Data Bank by passing the Health Care Quality Improvement Act of 1986, Title IV of P.L. 99-660, amended by P.L. 100-177. The intent of this legislation was to require the reporting of malpractice payments, licensure actions and clinical privilege/society membership actions on physicians and dentists to a national data bank. It was intended that hospitals query the data bank every two years regarding members of their medical staff and individuals holding clinical privileges, as well as inquiring regarding applicants for these positions.

While the original legislation allowed but did not require reporting of adverse actions against other health practitioners, the Medicare and Medicaid Patient and Program Protection Act of 1987, P.L. 100-93, Section 5, expanded the scope of the original legislation to mandate the reporting of licensure disciplinary actions of other health care practitioners or entities, including nurses. The National Practitioner Data Bank (NPDB) contract was awarded to the UNISYS Corporation, with governmental oversight by the Health Resources and Services Administration (HRSA) Division of Quality Assurance and Liability Management, Department of Health and Human Services. The opening of the NPDB is expected later in 1990, and will initially require reporting and inquiries regarding physicians and dentists.

The implementation of P.L. 100-93, Section 5, which will affect Boards of Nursing, is expected within one year of the opening of the bank for physicians and dentists. The first step in the implementation process is the anticipated publishing of proposed rules by fall, 1990.

Member Boards have many questions about how the NPDB will affect their operations. Several boards have expressed an interest in the National Council serving as a reporting agent. National Council staff have participated in the development of the NPDB through serving on the NPDB Executive Committee, and have provided data for this report. The remainder of the report describes the Board of Directors' study and analysis of the National Council's options for assisting Member Boards to meet federal requirements.

## Assumptions

### *Assumption #1*

Similar data will be collected about licensing actions, malpractice payments, professional society membership actions and clinical privilege actions regarding nurses as will be collected for physicians and dentists.

Rationale:

The Adverse Action Report, Medical Malpractice Payment Report, and inquiry forms prepared to begin operation of the NPDB for physicians and dentists list the generic "practitioner" in the form title and includes physicians, dentists, nurses and other types of health care practitioners in the codes listed in the form instructions and draft NPDB Guidebook.

**Assumption #2**

The National Council Disciplinary Data Bank is a valuable source of information, and should be continued.

Rationale:

The National Council's Disciplinary Data Bank has been operational since 1980. The Disciplinary Data Bank has assisted Member Boards in promoting public protection as an established mechanism for disseminating information regarding disciplinary actions.

Continued compilation of nursing discipline statistics and data about this area of regulation is an appropriate activity in fulfilling the National Council's goal to serve as a clearing house for nursing regulatory information. Currently, monthly statistical and summary disciplinary action reports are prepared by National Council staff and are used by Member Boards to flag those licensees whose practice in other states has posed a threat to the public.

The National Council, under contract with the United States Public Health Service, runs a Disciplinary Data Bank computer check on that agency's new employees. The National Council is negotiating with other governmental entities regarding possible extension of this service. The National Council system also has the capability of allowing Member Boards to inquire of the Disciplinary Data Bank regarding individual practitioners. The National Council receives occasional informal disciplinary inquiries from Member Boards. Previously, the Board of Directors discussed enhancement of the Disciplinary Data Bank to provide an ongoing formal inquiry service. Concurrent with that discussion, the law creating the NPDB was amended to include nurses; therefore, the discussion of enhancement was tabled until more information regarding the impact of the NPDB was available.

There are no plans for the NPDB to incorporate historical data or to generate the type of summary disciplinary action reports that are currently sent to Member Boards by the National Council. Although statistical data are expected eventually to be available upon request from the NPDB, information concerning individual practitioners would be available only by inquiry. The anticipated cost will be at least \$2.00 per name. Hospitals and other health care entities which both provide health care services and engage in professional medical peer review will be required to query the NPDB regarding health care practitioners who are applying for, renewing or holding clinical privileges. Licensing boards, while authorized to inquire regarding licensees, are not mandated to query.

It would be difficult for Member Boards to continue the same level of interstate communication currently attained if the NPDB were the only source of licensure action information. Routine querying to discover previous licensure actions is unlikely if Member Boards are dependent upon querying the multidiscipline NPDB. One HRSA official has commented that the NPDB is intended to support, not supplant, existing mechanisms for disseminating practitioner information. The facilitation of interstate communication regarding disciplinary actions clearly promotes the public health, safety and welfare.

**Assumption #3**

Having two different data systems, one for NPDB and one for the National Council Disciplinary Data Bank, requiring boards to complete two separate forms, is not practical. Therefore, the National Council should convert its present system to mirror the information collected by the NPDB.

**Rationale:**

Member Board representatives at Area meetings in 1989 and 1990 have indicated boards would not be open to double reporting, which would be costly and time consuming. Although National Council staff could possibly enter information gleaned from copies of the NPDB forms to the current National Council system, this would be time consuming, costly and would increase the possibility of entry errors.

The logical approach would be to dispense with the current Disciplinary Data Bank forms and to modify the National Council's computer screens, databanks and reports to be congruent with the NPDB report form. One report could then be completed and used for both National Council and NPDB entry. System conversion would be a cost item, and a fiscal impact statement will be developed following the July 16 and 17, 1990, Board of Directors meeting.

***Assumption #4***

Implementation of the NPDB will provide Member Boards with malpractice payment reports and is likely to provide reports regarding society membership action and clinical privileges action. The purpose of the National Council's Disciplinary Data Bank is to provide information about nurses who have had disciplinary action taken against their licenses. Therefore, the National Council Disciplinary Data Bank should continue to compile only licensure disciplinary actions.

**Rationale:**

Malpractice payment reports for licensed health practitioners are to be submitted by insurance carriers directly to the NPDB, with a copy to the licensing boards. The time requirement for reporting is 30 days. Adverse clinical privilege actions and society membership actions are to be reported to licensing boards within 15 days. The licensing boards will then have 15 days to forward the report to the NPDB. The National Council's involvement in collecting non-licensure action data would present the problem of confidentiality of information.

Some states can only share information regarding nurses who have had public board action. Reports of malpractice payments when settlement took place without court action, society membership action or adverse facility action on clinical privileges may not have resulted in board action. Reporting information before licensure action has occurred to a private organization such as the National Council may violate state laws. Member Boards should consult with their attorneys regarding specific questions about their state laws and regulations, as they pertain to compliance with NPDB reporting requirements.

**Answers to Member Boards' Questions About the NPDB**

In response to Member Board concerns about the NPDB, National Council staff have sought answers by reviewing NPDB preliminary forms and publications, and consulting HRSA officials. The following are some of the questions raised:

***May Member Boards of Nursing use the National Council to report to the NPDB?***

The National Practitioner Data Bank Guidebook states that "The capacity for reporting by authorized agents has been deferred pending further assessment as to whether this feature is one entities wish to have available to them. If reporting by authorized agents becomes available, it will be announced by the Secretary of HHS in the *Federal Register*." As of June 1990, there has been no announcement regarding reporting by authorized agents.

***If National Council serves as a reporting agent, may it report for some boards but not all?***

The authority for reporting by authorized agents would have to be made available before this question would be considered.

*Are any other national professional organizations planning to serve as reporting agents for licensing boards?*

National Council staff are not aware of any organizations planning to serve as reporting agents. Representatives of the American Association of Dental Examiners, the Federation of State Medical Boards and the American Medical Association have indicated that their organizations do not plan to serve as reporting agents. These organizations do intend to continue existing mechanisms for compilation of discipline data.

*What is reportable? For example, is a "deferred adjudication" on Medicaid fraud a "conviction" and therefore reportable?*

According to HRSA officials and the NPDB Guidebook, licensing boards will report the highest implemented action. Thus, a stayed suspension with a probation would be reported as a probation. A deferred adjudication would not be reported unless some licensure action was implemented.

*How does the requirement to report disciplinary actions pertain to things like stipulated orders, consent decrees, etc., into which a licensee enters with a board in connection with a non-disciplinary track? Must these be reported at all, or are these not considered disciplinary actions?*

A stipulated order or consent decree considered to be a board licensure action would be reportable. Entry into an alternative program that is not considered to be a disciplinary action would not be reportable. board licensure action because of non-compliance with a program would be reportable.

*Who is responsible if the 30-day timeline is not met if the National Council were to be the reporting agent for Boards of Nursing? The National Council or the Board? What are the penalties likely to be?*

National Council staff have suggested that this would be a shared responsibility. Acceptable time frames for receipt of Member Board reports and other details pertaining to the National Council's role as a reporting agent would need to be addressed in member contracts. Federal officials have not commented on this issue, but have indicated that sanctions for late reporting will be addressed in rules being developed by the Inspector General Office.

*Would the NPDB accept a computer generated paper report duplicating the adverse action report, or does the report have to be submitted on a NPDB form? What if format and size of computer generated report were the same as a NPDB form?*

The NPDB will start up using paper reports read by a scanning device. If duplicate forms are used, they would need to be identical in printing and spacing. Any printing distortion would be a problem. The safest approach would be to use the NPDB forms.

NPDB officials have recognized the need to be able to accept computer generated reports and plan appropriate adaptation in the future.

*In some states there are administrative procedures acts that require licensees to be delivered of the disciplinary order before any reporting of the data. Does the mandatory 30-day reporting period begin when the board makes the decision, when the authorized board representative signs the decision or when the licensee is served or delivered of the notice?*

According to HRSA officials, the 30 days begin when the board action is complete, usually with the signing of the document. Member Boards' concerns regarding specific state requirements should be raised with their advising attorneys.

*What level of facility or employer is expected to inquire of NPDB regarding nurses? For example, would an individual employing nurses in the home query the NPDB?*

This question cannot be answered until the proposed rules to implement section 5 are published.

HRSA officials have advised that the proposed rules to implement Section 5 are being drafted very narrowly, and reflect the rules for physicians and dentists. Thus far, hospitals, as defined by Section 1861(e)(1) and (7) of the Social Security Act, and health care entities that both provide health care services and engage in professional review activity through a formal medical peer review are required to report



adverse actions against physicians and dentists, and to query the NPDB regarding physicians, dentists and other health care practitioners applying for or holding clinical privileges. This narrow application would not include most long-term care facilities or home care agencies.

### **National Council Options**

There is rationale to support the continuation of the National Council Disciplinary Data Bank, and there is a need to convert the current data and reporting system to mirror that information collected by the NPDB. The National Council staff has identified two viable, potential methods to report information to the NPDB and the National Council Disciplinary Data Bank:

#### ***Option A***

##### **Member Board Involvement with NPDB**

Member Boards complete and certify NPDB reports, send reports directly to NPDB (with copy to National Council).

##### **National Council Role**

Receives copy of NPDB report for Disciplinary Data Bank entry.

Member Boards would complete, certify and send adverse licensure action reports to NPDB, with photocopies to the National Council Disciplinary Data Bank. Member Boards would thus comply with the federal reporting mandate and would be responsible for the timing, content and accuracy of the report. The National Council Disciplinary Data Bank would continue to operate, collecting discipline statistics and sending summary reports, and would be available for query by Member Boards.

This method is congruent with current NPDB procedures and does not require NPDB authorization for the National Council to serve as a reporting agent. Member Boards would simply photocopy their completed NPDB forms, mail the original forms to NPDB and mail the copies to the National Council Disciplinary Data Bank. While there would be some risk that Member Boards might choose not to copy the National Council, it is also possible that this system could result in increased and more timely participation.

#### ***Option B***

##### **Member Board Involvement with NPDB**

Member Boards complete and certify NPDB reports, and send reports to the National Council.

##### **National Council Role**

Receives NPDB reports, enters data into the the National Council system, and forwards reports to the NPDB.

Member Boards would complete, certify and send adverse licensure action reports to the National Council. The National Council would copy the data for entry from these reports, then forward the reports to the NPDB.

The National Council would function as an intermediary, receiving reports from Member Boards and forwarding them on to the NPDB. This method may require some form of authorization from the NPDB. Member Boards would still complete and certify the reports.

Member Boards would have to allow sufficient time for the National Council to forward the reports. Only 30 days are allowed for reporting, and given the time frame in which reports are currently received by National Council, this could be problematic. The Member Board would be responsible for content. It is likely that the responsibility for meeting the time limit for reporting would be shared.

**Future Computer Applications**

Easy, secure and cost effective access to disciplinary data as a routine step in the licensure application and endorsement process would enhance Member Boards' ability to promote the public health, safety and welfare.

The application of NCNET for both input and output of disciplinary data is an overlay to this discussion. Creation of disciplinary data files accessible via NCNET to Member Boards is one possibility. Reporting to the National Council by NCNET and perhaps in the future to the NPDB is another possibility. Although the NPDB will begin operation receiving paper copy reports, one of the future NPDB plans is to develop the capability to receive computer generated reports. The National Council can offer the expertise, should this be desired, to assist Member Boards in developing this method of reporting.

## Addendum to the Report of the Board of Directors

At its April-May 1990 meeting, the Board of Directors received the report of the Survey of Experienced Practical/Vocational Nurses Who Are Members of Boards of Nursing. Having received input since that time from the Executive Directors of several LPN/VN boards of nursing, the Board of Directors at its July 16-17 meeting further considered the implications of the results of the study. Following discussion of a document outlining several research alternatives that could be used to address questions raised by the study, the Board adopted a motion directing staff to perform a role delineation study. The Board of Directors believed that a role delineation would allow the National Council to study LPN/VN practice in concert with, rather than in isolation from, other nursing roles. An overview of the study's purposes and methodology follows.

### **Purpose**

Outcomes of the survey to identify the practice characteristics of experienced LPN/VNs serving as members of boards of nursing have highlighted the need for additional data which will provide information about: 1) the distribution of experienced LPN/VNs across various work settings; 2) the types of nursing activities LPN/VNs are engaged in; 3) how these activities relate to the primary and continuing educational preparation of LPN/VNs and their legal scope of practice; and 4) how the activities performed by experienced LPN/VNs compare to those performed by experienced Nurse Aides (NAs), Registered Nurses (RNs), and Advanced Registered Nurse Practitioners (ARNPs), such as nurse practitioners and clinical nurse specialists.

A role delineation study, using a random sample of 24,000 individuals (6,000 from each practice group, i.e., NAs, LPN/VNs, RNs, ARNPs) who have been in practice for one or more years would provide data for addressing these questions.

### **Methodology**

Several issues influenced the selection of the approach to be used for sample selection. These include the advantages and disadvantages of using a random vs. a convenience sample, whether national-level or state-level analyses are to be performed, and the source of names and addresses of prospective study participants (employers vs. boards of nursing). Based on an evaluation of the various advantages and disadvantages, it was determined that study participants should be selected at random by Member Boards (or other relevant state agencies) from current licensee lists or registries, and that data analysis would be directed towards describing a "national" picture of practice characteristics.

Each Member Board agreeing to participate in the study (or other relevant agency) would be provided with directions for selecting a random sample of 109 NAs, 109 LPN/VNs, 109 RNs, and if licensed separately, 109 ARNPs. If all Member Boards participate, this would yield a sample size of approximately 6,000 individuals in each practice group or 24,000 total. The names and addresses of these individuals would then be shared with the National Council. National Council staff will be responsible for data collection and analysis activities and preparation of a final report.

To further enhance the usefulness of data to Member Boards, an option will be offered for individual boards to augment data collection within their jurisdictions so that jurisdictional level data analyses of PN/VN activities can be performed and reported. National Council staff would facilitate this request. However, a Member Board requesting this service would be required to pay the additional costs incurred (e.g., postage, printing and scanning of survey forms, etc.). These costs would be calculated upon receipt of a request from a Member Board.

The process will begin FY91 with: 1) a complete evaluation of the data collection questionnaire used in the current entry-level job analysis studies and the instrument used in the FY90 survey of LPN/VN board members, and 2) the preparation and pilot testing of a revised questionnaire. Data collection would begin in late summer, 1992, with data analysis completed in time for a report to the 1993 Delegate Assembly.

Procedural steps for collecting and processing data for this role delineation study would mirror those used in the entry-level job analysis studies. National Council staff will use a five-step, direct mailing of the questionnaire and related communications which will be sent to each prospective study participant's home to maximize participation rates.

Following completion and return of questionnaires, they will be scanned, a data tape prepared, and the tape edited for missing data or mis-marked items. Initial data analysis procedures will provide descriptive statistics for demographic descriptors and activity statements. Additional analyses will be performed to describe the practice characteristics of different groups within a specific practice level (e.g., LPN/VNs) based on their work setting and the types of clients cared for and by different types/groups of nursing activities. In addition, comparisons of practice characteristics across practice groups (e.g., NAs vs. LPN/VNs vs. RNs vs. ARNPs) will be performed.

**Timeline and Costs**

The study is to be completed in time for presentation to the 1993 Delegate Assembly. The estimated cost of performing this study is \$268,021.

**Supporting Materials for Report  
of  
The Third NCLEX Study Committee**

**May 15, 1990**

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**Lists of Member Boards Responding or  
Not Responding to Questionnaire**

This survey was mailed to member Boards December 8, 1989.

Member Boards are listed below according to whether they did or did not turn in a completed survey to the National Council by March 6:

Member Boards that have returned to the survey:

AK	ME	OH
AL	MD	OK
AR	MA	PA
AZ	MI	RI
CA-RN	MN	SC
CA-VN	MO	SD
CT	MS	TN
FL	MT	TX-RN
GA-RN	NE	TX-VN
GU	NH	UT
HI	NJ	VA
ID	NM	VT
IL	NY	WA-PN
IA	NC	WV-RN
KY	ND	WV-PN
LA-RN		WY
PA-PN		WI

Member Boards that had not returned the questionnaire  
as of March 6, 1990

AS  
CO  
DE  
DC (\*)  
GA-PN  
IN (\*\*)  
KS  
NV  
MP  
OR  
VI  
WA-RN

- (\*) responded after March 6, 1990  
(\*\*) responded in the form of a letter



Data Summaries for Each Questionnaire Item

Section 1: The candidate pool. (Questions 1 to 11)

Question #1: What is the range of time periods that new graduates must wait before taking NCLEX?

<u>Exam Month</u>	<u>Shortest Wait</u>	<u>Longest Wait</u>	<u>Average Wait</u>
July - RN	1 week	20+ weeks	7.8 weeks
Feb - RN	1 week	30 weeks	10.4 weeks
Oct - PN	1 week	26 weeks	11.5 weeks
April - PN	1 week	25.5 weeks	12.0 weeks

(3 comments)

Question #2: May candidates take NCLEX-RN prior to program completion? If not, is consideration being given to changing the statute/rule in the near future?

<u>May Take</u>	<u>Prohibited in ...</u>			<u>Change?</u>
	<u>Statute</u>	<u>Rule</u>	<u>Both</u>	
41 no	11	7	7	all no
3 yes				
4 not app.				
1 no resp.				

(No comments)

Question #3: May candidates take NCLEX-PN prior to program completion? If not, is consideration being given to changing the statute/rule in the near future?

<u>May Take</u>	<u>Prohibited in ...</u>			<u>Change?</u>
	<u>Statute</u>	<u>Rule</u>	<u>Both</u>	
41 no	12	5	7	all no
3 yes				
5 not app.				

(1 comment)

Question #4: Overall, decreasing the length of time between program completion and taking NCLEX would have which of the following effects on candidates?

<u>Positive</u>	<u>Negative</u>	<u>Both</u>	<u>No Effect</u>	<u>Comment Only</u>
14	2	26	4	3

(39 comments)

Question #5: Administration of the third RN (November) examination would benefit approximately how many candidates per year?

<u>Range of Numbers</u>	<u>Average</u>	<u>Range of %s</u>	<u>Average</u>
2 - 3500	346	1.5 - 40.5	14.5%

(Above figures based on 34 Boards providing data)

(2 comments)

Question #6: Administration of the third PN (February) examination would benefit approximately how many candidates per year?

<u>Range of Numbers</u>	<u>Average</u>	<u>Range of %s</u>	<u>Average</u>
2 - 3369	284	3.4 - 50	16.9%

(Above figures based on 33 Boards providing data)

(2 comments)

Question #7: For the November NCLEX-RN, what would be the primary sources of candidates? (Rank order: 1 hi to 3 lo)

<u>Source</u>	<u>Mean Rank</u>	<u>Number of Candidates Range</u>	<u>Average</u>	<u>No. Bds.</u>
First time failures - July	1.2	0 - 1400	189	31
Multiple time failures	2.1	1 - 1400	135	32
First time takers - more convenient	2.7	0 - 700	91	26

(2 comments)

Question #8: For the March NCLEX-RN, what would be the primary sources of candidates? (Rank order: 1 hi to 3 lo)

<u>Source</u>	<u>Mean Rank</u>	<u>Number of Candidates Range</u>	<u>Average</u>	<u>No. Bds.</u>
First time failures - Nov	3.1	0 - 1200	89	23
Multiple time failures	2.1	1 - 800	110	25
First time takers - more convenient	2.0	1 - 2500	305	25

(1 comment)

Question #9: For the February NCLEX-PN, what would be the primary sources of candidates? (Rank order: 1 hi to 3 lo)

<u>Source</u>	<u>Mean Rank</u>	<u>Number of Candidates Range</u>	<u>Average</u>	<u>No. Bds.</u>
First time failures - Oct	1.5	1 - 2180	147	30
Multiple time failures	2.5	0 - 900	81	31
First time takers - more convenient	2.2	0 - 418	83	23
RN failures	3.3	0 - 700	99	13

Question #10: For the June NCLEX-PN, what would be the primary sources of candidates? (Rank order: 1 hi to 3 lo)

<u>Source</u>	<u>Mean Rank</u>	<u>Number of Candidates Range</u>	<u>Average</u>	<u>No. Bds.</u>
First time failures - Feb	1.8	0 - 1936	127	23
Multiple time failures	2.5	0 - 850	80	25

<u>Source</u>	<u>Mean Rank</u>	<u>Number of Candidates Range</u>	<u>Average</u>	<u>No. Bds.</u>
First time takers - more convenient	2.1	0 - 1500	244	23
RN failures	3.2	0 - 700	87	14

Question #11: Please list the months of the year when students complete programs and the approximate number of individuals completing programs in each month.

RN Programs

Month	Range	Average	No. Non-zero Bds.
January	0 - 528	28	8
February	0 - 740	38	6
March	0 - 162	18	10
April	0 - 252	27	9
May	0 - 3192	884	25
June	0 - 1975	282	14
July	0 - 2461	94	7
August	0 - 242	41	13
September	0 - 189	7	2
October	0 - 79	5	4
November	0 - 102	13	9
December	0 - 938	203	23

(3 comment)

(Twenty-eight states reported data on RN programs)

PN Programs

Month	Range	Average	No. Non-zero Bds.
January	0 - 241	27	13
February	0 - 236	33	14
March	0 - 379	65	13
April	0 - 528	34	10
May	0 - 144	39	18
June	0 - 815	126	17
July	0 - 359	63	18
August	0 - 1783	231	21
September	0 - 552	75	14
October	0 - 1266	58	9
November	0 - 70	11	10
December	0 - 526	63	18

(Twenty-nine states reported data on PN/VN programs)

Section 2: The potential benefits of a third annual administration of NCLEX-RN and NCLEX-PN. (Questions 12 to 15).

Question #12: How do you believe candidates in your jurisdiction would benefit?

<u>Benefit</u>	<u>No. Believe Is Benefit</u>	<u>Range of Ranks</u>
Convenient U.S. educ.	17	1-5
Convenient foreign educ.	16	1-6
More oppor. to retake	32	1-5
Reduces lost time & wages	37	1-4
Decrease forgetting	19	1-5
NO BENEFIT	8	
(2 comments)		

Question #13: How do you believe the public would benefit?

<u>Benefit</u>	<u>No. Believe Is Benefit</u>	<u>Range of Ranks</u>
Quicker influx new nurses	19	1-2
Reduce loss to workforce	24	1-3
NO BENEFIT	16	
(4 comments)		

Question #14: How do you believe the Board of Nursing would benefit?

<u>Benefit</u>	<u>No. Believe Is Benefit</u>	<u>Range of Ranks</u>
Better carry out charge	9	1-4
Positive public perception	22	1-5
Positive admin. perception	17	1-5
Positive nsg. serv. percep.	18	1-5
Positive nsg. pgm. percep.	16	1-5
Better work-load distrib.	5	3-6
NO BENEFIT	18	
(1 comment)		

Question #15: How do you believe practice settings would benefit?

<u>Benefit</u>	<u>No. Believe Is Benefit</u>	<u>Range of Ranks</u>
Quicker influx new nurses	19	1-3
Reduce loss to workforce	28	1-2
NO BENEFIT	11	

Section 3: The potential effects of the third NCLEX. (Question 16 only).

Question #16: Would offering a third exam have a significant impact on educational programs?

36 "no"                      7 "yes"                      1 "unknown"

(7 comments)

Section 4: Costs and arrangements of a third NCLEX.  
(Questions 17 to 26).

Question #17: Should each jurisdiction individually have the option NOT to give a third administration if it so chooses?

38 "yes"            10 "no"            1 "yes/no"

(2 comments)

Question #18: If a third administration were scheduled, what would be the acceptability of each of the following approaches for paying the start-up costs?

<u>Approach</u>	<u>No. Acceptable</u>	<u>No. Unacceptable</u>
Each MB equal	6	35
Each MB proportional to no. cand.	9	32
Each MB proportional to 3rd exam no. cand.	25	17
Spread over all candidate fees	17	23

(3 comments)

Question #19: It has been suggested that external funding be sought to cover start-up costs. Given your knowledge of interested parties, do you believe this is a viable option?

14 "yes"            30 "no"

(12 comments)

Question #20: Should the Board of Directors contact these agencies regarding their interest in funding prior to the 1990 Delegate Assembly?

18 "yes"            23 "no"

Of 18 "yes", two Boards would assist with contacting agencies.

(1 comment)

Question #21: If a third administration was scheduled, what would be the acceptability of each of the following approaches for paying the cyclical costs?

<u>Approach</u>	<u>No. Acceptable</u>	<u>No. Unacceptable</u>
Assessed annually to each MB pro rata	19	23
Assessed across all cand, all juris	19	24
Assessed across 3rd exam candidates	14	29

(1 comment)

Question #22: Please estimate the annual costs associated with the administration of a third NCLEX which the Board would incur for each of the following:

A. NCLEX-RN

<u>Cost Category</u>	<u>Costs</u>		<u>Percent Increase</u>		<u>n</u>
	<u>Range</u>	<u>Average</u>	<u>Range</u>	<u>Average</u>	
Facilities	\$50-117,500	\$9142	2-60%	28%	30
Exam Staff	\$144-12,000	\$2720	1-52%	24%	25
Test Admin Agy	\$0-104,000	\$19,433	0-50%	12%	6
Office Staff	\$0-134,500	\$14,890	0-100%	22%	18
Other Services	\$200-318,495	\$34,519	0-50%	22%	10

(1 comment)



B. NCLEX-PN

<u>Cost Category</u>	<u>Costs</u>		<u>Percent Increase</u>		<u>n</u>
	<u>Range</u>	<u>Average</u>	<u>Range</u>	<u>Average</u>	
Facilities	\$100-130,000	\$7420	0-58%	32%	28
Exam Staff	\$0-28,500	\$3402	0-52%	29%	26
Test Admin Agy	\$0-2650	\$438	0-33%	19%	8
Office Staff	\$0-67,781	\$12,753	0-50%	14%	18
Other Services	\$200-122,803	\$16,694	0-36%	15%	8

(1 comment)

Question #23: How would you anticipate that these additional costs would be covered?

(41 responses)

Question #24: How far in advance would you need to submit a budget request in order to pay for these additional services?

<u>Range of Lead Times</u>	<u>Average</u>	<u>n</u>
6 to 36 months	20 months	40

(4 comments)

Question #25: Do you anticipate realizing any additional revenue as a result of offering a third NCLEX-RN and/or NCLEX-PN?

11 "yes"                      34 "no"

Seven Boards responding "yes" provided revenue estimates:

Increase in revenue range:

\$300-110,000                      average: \$25,052

Percentage increase range:

1-25%                                      average: 10%

(5 comments)

Question #26: How far in advance must space be reserved by the Board or your test administration agency for administration of the current NCLEX exams?

<u>Exam</u>	<u>Range</u>	<u>Average</u>	<u>n</u>
July	6 mos - 10 yrs	28 mos	37
February	6 mos - 10 yrs	24 mos	37
October	6 mos - 10 yrs	27 mos	37
April	6 mos - 10 yrs	28 mos	37

Section 5: The possibility of regional administration.  
(Questions 27 to 29).

Question #27: Would offering a regional test administration for implementing a third NCLEX be a viable alternative for your jurisdiction?

13 "yes"                      24 "no"                      8 "depends"

(7 comments)

Question #28: Which of the following ways of operationalizing a regional test administration site are acceptable?

<u>Approach</u>	<u>Acceptable</u>	<u>Can Pay</u>	<u>Barriers</u>	<u>Unacceptable</u>
Another state permanent site	23	14	9	2
Rotate site within region	4	3	3	16
NCSBN as agency	18	2 need rule change	6	5

If the National Council were to provide the regional test administration sites, should this service be offered for all administrations or just the third administration?

5 "all"                      15 "third only"

(See comments for description of barriers)

Question #29: If so indicated by positive responses to #27 on this survey, should the Board of Directors prepare a description of a potential model for regional administration prior to the 1990 Delegate Assembly in order to answer questions about the implications of implementing regional administration?

20 "yes"            17 "no"

Section 6: Considerations and alternatives. (Questions 30 to 34).

Question #30: Below is a list of considerations which relate to offering a third NCLEX. These were submitted by various Member Boards. Please indicate whether you agree or disagree with each statement.

<u>Consideration</u>	<u>Agree</u>	<u>Disagree</u>	<u>n</u>
Focus on assistance to schools, not 3rd	27	15	45
Provide timely opportunity thru 3rd exam	16	29	46
Need for extended study as with 2 exams	21	21	45
Regulatory benefit with 3 exams	15	30	45
Third exam has public relations benefits	28	16	44

(1 comment)

Question #31: Will providing three annual administrations of NCLEX serve the needs of candidates in your jurisdiction significantly better than the current approach?

RNs:    7 "yes"            32 "no"

PNs:    10 "yes"            30 "no"

(3 comments)

Question #32: Do your statute and administrative rules permit candidates who fail NCLEX-RN to take the next NCLEX-PN?

16 "yes"                      28 "no"

Of those answering "yes", 7 believe this is a viable alternative to increasing the frequency of exam administrations for serving the needs of failing candidates and enhancing the workforce.

(5 comments)

Question #33: Would adjustment of the present administration schedule for the two NCLEX-RN and two NCLEX-PN examinations be a viable alternative to adding a third administration, in order to serve the needs of candidates and health care provider agencies?

9 "yes"                      33 "no"

Of those answering yes, seven identified preferred months for RN examinations (Jan, Feb, March, May, June, July, Sept) and eight for PN examinations (Jan, Feb, March, July, Aug, Sept).

(2 comments)

Question #34: Given the present field-testing schedule for computerized adaptive testing (CAT) for NCLEX-RN, with a final report to the Delegate Assembly in August 1991, do you see a focus on the development and validation of CAT technology as a viable alternative to adding a third administration in order to serve the needs of candidates and health care organizations?

40 "yes"                      0 "no"                      3 "depends"

(4 comments)

Section 7: The potential schedule for three NCLEX administrations. (Questions 35 to 44).

Question #35: Is the proposed July-November-March NCLEX-RN administration schedule appropriate for use in your jurisdiction?

19 "yes"            20 "no"

(4 comments)

Question #36: Is the proposed October-February-April NCLEX-PN administration schedule appropriate for use in your jurisdiction?

15 "yes"            22 "no"

(2 comments)

Question #37: Would a "piggyback" schedule be a viable alternative for scheduling a third NCLEX?

6 "yes"            36 "no"

(5 comments)

Question #38: Would failing candidates have sufficient time to apply for the next examination?

18 "yes"            25 "no"

(1 comment)

Question #39: Would candidates who requested handscoring get their results back before the application deadline for the next examination?

3 "yes"            40 "no"

(1 comment)

Question #40: Would candidates requesting review and challenge be able to meet the application deadline for the next examination?

3 "yes"            26 "no"

Question #41: Would failure candidates requesting review and challenge have sufficient time to review their examination prior to the next examination administration?

3 "yes"                    24 "no"

Question #42: Would your Board be able to decrease your time period for review of "deliverables"?

11 "yes"                    28 "no"

Question #43: What is the earliest possible date your Board could implement a third NCLEX administration if the Delegate Assembly determines that one should be administered?

(Using August 1990 as a baseline, the responses are given in months from that time.)

Range: 5 months to 19.5 years                    Average: 33 months    n=40

Question #44: Would statute or administrative rule changes need to be implemented prior to implementing a third administration date?

11 "yes"                    34 "no"

Attachment B

MEMBER BOARD QUESTIONNAIRE  
Third NCLEX Study  
December 1989

Question # and Comment #	Comments
1-1	Changing exam to March would extend this time.
1-2	We take walk-ins; they can complete degree requirements as late as the day before the exam.
1-3	There is only 1 PN program. April candidates are usually repeat ones.
3-1	Professional nursing students may take the LPN exam based on equivalency of education.
4-1	A candidate may receive temporary permit to practice as a licensed nurse until exam results are received.
4-2	A third administration would not necessarily decrease the length of time between program completion and taking NCLEX. A March exam (instead of February) would increase the amount of time for January graduates. Positive v. negative effects would be: More or less time for forgetting class content and more or less time for review of entire program information; whether these are positive or negative depends upon the individual.
4-3	<p>California has seventy seven (77) accredited Vocational Nursing Programs. Forty seven (47) are community colleges; ten (10) are private; sixteen (16) are adult schools; and four (4) are regional occupation programs.</p> <p>The majority of the community college programs complete course requirements in January and June while private schools complete monthly. Adult schools complete requirements quarterly and regional occupation programs complete biannually. Therefore, the overall effect is positive; however, 60% of the candidates are graduates of community colleges whose needs are presently met by the current NCLEX-PN examination schedule of April and October.</p>

- 4-4 Candidates can currently practice with temporary permit. They might perceive taking the examination earlier as positive, but staff would not. (If candidates were not able to meet the deadlines, they would perceive the time as negative).
- 4-5 Those retaking their exam will be given more opportunity to do so, however, a 3rd administration of their exam will tax our staff.
- 4-6 Students think information is lost if there is a time lapse from graduation until exam is written. Longer time gives opportunity for practice on a new grad to develop skills and coordinate knowledge from classroom to clinical. Licensure might be issued sooner.
- 4-7 Individual program studies no significant difference in the performance, pass/fail, of students in relationship to length of time between graduation and writing of the NCLEX.
- 4-8 Positive: Would allow for more rapid licensure for some candidates.  
Negative: Would not allow sufficient time to apply for the next PN exam if failed RN exam.
- Most Iowa schools have timed graduation to NCLEX exams x2 per year.
- 4-9 The positive consequences are that failure candidates might pass on re-take and enter job market faster.
- The negative are that candidates have less time to study between exams and increase in cost per exam that the candidate will have to bear.
- 4-10 I cannot answer without more information. Is it presently a variable among candidates? What does our data show?
- 4-11 + decreased times between exams for failing candidates.  
- increased costs to this office to accommodate schools with strange graduation schedules.
- 4-12 Shorter length of time between graduation and the examination enhances information retention.
- 4-13 For failures and foreign candidates only.



- 4-14 The Michigan Board of Nursing continues to vote "no" relative to this issue as identified in 5/89. The board believes that the additional related costs would not substitute justify an additional exam administration.
- 4-15 There would be fewer interviewing variables to effect their score.
- 4-16 RN candidates graduating in July would have a longer delay under the Third-Administration Plan than they do now. PN educators report a positive effect from graduate practical nurses having two(2) months of work experience between graduation and NCLEX. They believe time over 3 months between graduation and NCLEX to be excessive. Employers would prefer the shortest delay possible between graduation and testing.
- 4-17 I would only be able to provide a speculative answer to this question. This Board has not received requests from candidates or programs for increased administration of exam.
- 4-18 Positive - timely results less stress on new graduates candidates can start working at educational level sooner expedites planning if candidate plans to continue on with education. Negative - some candidates require or prefer more time for review.
- 4-19 The candidates could get licensed more quickly and thus assume more responsibility or they would not be required to work under RN supervision. The candidates would be able to earn more money because of this situation.
- 4-20 Temporary licensure is available for a period not to exceed 180 days.
- 4-21 Candidates would not have advantage of practicing as graduates with direct supervision. Increase cost for examination and licensure would be negative to candidates who can barely afford costs now.
- 4-22 Decrease anxiety level in short time frame between tests.  
Shorter time frame between graduation and test so decrease in knowledge loss.

- 4-23 "Knowledge would be fresher in the minds of the candidates."
- 4-24 Generally, repeaters will benefit but more first time candidates will be harmed. The negative far out weights the positive.
- 4-25
1. More time for graduates - sometimes.
  2. Less time to prepare for exams
  3. Less opportunity to work in clinical before exams.
- 4-26 It would decrease time new graduate work in an "unlicensed" category.
- 4-27
- |            |                                                          |
|------------|----------------------------------------------------------|
| Positive - | earlier licensure - less stress.                         |
| Negative - | decreases study time and ability to take review courses. |
- 4-28
- |            |                                                                                                |
|------------|------------------------------------------------------------------------------------------------|
| Negative - | Not enough time to take a review course for the exam.                                          |
| Positive - | Newly graduates may be able to get a permanent job, sooner, should they pass their NCLEX Exam. |
- 4-29
- |            |                                                                                                                        |
|------------|------------------------------------------------------------------------------------------------------------------------|
| Positive - | less time on a temporary permit; may provide for better recall of information for testing.                             |
| Negative - | Shorter timelines for getting documentation to Board for application; less time to prepare our exam if a weak student. |
- 4-30 Time between exams would be shortened (affecting primarily repeaters); however, workload for staff would be significantly increased. The possibility of increasing staff is nil-delaying processing of application and temporary permits.
- 4-31
- Less time to work and use knowledge base.
  - December graduates would have to wait longer to take exam. The November exam would be small since we do not have many August and September graduates.
  - We are a batch state. By the time candidates receive their results it would be too late for the NCLEX computer applications to be sent to California. Therefore, our failing candidates would wait longer to take the exam.

- 4-32 Positive - decreases length of time between formal classroom learning and testing.  
 Negative - less time for actual graduate clinical practice and application of theory prior to testing.
- 4-33 Positive: 1. Less time to wait for results after completion of program.  
 2. Sooner after graduation.  
 Negative: 1. Candidates tend to do better on the exam after having work experience.
- 4-34 Negative Consequences: The majority of PN programs in Virginia finish from late February through early April - These candidates would have to wait two additional months to take the NCLEX in June.  
 Positive Consequences: Failed candidates could repeat sooner.
- 4-35 1. Positive if administered in September and February - closer to program completion.
- 4-36 Candidates writing for first time receive permit to when application is complete. Failures would have longer period of unemployment.
- 4-37 Positive - Be licensed sooner and receive higher pay.  
 Negative - Experience between graduation and exam adds knowledge base.
- 4-38 Would allow licensed nurses to enter expanded job market sooner.
- 4-39 Material fresh/but may not have time to integrate into clinical practice.
- 5-1 Less than 3% of the population.
- 5-2 This would benefit failure candidates only.
- 6-1 Only 1 school graduates in December/January (19 failures, 20 grads)

- 6-2 There is one PN program. The majority take the exam in October approximately 4-10 persons take the exam in April.
- 7-1 Includes 83 failures and 46 first time writers. Only one school graduates between July and November.
- 7-2 With three administrations, examinees would be spread out over the three administrations. It is difficult to predict how many would take each exam. Not enough time to receive results of July exam and meet filing deadline for November.
- 8-1 8a. Only one school is writing based on last 2 years annual passing percent.  
8c. These candidates would be eligible for February exam.
- 11-1 Not able to obtain estimated numbers in this short time for our 92 nursing programs. (May/June, August, December/January)
- 11-2 This information is unable to be obtained in the time allocated to the Member Board (January 19, 1990 deadline).
- 11-3 All schools of nursing in the state only take one class a year-entering in August and graduating in May. December graduation are those students who for some reason did not complete requirements in the usual time.
- 12-1 Shorter period of practice under permit.
- 12-2 The benefits to the few do not outweigh the negative consequences to the many.
- 13-1 Public would not be subjected to practice by persons who have not met test of minimal competency.
- 13-2 Due to insufficient time, candidates would still only be able to take the exam twice a year. Three times a year would actually give them less on their temporary permit.
- 13-3 Quicker assurance that nurses previously under permit are safe or unsafe.
- 13-4 More opportunities for failing candidates to sit for the exam.

- 14-1 Would in fact create serious problems in implementing and budget constraints.
- 16-1 Dates of admission and graduation would probably be adjusted so that students would graduate closer to examination dates.
- 16-2 This would not occur, it would be impossible to reschedule in time for next exam.
- 16-3 PON completion is driven by NCLEX dates; more testing dates increased flexibility.
- 16-4 More latitude in sequencing of courses. Negative effect on December graduates - longer wait for examination.
- 16-5 Frequency of administration does not impact enrollment which has already increased significantly. They already have problems making sure that applications are in order. The directors that I have spoken with about a 3rd administration believe that more work will be created by a 3rd administration without benefit. Cost of exam would increase.
- 16-6 PN programs admission/graduation dates may have to change to more closely align with the examination dates.
- 16-7 Research has not been undertaken to determine impact.
- 17-1 But all states should be consistent so if some states cannot do it, no state should.
- 17-2 We would offer it if available.
- 18-1 A third administration should not be given.
- 18-2 Oppose efforts to administer a third.
- 18-3 Only those Member Boards who administer a 3rd exam, would be assessed the cost. The benefits do not justify the cost.
- 19-1 American Hospital Association; Pew Charitable Trust; Kellogg; Teagle Foundation, Inc.
- 19-2 Grants from Foundations, Hospital Associations, Nursing Associations, Governmental Agencies.

- 19-3 American Hospital Assn, Catholic Hospital Assn., Helene Field Private philanthropic organizations, testing companies.
- 19-4 Locally-No source identified.
- 19-5 American Hospital Association, AMA, Nursing Home Groups.
- 19-6 Employer groups exerting pressure such as American Hospital Association, American Organization of Nurse Executive, American Health Care Association.
- 19-7 American Hospital Association, American Nurses Association.
- 19-8 AHA, Humana, HCA
- 19-9 It has been suggested that AHA be approached-but concern re: this approach has also been expressed.
- 19-10 Don't know interested parties but suggest NCSBN and McGraw-Hill definitely explore this possibility.
- 19-11 Kellogg and other foundations as well as NIH-Nsg.
- 19-12 American Hospital Association, Catholic Hospital Association, private philanthropic organization, testing companies.
- 20-1 The NCSBN staff should not initiate contacts that would convey the expectation of a third administration until Board Members agree it is feasible and agreeable to all; otherwise political rather than objective analysis may rule the decision.
- 21-1 Assess annually to each Member Board that opts to offer the third examination.
- 22-1 Board would incur no direct costs due to contract for test administration services. Indirect cost possible for increased staff time. Increase over current staffing is unlikely.
- 23-1 Covered by current budget.
- 23-2 Charge administration fee which can be provided for only thru statutory change.

- 23-3 Costs would have to be borne by candidates or Board; approved by legislature; approval would be difficult, if not impossible to obtain given present state funding situation.
- 23-4 Candidates fees to the state and other nurses fees for licensure.
- 23-5 Examination and license fees.
- 23-6 Only through General Assembly appropriation.
- 23-7 We may have to assess our candidates higher fees.
- 23-8 Might have to raise fees.
- 23-9 All costs incurred would have to be assessed to writers in this jurisdiction.
- 23-10 Increase fees for licensees.
- 23-11 No change.
- 23-12 Increase in exam and/or license fees
- 23-13 Up candidates fees.
- 23-14 Increasing fees.
- 23-15 Budget initiative would have to be approved.
- 23-16 Mass. candidates pay directly to T.A.A. 22 A. and B. N/A
- 23-17 Fees to candidates.
- 23-18 Exam fees.
- 23-19 This board does not plan to offer a third administration.
- 23-20 The application fee for licensure by examination would need to be increased.
- 23-21 Would need to be included in operating budget of Board of Nursing which may result in increasing licensure fees.
- 23-22 Licensure Lee (Initial).
- 23-23 Additional cost would need to be covered by candidate fees. A statutory change would be needed.

- 23-24 There is no charge for test administration (only the examination materials). Other programs would have to be cut to absorb any additional cost.
- 23-25 The administrative fee charged by the Board.
- 23-26 By board fees.
- 23-27 Would need to request general revenue funding; very unlikely to obtain.
- 23-28 Increase fees.
- 23-29 Candidate fees.
- 23-30 Since the Board of Nursing does not have a separate budget I would have to report it here the Division of Professional Regulation which is budgeted through the Department of Health whose fundings is from the General Treasury.
- 23-31 Budget appropriations through legislature and charging the candidates.
- 23-32 Revenue generated would need to cover the requested budget increase.
- 23-33 Increased budget-would have to charge candidate.
- 23-34 Increased fee to candidates.
- 23-35 Exam fee.
- 23-36 Fee paid by candidates.
- 23-37 From candidates fees, 4 licensing fees (small amount)
- 23-38 Board would have to absorb from its budget.
- 23-39 Staff time would be absorbed.
- 23-40 Request from legislature or change more for exam - neither option is attractive.
- 23-41 Hotel operating budget derived from licensure fees.
- 24-1 Budgeted on a biennium
- 24-2 Depends on time of year. Would need data by May (when next FY budget is approved)



- 24-3                   However, revenue would have to be a sufficient amount to cover additional costs.
- 24-4                   To obtain approval for part-time temporary positions)
- 25-1                   Definitely not, the board is already in a deficit situation for exam administration.
- 25-2                   Not above our direct and indirect expenses.
- 25-3                   But they would only cover the expenses.
- 25-4                   cost of administration would far exceed any revenue.
- 25-5                   Would lose money.
- 27-1                   Budget issues would be impossible to resolve if not consistent what about the tape v. direct application state in the same region.
- 27-2                   Legal implications and availability of sites for candidates.
- 27-3                   Where offered, proctor policies.
- 27-4                   Cost, availability, endorsement, issues, demand for the service, etc.
- 27-5                   Whether candidates would be willing to travel and incur extra costs.
- 27-6                   If NCLEX also assumed role of determining examination eligibility.
- 27-7                   Time adjusted too.
- 28-1                   Cost, availability, endorsement, issues, demand for the services, etc.
- 28-2                   This group of questions were answered because if the 3rd administration is approved, input regarding these questions is important.
- 28-3                   Other:        Is NCSBN recommending jurisdictions more toward national test administration.
- 28-1a-1               Candidates would have to pay - Board could not.
- 28-1b-1               Applications, contractual relationship.

28-1b-2 Board policy relative to proctor, determining equitable fees for all candidates for each testing.

28-1b-3 Role change.

28-1b-4 The state charge to candidates should not increase the candidates costs more than it would be for regularly offered exams.

28-1b-5

1. Rule change.
2. Regional test site could be used only if ND test site not open (i.e. not duplicate sites)

28-1b-6 Not charging the board - let cost be assumed by candidates.

28-1b-7 Cost to candidates and regulatory changes needed.

28-1b-8 Adequate facilities and site, personnel, expense of pre-processing applications. Final dates for accepting NCLEX applications.

28-1b-9 Legislative Authority, Budget Constraints, additional fees to candidate. No current legislative provisions for board to pay additional fees.

28-2b-1 None other than working out procedures.

28-2b-2 Lack of permanent staff to be efficient for third exam.

28-2b-3 North Dakota would not be able to provide the regional examination because we would not be able to find a site large enough.

28-3a-1 We would just need the results sent directly.

28-3a-2 2 do not believe it would.

28-3a-3 NCSBN should use established jurisdictional proctory procedures. Test result then would be sent and credited to the jurisdiction in which applicant/candidate sought licensure.

28-3b-1 Joint agreement.

28-3b-2 Policy development.

28-3b-3 Costs and workloads to individual boards.

- 28-3b-4 Cost to candidates and regulatory changes needed.
- 28-3b-5 Expense of pre-processing all applicants. Final dates for accepting NCLEX applications.
- 28-3b-6 Board approval and rule changes.
- 28-3b-7 Use some procedures as are in place when one proctors and this candidates for licensure.
- 30-1 B. Let each Board set own dates for exam based upon education program graduation dates.
- D. T.P. allow integrate of theory and practice and reduce nursing shortage - test results delayed 5 weeks.
- 31-1 We have not collected data regarding the proposed approach. Some nurse educators and nursing service administrators have indicated the proposed approach. Some nurse educators and nursing service administrators have indicated the proposed approach would facilitate faster entry in the job market.
- 31-2 \*This is seen as a "quick fix" for a few states where pass rate was poor and legislative pressure occurred.
- 31-3 Why not CAT - Then candidates could take exam at more frequent scheduled times.
- 32-1 Statutory change.
- 32-2 Impossible to meet prior to deadline for the next NCLEX-PN.
- 32-3 If the work force is in need of more LPN's.
- 32-4 On whether the RN candidate studies and returns to take RN exam.
- 32-5 RN grads frequently do not know role and scope of LPN practice. Should not take exam unless complete a course to assure practice within legal scope.
- 33-1 Need has not been demonstrated in this state.
- 33-2 If PN exam corresponds to academic year rather

than vocational year.

- 34-1 Cost.
- 34-2 Timetable for NCLEX-PN implementation.
- 34-3 How soon it could be implemented.
- 34-4 We believe it would be ill advised to pursue cost and legislative action for a third NCLEX when CAT is looming on the horizon and offers so much more as an alternative.
- 35-1 Not a viable option.
- 35-2 Too many state holidays during Nov, Dec and Jan)
- 35-3 Do not support 3rd. administration.
- 35-4 None - February and July is adequate for this jurisdiction considering the size of the candidate pool.
- 36-1 Not a viable option.
- 36-2 Do not support 3rd administration.
- 37-3 Cost prohibitive.
- 37-4 Although the RN and PN Boards are separate.
- 37-5 Deadline dates for filing applications.
- 37-6 Separate Boards of Nursing; therefore different staff.
- 37-7 On 2 years advance notice.
- 38-1 This is a critical flaw in the third administration concept.
- 39-1 Yes. If test service can return results sooner.

## GENERAL COMMENTS

### Comments

A survey of Arkansas rewrite candidate's NCLEX performance for the past 3 years shows that the RN rewrite pass rate was 54.8% and the PN was 32.3%. Given these low percentages, an additional examination just to accommodate rewrites seems unjustified. Would not National Council's and State Boards' time, effort and resources be better spent on Computer Adaptive Testing as the ultimate solution to the problems raised in this survey?

The accuracy of a pass/fail score which Computer Adaptive Testing (CAT) can provide on the NCLEX-RN and NCLEX-PN cannot be substituted in any way be an additional paper and pencil NCLEX administration. It is essential that the Board is cognizant of the significant difference between the two methodologies and purposes of administrations. The issue of qualified nurses in the workforce must be addressed in lieu of quantity.

Scheduling of a third exam would result in changes in office work flow and amendments to existing rules.

The Illinois Board does not generally endorse the 3rd administration of either NCLEX particularly in light of the potential of CAT becoming a reality in the near future. Start up costs for the Council as well as for candidates would eliminate the positives as it is viewed by this Board.

We do not feel that the relatively small percentage of candidates/agencies who would benefit from the change justifies the cost and modifications required, particularly as computer-assisted testing may provide a more comprehensive means to hasten the process.

Third examination not feasible for Louisiana.

Suggestion: 1. Piggyback the third exam only.  
2. Select 3 month, ie July, October, March, and piggyback both RN & LPN. This would save money especially in facilities.

Wait for CAT.

We recognize the need to administer licensure exams as quickly and efficiently as possible after candidate graduation. We believe this responsibility can best be served by proceeding with CAT.

The state's population is small and a third examination would be very costly considering the small number of candidates it would serve. Appropriate facilities are difficult to obtain for the current two RN and PN administrations - a third exam would increase the facilities problem. In general, the Board does not favor a third exam administration.

I hope this information is helpful to you - it was difficult to complete because of so many changes that are occurring in our state:

1. 5 new AD programs are opening - what impact on numbers - what impact on failures and retakers - we don't know at this time.
2. Many PN programs are changing from September and March admission and completion dates to academic year with December and May completion dates - have no data about this impact yet.

Spoke with C. Yocom regarding tardiness of this document.

The cost to implement and to administer a third examination does not seem to equal the benefits. Would like to see NCLEX-PN administration schedule changed to September and February/March.

The Ohio Board of Nursing strongly believes that our top priority needs to be the 1st time candidates and the by moving exam dates to create the third exam, these 1st timers are being harmed. The attached worksheet points out the numbers that would be benefited and the numbers that would be harmed.

Further, the Board believes that the solution is in the implementation of CAT, not in the addition of an exam. Due to economic, human and political constraints, the administration of a third exam is not feasible, and the rearrangement of exam dates would be detrimental.

Due to size of state and number of candidates there does not appear to be a need for a third exam. It is not feasible. We have no budget and there is a lack of staff.

A third examination date would primarily benefit failure candidates (see completion dates). Our main problem is one of financial resources (or the lack). We have difficulty meeting our needs with our present budget and believe it would be almost impossible to get on improvement (expansion) budget approved.

It is strongly suggested that use of CAT be emphasized rather than giving any additional thought or energy to a third exam which is a temporary quick fix and benefits are minimal.

Both staff and Board members reviewed the survey and are opposed to the administration of a third NCLEX examination. The survey instrument is biased toward approval of a third administration of the examination; i.e. questions are couched toward what if there is a third administration of the examination.

On behalf of the Board of Vocational Examiners of Texas, both staff and Board Members have reviewed the third NCLEX Survey. We feel that the survey is biased toward the administration of the third exam and does not permit opportunity for remarks or elaborations. Our comment remains that very few would benefit, but many would be affected by this implementation. Our board stands firm in the opinion that we are opposed to the administration of the third NCLEX examination.

The Utah Board members feel very strongly that if we go to a 3rd administration, it should not be optional.

The board does not believe the cost and time involved in a third examination is compensated by benefits derived, so would not plan to give a third examination.

Member Board Questionnaire  
Third NCLEX Study  
December 1989

Please supply answers to each question as instructed. Space for general comments is provided at the end.

A. Candidate pool

1.	What is the range of time periods that new graduates in your jurisdiction must wait before taking NCLEX?			
<u>Average</u>	<u>shortest</u>		<u>longest</u>	
7.8	<u>1</u>	weeks	<u>20+</u>	weeks July NCLEX-RN
10.4	<u>1</u>	weeks	<u>32</u>	weeks Feb. NCLEX-RN
11.5	<u>1</u>	weeks	<u>26</u>	weeks October NCLEX-PN
12.0	<u>1</u>	weeks	<u>26</u>	weeks April NCLEX-PN

2. May candidates take NCLEX-RN prior to program completion?  
3 yes  
41 no (specified in: 11 statute 7 rule)

If NO, is consideration being given to changing the statute/administrative rule in the near future?

- 0 yes  
41 no

3. May candidates take NCLEX-PN prior to program completion?  
3 yes Both = 7  
41 no (specified in: 12 statute 5 rule)

If NO, is consideration being given to changing the statute/administrative rule in the near future?

- 0 yes  
41 no

4. Overall, decreasing the length of time between program completion and taking NCLEX would have which of the following effects on candidates?

- 14 positive consequences  
2 negative consequences  
26 both positive and negative consequences  
4 no effect

Please describe: 3 comments



The next series of questions should be answered based on the following assumption: NCLEX-RN would be administered in July, November, and March; NCLEX-PN would be administered in October, February, and June.

Question #5 is based on the following scenario:

RN students who complete their education in March, April, May, or June would take the July exam (current practice). Those finishing in August and September, the failures from July, and multiple time failures would take the November exam. Those finishing in December and the November failures would take the March exam (a delay of one month for the December graduates).

5. Administration of the third RN (November) examination would benefit approximately how many candidates per year?

346 candidates would be benefited out of an annual total of \_\_\_\_\_ candidates (14.5%)

Question #6 is based on the following scenario:

PN/VN students who complete their education in May through September would take the October exam (current practice). Those finishing in December and January, the failures from October, and multiple time failures would take the February exam. Those finishing in March through May and the February failures would take the June exam.

6. Administration of the third PN/VN (February) examination would benefit approximately how many candidates per year?

284 candidates would be benefited out of an annual total of \_\_\_\_\_ candidates (16.9%)

7. For the November NCLEX-RN, what would be the primary sources of candidates? Please rank order (1=most to 3=least) the possible sources listed, and if possible, list the estimated numbers of candidates from each source.

1.2 first time failures from the July exam (# = 189)  
2.1 multiple time failures who take advantage of an extra opportunity to try again (# = 135)  
2.7 first-time takers who find it a more convenient time to take the exam (# = 91)

8. For the March NCLEX-RN, what would be the primary sources of candidates? Please rank order (1=most to 3=least) the possible sources listed, and if possible, list the estimated numbers of candidates from each source.

- 1.3 first time failures from the November exam (# = 23)
- 2.1 multiple time failures who take advantage of an extra opportunity to try again (# = 25)
- 2.0 first-time takers who find it a more convenient time to take the exam (# = 25)

9. For the February NCLEX-PN, what would be the primary sources of candidates? Please rank order (1=most to 4=least) the possible sources listed, and if possible, list the estimated numbers of candidates from each source.

- 1.5 first time failures from the October exam (# = 147)
- 2.5 multiple time failures who take advantage of an extra opportunity to try again (# = 81)
- 2.2 first-time takers who find it a more convenient time to take the exam (# = 83)
- 3.3 candidates failing the RN exam (# = 99)

10. For the June NCLEX-PN, what would be the primary sources of candidates? Please rank order (1=most to 4=least) the possible sources listed, and if possible, list the estimated numbers of candidates from each source.

- 1.8 first time failures from the February exam (# = 127)
- 2.5 multiple time failures who take advantage of an extra opportunity to try again (# = 80)
- 2.1 first-time takers who find it a more convenient time to take the exam (# = 244)
- 3.2 candidates failing the RN exam (# = 97)

11. On a separate page, please list all basic nursing education programs in your jurisdiction (RN and PN/VN) and for each program, provide the following information for the 1988-89 year:

- a. Month(s) of year when students complete programs (i.e., April, August, December);
- b. Approximate number of individuals completing programs at each time.

(Alternatively, a list of months and estimated numbers of individuals completing programs each month would be acceptable.)

B. Potential Benefits

This section contains several lists of potential benefits that could be derived from a third administration of each NCLEX examination annually. For each list of items, please rank order only those items you believe are truly benefits and would in fact happen if a third NCLEX were given. Use a "1" for the most beneficial item, "2" for the second most beneficial, etc. Leave the spaces in front of other "non-benefits" blank. If you do not believe there are any benefits for the identified group, check the last blank only.

12. How do you believe candidates in your jurisdiction would benefit?

- 17 more convenient scheduling for new, U.S. educated graduates
- 16 more convenient scheduling for foreign educated nurses
- 32 more opportunities for failure candidates to retake the examination
- 27 reduction of lost time and wages for those failing the examination (due to loss of temporary permit)
- 17 decreased forgetting and loss of skill prior to next exam, making preparation for the exam more efficient
- 8 other benefit: (identify) \_\_\_\_\_

No anticipated benefits \_\_\_\_\_

13. How do you believe the public would benefit?

- 19 quicker influx of newly licensed nurses would ease nursing shortage and promote higher quality of care
- 24 reduction of the amount of time lost by failure candidates (lost to workforce as "graduate nurses") would help health care agencies preserve their investment in the recruitment and orientation of new nurses
- 16 other benefit: (identify) \_\_\_\_\_

No anticipated benefits \_\_\_\_\_

14. How do you believe the Board of Nursing would benefit?

- 9 board would be better able to carry out its charge of protecting the public health, safety, and welfare
- 22 public perception would be enhanced since board would be seen as "responsive" or "proactive" by health care consumers and policymakers
- 17 perception of board by administrators (non-nursing) of health care organizations would be enhanced
- 18 perception of board by nursing service administrators would be enhanced
- 16 perception of board by nursing education programs (administrators/faculty) would be enhanced
- 5 workload of board staff would be better distributed across the year
- 18 other benefit: (identify) 1 comment  
18 said "no benefit"

No anticipated benefits \_\_\_\_\_

15. How do you believe practice settings would benefit?

- 19 quicker influx of newly licensed nurses would decrease vacancy rates for nursing positions
- 28 reduction in the amount of time lost by failure candidates (lost to workforce as "graduate nurses") would help health care agencies preserve their investment in the recruitment and orientation of new nurses
- 11 other benefit: (identify) \_\_\_\_\_

No anticipated benefits \_\_\_\_\_

C. Potential Effects

16. Would offering a third exam have a significant impact on educational programs? (e.g., admissions and enrollment trends; plans for expansion/downsizing; timing of graduations; etc.)

- 36 no
- 7 yes, describe: \_\_\_\_\_

D. Costs and Arrangements

Background: The administration of a third NCLEX-RN and a third NCLEX-PN will require additional funds: start-up funds and cyclical (ongoing). Last year, CTB estimated that start-up costs would be \$837,550 and the annual cyclical costs would be \$228,800. (Cyclical costs assumed 20,000 candidates for the third RN administration and 5,000 for the third PN administration.)

17. Should each jurisdiction individually have the option NOT to give a third administration if it so chooses?

10 no  
38 yes

18. If a third administration were scheduled, what would be the acceptability of each of the following approaches for paying the start-up costs? Use an "A" to indicate acceptable approaches; a "U" to indicate unacceptable approaches.

Frequency

A U

6 35

9 32

25 17

17 23

- \_\_\_\_\_ each Member Board is assessed an equal share
- \_\_\_\_\_ each Member Board is assessed a share proportional to the number of candidates it tests annually
- \_\_\_\_\_ each Member Board is assessed a share proportional to the number of candidates it tests at the third NCLEX-RN (November) and at the third NCLEX-PN (February) only
- \_\_\_\_\_ all candidates tested in all jurisdictions are assessed a set amount over the next several years to pay the start-up costs
- \_\_\_\_\_ other, describe: 2 comments

19. It has been suggested that external funding be sought to cover start-up costs. Given your knowledge of interested parties, do you believe this is a viable option?

30 no  
14 yes

If YES, identify sources and/or contacts you suggest be approached: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Should the Board of Directors contact these agencies regarding their interest in funding prior to the 1990 Delegate Assembly?

23 no  
18 yes

If YES, would you be willing or able to assist in any way with this effort?

\_\_\_\_\_ no  
2 yes

21. If a third administration was scheduled, what would be the acceptability of each of the following approaches for paying the cyclical costs? Use an "A" to indicate acceptable approaches; a "U" to indicate unacceptable approaches.
- Frequency  
A U  
 19 23 \_\_\_\_\_ assessed annually to each Member Board proportional to the number of candidates it tests at the third administration
- 19 24 \_\_\_\_\_ assessed across all candidates tested in all jurisdictions
- 14 29 \_\_\_\_\_ assessed across only those candidates tested at the third administration
- \_\_\_\_\_ other, describe: \_\_\_\_\_
- 

22. Please estimate the annual costs associated with the administration of a third NCLEX (other than those for services provided by CTB, covered above) which the Board would incur for each of the following:

A. NCLEX-RN

	\$ to obtain additional services	% increase over current budget	Service is unobtainable
facilities (test site)	9,142	28%	
staffing for exam admin.	2,720	24%	
Test admin. agency	19,433	12%	
staff for office processing (e.g. applications)	14,890	22%	
other - identify	34,519	22%	

B. NCLEX-PN

	\$ to obtain additional services	% increase over current budget	Service is unobtainable
facilities (test site)	7,420	32%	
staffing for exam admin.	3,402	29%	
Test admin. agency	438	19%	
staff for office processing (e.g. applications)	12,753	14%	
other - identify	16,694	15%	

23. How would you anticipate that these additional costs (item 22. A. & B.) would be covered?

41 COMMENTS

24. How far in advance would you need to submit a budget request in order to pay for these additional services?

20 months (6 to 36 mo)

25. Do you anticipate realizing any additional revenue as a result of offering a third NCLEX-RN and/or NCLEX-PN?

34 no  
11 yes

If YES: a. how much? \$ 25,052 /year  
N=7 b. what percent increase in income  
does this represent? 10 %

26. How far in advance must space be reserved by the board or your test administration agency for administration of the current NCLEX exams?

July RN: 28 mo.  
October PN: 27 mo.

Feb. RN: 24 mo.  
April PN: 28 mo.

E. Regional Administration

27. Would offering a regional test administration for implementing a third NCLEX be a viable alternative for your jurisdiction?

24 no (go to question # 29)  
13 yes (go to question # 28)  
9 depends; on what? \_\_\_\_\_

\_\_\_\_\_  
(go to question # 28)

28. Which of the following ways of operationalizing a regional test administration site are acceptable? (Indicate "Acceptable" with "A"; "Unacceptable" with "U")

23 Another state in your geographic region volunteers to serve as a permanent regional site, proctors your candidates, and returns information to you after the exam.

If "ACCEPTABLE":

/a. Could the board or its candidates pay the volunteer state an additional fee for providing this service?

14 yes  
\_\_\_\_\_ no

/b. What barriers would need to be overcome to implement this approach? \_\_\_\_\_

\_\_\_\_\_ 9 comments \_\_\_\_\_



4 States in defined regions take turns providing the regional administration site, proctoring candidates from other states and returning information to them following the exam.

If "ACCEPTABLE":

2 a. Could the board or its candidates pay the volunteer state an additional fee for providing this service?

3 yes  
no

2b. What barriers would need to be overcome to implement this approach? \_\_\_\_\_

3 COMMENTS

18 The National Council serves as a regional test administration agency, setting up centers, administering the examination, and returning some type of documentation to the state in which the candidate desires licensure in order to certify his or her examination results.

If "ACCEPTABLE":

3 a. Would use of a certifying document require statutory or administrative rule changes?

2 yes  
no

3b. What barriers would need to be overcome to implement this approach? \_\_\_\_\_

6 COMMENTS

3 c. If the National Council were to provide the regional test administration sites, should this service be offered for all administrations or just the third administration?

5 all administrations  
15 only the third administration

Other arrangement; please describe: \_\_\_\_\_

29. If so indicated by positive responses to #27 on this survey, should the Board of Directors prepare a description of a potential model for regional administration prior to the 1990 Delegate Assembly in order to answer questions about the implications of implementing regional administration?

20 yes  
17 no

F. Considerations and Alternatives

30. Below is a list of considerations which relate to offering a third NCLEX. These were submitted by various Member Boards. Please indicate whether you agree ("A") or disagree ("D") with each statement.

Frequency  
A D

- 27 15 \_\_\_\_\_ The Board's responsibility to assist schools to determine why graduates are performing poorly on the examination should be the focus rather than offering more frequent examinations.
- 16 29 \_\_\_\_\_ The Board's responsibility to provide timely opportunities for examinations would be met by increasing the number of examinations.
- 21 21 \_\_\_\_\_ There is a need for failing candidates to have an extended study period of several months before retaking the examination; this occurs with two annual administrations.
- 15 30 \_\_\_\_\_ The regulatory benefits (e.g., less use of temporary licenses/permits) for a board would be enhanced with three annual examinations since the exam would be timed closer to graduation times.
- 28 16 \_\_\_\_\_ The political and public relations benefits of administering a third exam would result in the Board being perceived as responsible and taking appropriate action to alleviate the nursing shortage.

31. Will providing three annual administrations of NCLEX serve the needs of candidates in your jurisdiction significantly better than the current approach?

- a. RNs: 7 yes  
32 no  
\_\_\_\_\_ not applicable
- b. PNs: 10 yes  
20 no  
\_\_\_\_\_ not applicable

32. Do your statute and administrative rules permit candidates who fail NCLEX-RN to take the next NCLEX-PN?

16 yes  
25 no

If YES:

Do you see allowing candidates failing NCLEX-RN to take the next NCLEX-PN as a viable alternative to increasing the frequency of examination administration for serving the needs of failing candidates and enhancing the workforce?

9 yes  
33 no

depends; on what? 5 comments

33. Would adjustment of the present administration schedule for the two NCLEX-RN and two NCLEX-PN examinations be a viable alternative to adding a third administration, in order to serve the needs of candidates and health care provider agencies?

7 yes  
33 no

depends; on what? \_\_\_\_\_

If YES or DEPENDS, what dates (months) would you suggest:

a. RN: Jan, Feb, Mar, May, June and \_\_\_\_\_  
*July Sept*

b. PN: Jan, Feb, Mar, July, Aug, Sept and \_\_\_\_\_

2 comments

34. Given the present field-testing schedule for computerized adaptive testing (CAT) for NCLEX-RN, with a final report to the Delegate Assembly in August 1991, do you see a focus on the development and validation of CAT technology as a viable alternative to adding a third administration in order to serve the needs of candidates and health care organizations?

40 yes  
0 no

depends: on what? 4 comments

G. Schedule

35. Is the proposed July-November-March NCLEX-RN administration schedule appropriate for use in your jurisdiction?

19 yes  
20 no

If NO, what three months would be more appropriate?

4 comments

36. Is the proposed October-February-April NCLEX-PN administration schedule appropriate for use in your jurisdiction?

15 yes  
22 no

If NO, what three months would be more appropriate?

2 comments

37. Would a "piggy-back" schedule (as described below) be a viable alternative for scheduling a third NCLEX?

"Piggy-back" option example: Third NCLEX-RN administration would be scheduled for the two days following the October NCLEX-PN examination; third NCLEX-PN administration would be scheduled for the day following the July NCLEX-RN administration dates.

6 yes  
36 no

depends; on what? 5 comments

Questions 38-41 should be answered based on the following assumptions: (1) a July-November-March NCLEX-RN schedule and an October-February-June NCLEX-PN schedule; (2) CTB's current timeframes for releasing scores (4+ weeks after exam) and for accepting direct, batch, and board-processed examination applications (8 weeks prior to exam).

38. Would failing candidates have sufficient time to apply for the next examination?

18 yes  
25 no

39. Would candidates who requested handscoring get their results back before the application deadline for the next examination?

3 yes  
40 no

40. Would candidates requesting review and challenge be able to meet the application deadline for the next examination?

3 yes  
26 no  
\_\_\_\_\_ not applicable

41. Would failure candidates requesting review and challenge have sufficient time to review their examination prior to the next examination administration?

3 yes  
24 no  
\_\_\_\_\_ not applicable

42. Would your board be able to decrease your time period for review of "deliverables"? (e.g., inspection of rosters for program code changes)

11 yes; by how much? \_\_\_\_\_ days  
28 no  
\_\_\_\_\_ not applicable

43. What is the earliest possible date your board could implement a third NCLEX administration if the Delegate Assembly determines that one should be administered?

*Range = 5 mo to 19.5 yrs*  
*Avg = 33 mo* \_\_\_\_\_ (month/year or range)

44. Would statute or administrative rule changes need to be implemented prior to implementing a third administration date?

11 yes  
34 no

General comments:

Jurisdiction: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

120489

MEMBER BOARD	RANGE JULY RN (WEEKS)	RANGE FEB RM (WEEKS)	RANGE OCT PN (WEEKS)	RANGE APR PN (WEEKS)	RN BEFORE PROGRAM COMPL?	IF NO STAT/RULE?	IF NO STAT/RULE CHGE PENDING?	PN BEFORE PROGRAM COMPL?	IF NO STAT/RULE?	IF NO STAT/RULE CHGE PENDING?	CONSEQ. POS NEG BOTH NO EFFECT	NOV-RN CANDs BENEFIT	OUT OF CANDs	PERCENT
AK	8	7-22	NR	NR	* NO	NR	NO	* NO	NR	NO	* BOTH	* 20	100	20.0% *
AL	5-16	7-26	4-20	4-17	* NO	NR	NO	* NO	NR	NO	* POSITIVE	* 400	1553	25.8% *
AR	4-8	4-8	8-8	12-14	* NO	S-R	NO	* NO	S-R	NO	* NO EFFECT	* 100	565	17.7% *
AZ	8-10	8-10	22-24	18-20	* NO	S-R	NO	* NO	S-R	NO	* BOTH	* 65	800	8.1% *
CA VN	NA	NA	2-24	2-24	* NA	NA	NA	* NO	S	NO	* POSITIVE	* NA		*
CA RN	2-4	2-5	NA	NA	* YES	NA	NA	* NA	NA	NA	* BOTH	* 500	20000	2.5% *
CT	NOT AVAIL				* NO	S	NO	* NO	S	NO	* NO EFFECT	* NOT AVAIL		*
FL	2-8/10	4/6-24	2-20	2-20	* NO	NR	NO	* NO COMMENT	NR	NO	* BOTH	* NR		*
GA RN	5-20+	5-20+			* NO	NR	NO	* NA	NA	NA	* BOTH	* COMMENT		*
GUAM	--8	--8	--8	--8	* NO	NR	NO	* NO	NR	NO	* BOTH	* ?COMMENT		*
HI	7				* NO	R	NO	* YES	NA	NA	* BOTH	* NOT SURE		*
IA	1-19	1-19	1-19	1-16	* NO	NR	NO	* NO	NR	NO	* BOTH	* 150	1500	10.0% *
ID	8-12	6-6	6-NR	10-NR	* NO	S	NO	* NO	S	NO	* BOTH	* 5	240	2.1% *
IL	1-6	2-14	2-20	2-13	* NO	S	NO	* NO	S	NO	* NO EFFECT	* 450	4600	9.8% *
KY	6-8	7-26	6-16	16-20	* NO	S	NO	* NO	S	NO	* POSITIVE	* 185	1450	12.8% *
LA PN	NA	NA	3-26	3-26	* NA	NA	NA	* NO	R	NO	* BOTH	* NA		*
LA RN	8-18	6-10	NA	NA	* NO	R	NO	* NA	NA	NA	* COMMENT	* 83	1045	7.9% *

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MEMBER BOARD	RANGE JULY RN (WEEKS)	RANGE FEB RN (WEEKS)	RANGE OCT PN (WEEKS)	RANGE APR PN (WEEKS)	RN BEFORE PROGRAM COMPL?	IF NO STAT/ RULE?	IF NO STAT/ RULE CHGE PENDING?	PN BEFORE PROGRAM COMPL?	IF NO STAT/ RULE?	IF NO STAT/ RULE CHGE PENDING?	CONSEQ. POS NEG BOTH NO EFFECT	NOV-RN CANDs BENEFIT	OUT OF CANDs	PERCENT
MA	4-8	4-8	4-8	4-8	* NO	S-R	NO	* NO	S-R	NO	* BOTH	* 485	3134	15.5% *
					*			*			*			*
MD	6-8	8-8	9-19	1-3	* NO	S	NO	* NO	S	NO	* POSITIVE	* 1100	3600	30.6% *
					*			*			*			*
ME	NR	NR	NR	NR	* NO	S	NO	* NO	S	NO	* BOTH	* NR		*
					*			*			*			*
MI	COMMENT				* NO	NR	NO	* NO	NR	NO	* COMMENT	* NR		*
					*			*			*			*
MM	1-16	1-28	1-16	1-16	* YES	NA	NA	* YES	NA	NA	* POSITIVE	* 270	1700	15.9% *
					*			*			*			*
MO	-8	-6	-20	-20	* NO	S-R	NO	* NO	S-R	NO	* COMMENT	* COMMENT		*
					*			*			*			*
MS	6-10	6-7	10-11	13-16	* NO	NR	NO	* NO	NR	NO	* BOTH	* 87	636	13.7% *
					*			*			*			*
MT	3-4/8-9	6-7/6-7	6-8/8-10	4-5/8-10	* NO	R	NO	* NO	R	NO	* BOTH	* 20	225	8.9% *
					*			*			*			*
NC	4-10	8-12	6-8	8-12	* NO	NR	NO	* NO	NR	NO	* POSITIVE	* 350	2000	17.5% *
					*			*			*			*
ND	7-10	7-27	22-26	22-22	* YES	NA	NA	* YES	NA	NA	* POSITIVE	* 50	250	20.0% *
					*			*			*			*
NE	0-18	3-22	4-12	4-16	* NO	S	NO	* NO	S	NO	* POSITIVE	* 70	400	17.5% *
					*			*			*			*
NH	2-6	2-2	4-12	2-6	* NO	NR	NO	* NO	NR	NO	* NO EFFECT	* 30	300	10.0% *
					*			*			*			*
NJ	4-8	5-6	8-12	COMMENT	* NO	NR	NO	* NO	NR	NR	* POSITIVE	* 960	2368	40.5% *
					*			*			*			*
NM	6-10	6-10	6-20	14-22	* NO	S	NO	* NO	S	NO	* NEGATIVE	* 75	825	9.1% *
					*			*			*			*
NY	4-10	3-24	4-24	8-20	* NO	R	NO	* NO	S	NO	* POSITIVE	* 3500	11650	30.0% *
					*			*			*			*
OH	2-16	6-22	1-19	2-18	* NO	NR	NO	* NO	NR	NO	* BOTH	* 600	4800	12.5% *
					*			*			*			*
OK	8-20	7-28	10-24	4-12	* NO	NR	NO	* NO	NR	NO	* BOTH	* 130	1000	13.0% *

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MEMBER BOARD	RANGE JULY RN (WEEKS)	RANGE FEB RN (WEEKS)	RANGE OCT PN (WEEKS)	RANGE APR PN (WEEKS)	RN BEFORE PROGRAM COMPL?	IF NO STAT/ RULE?	IF NO STAT/ RULE CHGE PENDING?	PN BEFORE PROGRAM COMPL?	IF NO STAT/ RULE?	IF NO STAT/ RULE CHGE PENDING?	CONSEQ. POS NEG BOTH NO EFFECT	NOV-RN CANDs BENEFIT	OUT OF CANDs	PERCENT
PA	4-9	24-30	5-9	28-33	* NO	S	NO	* NO	NR	NR	* POSITIVE	* 700	5000	14.0% *
RI	4-6	4-6	8-10	COMMENT	* NO	S	NO	* NO	S	NO	* BOTH	* 35	350	10.0% *
SC	6-11	7-25	7-22	4-18	* NO	R	NO	* NO	R	NO	* BOTH COM	* 126	1000	12.6% *
SD	2-9	6-6	10-11	COMMENT	* NO	NR	NO	* NO	NR	NO	* POSITIVE	* 45	335	13.4% *
TN	4-10	7-23	1-20	1-16	* NO	S	NO COMM	* NO	S	NO	* BOTH COM	* 281	1861	15.1% *
TX VN	NA	NA	4-20	4-20	* NA	NA	NA	* NO	S-R	NO	* BOTH	* NA		
TX RN	6-8	6-20	NA	NA	* NO	S-R	NO	* NA	NA	NA	* NEGATIVE	* 300	5000	6.0% *
UT	4-10	5-8	12-19	4-18	* NO	R	NO	* NO	NR	NO	* BOTH	* 80	500	16.0% *
VA	1-20	1-28	1-24	1-24	* NO	R	NO	* NO	R	NO	* BOTH	* 420	1977	21.2% *
VT	NR	NR	NR	NR	* NO	NR	NO	* NO	NR	NO	* BOTH	* NR		
WA PN	NA	NA	8-8	8-8	* NA	NA	NA	* NO	R	NO	* POSITIVE	* NA		
WI	3-18	4-25	13-16	7-14	* NO	S-R	NO	* NO	S-R	NO	* POSITIVE	* COMMENT	1800	
WV PN	NA	NA	4-15	4-15	* NA	NA	NA	* NO	NR	NO	* BOTH	* NR		
WV RN	6-8	6-8	NA	NA	* NO	NR	NO	* NA	NA	NA	* BOTH	* 100	750	13.3% *
WY	6-8	6-8	8-12	14-16	* NO	S-R	NO	* NO	S-R	NO	* BOTH	* 2	133	1.5% *

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## A. CANDIDATE POOL (CONTINUED)

MEMBER BOARD	FEB-PN CANDs OF BENEFIT	OUT OF CANDs	PERCENT	NOV-RN FIRST TIME FAILURES		NOV-RN MULTIPLE FAILURES		NOV-RN FIRST TIME TAKERS		MAR-RN FIRST TIME FAILURES		MAR-RN MULTIPLE FAILURES		MAR-RN FIRST TIME TAKERS				
				RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	
AK	5	25	20.0%	*	2	4	1	10	3	NR	*	2	5	1	10	3	NR	*
AL	250	896	27.9%	*	2	100	3	50	1	250	*	2	75	3	25	1	200	*
AR	138	616	22.4%	*	2	2-38	1	62	NR	NR	*	NR	NR	1	NR	NR	NR	*
AZ	50	400	12.5%	*	1	1-50	2	NR	3	NR	*	2	30	NR	NR	1	420	*
CA VN	3369	9000	37.4%	*	NA	NA					*	NA	NA					*
CA RN	NA			*	3	NR	3	3	1	500	*	3	0	3	NR	3	NR	*
CT	NA			*	NA	NA					*	NA	NA					*
FL	NR			*	NR	NR					*	NR	NR					*
GA RN	NA			*	1	NR	3	NR	2	NR	*	2	NR	1	NR	3	NR	*
GUAM	2	30	6.7%	*	1	10	2	10	3	1	*	2	1	1	10	3	1	*
HI	NOT SURE			*	1	NR	2	NR	3	NR	*	1	NR	2	NR	3	NR	*
IA	100	1000	10.0%	*	1	125	3	15	2	50	*	2	35	3	25	1	150	*
ID	34	130	26.2%	*	1	NR	2	NR	3	NR	*	1	NR	2	NR	3	NR	*
IL	150	1350	11.1%	*	1	600	2	150	3	15	*	3	3	2	45	1	450	*
KY	85	730	11.6%	*	COM 1	COM 107	2	50	3	20	*	3	3	2	17	1	185	*
LA PN	166	1222	13.6%	*	NA	NA					*	NA	NA					*
LA RN	NA			*	1	57	2	23	3	50	*	1	5	3	12	2	325	*

MEMBER BOARD	FEB-PN CANDs OF BENEFIT CANDs	OUT OF CANDs	PERCENT	NOV-RN FIRST TIME FAILURES		NOV-RN MULTIPLE FAILURES		NOV-RN FIRST TIME TAKERS		MAR-RN FIRST TIME FAILURES		MAR-RN MULTIPLE FAILURES		MAR-RN FIRST TIME TAKERS		3-6	*	
				RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT			RANK
MA	62	809	7.7%	*	1	244	2	241	3	8	*	1	NR	2	NR	3	3-6	*
MD	45	325	13.8%	*	2	450	1	700	3	1	*	3	0	1	700	2	500	*
ME	NR	NR		*	NR	NR	NR	NR	NR	NR	*	NR	NR	NR	NR	NR	NR	*
MI	NR	NR		*	NR	NR	NR	NR	NR	NR	*	NR	NR					*
MN	70	1000	7.0%	*	1	100	2	100	3	15	*	2	10	3	60	1	30	*
SMO	COMMENT			*	1	NR	2	NR	COMMENT	COMMENT	*	1	NR	2	NR	COMMENT	COMMENT	*
MS	138	479	28.8%	*	1	83	2	4	3	0	*	3	0	2	4	1	109	*
MT	25	175	14.3%	*	1	12	2	5	3	3	*	2	4	3	3	1	40	*
NC	100	950	10.5%	*	1	300	2	125	3	75	*	2	11	3	80	1	45	*
ND	25	50	50.0%	*	1	NR	2	NR	3	NR	*	1	NR	2	NR	3	NR	*
NE	65	300	21.7%	*	1	30	2	15	3	20	*	1	7	3	7	2	7	*
NH	10	120	8.3%	*	1	30	2	10	3	20	*	1	7	2	7	3	7	*
NJ	205	1092	18.8%	*	1	546	2	416	3	60	*	2	423	3	132	1	200	*
NM	50	225	22.2%	*	1	60	2	50	3	0	*	1	15	2	20	3	NR	*
NY	2500	9550	26.2%	*	1	1400	2	1400	3	700	*	2	1200	3	800	1	2500	*
OH	200	2300	8.7%	*	1	500	3	50	2	100	*	2	20	3	10	1	700	*
OK	190	800	23.8%	*	1	80	2	40	3	10	*	3	2	1	20	2	10	*

MEMBER BOARD	FEB-PM CANDs OF BENEFIT	OUT OF CANDs	PERCENT	NOV-RN FIRST TIME FAILURES		NOV-RN MULTIPLE FAILURES		NOV-RN FIRST TIME TAKERS		MAR-RN FIRST TIME FAILURES		MAR-RN MULTIPLE FAILURES		MAR-RN FIRST TIME TAKERS				
				RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT			
PA	400	1800	22.2%	*	1	400	2	200	3	100	*	1	NR	2	NR	3	NR	*
				*							*							*
RI	COMMENT			*	1	50	2	10	NA	NA	*	1	35	2	10	3	20	*
				*							*							*
SC	39	502	7.8%	*	1	61	3	22	2	46	*	3	11	2	9	1	147	*
				*							*							*
SD	2	39	5.1%	*	1	29	2	11	3	5	*	3	11	2	14	1	35	*
				*							*							*
25 TN	150	1079	13.9%	*	1	161	2	70	3	50	*	1	?	2	?	3	?	*
				*							*							*
TX VN	500	3500	14.3%	*	NA	NA					*	NA	NA					*
				*							*							*
TX RN	NA			*	3	0	1	250	2	50	*	3	0	2	500	1	800	*
				*							*							*
UT	90	600	15.0%	*	2	20	3	12	1	60	*	2	8	3	10	1	200	*
				*							*							*
VA	125	957	13.1%	*	1	155	3	75	2	135	*	1	126	2	75	3	50	*
				*							*							*
VT	NR	NR		*	NR	NR	NR	NR	NR	NR	*	NR	NR	NR	NR	NR	NR	*
				*							*							*
WA PN	25	725	3.4%	*	NA	NA					*	NA	NA					*
				*							*							*
WI	COMMENT	200		*	1	87	2	150	3	3-50	*	3	10	2	175	1	475	*
				*							*							*
WV PN	25	500		*	NR	NR					*	NR	NR					*
				*							*							*
WV RN	NR			*	1	NR	2	NR	3	3-NR	*	2	NR	1	NR	3	NR	*
				*							*							*
WY	19	87	21.8%	*	1	2	2	1	3	3-?	*	2	2	1	1	3	19	*



MEMBER BOARD	FEB-PN FIRST TIME FAILURES		FEB-PN MULTIPLE FAILURES		FEB-PN FIRST TIME TAKERS		FEB-PN RN EXAM FAILURES		JUN-PN FIRST TIME FAILURES		JUN-PN MULTIPLE FAILURES		JUN-PN FIRST TIME TAKERS		JUN-PN RN EXAM FAILURES			
	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT		
MA	1	36	2	26	4	5	3	7	*	1	NR	2	NR	4	NR	3	NR	*
MD	1	30	2	20	NR	NR			*		2	20	1	95			*	
ME	NR	NR	NR	NR	NR	NR			*								*	
MI	NR	NR							*								*	
MN	1	50	2	15	3	30			*	1	2	2	10	3	20		*	
MO	1	NR	2	NR	COMMENT	COMMENT			*	1	NR	2	NR	COMMENT	COMMENT		*	
MS	2	52	3	20	1	66	4	4	*	3	9	2	10	1	37	4	6	*
MT	2	8	3	3	1	50	4	0	*	2	6	3	3	1	60	4	0	*
NC	1	80	3	45	2	50	4	NR	*	3	5	2	30	1	44	4	NR	*
ND	1	NR	2	NR	3	NR			*	2	NR	3	NR	1	NR			*
NE	2	?	3	?	1	?			*	2	?	3	?	1	?			*
NH	1	?	4	?	3	?	2	?	*	1	?	4	?	3	?	2	?	*
NJ	1	200	2	400	4	15	3	450	*	2	6	3	300	1	600	4	250	*
NM	1	15	2	20	3	NR			*	1	10	2	20	3	0			*
NY	2	700	1	900	3	150	4	50	*	3	600	2	850	1	1500	4	200	*
OH	2	50	3	10	1	100			*	2	10	3	5	1	450			*
OK	2	60	3	30	1	100			*	1	20	2	18	3	10			*

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MEMBER BOARD	FEB-PN FIRST TIME FAILURES		FEB-PN MULTIPLE FAILURES		FEB-PN FIRST TIME TAKERS		FEB-PN RN EXAM FAILURES		JUN-PN FIRST TIME FAILURES		JUN-PN MULTIPLE FAILURES		JUN-PN FIRST TIME TAKERS		JUN-PN RN EXAM FAILURES		
	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	RANK	COUNT	
PA	1	200	2	100	3				*	1	NR	2	NR	3	NR		*
RI	1	7	2	4					*	1	4	2	4				*
SC	2	10	3	7	1		4	?	*	4	?	3	4	1	102	2	?
SD	2	2	3	2	4		1	3	*	4	0	4	0	4	0	1	2
TN	1	53	2	38	3		4	NR	*	1	?	2	?	3	?	4	NR
TX VN	1	150	2	150	NA		4	20	*	1	150	2	150	NA	NA	4	20
TX RN	NA	NA	NA	NA	NA	NA	NA	NA	*	NA	NA	NA	NA	NA	NA	NA	NA
UT	2	10	3	5	1	200	4	10	*	2	10	4	3	1	200	3	10
VA	2	45	1	71	3	5	NR	NR	*	3	1	2	41	1	535	NR	NR
VT	NR	NR	NR	NR	NR	NR	NR	NR	*							NR	NR
WA PN	1	20	3	3	2	5	4	0	*	3	1	2	5	1	144	4	0
WJ	2	9	3	3	1	60	NR	NR	*	1	7	2	2	3	NR		
WV PN	2	25	3	5	1	80	NR	NR	*	1	20	2	5	3	0		
WV RN	NA	NA	NA	NA	NA	NA	NA	NA	*	NA	NA	NA	NA	NA	NA	NA	NA
WY	2	1	4	NR	1	19	4	0	*	1	1	2	?	4	0	4	0



MEMBER BOARD	RANK		RANK		RANK		RANK		RANK		RANK		RANK		RANK		RANK		RANK		RANK		
	CAND CONV SCHED US EDUC	BEN CONV SCHED FOR EDUC	CAND MORE RETAKE OPPORT.	BEN REDUC LOST TIME	CAND DECREASED FORGET/ SKILL LOSS	BEN OTHER NONE	CAND NONE	BEN NONE	PUB QUICK INFLUX	BEN REDUC LOST TIME	PUB OTHER NONE	BEN NONE	BD CARRY OUT CHARGE	BD PERC RESPON PUBLIC	BD PERC H CARE ORGS	BD PERC NUR SVC ADMIN	BD PERC NUR ED ADMIN	BD WORKLOAD	BD DISTR	BD OTHER	BD NONE		
MA	NR		1	2	3	NR	NR	NR	*	NR	NR	NR	NO	*	NR	NR	NR	NR	NR	NR	NR	NO	*
									*					*									*
MD	NR		4	3	1	2	NR	NR	*	NR	1	NR	NR	*	NR	NR	NR	NR	NR	NR	NR	NO	*
									*					*									*
ME	NR	NR	NR	NR	NR	NR	NR	NR	*	NR	NR	NR	NR	*	NR	NR	NR	NR	NR	NR	NR	NR	*
									*					*									*
MI	NR								*	NR				*	NR								*
									*					*									*
MN	1	3	4	2	5	6	NR	NR	*	1	NR 2 COM	NR	NR	*	NR	4	3	2	1	NR	NR	NR	*
									*					*									*
MO	NR	NR	NR	NR	NR	NR	NR	NR	*	NR	NR	NR COMMENT	NR	*	NR	NR	NR	NR	NR	NR	NR	NR	*
									*					*									*
MS	NR	NR	1	2	NR	NR	NR	NR	*	NR	NR	NR	NO	*	NR	2	NR	1	NR	NR	NR	NR	*
									*					*									*
MT	NR	NR	X	X	X	NR	NR	NR	*	1	2	3	NR	*	NR	NR	NR	NR	NR	NR	NR	NO	*
									*					*									*
NC	NR	NR	1	2	NR	NR	NR	NR	*	2	3	NR	NR	*	NR	NR	NR	NR	NR	NR	NR	1	*
									*					*									*
ND	1	NA	3	4	2	NR	NR	NR	*	1	2	NR	NR	*	1	5	3	4	2	6	NR	NR	*
									*					*									*
NE	4	5	3	1	2	NR	NR	NR	*	1	2	NR	NR	*	NR	4	1	2	3	NR	NR	NR	*
									*					*									*
NH	4	5	1	2	3	NR	NR	NR	*	1	2	NR	NR	*	2	1	3	5	4	6	NR	NR	*
									*					*									*
NJ	3	4	2	1	NR	NR	NR	NR	*	2	1	NR	NR	*	1	4	3	2	5	NR	NR	NR	*
									*					*									*
NM	NR	NR	1	2	NR	NR	NR	NR	*	NR	NR	NR	NO	*	NR	NR	NR	NR	NR	NR	NR	NO	*
									*					*									*
NY	4	5	3	1	2	NR	NR	NR	*	2	1	NR	NR	*	NR	1	4	2	3	NR	NR	NR	*
									*					*									*
OH	NR	NR	NR	NR	NR	NR	NR	NO	*	NR	NR	NR	NO	*	NR	NR	NR	NR	NR	NR	NR	NO	*
									*					*									*
OK	NR	NR	NR	1	NR	NR	NR	NR	*	NR	1	NR	NR	*	NR	NR	NR	NR	NR	NR	NR	NO	*

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 B. POTENTIAL BENEFITS (CONTINUED)

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 C. POTENTIAL EFFECTS

MEMBER BOARD	RANK PRAC SET QUICK INFLUX	RANK PRAC SET REDUC LOST TIME	RANK PRAC SET OTHER	RANK PUB BEN NONE	EFFECT EDUC PROGS? Y/N IF =Y COMMENT
AK	NR	NR	NR	NO	* NO *
AL	NR	1	NR	NR	* NO *
AR	NR	NR	NR	NO	* NO *
AZ	NR	X	NR	NR	* NO *
CA VN	1	2	NR	NR	* YES *
CA RN	COMMENT			NO	* NO *
CT	NR	NR	NR	NR	* NR *
FL	X	X	NR	NO	* NO *
GA RN	NR	1	NR	NR	* NO *
GUAM	1	NR	NR	NR	* NO *
HI	X	X	NR	NR	* NO *
IA	2	1	NR	NR	* NO *
ID	2	1	NR	NR	* YES *
IL	NR	NR	NR	NO	* NO *
KY	1	2	NR	NR	* YES COM *
LA PN	NR	NR	NR	NR	* NO *
LA RN	NR	X	NR	NR	* NO *

PAGE 5 15  
 B. POTENTIAL BENEFITS (CONTINUED)

16  
 C. POTENTIAL EFFECTS

MEMBER BOARD	RANK	RANK	RANK	RANK	EFFECT	COMMENT
	PRAC SET	PRAC SET	PRAC SET	PUB BEN		
	QUICK INFLUX	REDUC LOST TIME	OTHER	NONE		
MA	NR	X	NR	NR	* YES	*
					*	*
MD	NR	1	NR	NR	* NO	*
					*	*
ME	NR	NR	NR	NR	* NR	*
					*	*
MI	NR				* NR	*
					*	*
MN	NR	1	NR	NR	* NO	*
					*	*
MO	NR	NR	NR	NR	* NR	*
					*	*
MS	2	1	NR	NR	* NO	*
					*	*
MT	NR	NR	NR	NR	* UNKNOWN	*
					*	*
NC	3	1	NR	2	* NO	*
					*	*
ND	1	2	NR	NR	* NO	*
					*	*
NE	2	1	NR	NR	* NO	*
					*	*
NH	2	1	NR	NR	* NO	*
					*	*
NJ	2	1	NR	NR	* NO	*
					*	*
NM	NR	1	NR	NR	* NO	*
					*	*
NY	X	NR	NR	NR	* YES	*
					*	*
OH	NR	NR	NR	NO	* NO	*
					*	*
OK	NR	1	NR	NR	* NO	*

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## B. POTENTIAL BENEFITS (CONTINUED)

MEMBER BOARD	RANK PRAC SET QUICK INFLUX	RANK PRAC SET REDUC LOST TIME	RANK PRAC SET OTHER	RANK PUB BEN NONE
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## C. POTENTIAL EFFECTS

EFFECT EDUC PROGS? Y/N	IF =Y COMMENT
------------------------	---------------

PA	X	NR	NR	NR	* NO	*
					*	*
RI	NR	NR	NR	NO	* NO	*
					*	*
SC	NR	1	NR	NR	* NO	*
					*	*
SD	NR	NR	NR	NO	* NO	*
					*	*
TN	1	2	NR	NR	* NO	*
					*	*
TX VN	X	NR	NR	NR	* NO	*
					*	*
TX RN	NR	NR	NR	NO	* YES	*
					*	*
UT	2	1	NR	NR	* NO	*
					*	*
VA	NR	1	NR	NR	* COMMENT	*
					*	*
VT	NR	NR	NR	NR	* NR	*
					*	*
WA PN	NR	1	NR	NR	* NO	*
					*	*
WI	1	2	NR	NR	* NO	*
					*	*
WV PN	NR	?	NR	NR	* NO	*
					*	*
WV RN	NR	NR	NR	NO	* NO	*
					*	*
WY	NA	1	NR	NR	* YES	*

MEMBER BOARD	EACH BOARD OPT NO THIRD ADMIN?	START \$ EACH BOARD EQUAL	START \$ EACH BOARD PRO ANNUAL	START \$ EACH BOARD RATE THIRD	START \$ ALL CANDs OVER X YRS	START \$ OTHER	EXTERNAL FUND VIABLE?	IF YES SOURCE SUGG?	SHOULD BOD CONTACT AGCYS?	IF YES, WOULD YOU ASSIST?	CYCL \$ EACH BOARD PRO RATA CANDs	CYCL \$ ALL CANDs ANNUAL	CYCL \$ ALL CANDs THIRD	CYCL \$ OTHER
AK	YES	* U	U	A	U	NR	* NO		* YES	NO	* A	U	U	NR
		*					*		*		*			*
AL	YES	* U	U	A	U	NR	* YES	COMMENT	* YES	YES	* A	U	U	NR
		*					*		*		*			*
AR	YES	* U	U	A	U	NR	* NO		* NO		* A	U	U	NR
		*					*		*		*			*
AZ	YES	* U	U	A	A	NR	* NO		* YES	NO	* A	U	A	NR
		*					*		*		*			*
CA VN	YES	* A	A	A	A	NR	* YES	COMMENT	* YES	NO	* A	A	U	NR
		*					*		*		*			*
CA RN	YES	* U	U	U	U	COMMENT	* YES	UNKNOWN	* NO		* U	U	U	COMMENT
		*					*		*		*			*
CT	YES	* NR	NR	A	NR	NR	* NR		* YES	NR	* NR	NR	A	NR
		*					*		*		*			*
FL	YES	* NR	NR	NR	NR	NR	* NR		* NO		* NR	NR	NR	NR
		*					*		*		*			*
GA RN	YES	* U	U	A	U	NR	* YES	COMMENT	* YES	NO	* A	U	U	NR
		*					*		*		*			*
GUAM	YES	* U	U	A	U	NR	* YES	COMMENT	* NR		* A	U	A	NR
		*					*		*		*			*
HI	YES	* U	U	A	U	U	* NO		* NO		* A	U	U	U
		*					*		*		*			*
IA	YES	* U	U	U	A	NR	* NO		* NO	NO	* U	A	U	NR
		*					*		*		*			*
ID	YES	* U	U	U	A	NR	* NO		* YES	NO	* U	A	U	NR
		*					*		*		*			*
IL	NO	* U	U	U	U	NR	* NO		* YES	NO	* U	A	U	NR
		*					*		*		*			*
KY	YES	* A	U	U	A	NR	* YES	COMMENT	* YES	YES	* U	A	U	NR
		*					*		*		*			*
LA PN	NO	* A	U	U	A	NR	* NO		* NR	NR	* U	A	U	NR
		*					*		*		*			*
LA RN	YES	* A	U	A	A	NR	* NO	COMMENT	* NO	NR	* U	A	U	NR

MEMBER BOARD	EACH BOARD OPT NO THIRDO ADMIN?	START \$ EACH BOARD EQUAL	START \$ EACH BOARD PRO RATE ANNUAL	START \$ EACH BOARD PRO RATE THIRDO	START \$ ALL CANDs OVER X YRS	START \$ OTHER	EXTERNAL FUND VIABLE?	IF YES SOURCE SUGG?	SHOULD BOO CONTACT AGCYS?	IF YES, WOULD YOU ASSIST?	CYCL \$ EACH BOARD PRO RATA CANDs	CYCL \$ ALL CANDs ANNUAL	CYCL \$ ALL CANDs THIRDO	CYCL \$ OTHER
MA	NO	* A	U	U	U	NR	* YES	COMMENT	* NO		* U	A	U	NR
		*					*		*		*			*
MD	NO/YES	* U	U	U	A	NR	* NO		* YES	NO	* U	A	U	NR
		*					*		*		*			*
ME	YES	* U	U	A	U	NR	* NO		* NO		* A	U	U	NR
		*					*		*		*			*
MI	NR	* NR					* NR		* NR		* NR			*
		*					*		*		*			*
MN	YES	* NR	NR	NR	X	NR	* NO		* NO		* NR	X	NR	NR
		*					*		*		*			*
MO	YES	* U	U	A	U	NR	* COMMENT		* YES	NR	* A	U	U	NR
		*					*		*		*			*
MS	YES	* U	A	U	A	NR	* NO!!!		* NO!!!		* A	U	U	NR
		*					*		*		*			*
MT	YES	* U	U	A	U	NR	* NO		* NO		* U	U	A	NR
		*					*		*		*			*
NC	YES	* U	U	A	U	NR	* YES	NR	* YES	NR	* U	A	A	NR
		*					*		*		*			*
ND	YES	* U	A	A	A	NR	* YES	COMMENT	* YES	NO	* A	A	U	NR
		*					*		*		*			*
NE	NO	* U	U	U	A	NR	* YES	COMMENT	* YES	NO	* U	A	A	NR
		*					*		*		*			*
NH	YES	* U	A	A	U	NR	* NO	N/A	* NO	N/A	* A	U	A	NR
		*					*		*		*			*
NJ	NO	* A	A	U	A	NR	* NO		* NO		* A	A	U	NR
		*					*		*		*			*
NM	YES	* U	U	A	U	NR	* NO		* YES	NO	* U	U	A	NR
		*					*		*		*			*
NY	YES	* U	A	U	U	NR	* NO		* NO		* U	A	U	NR
		*					*		*		*			*
OH	YES	* U	U	A	U	NR	* NO		* NO	NR	* U	U	U	NR
		*					*		*		*			*
OK	NO	* NR	X	NR	NR	NR	* NO		* NR	NR	* A	NR	NR	NR

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D. COSTS AND ARRANGEMENTS

MEMBER BOARD	EACH BOARD OPT NO THIRD ADMIN?	START \$ EACH BOARD EQUAL	START \$ EACH BOARD PRO RATE ANNUAL	START \$ EACH BOARD PRO RATE THIRD	START \$ ALL CANDS OVER X YRS	START \$ OTHER	EXTERNAL FUND VIABLE?	IF YES SOURCE SUGG?	SHOULD BOD CONTACT AGCYS?	IF YES, WOULD YOU ASSIST?	CYCL \$ EACH BOARD PRO RATA CANDs	CYCL \$ ALL CANDs ANNUAL	CYCL \$ ALL CANDs THIRD	CYCL \$ OTHER	
PA	YES	* U	U	U	A	NR	* NO		* NO		* U	A	U	NR	*
		*					*		*		*				*
RI	YES	* NR	NR	X	NR	NR	* NO		* NO		* NR	NR	X	NR	*
		*					*		*		*				*
SC	YES	* U	U	U	A	NR	* YES	COMMENT	* YES	NR	* U	A	U	NR	*
		*					*		*		*				*
SD	YES	* U	U	A	U	X COMMENT	* NO		* NO		* U	U	A	NR	*
		*					*		*		*				*
TN	YES	* U	U	A	U	NR	* ?YES	COMMENT	* UNDECIDED		* U	U	A	NR	*
		*					*		*		*				*
TX VN	YES	* U	U	A	U	NR	* NO		* NO		* U	U	U	A	*
		*					*		*		*				*
TX RN	YES	* U	U	U	U	X	* NO		* NO		* U	U	A	NR	*
		*					*		*		*				*
UT	NO	* U	A	U	A	NR	* NO		* NO		* A	A	U	NR	*
		*					*		*		*				*
VA	NO	* NR	NR	NR	X	NR	* NO		* NR		* NR	X	NR	NR	*
		*					*		*		*				*
VT	NR	* NR	NR	NR	NR	NR	* NR		* NR		* NR	NR	NR	NR	*
		*					*		*		*				*
WA PN	YES	* U	U	A	U	NR	* YES	COMMENT	* YES	YES	* A	U	A	NR	*
		*					*		*		*				*
WI	YES*	* U	U	U	A	NR	* NO		* NO		* U	A	U	U	*
		*					*		*		*				*
WV PN	YES	* U	U	A	A	NR	* NO		* NR		* U	A	A	NR	*
		*					*		*		*				*
WV RN	YES	* U	A	A	U	NR	* NO		* NO		* A	U	U	NR	*
		*					*		*		*				*
WY	YES	* U	A/U	A	A/U	NA	* YES	COMMENT	* YES	YES	* A	U	A	U	*

MEMBER BOARD	22 FACILITIES-RN			22 STAFF-ADMIN-RN			22 TEST AGCY-RN			22 STAFF-OFFICE-RN			22 OTHER COSTS-RN		
	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.
AK	250	6.0%	NR *	NR	NR	NR *	450	12.0%	NR *	NR	NR	NR *	COMMENT	NR	NR *
AL	3800	COMMENT	NR *	2000	COMMENT	NR *	NR	NR	NR *	COMMENT	NR	NR *	NR	NR	NR *
AR	NOT AVAIL		NR *			NR *			NR *			NR *	NOT AVAIL		NR *
AZ	3750	33.3%	NR *	7500	33.3%	NR *	X	NR	NR *	10000	33.3%	NR *	350	33.3%	NR *
CA VN	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
CA RN	117500	50.0%	NR *	COMMENT		NR *	104000	50.0%	NR *	134500	50.0%	NR *	318495	50.0%	NR *
CT	NA		NR *			NR *			NR *			NR *	NOT AVAIL		NR *
FL	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
GA RN	6000	NR	NR *	12000	NR	NR *	NR	NR	NR *	NR	NR	NR *	X	NR	NR *
GUAM	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
HI	COMMENT		NR *			NR *			NR *			NR *			NR *
IA	4000	NR	NR *	1600	NR	NR *	NA		NR *	COMMENT	NR	NR *	NR	NR	NR *
ID	60-500	NR	NR *	DEPENDS	DEPENDS	DEPENDS *	0		NR *	0		NR *	NR	NR	NR *
IL	COMMENT		NR *			NR *			NR *			NR *			NR *
KY	COMMENT		NR *	COMMENT		NR *	NA		NR *	NONE		NR *	NR		NR *
LA PN	NA		NR *			NR *			NR *			NR *			NR *
LA RN	6500	33.3%	NA *	3000	33.3%	NA *	NA	NA	NA *	12000	100.0%	NA *	500	33.3%	NA *



22 FACILITIES-RN

22 STAFF-ADMIN-RN

22 TEST AGCY-RN

22 STAFF-OFFICE-RN

22 OTHER COSTS-RN

MEMBER BOARD	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.		
MA	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	*	
MD	9000	2.0%	NR	*	5000	1.0%	NR	*	NR	NR	NR	*	14000	3.0%	NR	*	3000	6.0%	NR	*
ME	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*
MI				*	NR			*	NR			*	NR			*				*
8 MN	550	15.0%	NR	*	1800	20.0%	NR	*	-	NR	NR	*	NR	NR	NR	*	-	NR	NR	*
MO	2000	33.0%	NR	*	COMMENT	DEPENDS	NR	*			NR	*	COMMENT	33.0%	NR	*	NR	NR	NR	*
MS	2000	25.0%	NR	*	500	17.0%	NR	*	NA			*	2000	11.0%	NR	*	NR	NR	NR	*
MT	400	50.0%	COMMENT	*	250	50.0%	NR	*	NR	NR	NR	*	250	50.0%	NR	*	350	36.0%	NR	*
NC	2200	NR	NR	*	500	NR	NR	*	NA	NA	NR	*	0			*	200 COM	NR	NR	*
ND	50-200	10.0%	NR	*	100-200	10.0%	NR	*	0	NR	NR	*	200-400	10.0%	NR	*	NR	NR	NR	*
NE	1800	50.0%	NR	*	600	50.0%	NR	*	0	0.0%	0	*	0	0	0	*	0	0	0	*
NH	COMMENT			*	COMMENT			*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*
NJ	20000	3.8%	NR	*	8100	2.0%	NR	*	NA			*	NONE			*	NR	NR	NR	*
NM	3800	3.0%	?	*	144	11.3%	?	*	NA			*	NONE	NONE	YES	*	NONE	NONE	NONE	*
NY	43000	55.0%	NR	*	11000	52.0%	NR	*	NR	NR	NR	*	22780	11.0%	NR	*	NR	NR	NR	*
OH	7000	33.0%	X	*	2000	20.0%	X	*	NA	NA	NR	*	23000	25.0%	X	*	5000	1.0%	X	*
OK	4000	33.0%	NR	*	800	25.0%	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*

22 STAFF-ADMIN-RN

22 TEST AGCY-RN

22 STAFF-OFFICE-RN

22 OTHER COSTS-RN

MEMBER BOARD	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED	% OVER CURR BUDGET	SERV NOT AVAIL.
PA	COMMENT		*			*			*			*			*
RI	150	COMMENT	NR	200	COMMENT	NR	NA	NR	NR	15000	2.0%	NR	NR	NR	NR
SC	1500/DAY	33.0%	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	COMMENT		
SD	200-300	60.0%	NR	200-300	30.0%	NR	NR	NR	NR	1200	NR	NR	NR	NR	NR
TN	2750	NR	NR	1800	NR	NR	NR	NR	NR	12000	NR	NR	NR	NR	NR
TX VN	NA														
TX RN	10072	7.7%	NR	3800	2.9%	NR	13150	10.0%	NR	15000	11.4%	NR	17000	12.9%	NR
UT	NR	NR	NR	2300	COMMENT	NR	NR	NR	NR	COMMENT	-	-	-	-	-
VA	2000	13.0%	NR	2000	13.0%	NR	-	-	NR	5000	33.0%	NR	300	2.0%	NR
VT	NR			NR			NR			NR			NR		
WA PN	NA														
WI	NR														
WV PN	NR														
WV RN	2500	33.3%	NR	500	33.3%	NR	NR			NR			NR		
WY	300	33.3%	NR	200	33.3%	NR	NA			1000	1/3	NR	COMMENT		

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MEMBER BOARD	22 FACILITIES-PN			22 STAFF-ADMIN-PN			22 TEST AGCY-PN			22 STAFF-OFFICE-PN			22 OTHER COSTS-PN		
	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.
AK	NR	NR	NR *	NR	NR	NR *	150	4.0%	NR *	NR	NR	NR *	NR	NR	NR *
AL	1975	COMMENT	NR *	600	COMMENT	NR *	NR	NR	NR *	COMMENT	NR	NR *	NR	NR	NR *
AR	NA		*			*			*			*			*
AZ	1150	33.3%	NR *	2000	33.3%	NR *	X	NR	NR *	10000	33.3%	NR *	300	33.3%	NR *
CA VN	27970	NR	NR *	27557	NR	NR *	0	NR	NR *	60000	NR	NR *	122803	NR	NR *
CA RN	NA		*			*			*			*			*
CT			*			*			*			*			*
FL	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
GA RN	NA		*			*			*			*			*
GUAM	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
HI	COMMENT		*			*			*			*			*
IA	1360	NR	NR *	800	NR	NR *	NA		*	COMMENT	NR	NR *	NR	NR	NR *
ID	60-500	NR	NR *	DEPENDS	DEPENDS	DEPENDS *	0		*	0		*	NR	NR	NR *
IL	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *	NR	NR	NR *
KY	COMMENT		*	COMMENT		*	NR	NR	NR *	NONE	NR	NR *	NR	NR	NR *
LA PN	1000	50.0%	NR *	750	50.0%	NR *	NA		*	17000	COMMENT	XXXXXX *	NR	NR	NR *
LA RN	NA		*	NA		*	NA		*	NA		*	NA		*

MEMBER BOARD	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.					
MA	NR	NR	NR	*	NR	NR	NR	*	NR	*	NR	NR	NR	*	NR	NR	*			
MD	1200	2.0%	NR	*	800	0.01	NR	*	NR	NR	NR	*	NR	NR	NR	*	1000	2.0%	NR	*
ME	NR	NR	NR	*	NR	NR	NR	*	NR	*	NR	NR	NR	*	NR	NR	*	NR	NR	*
MI				*	NR			*	NR	*	NR			*	NR					*
69 MN	100 COM	50.0%	NR	*	275	12.0%	NR	*	700	20.0%	NR	*	NR	NR	NR	*	NR	NR	NR	*
MO	1000	33.0%	NR	*	COMMENT	COMMENT	NR	*			NR	*	COMMENT	33.0%	NR	*	NR	NR	NR	*
MS	1000	50.0%	NR	*	350	50.0%	NR	*	NA	NR	NR	*	1100	6.0%	NR	*	NR	NR	NR	*
MT	200	50.0%	COMMENT	*	125	50.0%	NR	*	NR	NR	NR	*	250	50.0%	NR	*	350	36.0%	NR	*
NC	850	NR	NR	*	0			*	NA	NA	NR	*	0	0	NR	*	NR	NR	NR	*
ND	50-200	10.0%	NR	*	100-200	10.0%	NR	*	0	NR	NR	*	100-200	10.0%	NR	*	NR	NR	NR	*
NE	900	50.0%		*	300	50.0%		*	0			*	0			*	0			*
NH	COMMENT			*	COMMENT			*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*
NJ	14000	NR	NR	*	6500	NR	NR	*	NA			*	NONE			*	NR	NR	NR	*
NM	1900	2.0%	?	*	96	6.0%	?	*	NA			*	NONE		YES	*	NR	NR	NR	*
NY	130000	58.0%	NR	*	28500	52.0%	NR	*	0		NR	*	25280	19.0%	NR	*	NR	NR	NR	*
OH	3000	25.0%	X	*	1000	20.0%	X	*	NA	NA	NR	*	12000	13.0%	X	*	2500	>1%	X	*
OK	4000	33.0%	NR	*	800	25.0%	NR	*	NR	NR	NR	*	NR	NR	NR	*	NR	NR	NR	*

MEMBER BOARD	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.	COSTS ADDED SERVS	% OVER CURR BUDGET	SERV NOT AVAIL.
PA															
	COMMENT		*			*			*			*			*
RI	150	COMMENT	NR	100	COMMENT	NR	NA	NR	NR	15000	2.0%	NR	NR	NR	NR
SC	1500/DAY	33.0%	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	COMMENT		
SD	100-200	40.0%	NR	NR	NR	NR	NR	NR	NR	500	NR	NR	NR	NR	NR
TN	1390	NR	NR	700	NR	NR	NR	NR	NR	12000	NR	NR	NR	NR	NR
TX VN	6000	33.0%	NR	9465	33.0%	NR	NA	NA	NR	67781	26.0%	NR	COMMENT	COMMENT	COMMENT
TX RN	NA														
UT	NR	NR	NR	1500	COMMENT	NR	NR	NR	NR	COMMENT	-	-	-	-	-
VA	1000	6.0%	NR	1000	6.0%	NR	-	-	NR	3000	0.2%	NR	200	1.3%	NR
VT	NR			NR			NR			NR			NR	c	
WA PN	3350	33.0%	NR	4900	33.0%	NR	2650	33.0%	NR	4500	33.0%	NR	6400	33.0%	NR
WI	NR														
WV PN	400	30.0%	NR	NR											
WV RN	NR														
WY	300	33.3%	NR	200	33.3%	NR	NA			1000	33.0%		COMMENT		

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## D. COSTS AND ARRANGEMENTS (CONTINUED)

MEMBER BOARD	HOW COSTS TO BE COVERED COMMENT	BUDGET LEAD TIME (MONTHS)	ANTICIP ADDED REVENUE Y/N?	IF YES HOW MUCH? DOLLARS	IF YES HOW MUCH? %	ADVANCE SPACE RESERVATIONS (MONTHS)					
						JUL-RN	FEB-RN	OCT-PN	APR-PN		
AK	COMMENT	* 24	* Y COMMENT	575	25.0%	*	6	6	6	6	*
AL	COMMENT	* 0	* YES	11555	12.0%	*	12	12	12	12	*
AR	COMMENT	* 12-24	* NO			*	120	120	120	120	*
AZ	COMMENT	* 24-36	* NO			*	36-60	36-60	36-60	36-60	*
CA VN	COMMENT	* 18-24	* NO			*	NR	NR	12	12	*
CA RN	COMMENT	* 24	* NO COM			*	12-18	12-18 NA	NA		*
CT	NR	* NR	* YES ?	NR	NR	*	VARIES				*
FL	NR	* 91-92 BUD	* NO			*	COMMENT				*
GA RN	COMMENT	* 36	* NO			*	24-36	24-36	COMMENT	COMMENT	*
GUAM	NR	* 24	* NR			*	12	12	12	12	*
HI	COMMENT	* 12	* NO			*	12	12	12	12	*
IA	COMMENT	* 18	* NO			*	120	120	120	120	*
ID	COMMENT	* 0-12	* NO			*	6-12	3-6	6-12	3-6	*
IL	COMMENT	* NA	* NO			*	12	12	12	12	*
KY	COMMENT	* 0	* NO			*	12-24	12	12	12	*
LA PH	COMMENT	* 18	* NO			*			120	120	*
LA RN	COMMENT	* 8	* NO			*	36	36 NR	NR		*

## D. COSTS AND ARRANGEMENTS (CONTINUED)

MEMBER BOARD	HOW COSTS TO BE COVERED COMMENT	BUDGET LEAD TIME (MONTHS)	ANTICIP ADDED REVENUE Y/N?	IF YES HOW MUCH? DOLLARS	IF YES HOW MUCH? %	ADVANCE SPACE RESERVATIONS (MONTHS)				
						JUL-RN	FEB-RN	OCT-PN	APR-PN	
MA	COMMENT	* 0	* YES	COMMENT ?		* 12	12	12	12	*
		*	*			*				*
MD	COMMENT	* 18	* YES	110000	20.0%	* 6-8	6-8	6-8	6-8	*
		*	*			*				*
ME	COMMENT	* 24	* NO			* 24	24	24	24	*
		*	*			*				*
MJ	NR	* NR	* NR			* NR				*
		*	*			*				*
MN	COMMENT	* 24	* YES	15000	10.0%	* 24	12	24	12	*
		*	*			*				*
MO	COMMENT	* 18	* NA			* COMMENT				*
		*	*			*				*
MS	EXAM FEES	* 12	* YES	COMMENT		* 24	12	12	12	*
		*	*			*				*
MT	COMMENT	* 24	* NO	NR	NR	* 6-12	6-12	6-12	6-12	*
		*	*			*				*
NC	COMMENT	* COMMENT	* NO COM			* 48-60	48-60	48-60	24-60	*
		*	*			*				*
ND	COMMENT	* 12	* NO			* 6	6	6	6	*
		*	*			*				*
NE	COMMENT	* 18	* NO			* 12	6	4	99	*
		*	*			*				*
NH	COMMENT	* 24	* NO	NA	NA	* 12	12	12	12	*
		*	*			*				*
NJ	COMMENT	* 14	* NO	NR	NR	* 6	6	6	6	*
		*	*			*				*
NM	COMMENT	* 15	* NO	NR	NR	* 12	12	12	12	*
		*	*			*				*
NY	COMMENT	* 18	* NO	NR	NR	* 16	16	16	16	*
		*	*			*				*
OH	COMMENT	* 48	* NO	NR	NR	* 120	60	60	60	*
		*	*			*				*
OK	COMMENT	* 24	* NO	NR	NR	* 36	12	36	12	*

MEMBER BOARD	HOW COSTS TO BE COVERED COMMENT	BUDGET LEAD TIME (MONTHS)	ANTICIP ADDED REVENUE Y/N?	IF YES HOW MUCH? DOLLARS	IF YES HOW MUCH? %	ADVANCE SPACE RESERVATIONS (MONTHS)				*	
						JUL-RN	FEB-RN	OCT-PN	APR-PN		
PA	COMMENT	* 18	* YES	NR	NR	*	6	6	6	6	*
		*	*			*					*
RI	COMMENT	* 12	* NO	NR	NR	*	24	12	12	12	*
		*	*			*					*
SC	COMMENT	* 18	* YES	10000	1.0%	*	12	12	12	12	*
		*	*			*					*
SD	COMMENT	* COMMENT	* NO			*	12-24	12-24	12-24	12-24	*
		*	*			*					*
TN	COMMENT	* 24	* NO COM			*	COMMENT				*
		*	*			*					*
TX VN	UNKNOWN	* 36	* NO			*	NR	NR	60	60	*
		*	*			*					*
TX RN	COMMENT	* 36	* NO			*	60	60			*
		*	*			*					*
UT	COMMENT	* 6	* NO			*	12	12	12	12	*
		*	*			*					*
VA	COMMENT	* 6	* YES	27840	1.8%	*	12	12	12	12	*
		*	*			*					*
VT	NR	* NR	* NR			*	NR				*
		*	*			*					*
WA PN	COMMENT	* 24	* NO			*	NR	NR	24	24	*
		*	*			*					*
WI	NR	* NR	* NO			*	12	12	12	12	*
		*	*			*					*
WV PN	NR	* 18	* NO			*	NR	NR	24	24	*
		*	*			*					*
WV RN	COMMENT	* 12	* NO			*	48	48 NR	NR		*
		*	*			*					*
WY	COMMENT	* 24	* YES	300-500	1.0%	*	12	6	6	6-12	*

B



E. REGIONAL ADMINISTRATION

MEMBER BOARD	REG ADM VIABLE? YES NO DEPENDS	ACCEPT? * A	IF YES PAY ADDED FEE Y/N?	BARRIERS? Y/N?	ACCEPT? * U	IF YES PAY ADDED FEE Y/N?	BARRIERS? Y/N?	ACCEPT? * A	IF YES PAY STAT/ RULE CHANGE?	BARRIERS? Y/N?	ALL ADMIN OR JUST THIRD?	OTHER ARRANGE SUGGESTED	SHOULD BOD PREPARE MODEL PLAN?
AK	YES	* A	YES	COMMENT	* U			* A	NR	NR	THIRD	NR	* YES
AL	NO	* U			*			*					* NO
AR	NO	*			*			*					* NR
AZ	NO	*			*			*					* YES
CA VN	NO	*			*			*					* NR
CA RN	NO COM	* NA			*			*					* NO
CT	NO	*			*			*					* YES
FL	NR	* NR	COMMENT	COMMENT	* NR	NR	SAME	* NR	NO	NR	THIRD	NR	* NR
GA RN	YES	* A	YES	COMMENT	* U	NR	NR	* A	COMMENT	NR	ALL	NR	* YES
GUAM	YES	* NR			* NR			* A	NO	COMMENT	THIRD	NR	* YES
HI	NO	*			*			*					* NO
IA	DEPENDS	* A	COMMENT	COMMENT	* U	NR	NR	* A	YES	COMMENT	THIRD	NR	* YES
ID	NO	*			*			*					*
IL	DEPENDS	*			*			*					* NO
KY	YES	* A	YES	NONE	* A	YES	NONE	* A	NO	COMMENT	ALL	NR	* YES
LA PM	NO	* NR	NR	NR	* NR	NR	NR	* NR	NR	NR	NR	NR	* YES
LA RN	DEPENDS	* A	YES	COMMENT	* U	YES	COMMENT	* A	NO	COMMENT	THIRD	NR	* YES

MEMBER BOARD	REG ADM VIABLE? YES NO DEPENDS	ACCEPT? IF YES PAY ADDED FEE Y/N?	IF YES BARRIERS? Y/N?	ACCEPT? IF YES PAY ADDED FEE Y/N?	IF YES BARRIERS? Y/N?	ACCEPT? IF YES PAY STAT/ RULE CHANGE?	IF YES BARRIERS? Y/N?	ALL ADMIN OR JUST THIRD?	OTHER ARRANGE SUGGESTED	SHOULD BCD PREPARE MODEL PLAN?				
MA	NO	* NR	NR	NR	* NR	NR	NR	* NR	NR	NR	NR	NR	* NO	*
		*			*			*					*	*
MD	YES	* A	YES	NONE	* U	NR	NR	* A	COMMENT	NR	ALL	NR	* YES	*
		*			*			*					*	*
ME	NO	*			*			*					* YES	*
		*			*			*					*	*
MI	NR	* NR			* NR			* NR					* NR	*
		*			*			*					*	*
MN	YES	* A	YES	COMMENT	* U	NR	NR	* A	NO	NR	ALL	NR	* NO COM	*
		*			*			*					*	*
MO	NO	* NR	NR	NR	* NR	NR	NR	* NR	NR	NR	NR	NR	* NR	*
		*			*			*					*	*
MS	DEPENDS	* A	YES	COMMENT	* U	NR	NR	* A	NO	NR	THIRD	NR	* NO	*
		*			*			*					*	*
MT	NO	*			*			*					* NO	*
		*			*			*					*	*
NC	YES	* A	NO	COMMENT	* A	NO	COMMENT	* U		NR	NR	NR	* YES	*
		*			*			*					*	*
ND	YES	* A	YES	COMMENT	* U		COMMENT	* A	NO	NR	THIRD	NR	* YES	*
		*			*			*					*	*
NE	DEPENDS	* A	NO	COMMENT	* A	NO	COMMENT	* A	NO	COMMENT	THIRD	NR	* NO	*
		*			*			*					*	*
NH	YES	* A	YES	NR	* U	NA	NA	* A	NO	NR	ALL	NR	* YES	*
		*			*			*					*	*
NJ	YES	* U			* A	NO	NR	* U					* NO	*
		*			*			*					*	*
NM	DEPENDS	* A	NO	COMMENT	* U			* A	NO	COMMENT	THIRD	NR	* YES	*
		*			*			*					*	*
NY	DEPENDS	* A	Y/N	COMMENT	* U			* A	NO	COMMENT	THIRD	NR	* NA	*
		*			*			*					*	*
OH	NO	* NR			*			*					* NO	*
		*			*			*					*	*
OK	NO	* U			* U			* U					* NO	*

E. REGIONAL ADMINISTRATION

MEMBER BOARD	REG ADM VIABLE? YES NO DEPENDS	ACCEPT7	IF YES PAY ADDED FEE Y/N?	BARRIERS? Y/N?	ACCEPT7	IF YES PAY ADDED FEE Y/N?	BARRIERS? Y/N?	ACCEPT7	IF YES PAY STAT/ RULE CHANGE?	BARRIERS? Y/N?	ALL ADMIN OR JUST THIRD?	OTHER ARRANGE SUGGESTED	SHOULD BOD PREPARE MODEL PLAN?	
PA	NO	*			*			*					* NR	*
		*			*			*					* NO	*
RI	NO	*			*			*					* NO	*
		*			*			*					* NO	*
SC	YES	* A	NR	NR	* U	NR	NR	* A	NO	NR	THIRD	NR	* YES	*
		*			*			*					* YES	*
SD	NO	*			*			*					* NO	*
		*			*			*					* NO	*
TN	YES	* A	YES	?	* U			* A	NO	?	THIRD	NR	* YES	*
		*			*			*					* YES	*
TX VN	NO	* A	YES	COMMENT	* U	NR	NR	* U	NR	NR	NR	NR	* NR	*
		*			*			*					* NR	*
TX RN	NO	*			*			*			THIRD		* NO	*
		*			*			*					* NO	*
UT	NO	*			*			*					* YES	*
		*			*			*					* YES	*
VA	NO	* NR			*			*					* NO	*
		*			*			*					* NO	*
VT	NR	* NR			* NR			* NR					* NR	*
		*			*			*					* NR	*
WA PN	YES	* A	YES	NR	* NR			* A	NO	NR	THIRD		* NR	*
		*			*			*					* NR	*
WI	NO	*			*			*					* NO	*
		*			*			*					* NO	*
WV PN	NR	* A	NO	NR	* U			* U					* NR	*
		*			*			*					* NR	*
WV RN	NO	*			*			*					* YES	*
		*			*			*					* YES	*
WY	DEPENDS	* A	YES	DISTANCE	* A	YES	DISTANCE	* A	YES	COMMENT	THIRD	COMMENT	* YES	*

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MEMBER BOARD	BOARD RESPON TO ASSIST SCHOOLS	BOARD RESPON FOR TIMELY EXAMS	EXTENDED STUDY PERIOD NEEDED	REGUL BENEFITS ENHANC W/3 ADMINS?	POLITIC/ PUBLIC REL BENEFITS?	SERVE-RMS YES NO N/A	SERVE-PNS YES NO N/A	CAN FAILS TAKE NEXT NCLEX	IF YES RN TAKE PN VIABLE Y/N/DEP?	CHGE EXIST SCHED OVER 3RD ADM Y/N/DEP?	IF YES FIRST RN MONTH	IF YES SECOND RN MONTH	IF YES FIRST PN MONTH	IF YES SECOND PN MONTH	CAT VIABLE ALTERN? Y/N/DEP?
AK	A	D	A	D	D	* NO	NO	* YES	YES	* NO					* YES *
AL	D	A	D	A	A	* YES	YES	* NO		* NO					* NO *
AR	A	D	A	D	D	* NO	NO	* YES	YES	* YES	NR	NR	MARCH	SEPT	* YES *
AZ	A	D	A	D	D	* NO	NO	* NO	DEPENDS	* YES	FEB	JULY	MARCH	AUG	* DEPENDS *
CA VN	D	A	D	A	A	*	YES	* NO		* NR		FEB	JULY/AUG		* DEPENDS *
CA RN	NA	D	NA	D	D	* NO		* NA	DEPENDS	* NO COM					* YES *
CT	NR	NR	NR	NR	NR	* NR	NR	* NO	NO	* NO					* NR *
FL	D	A	D	D	A	* YES	YES	* YES	YES	* NO					* YES *
GA RN	D	D	D	D	A	* NO	NA	* NO		* NO					* YES *
GUAM	A	D	A	D	D	* NO	NO	* MISSING		* MISSING					* MISSING *
HI	D	D	A	D	A	* NO	NO	* YES	NO	* YES	COMMENT				* YES *
IA	D	D	D	D	D	* NO	NO	* YES	DEPENDS	* NO					* YES *
ID	A	A	A	D	A	* NO	NO	* NO		* NO					* YES *
IL	A	D	A	D	D	* NO	NO	* NO		* NO					* YES *
KY	D	A	D	A	A	* YES	YES	* NO	NO	* NO					* NO *
LA PN	D	D	A	A	A	* NA	NO	* NO	NO	* NO					* YES *
LA RN	A	D	U	D	A	* NO	NA	* NO	NO	* NO					* YES *

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MEMBER BOARD	BOARD RESPON TO ASSIST SCHOOLS	BOARD RESPON FOR TIMELY EXAMS	EXTENDED STUDY PERIOD NEEDED	REGUL BENEFITS ENHANC W/3 ADMINS?	POLITIC/ PUBLIC REL BENEFITS?	SERVE-RNS YES NO N/A	SERVE-PNS YES NO N/A	CAN FAILS TAKE NEXT NCLEX	IF YES RN TAKE PN VIABLE Y/N/DEP?	CHGE EXIST SCHED OVER 3RD ADM Y/N/DEP?	IF YES FIRST RN MONTH	IF YES SECOND RN MONTH	IF YES FIRST PN MONTH	IF YES SECOND PN MONTH	CAT VIABLE ALTERN? Y/N/DEP?
MA	A	D	A	D	A	* NO	NO	* YES	NO	* NO					* YES
						*		*		*					*
MD	A	D	D	A	A	* NO	NO	* NO	NR	* NO					* YES
						*		*		*					*
ME	A	D	A	D	D	* NO	NO	* NO	NR	* NO					* YES
						*		*		*					*
MI	NR					* NR		* NR		* NR					* NR
						*		*		*					*
78 MN	D	A	D	A	A	* YES	YES	* NO	NO	* YES	JAN	JULY	FEB	AUG	* YES
						*		*		*					*
MO	NR	D	NR	NR	NR	* NO	NO	* COMMENT	DEPENDS	* COMMENT					* YES
						*		*		*					*
MS	NA	A	D	D	A	* NO	NO	* YES	NO	* NO					* YES
						*		*		*					*
MT	A	D	D	D	A	* NO	NO	* NO		* NO					* YES
						*		*		*					*
NC	COMMENT	COMMENT	D	A	A	* COMMENT	COMMENT	* YES COM	YES	* NO					* YES
						*		*		*					*
ND	D	A	D	A	A	* YES	YES	* NO		* DEPENDS	COMMENT				* YES
						*		*		*					*
NE	A	D	D	D	A	* YES-NO	YES	* NO		* NO					* YES
						*		*		*					*
NH	A	A	A	D	A	* NO	NO	* YES	NO	* NO	NA	NA	NA	NA	* YES
						*		*		*					*
NJ	D	A	D	A	A	* NO	NO	* YES	NO	* YES	MAY/JUNE	JAN	SEPT	MARCH	* YES
						*		*		*					*
NM	A	D	A	A	D	* NO	YES	* NO	NO	* YES	JULY	FEB	SEPT	FEB/MAR	* YES
						*		*		*					*
NY	A	D	D	D	A	* NO	NO	* YES	YES	* NO	NR	NR	NR	NR	* YES
						*		*		*					*
OH	A	D	A	D	D	* NO	NO	* NO		* NO					* YES
						*		*		*					*
OK	A	A	A	D	A	* NO	NO	* NO		* NO					* YES

MEMBER BOARD	BOARD RESPONS TO ASSIST SCHOOLS	BOARD RESPONS FOR TIMELY EXAMS	EXTENDED STUDY PERIOD NEEDED	REGUL BENEFITS ENHANC W/3 ADMINS?	POLITIC/ PUBLIC REL BENEFITS?	SERVE-RMS YES NO N/A	SERVE-PNS YES NO N/A	CAN FAILS TAKE NEXT NCLEX	IF YES RN TAKE PN VIABLE Y/N/DEP?	CHGE EXIST SCHED OVER 3RD ADM Y/N/DEP?	IF YES FIRST RN MONTH	IF YES SECOND RN MONTH	IF YES FIRST PN MONTH	IF YES SECOND PN MONTH	CAT VIABLE ALTERN? Y/N/DEP?
PA	D	A	D	A	A	* YES	YES	* NO		* NO					* YES *
						*		*		*					* *
RI	A	D	A	D	D	* NO	NO	* NO		* NO					* YES *
						*		*		*					* *
SC	A	D	A	D	A	* NO	NO	* YES	NO	* NO					* YES *
						*		*		*					* *
SD	A	D	A	D	D	* NO	NO	* YES	YES COM	* NO					* YES *
						*		*		*					* *
TN	A	D	?	D	A	* NO	NO	* NO	NO	* YES	JAN	JUNE			* DEPENDS *
						*		*		*					* *
79 TX VN	A	D	A	D	D	* NA	NO	* YES	NO	* NO					* YES *
						*		*		*					* *
TX RN	A	D	A	D	D	* NO	NA	* YES	Y/DEP	* NO					* YES *
						*		*		*					* *
UT	D	A	D	A	A	* YES	YES	* YES	NO	* YES	MARCH	SEPT	STAY	STAY	* YES *
						*		*		*					* *
VA	D	A	D	A	A	* NO	NO	* NO	NO	* NO					* YES *
						*		*		*					* *
VT	NR					* NR		* NR		* NR					* NR *
						*		*		*					* *
WA PN	A	A	D	A	A	* NR	NO	* NO		* NO/DEP		SEPT	JAN/FEB		* YES *
						*		*		*					* *
WI	D	A	D	A	A	* NO	NO	* NO		* NO					* YES *
						*		*		*					* *
WV PN	A	D	A	D	?	* NA	NO	* NO	NO	* NR					* YES ? *
						*		*		*					* *
WV RN	A	D	A	D	D	* NO	NR	* NO		* NO					* YES *
						*		*		*					* *
WY	A	D	D	D	D	* NO	NO	* NO	NA	* YES/DEP	JULY	FEB	SEPT	FEB/MAR	* YES *

MEMBER BOARD	JUL NOV MAR RN OK?	IF NO FIRST RN MONTH	SECOND RN MONTH	THIRD RN MONTH	OCT FEB APR PN OK?	IF NO FIRST PN MONTH	SECOND PN MONTH	THIRD PN MONTH	PIGGY BACK OK? Y/N/DEP?	TIME FOR FAIL TO APPLY NEXT?	TIME FOR FAIL HANDSCORE TO APPLY NEXT?	TIME FOR REV/CHAL TO APPLY NEXT?	TIME FOR REV/CHAL REV/TAKE NEXT?
AK	YES				* YES *				* NO *	* NO *	* NO *	* NO *	* NO *
AL	NO	JULY	OCT	FEB	* YES *				* NO *	* YES *	* NO *	* NA *	* NA *
AR	NO	NR	NR	NR	* NO *	NR	NR	NR	* NO *	* NA *	* NA *	* NA *	* NR *
AZ	NO	COMMENT			* NO *	COMMENT			* NO *	* NO *	* NO *	* NO *	* NO *
CA VN	NA				* YES *	OCT	FEB	JUNE	* NO *	* NO *	* NO *	* YES *	* YES *
CA RN	NO	FEB	JULY	NONE	* NA *				* NO COM *	* NO COM *	* NO *	* NA *	* NA *
8 CT	NO	NR	NR	NR	* NO *				* NO *	* NR *	* NR *	* NR *	* NR *
FL	NR				* NR *				* NO *	* NO *	* NO *	* NO *	* NO *
GA RN	NO COM				* NA *				* YES COM *	* NO *	* NO *	* YES COM *	* NO *
GJAM	YES				* NO *	NR	NR	NR	* NO *	* NO *	* NO *	* NO *	* NO *
HI	YES				* YES *				* NO *	* NO *	* NO *	* NO *	* NO *
IA	NO				* NO *				* NO *	* NO *	* NO *	* NO *	* NO *
ID	YES				* YES *				* NO *	* YES *	* YES *	* NA *	* NA *
IL	NO	COMMENT			* NO *	COMMENT			* NO *	* NO *	* NO *	* NA *	* NA *
KY	YES				* YES *				* NO *	* YES *	* YES COM *	* NA *	* NA *
LA PN	NR				* NO *	SEPT	JAN	MAY	* NO *	* NO *	* NO *	* NO *	* NO *
LA RN	YES				* NA *				* NO *	* YES *	* NO *	* NO *	* NO *

MEMBER BOARD	JUL NOV RN	IF NO FIRST RN MONTH	SECOND RN MONTH	THIRD RN MONTH	OCT FEB APR PN OK?	IF NO FIRST PN MONTH	SECOND PN MONTH	THIRD PN MONTH	PIGGY BACK OK? Y/N/DEP?	TIME FOR FAIL TO APPLY NEXT?	TIME FOR FAIL HANDSCORE TO APPLY NEXT?	TIME FOR REV/CHAL TO APPLY NEXT?	TIME FOR REV/CHAL REV/TAKE NEXT?
MA	NO	COMMENT	COMMENT	COMMENT	* NO	COMMENT	COMMENT	COMMENT	* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
MD	YES				* NO	OCT	FEB	JUNE	* YES	* NO	* NO	* NA	* NA
					*				*	*	*	*	*
ME	NO	NR			* NO				* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
MI					* NR				* NR	* NR	* NR	* NR	* NR
					*				*	*	*	*	*
MN	YES				* NO	APRIL	AUG	DEC	* YES	* YES	* NO COM	* NA	* NA
					*				*	*	*	*	*
MO	COMMENT				* COMMENT				* COMMENT	* COMMENT	* COMMENT	* NR	* NR
					*				*	*	*	*	*
<sup>88</sup> MS	NO	JULY	OCT	FEB	* NO	JULY	OCT	FEB	* NO	* NO	* NO	* NO	* YES
					*				*	*	*	*	*
MT	COMMENT				* COMMENT				* NO	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
NC	YES				* YES				* NO	* YES	* NO	* YES COM	* COMMENT
					*				*	*	*	*	*
ND	YES				* NO	JUNE	OCT	JAN	* YES	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
NE	YES				* YES-NO	COMMENT			* NO	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
NH	NO	NR	NR	NR	* NO	NR	NR	NR	* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
NJ	YES				* YES				* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
NM	NO	JULY	NOV	FEB	* NO	SEPT	FEB/MAR	JUNE	* NO	* NO	* NO	* NA	* NA
					*				*	*	*	*	*
NY	NO	COMMENT			* NO	COMMENT			* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
OH	NO	JULY	FEB		* NO	OCT	APRIL		* NO	* NO	* NO	* NA	* NA
					*				*	*	*	*	*
OK	YES				* YES				* NO	* NO	* NO	* NO	* NO



MEMBER BOARD	JUL NOV MAR RN OK?	IF NO FIRST RN MONTH	SECOND RN MONTH	THIRD RN MONTH	OCT FEB APR PN OK?	IF NO FIRST PN MONTH	SECOND PN MONTH	THIRD PN MONTH	PIGGY BACK OK? Y/N/DEP?	TIME FOR FAIL TO APPLY NEXT?	TIME FOR FAIL HANDSCORE TO APPLY NEXT?	TIME FOR REV/CHAL TO APPLY NEXT?	TIME FOR REV/CHAL REV/TAKE NEXT?
PA	YES				* YES				* NO	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
RI	NO	COMMENT			* NO	COMMENT			* NO	* NO	* NO	* NO	* NO
					*				*	*	*	*	*
SC	YES				* YES				* NO	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
SD	NO	NR	NR	NR	* NO	NR	NR	NR	* DEPENDS	* NO	* NO	* NA	* NA
					*				*	*	*	*	*
TN	NO	?			* NO	?			* NO	* NO COM	* NO COM	* NO COM	* NO
					*				*	*	*	*	*
TX VN	NA				* NO	NONE			* NO	* YES	* NO	* NA	* NA
					*				*	*	*	*	*
TX RN	NO	JULY	NOV	FEB	* NA				* NO	* NO	* NO	* NA	* NA
					*				*	*	*	*	*
UT	YES				* YES				* YES	* YES	* NO	* NA	* NA
					*				*	*	*	*	*
VA	YES				* YES				* YES	* YES	* NO	* NA	* NA
					*				*	*	*	*	*
VT	NR				* NR				* NR	* NR	* NR	* NR	* NR
					*				*	*	*	*	*
WA PN	NA				*	SEPT	JAN	APRIL	* DEPENDS	* YES	* NO	* NO	* NO
					*				*	*	*	*	*
WI	YES				* YES				* NO	* YES	* NO	* NO	* YES*
					*				*	*	*	*	*
WV PN	NR				* ?				* COMMENT	* COMMENT	* COMMENT	* ?	* ?
					*				*	*	*	*	*
WV RN	YES				* NR				* NO	* YES	* YES	* NA	* NA
					*				*	*	*	*	*
WY	NO	JULY	SEPT	FEB	* NO	JULY	SEPT	FEB	* DEPENDS	* YES	* NO	* NO	* NO

MEMBER BOARD	REDUCE DELIV TIME Y/N?	IF YES NO. OF DAYS	EARLY IMPLEM THIRD ADMIN	STAT/RULE CHANGE NEEDED IF 3RD ADMIN	GENERAL COMMENTS INCLUDED
AK	YES	10	* 2-3 YEARS	* NO	*
			*	*	*
AL	YES	7	* OCT 90	* NO	*
			*	*	*
AR	NA		* COMMENT	* NO	*
			*	*	*
AZ	NO		* 2000	* YES	*
			*	*	*
CA VN	NO		* FEB 92	* NO	*
			*	*	*
CA RN	NA		* COMMENT	* YES	*
			*	*	*
CT	NR		* NR	* NR	*
			*	*	*
FL	NO		* 2 YEARS	* NO	*
			*	*	*
GA RN	NO		* JULY 93	* YES	*
			*	*	*
GUAM	NO		* JULY 1994	* YES	*
			*	*	*
HI	NO		* 1 YEAR	* YES	*
			*	*	*
IA	NO		* FEB 2000	* YES	*
			*	*	*
ID	YES	WEEK	* FALL '91	* NO	*
			*	*	*
IL	NA		* MIN 1 YR	* YES	*
			*	*	*
KY	YES	14-18	* 6MOS-1YR	* NO	*
			*	*	*
LA PN	NO		* JAN 2010	* NO	*
			*	*	*
LA RN	NO		* 3 YEARS	* NO	*

MEMBER BOARD	REDUCE DELIV TIME Y/N?	IF YES NO. OF DAYS	EARLY IMPLEM THIRD ADMIN	STAT/RULE CHANGE NEEDED IF 3RD ADMIN	GENERAL COMMENTS INCLUDED
MA	NO		* FY 92	* NO	*
			*	*	*
MD	NO		* NOV 92	* YES	*
			*	*	*
ME	NO		* 24 MOS	* NO	*
			*	*	*
MI	NR		* NR	* NR	*
			*	*	*
MN	YES	7	* MARCH 91	* NO	*
			*	*	*
MO	NR		* NR	* NR	*
			*	*	*
MS	YES	5	* OCT 92	* NO	*
			*	*	*
MT	NO		* JULY 92	* YES	*
			*	*	*
NC	YES	5	* 18-24 MOS	* NO	*
			*	*	*
ND	NO		* JAN 91	* NO	*
			*	*	*
NE	NO		* 12-18 MOS	* NO	*
			*	*	*
NH	NO		* 1991	* NO	*
			*	*	*
NJ	NO		* JAN/FEB92	* NO	*
			*	*	*
NM	NO		* FEB 92	* NO	*
			*	*	*
NY	NO		* NOV 92	* NO	*
			*	*	*
OH	NO		* COMMENT	* NO	*
			*	*	*
OK	YES	7	* FEB 1993	* NO	*

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CTB/McGraw-Hill

2500 Garden Road  
Monterey, California 93940  
Telephone 408/649-8400



June 20, 1989

Jennifer Bosma  
Acting Executive Director  
National Council of State Boards of Nursing  
625 N. Michigan Avenue Suite 1544  
Chicago, IL 60601

Dear Jenni:

We have completed specifications for adding a third RN and a third PN examination to the NCLEX cycle. Costs are detailed below:

Cost Estimates:

Start up Costs: \$228,800

These one-time initial costs include redesign and testing of the data center system; the scanning, scoring, and reporting system; and the statistical analysis system to accommodate the additional cycles. These costs also include an initial printing of data center materials for the additional cycles; modifications to all materials that refer to the current schedule of examinations; and staff time to ensure a smooth transition for Member Boards and candidates to the new system.

1990-1991 Cyclical Costs (includes data center and test service):

Sample projections:

If the candidate counts for the additional exams do not exceed	the costs for adding a 3rd RN and 3rd PN are:
5,000 PN/10,000 RN	\$795,560
10,000 PN/15,000 RN	\$823,600
15,000 PN/20,000 RN	\$860,000

These are total costs (excluding start up costs). No assumptions have been made regarding candidate fee. If you would like to work out a candidate fee to reflect these 3rd administration costs and a new range of candidate volumes, please let me know. Until I know how you might wish to handle the start up costs and what time period we're using, it's difficult for me to project a candidate cost.

The cyclical costs include item development, review, and validation for the additional RN and PN exams; Member Board review of the additional items; exam construction, review,

typesetting; exam manufacturing; exam shipping and retrieval; review of item statistics; research activities during the scoring cycle; preparation of all cyclical reports (i.e. technical reports, ethnicity/gender, anomaly); preparation of applications and deliverables; preparation of scoring environment (answer keys, report formats); scanning and scoring of the examinations; reporting of scores; and merging of data into data files.

The major assumptions made in estimating costs are as follows:

RN administrations will be scheduled in March, July, and November, beginning November 1990.

PN administrations will be scheduled in February, June, and October, beginning February 1991.

Candidate counts for the March and July RN exams are estimated to remain equal to 1989 February and July administrations.

Candidate counts for the June and October PN exams are estimated to remain equal to 1989 April and October administrations.

The additional RN exam is estimated to increase overall candidate count by 10,000 - 20,000; the additional PN exam is estimated to increase overall candidate count by 5,000 - 15,000. The total candidate count projected for 1990-1991 would be 150,000 for the base contract and 15,000-35,000 candidates for the 3rd administration contract. For purposes of the 3rd administration cost estimates, CTB has assumed that the candidate ranges stated in the current contract and the associated candidate fee will continue to be based on the four established exams. Candidates sitting for the additional exams (November RN and February PN will not be included in the total candidate annual count.) If you wish to negotiate a change in the candidate ranges based on the third exam, please let me know. We can certainly approach it that way as well.

It has been assumed that all turnaround schedules will remain as they are currently (e.g. schedule for test booklet ordering, shipment of deliverables, scoring). Since the window for receiving results and applying for the next exam is small, it may be the case in some states that a candidate will not have received results from the state board prior to the application deadline for the next examination. This issue will have to be addressed during the planning phases of this project. However, it should be noted that the cost estimates do not reflect additions in staff that would be needed if it were decided to shorten the current schedules.

Test development activities will include item development for 360 additional RN items per year and 180 additional PN items per year.

Items will be field tested during the third administrations; however it is assumed that the third administrations will have a very high percentage of repeat candidates. I have included costs for the addition of five field test forms for each of the third administrations so that the experimental items can be field tested. It may be the case, however, that most of those field test forms will have to be added to one of the larger exams. It may not be possible to distribute the field test forms to a large enough sample of 1st time candidates during a 3rd administration to gather valid statistics.

As noted in earlier correspondence, research related to the third exam may be jeopardized by the small candidate numbers and the nature of the population.

I hope this information is helpful in preparing the resolution materials. Please call if you have questions.

Sincerely,



Meredith Mullins  
National Accounts Manager

CTB/McGraw-Hill

2500 Garden Road  
Monterey, California 93940  
Telephone 408/649-8400



June 30, 1989

TO: Jennifer Bosma/Bill Lauf

FROM: Meredith Mullins

SUBJECT: Costs for NCLEX 3rd Administrations

The additional cost per candidate for CTB to develop a 3rd examination for the RN examination and a 3rd examination for the PN examination will be as follows:

If the annual candidate volume is between 150,000 and 160,999, the additional cost per candidate will be \$5.83.

If the annual candidate volume is between 170,000 and 180,000, the additional cost per candidate will be \$5.62.

This additional fee would be implemented for the October 1990 examination and is projected to continue through the two-year contract extension (through July 1993).

The fee includes data center and test service costs for the 3rd administrations, as well as amortization of the initial start up costs.

Please call if you need further information.

CTB

2500 Garden Road  
Monterey, California 93940  
Telephone 408/649-8400

RECEIVED

JAN 23 1990

NCLEX

January 16, 1990

Dr. Jennifer Bosma  
Executive Director  
National Council of State Boards of Nursing  
676 N. St. Clair Suite 550  
Chicago, Illinois 60611

Dear Jenni:

Our exploration into the implications of a yearly third NCLEX administration (RN and PN) remains as detailed in our 1989 reports. However, if the results of the recent survey provide information or indicate member board needs that are different from our initial assumptions, I would be happy to reevaluate the procedures that we proposed, modify them as needed, and provide new cost estimates.

Following are answers to the specific survey questions.

1. Three non-overlapping examination cycles for RN and PN would be possible under the following conditions:
  - The NCLEX applications, scoring, and item storage software would have to be revised and tested. Two separate applications and scoring systems would be created: a PN system and an RN system. Each system could be built with the capability to accommodate up to four exams per year.

The new systems can be designed to allow the scoring of one exam without completing the scoring of the previous exam, thus allowing the Council flexibility in scheduling the exams.

- All other procedures for implementing six administrations per year have been detailed in information provided for the 1989 Delegate Assembly.
- To accommodate the six administrations, CTB estimates that additional staff would be hired and trained in the following operational areas: research, data center, programming, statistical analysis, scoring, development, and project coordination. Actual staff additions would be finalized when the schedule for exam administration was set.



Because NCLEX staff members need to carefully monitor quality and security during all phases of the project, it is recommended that new staff members receive six months training (two cycles) prior to the implementation of a third administration.

The number of additional staff members required would directly correlate to the exam schedule and the amount of overlap in exam cycles. If exams are scheduled with potential overlap, additional labor and quality control are necessary to ensure that each exam is scored accurately and test materials are monitored and maintained separately.

Current cost estimates are based on the proposed exam schedule (March, July, and November RN cycles and February, June, and October PN cycles).

## 2. Statistical Analyses

### ● Real Items

Scaling the exam and analyzing test items for model fit will require 500 to 1000 cases of first-time, U.S. educated candidates. It is also preferable that the candidates' score distributions resemble historical score distributions. If the population of first-time U.S. candidates falls below 500, adequate scaling and analyses are not possible.

### ● Tryout Items

The analysis of tryout items will also require 500 to 1000 cases of first-time, U.S. educated candidates. As mentioned in our 1989 report, we would limit the number of tryout forms to one or two for the smallest of the three administrations to ensure that we received an adequate case count for analyses. We would then increase the number of tryout forms for the largest administration to ensure that an adequate number of items were field tested.

### ● Ethnicity/Gender Bias Research

Our recent research on minimum cell size for Mantel-Haenszel analyses suggests that we can reduce cell size to 10 cases per cell. Given this, we anticipate that we will be able to conduct these analyses on the third administrations for at least the White, Black,

Hispanic, Other Asian, and Asian Indian groups unless we discover that the score distributions for these groups do not substantially overlap.

Our research staff has evidence to suggest that cell sizes below 10 might be usable. However, additional research involving the candidate group taking the third administration must be completed to verify these preliminary findings. Costs for this research have not been included in the cost estimates provided to the Delegate Assembly.

- **Person Fit Research**

The current cost estimates reflect one person-fit analysis per year for RN and one for PN. CTB research staff would recommend that a person fit analysis for each third examination also be conducted because of the special demographic characteristics of the population taking each exam.

- **Item Analyses by Ethnic Group**

The item analysis by ethnic group that we currently provide to the exam committee, would be possible for the third exam. The current cost estimates do not reflect this analysis for a third administration.

3. Our initial analysis of how the item pools would be affected includes a projection of 1224 new RN items field tested annually, with approximately 783 of those entered into the item bank. Of those, 540 could be selected into one of the three exams as first-time reals. To accommodate the need for 900 scored exam items each year, an additional 360 items (previously used reals) would be selected from the item bank.

For the PN pool, we would project 540 new items field tested annually, with approximately 378 of those entered into the item bank. Of those, 366 could be selected into one of the three exams as first-time reals. To accommodate the need for 612 scored exam items each year, an additional 246 items (previously used reals) would be selected from the item bank.

Both banks would certainly be able to accommodate the construction of the additional exam; however, we would want to address the following issues:

- evaluate the patterns of repeat candidates and discuss the item reuse policy.
- immediately address areas of the test plans that are underrepresented (with additional item-writing sessions) to ensure that the selection of three exams per year does not deplete a certain test-plan area of the item bank.

#### 4. Additional Issues

##### A. How to address the short amount of time between a candidate's receiving score results and having to apply for the next exam.

The survey results regarding this issue will direct how we might answer this question. Some suggestions would be

- to provide an extension to the filing deadline. To accomplish that, we would have to add extra staff to the data center during the peak processing periods. (This cost has not been included in any estimates presented).
- to allow candidates a refund of the testing portion of their application fee if they receive notification of **PASSING** after their application has been submitted.
- to allow candidates the opportunity to apply as walk-ins in states where there is not sufficient time to receive results and apply for the next exam.


##### B. It may not be possible to produce Summary Profiles for the third administration if the population of first-time, U.S. educated candidates is small.

##### C. The results of the dimensionality research may have significant impact on the development of new examinations. The costs presented to the Delegate Assembly in 1989 were reflective of creating one integrated test to match the current test plan.

D. Costs for services such as handscoring and exam review would increase due to the increased complexity in storing and/or retrieving several "active" examinations at one time.

Jenni, I hope you find this information helpful. As I mentioned, once the survey results have been tabulated, I would be happy to explore any new approach to the third administration that evolves. Please call if you have questions.

Sincerely,



Meredith Mullins  
National Accounts Manager

cc: Andrea Kingman

January 27, 1990

TO: Third NCLEX Study Committee

FR: National Council Staff

RE: Feasibility of a Third Annual Administration of NCLEX-RN and  
NCLEX-PN

In response to your letter of December 11, 1989 the staff of  
Testing and Research Services met to discuss the questions you  
posed. Answers are summarized below.

### External Funding

Research staff are the most experienced with external funding  
sources. The most viable sources for this project would appear  
to be the American Hospital Association and possibly the Helene  
Fuld Foundation or the Pew Charitable Trusts. As you know, W.K.  
Kellogg Foundation is currently providing \$1.8 million to the  
National Council over three years (and may be approached for an  
additional phase thereafter) for the Computerized Clinical  
Simulation Testing (CST) project. The Robert Wood Johnson  
Foundation has expressed interest in the Nurse Information System  
project. Approaches to these foundations may be unwise since  
they are already committed (or close to commitment on) other  
National Council projects.

The federal government, through the National Center for Nursing  
Research (NCNR) or the Division of Nursing, seems to be an  
unlikely source of funds. NCNR funds strictly projects dealing  
with clinical care, not with preparation of care providers.

The American Nurses Association (ANA), the ANA Foundation, and  
Sigma Theta Tau provide only very small grants in comparison to  
the amount needed for even start-up costs for a third  
administration of NCLEX-RN and NCLEX-PN. The ANA could be very  
helpful however, in support of any grant applications the  
National Council might make to AHA or private foundations.

Research staff feel that the proposal most likely to succeed with  
any of these organizations would be for start-up costs plus one  
administration. Carrying the project through one administration  
would provide an "outcome" to report as a benefit and concrete  
realization of project goals. It is unlikely that any foundation  
would commit to start-up costs and cycle costs for the third  
administrations on an ongoing basis.

## Resources for Third Administration

The estimation of costs, human resources, and workload consequences for National Council staff of a third administration depends to a large extent on whether the third administration would be administered in the usual manner by each state within its own jurisdiction, or regionally in a manner that would involve coordination of administration by National Council staff.

### Normal Administration

If the usual manner of administration were to be used, the primary consequences for National Council staff would be:

- Approximately a 50% increase in efforts dealing with all administration forms such as compliance reports, unusual incident reports, scoring tracking reports
- Approximately a 50% increase in activities related to each administration, including candidate code change forms, review drafts and review of previously administered examinations, review of "green sheets" before publication
- A 50% increase in time devoted to staffing meetings (from two to three Administration of Examination Committee meetings, and from four to six Examination Committee meetings), including preparation and follow-up activities
- A smaller increase in other tasks that accompany administrations, such as handicapped requests, handscore requests, failure candidate reviews, tracking down security-related incidents (shipping problems, etc.)
- An increase in the number of statistics annually which must be compiled by the Research Department for publication in the annual summary of examination statistics and the annual report
- An initial substantial effort devoted to making (or assisting CTB to make) changes in publications such as reporting forms, several manuals, rotating calendar, candidate brochures, application forms, and Chicago Review Press study guides

The best estimate of increased staffing needed to perform the above additional tasks is one FTE (full-time equivalent) at the administrative assistant level, one-half to one FTE at the assistant director level, and one-half to one FTE at the support staff level.

## Regional Administration Coordinated by National Council

Regional administration coordinated by the National Council could be managed either through subcontracting to a test administration agency, such as Continental Testing Service, or directly through National Council staff.

If the activities were primarily contracted out, all of the additional work described above would still pertain. The responsibility of managing the contract would belong to the person hired at the assistant director level, necessitating that the position be one FTE rather than the possible one-half FTE described above.

If the activities were to be managed directly by National Council staff, considerably more effort would be involved. For purposes of estimating more precisely how much effort, we assumed that there would be four regional sites, and that these would be operated for the third administration only.

The coordination for the administrations would require one FTE at the assistant director level, and one FTE support staff person to assist. The responsibilities of these two persons would include coordination of all arrangements, from negotiating and reviewing contracts for facilities to training proctors and serving as members of the examination teams on exam days. The on-site coordination might be handled through field representatives, who would preferably be associated with Member Boards. A "loan" of a staff member for a specified number of days per year might be arranged, with appropriate reimbursement of the Member Board by the National Council. The field representatives would be on-site to handle receipt and shipping, inventory exam materials and place in secure storage, check and set up sites, assist in recruiting proctors, and serve as part of the examination team. Contracting for the field representatives might require as much as an additional FTE in terms of expense.

Travel would be involved for the coordinator (and regular testing staff) to travel to regional sites to serve on the examination team. The field representatives may also have to travel to national headquarters, or within their regions, from time to time.

### Cost Summary

#### Normal Administration

#### Approximate Costs (incl. overhead)

1 FTE administrative assistant	
.5 FTE assistant director	
.5 FTE support staff	\$95,000

## Regional Administration

### Subcontracted

1 FTE administrative assistant	
1 FTE assistant director	
1 FTE support staff	\$140,000

### Directly Staffed

1 FTE administrative assistant	
2 FTE assistant director	
2 FTE support staff	\$210,000

Travel (eight trips to sites, four trips to headquarters, within-state travel for reps)	\$14,000
-----------------------------------------------------------------------------------------------	----------

## Resources for Computerized Adaptive Testing

Again, the estimation of costs, human resources, and workload consequences of a third NCLEX administration on staff depends on the administration model chosen for that third administration. Estimation of the same resource consequences arising from a CAT implementation is also dependent on the CAT implementation model chosen.

### Assuming Operational CAT is Phased-In

These estimates assume that the National Council will have a test service to perform CAT-examination functions, that the CAT administration will be phased-in with several new states offering computerized adaptive testing each cycle while still offering the paper-and-pencil exam, and that the states would retain the responsibility for administering the CAT exam, the primary consequences for National Council staff (and the staff expected to accomplish these tasks) would be:

An initial substantial effort devoted to planning and implementing the CAT start-up. Staff will need to plan and implement a massive educational effort about CAT, coordinate all the normal test service activities, plan for data transfer and transformation, institute and monitor database activities for candidates and items, and plan for and help states acquire the actual CAT test sites. (Project Director and Assistant Director tasks)

An initial substantial effort devoted to making (or helping the test service make) changes in all testing-related publications such as reporting forms, several manuals, brochures, application forms, and Chicago Review Press Study Guides. (Assistant Director and Project Director tasks)



There will be a fairly substantial increase in efforts dealing with all administration forms. Although only about eight states will be geared for the initial CAT administration (the field test states), the new CAT administration method will add complexity and additional reporting responsibilities. (Assistant Director and Administrative Assistant tasks)

There will be a fairly substantial increase in activities normally related to each paper-and-pencil administration, including candidate code change forms, some sort of review draft activities, data transfer activities, and continuing monitoring of CAT performance (both in terms of measurement and logistic issues). (Administrative Assistant and Project Director tasks)

A smaller increase in other tasks related to administration such as handicapped requests, handscore requests, failure candidate reviews, and following up on security-related incidents. (Administrative Assistant and Support Staff tasks)

There will be a fairly substantial increase in activities related to monitoring test service psychometric research. The test service will need to continue to research the performance of CAT to assure that the results of the feasibility study generalize to live testing administrations. Also, the research needed for maintenance of the item pool will need to be designed and implemented. (Project Director tasks)

A large increase in the statistics compiled annually by the Research Department for publication.

The best estimate of increased staffing needed to accomplish the above additional tasks is as follows (in addition to the existing project director, who would continue to direct the transition phase):

.5 FTE administrative assistant	
1 FTE assistant director	
1 FTE support staff	\$105,000



**National Council  
of State Boards of Nursing, Inc.**

676 North St. Clair Street  
Suite 550  
Chicago, Illinois 60611-2921

312 787.6555  
FAX 312 787.6898

**DATE:** January 24, 1990

**TO:** Jennifer Bosma  
Executive Director

**FROM:** Betty Clark  
Chairperson  
Administration of Examination Committee

**RE:** Third Administration of NCLEX

I was concerned when I read the questionnaire to Board Members that there was very little reference to the negative aspects of a third NCLEX administration. I think that there are more negative aspects than were researched by the instrument, especially for small Boards who will need to raise funds to implement same.

DATE: January 24, 1990  
TO: 3rd NCLEX Committee  
FROM: Jennifer Bosma  
RE: Third Annual Administration of NCLEX

The Finance Committee completed the questionnaire and concluded that:

- (1) Each jurisdiction should have the option to NOT give the third administration if it so chooses.
- (2) a. Start-up costs should be spread across the candidate fees for all candidates tested in all jurisdictions during the first year; and  
b. As a second choice, each Member Board is assessed a share proportional to the number of candidates it tests at the third administration only.

The Committee stated that the National Council should not absorb the start-up costs, i.e., do not take out of fund balance. It also suggested that staff investigate the possibility of securing external funding to cover the start-up costs. Possible sources of revenue include AHA and NAHCF.

- (3) The only viable option in connection with cyclical costs is to spread the costs across the candidate fees for all candidates tested at the third administration only.
- (4) Testing an additional 15,500 candidates could generate additional revenue of \$178,095 for the first year only. Future years would see a decrease in this level of revenue.

JB/KH/mct



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DATE: January 5, 1989  
TO: Jennifer Bosma, Ph.D.  
FROM: Examination Committee  
RE: Third Administration of NCLEX

The Committee discussed at length the pros and cons of increasing the frequency of the NCLEX-RN administrations. The list of advantages and disadvantages follows.

#### ADVANTAGES

1. More new items may be able to be tried out in a shorter amount of time.
2. The increased number of panel of content experts, item writer sessions and bias sensitivity review panels would involve more national participation.
3. If truth in testing is adopted, there would be a significant advantage to have more items in the test pool.

#### DISADVANTAGES

1. The RN and PN pools have an inadequate number of items at the present time to support additional administrations. More items would need to be developed.
2. Two additional committee meetings to review items would be needed. At the present time, the committee members spend 5-6 full weeks per year in committee meetings; being away from their full time jobs any additional time would be very difficult.
3. More panel of content experts, item writing sessions, and bias review panels are necessary. One Examination Committee member or alternate Committee member is expected to attend each Panel of Content Experts session. In addition the bias review panel will need to be monitored.
4. Increasing the number of administrations also increases the potential for additional security breaks which would impact the item pools.

5. As the number of first time candidates is reduced per each examination administration, reliability of tryout items statistics may be affected.
6. Ethnicity/gender studies may be impacted because of smaller sampler size. It is important to have a sound statistical method to identify items which may be biased against a specific groups.
7. The chance of error classification (pass/fail) increases as more opportunities are given to candidates to take examination in a shorter period of time. Repeat candidates will have decreased time and opportunity for remediation.
8. Two additional members would need to be added to the Examination Committee. This will provide continuity when Committee members cannot be present since additional meetings may create difficulty in attending all meetings.

The Committee did not make an overall recommendation.

cc: Dorothy Chesley  
Nancy J. Miller



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January 24, 1990

To: Third NCLEX Committee  
From: Committee for Special Projects  
Re: Input Regarding Third NCLEX

These comments were developed during a January 8 conference of the Committee for Special Projects. The Committee specifically addresses the questions from your December 11, 1989 letter regarding a possible third NCLEX administration. The Committee wants to express that these responses are highly speculative due to the fact that the CAT project is not far enough along to provide better estimates.

What rate do you think Member Boards will find it possible to operationalize CAT?

In Ohio, it would take between 2-4 years to operationalize CAT after the Delegate Assembly vote. Mississippi needs two years to obtain funds from their budgeting process, thus it would take about 3-5 years for CAT implementation. In New York, it would take 2 years at a minimum. New York would try to contract the CAT testing tasks out to an independent company. It would take Massachusetts 4 years to contract for testing sites. South Carolina would need 2 years for the required budget adjustments alone. Coupled with the need for restructuring of personnel, South Carolina might need up to 4 or 5 years to implement CAT. It would take 2-5 years to operationalize CAT for California LVNs.

#### FACTORS AFFECTING TIMELINES

- The cost of CAT and the state budgeting process
- Member Boards contracts with testing facilities and their ability (or not) to contract quickly
- The availability of appropriate computerized testing sites
- The structure of the board of nursing; independent boards will have the ability to progress faster than umbrella-type boards
- There are many staffing issues, including hiring and training appropriate personnel; most states cannot hire anybody until the funding is already in place

Do you project that Member Boards, operating within staffing and budgetary constraints, are likely to find it any easier or more difficult to operationalize CAT than a third annual administration of NCLEX-RN and NCLEX-PN?

For New York, a third NCLEX would be easier to operationalize than CAT. For Ohio, Mississippi, and Massachusetts, a third NCLEX would be easier to operationalize than CAT, but they would choose instead to start CAT. For South Carolina, the third NCLEX is easier in the short term, but in the long-term it would be harder, so CAT would be easier to operationalize.

The Committee feels that it is important to express that although operational, cost, logistic, etc. data will be obtained by August 1991, it is required from the psychometric perspective that the measurement properties of CAT for the NCLEX-PN be determined.

#### **FACTORS AFFECTING OPERATIONAL ISSUES**

- It is easier to implement a procedure that is already known (as would be the case for a third NCLEX)
- The same factors affect operational issues that were mentioned as affecting the timeline issues

The Committee feels that the costs of a third NCLEX far exceeds income from a third administration. Also, the easiness of operational issues is not the key issue, what should be most considered is the cost vs. benefit of a third administration. A possible third NCLEX only affects foreign-takers and failure-candidates, the Council needs to look at long-term benefits.

How do you believe CAT compares to a third annual administration of NCLEX-RN and NCLEX-PN in terms of effectiveness in decreasing the time for new graduates and repeat takers of the examination to become licensed and enter the workforce?

The Committee strongly feels that CAT would be much more effective than a third NCLEX is getting people into workforce faster. A third NCLEX administration would only move small numbers of candidates into the workforce since the test-taking population would mostly be repeaters. Also there may be a problem with a third administration unless the deliverables dates were changed. There would not be enough time for repeaters to receive their results and re-apply for the third administration.

The Committee feels that the Council needs to also consider that CAT delivers a better pass/fail decision for candidates. A CAT licensure exam would not only get candidates into the workforce faster, but would be putting the right people into the field.

Is there any difference in perceptions in the political arena of the acceptability or effectiveness of CAT as compared to a third administration?

The Committee feels that CAT is perceived as more effective in the political arena; acceptability is a question of education. It is up to the boards of nursing to build the proper perception with the political people. In every field test state there has been a very good reaction to CAT field testing. The first set of live CAT-NCLEX scores will be very important to the perceptions of CAT.

The Committee is also concerned about the possibility of a third administration in the following context: after the RN field testing and Delegate Assembly vote, there may be a phase-in of an operational CAT-NCLEX-RN. Also a field testing of CAT for the PN exam would be started. So, for combined boards, there is possibility of eight different tests being administered in the same year (if a third NCLEX is approved) - CAT-RN, NCLEX-PN (2), NCLEX-RN (2), PN-Field Testing, and the third NCLEX administrations (2).

The Committee also feels that if the third administration is approved, and it is not optional, there would be great implications for the CAT project.



## PRELIMINARY AREA MEETING REPORT

### THIRD NCLEX ADMINISTRATION

The 1989 Delegate Assembly mandated the Board of Directors to study the issue of administering a third NCLEX examination on a cyclical basis. This interim report is being provided at the area meetings to share with you the preliminary results. A full report will be made to the Board in April with that report becoming available for the Delegate Assembly.

The Board of Directors appreciates the responses of those boards who answered the detailed survey. This report is based upon the 41 surveys returned as of January 25th. As of March, 49 Boards have returned the survey.

The surveys from the member boards provided us with information on the candidate pool for a third NCLEX. The estimates show that the candidate pool would primarily be made up of candidates who had previously failed the exam, that is both U. S. educated and foreign educated candidates. The decreasing length of time between program completion and taking NCLEX was seen to have positive and negative effects. There was some agreement that candidates may benefit from more opportunity to retake the exam, and it would reduce lost time and wages resulting from being in the work force sooner.

Some boards indicated a third NCLEX may be perceived positively, but the majority felt that boards of nursing would not benefit from a third administration.

Almost all respondents said that jurisdictions should have the option to not give a third administration. Most also believed that start up costs should be paid by each member board proportional to the number of candidates that test with the third administration. There is no clear consensus on how the cyclical costs should be handled. External funding was not seen as available option. A regional test administration was viewed as a viable option for only about a third of the respondents, with equal selection of acceptable options of the council as the administration agency or another state as a permanent site. Almost all respondents indicated candidate fees and licensure fees would be increased to cover costs with only a minority of boards seeing the project as revenue producing. In terms of implementing a third exam, jurisdictions said it would take seven months to twenty years with the average being 2.5 years to implement a third administration.

On two points respondents were crystal clear. The first was that a third administration is not seen as significantly serving the candidates better than the current system. And the second is that all respondents see CAT as a viable alternative to adding a third administration in order to serve the needs of candidates in health care organizations.

A summary from the Committee for Special Projects gave some speculative responses. This committee indicated it would take two to five years to operationalize CAT. They noted it may be easier for member boards to implement a third NCLEX because it is a known procedure; however, the costs far exceed income and benefits. They believe CAT would be more effective in getting nurses into the work force sooner. If there was a third administration and the board starting implementing CAT and field testing CAT-PN, a combined board could be balancing eight different exam administrations.

The Examination Committee looked at the issue again. Right now there is an inadequate item pool to support three administrations, so more exam development at every step would be needed which is a costly process. They indicated that more items may be tried out with a third administration. Also when the number of first time candidates is reduced per examination, this may affect the reliability of tryout item statistics.

The last committee to provide a response was the Finance Committee. They suggested two options for distributing start up costs. The first was to spread the costs across all candidates in all jurisdictions in one year. The second option would be that a member board would be assessed a proportional share of the start up costs based upon the number of candidates it tests at the third administration. The Finance Committee suggested that cyclical costs be spread across candidates who take the third administration.

CTB's comments referred back to their report at the Delegate Assembly and will be incorporated in the final report. The Council staff also provided comments, particularly relative to the costs for being the test administration agency for a regional site.

Prepared by Gail McGuill

30890 \clf

## National Council Operational Plan (FY 90) \*

Goal I. Develop, promote, and provide relevant and innovative services.

Objective A: Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.

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### FY 90 Activity

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|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Collect data from states relative to competencies for nursing practice.                                                            | <p>Nursing Practice and Education Committee monitors the entry into practice issue and presents an updated report to 1989 Delegate Assembly. Staff collect data related to entry into practice as part of yearly collection of statistical data. Funded under Nursing Practice and Education Committee.</p> <p>Research staff conducts study of experienced PN/VN practice in a variety of settings. Funded under Research Services.</p>                                                                                                                                                            |
| 2. Establish the directions for the development of licensure examinations based on ongoing job analysis and role delineation studies. | <p>Examination Committee explores the psychometric properties of the licensure examinations. Funded under Examination Committee.</p> <p>Examination Committee monitors development of licensure examinations and recommends modifications as necessary. Funded under Examination Committee.</p> <p>Board of Directors annually evaluates the need for additional item writers and panel of content experts sessions. Funded under Board of Directors.</p> <p>Staff monitor compliance of contractors with contract provisions especially production of items. Funded under NCLEX support costs.</p> |

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\* As of November 10, 1989

\*\* Requires Delegate Assembly Action

—————> No activity planned

3. Evaluate the ACT report for implications in the initial licensing examinations and for competency examinations.

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4. Continue to conduct research on the job-relatedness of the licensure examinations.

Staff conduct RN job analysis using revised instrument. Funded under Research Services.

Examination Committee reviews the results of the RN job analysis. Funded under Examination Committee.

5. Continue to develop test plans for licensure examinations that are based on current nursing practice.

Examination Committee presents recommendation regarding PN test plan to Delegate Assembly 1989,\*\* implements decision of 1989 Delegate Assembly on test plan revisions. Funded under Examination Committee.

6. Perform a feasibility study of the computerized adaptive testing program.

Examination Committee collaborates with Committee for Special Projects on aspects of project that relate to item development. Funded under Examination Committee and Committee for Special Projects.

Committee for Special Projects prepares update report for 1990 Delegate Assembly. Funded under Computerized Adaptive Testing (CAT) Designated Fund.

The Committee for Special Projects continues the conduct of the Computerized Adaptive Testing (CAT) Study along the timelines presented to the 1988 Delegate Assembly. Funded under CAT Designated Fund.

Committee for Special Projects continues planning, assistance and communication with selected field test states for July 1990 and February 1991. Funded under CAT Designated Fund.

Committee for Special Projects continues regular communication to Member Boards of CAT progress through Newsletter and other special materials. Funded under CAT Designated Fund.

7. Investigate the feasibility of computerized clinical simulation testing (CST) for initial and continued licensure.

CST Steering Committee conducts computerized clinical simulation testing project as proposed and develops and tests software/database program. Funded under CST restricted funds.

Board of Directors evaluates preliminary data regarding CST and directs staff to initiate, if appropriate, beginning development of a proposal for continuation of funding. Funded under Board of Directors.

CST Steering Committee oversees development of scoring keys for CST cases. Funded under CST restricted funds.

8. Explore producing licensure examinations through computer-based technology.

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**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective B: Establish policies and procedures for the licensing examinations in nursing.**

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**FY 90 Activity**

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1. Develop policies and procedures for computer-based testing.

Administration of Examination Committee, Examination Committee, Committee for Special Projects, and CST Steering Committee continue the development of policies and procedures for computer-based testing. Funded under CAT Designated Fund and CST restricted funds.

Administration of Examination Committee recommends policies related to security measures for CAT field testing to the Board of Directors. Funded under CAT Designated Funds.

2. Evaluate policies and procedures for the licensing examinations.

Chairs of committees, which functions impact on testing, meet annually and as necessary to coordinate examination and practice-related activities. Funded under appropriate committees.

Administration of Examination Committee monitors the plan for Crisis Management. Funded under Administration of Examination Committee.

Examination Committee establishes and monitors a bias sensitivity review process. Funded under Examination Committee.

Examination Committee and Administration of Examination Committee review existing policies and procedures for test development and administration. Funded under Examination Committee and Administration of Examination Committee.

Administration of Examination Committee reviews report of Delaware Board regarding administration of examination in Germany for 1989-90 and makes recommendation.\*\* Funded under Administration of Examination Committee.

Administration of Examination Committee sets NCLEX future dates/alternate dates and reports findings. Funded under Administration of Examination Committee.

Staff publish NCLEX administration dates/alternate dates for next ten years. Funded under NCLEX Support Costs.

Board of Directors implements Delegate Assembly decision to extend test service and data center contract with CTB for two years (1991-93). Funded under NCLEX supports costs.

Board of Directors studies need for and feasibility of third annual administration of NCLEX-RN and PN. Funded under Board of Directors and NCLEX support costs.



**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective C: Provide consultative services for National Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.**

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**FY 90 Activity**

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|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Expand and promote orientation and educational programs for Member Boards.                | <p>Communications Committee plans orientation program for 1990 Delegate Assembly with presentations for targeted needs. Funded under Communications Committee.</p> <p>Communications Committee reviews survey findings on educational programs at convention and proposes programs, if appropriate. Funded under Delegate Assembly.</p> <p>Coordinating Committee and staff prepare and present planning session for Board of Directors and committees. Funded under Fall Planning Retreat.</p> <p>Staff review and update orientation manual. Funded under Fall Planning Retreat.</p> <p>Staff continue to respond to written or telephone inquiries for service or assistance. Funded under appropriate program.</p> |
| 2. Develop an orientation section in the NCSBN Manual for new Board staff and Board members. | <p>Communications Committee and staff review and update orientation sections as needed. Funded under Communications Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3. Explore the consultation needs of Member Boards.                                          | <p>Staff continue to provide consultation visits to Member Boards. Funded under Public Relations.</p> <p>Board of Directors evaluates continuation of field consultation visits. Funded under Board of Directors.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

4. Publish a list of consultants within the Council according to area of expertise with input from Member Boards.
- Communications Committee develops a reference document of National Council consultants. Funded under Communications Committee.
5. Monitor the health care delivery system to evaluate implications for safe and effective practice.
- Staff publishes health care references for regulatory impact. Funded under Nursing Practice and Education Committee.
- Nursing Practice and Education Committee monitors implementation of PL100-203 and reports to 1989 Delegate Assembly regarding regulatory implications. Funded under Nursing Practice and Education Committee.
6. Continue to disseminate National Council statements on trends and issues affecting nursing education and nursing practice.
- Staff continue to publish and disseminate Issues on a bi-monthly basis and other documents as appropriate. Funded under Publications.
7. Develop Nurse Aide Competency Evaluation Program (NACEP).
- Nurse Aide Competency Evaluation Program (NACEP) Committee and test service submit reports to the Board of Directors and Delegate Assembly. Funded through test service contract.
- NACEP Committee oversees the ongoing development of the nurse aide competency evaluation program, including blueprint based on job analyses data; administration instructions and security measures; supervision of item/task development and administration processes; and final approval of each form of the competency evaluation program. Funded through test service contract.
- NACEP Committee initiates the process for the inclusion of home health aides in NACEP. Funded through test service contract.
- NACEP Committee addresses issues related to acute care nurse aide inclusion in NACEP. Funding to be determined.
- Test service and NACEP Committee market Nurse Aide Competency Evaluation Program to state agencies responsible for evaluation of Nurse Aides. Funded through test service contract and NACEP designated fund.

**Strategy 7 (continued)**

National Council staff provide fact sheets and updates on federal and state nurse aide competency evaluation activities to Member Boards. Funded under NACEP designated fund.

NACEP Committee and National Council staff promote efforts for working with constituent members and other organizations to safeguard the public health and welfare by preserving the integrity of the 1987 Nursing Home Reform Act and related laws. Funding to be determined.

NACEP Committee reviews the test service plan for assisting states with the one year post approval program provider reviews. Funded through test service contract.

National Council staff conducts incumbent job analysis survey. Funded under NACEP designated funds.

NACEP Committee develops comprehensive report on the status of the program and presents recommendations to the Board of Directors and Delegate Assembly. Funded under NACEP designated funds.

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective D: Maintain and enhance communication about the National Council, its members, and issues concerning safe and effective nursing practice.**

**FY 90 Activity**

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|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Continue investigation of electronic mail and electronic communications, including teleconferencing. | <p>Communications Committee develops strategies for more effective marketing of NCNET. Funded under Communications Committee.</p> <p>Staff markets and provides training and technical support to Member Boards on NCNET; develops increased use of routine forms. Funded under Public Relations.</p> <p>Board of Directors evaluates NCNET. Funded under Board of Directors.</p>            |
| 2. Investigate mechanism for increased communications among Member Boards and National Council.         | <p>Communications Committee recommends to Board of Directors a model for effective communication among Member Boards, National Council committees, and other groups. Funded under Communications Committee.</p> <p>Communications Committee identifies specific areas of policy development related to communications. Funded under Communications Committee.</p>                            |
| 3. Provide forums for Member Board exchange.                                                            | <p>Board of Directors continues to implement open forums at Board meetings. Funded under Board of Directors.</p> <p>Communications Committee and staff plan forums on topics of Member Board interest during 1990 Delegate Assembly. Funded under Delegate Assembly.</p> <p>Area Directors, supported by staff, plan agendas for Member Board Area meetings. Funded under Area Meetings.</p> |

## Strategy 3 (continued)

- Staff updates and disseminates resource list of paper and presentation topics. Funded under Publications.
4. Stimulate greater use of National Council resources by updating members on available service. Communications Committee and staff publicize, through biweekly Newsletter, existing National Council resources and services. Funded under Publications.
5. Provide audiovisual materials on the license examinations for nursing practice. Staff make available audiovisual materials on NCLEX development. Funded under Examination Committee.
6. Provide a publication about trends in regulation and activities of Member Boards. Staff continue comprehensive report of issues and trends to Member Boards. Funded under Nursing Practice and Education Committee and Publications.
- Staff publish State Nursing Legislation Quarterly. Funded under Publications.
7. Maintain and update NCSBN Manual. Staff review changes made by 1989 Delegate Assembly, the Board of Directors and committees and, on that basis, updates policies and procedures and circulates revised or new forms and materials to Member Boards. Funded under Communications Committee.
8. Evaluate current and future publications related to the licensing process, legal responsibilities, and National Council services. Communications Committee reports to Board of Directors an evaluation of the State Nursing Legislation Quarterly. Funded under Communications Committee.
- Board of Directors evaluates SNLQ. Funded under Board of Directors.
- Communications Committee and staff plan themes for Issues for the year. Funded under Communications
- Staff publish and disseminate annual report, including examination data, to Member Boards and other organizations. Funded under Publications.
- Staff prepare Book of Reports which includes summary of prior Delegate Assembly actions. Funded under Delegate Assembly.

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|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Continue to publish the national disciplinary data bank reports and summaries.     | Staff collect, summarize, and disseminate data on disciplinary reports. Funded under Disciplinary System.                                                                       |
|                                                                                       | Staff monitors status of National Practitioner Data Base. Funded under Disciplinary System.                                                                                     |
| 10. Publish National Council research on licensure examinations and nursing practice. | Staff publish research findings on licensure examinations and nursing practice. Funded under Publications.                                                                      |
| 11. Publish test plans for licensure examinations.                                    | Staff make available test plans for both the RN and PN/VN licensure examinations. Funded under Publications.                                                                    |
| 12. Publish study guides on the licensure examinations.                               | Staff reviews and updates study guides on the licensure examinations as required. Funded under Publications.                                                                    |
|                                                                                       | Communications Committee and staff monitor Chicago Review Press contract compliance. Funded under Communications Committee.                                                     |
| 13. Publish the National Council long range plan.                                     | Long Range Planning Committee reviews and evaluates prior long range plan documents and prepares report for 1990 Delegate Assembly. Funded under Long Range Planning Committee. |
| 14. Provide <u>Model Nursing Practice Act</u> and <u>Model Administrative Rules</u> . | Staff continue to make available the <u>Model Nursing Practice Act</u> and <u>Model Administrative Rules</u> . Funded under Publications.                                       |
| 15. Publish ACT reports.                                                              | Staff make available reports of job analysis studies conducted by ACT. Funded under Publications.                                                                               |

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective E: Promote consistency in the licensing process among the respective jurisdictions.**

**FY 90 Activity**

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| 1. Evaluate the regulatory implications of entry into practice and its implications for National Council services. | Nursing Practice and Education Committee reports to 1989 Delegate Assembly the completed work of the Subcommittee on PN/VN Competencies. The Board of Directors monitors development of the contextual job analysis instrument and sample sizes in differentiated practice sites. Funded under Nursing Practice and Education Committee, Research Services, and Board of Directors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2. Continue to investigate mechanisms for evaluating continued competence.                                         | <p>Nursing Practice and Education Committee and staff continue to maintain a clearinghouse on regulatory and nursing trends for impact on continued competency of nursing practice. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee identifies minimum levels of continued competence and reviews methods of determining maintenance of minimal competence. Funded under Nursing Practice and Education Committee.</p> <p>Examination Committee consults, as requested by Nursing Practice and Education Committee, on methods of determining maintenance of minimal competence. Funded under Examination Committee.</p> <p>Nursing Practice and Education Committee develops a conceptual framework for continued competence and licensure; continued competence as it is related to relicensure; and concepts of "assure" and "ensure" related to general regulatory responsibilities. Funded under Nursing Practice and Education Committee.</p> |

3. Provide data to Member Boards on licensure requirements.

Nursing Practice and Education Committee identifies mechanisms for maintenance of continued competence and operationally defines the. Funded under Nursing Practice and Education Committee.

Nursing Practice and Education Committee recommends to 1989 Delegate Assembly uniform requirements for licensure of foreign educated nurses. Funded under Nursing Practice and Education Committee.

Nursing Practice and Education Committee recommends standards for licensure by endorsement. Continues to monitor issues related to licensure by endorsement. Funded under Nursing Practice and Education Committee.

Nursing Practice and Education Committee circulates adopted uniform requirements for endorsement. Funded under Nursing Practice and Education Committee.

Examination Committee studies the comparability of NCLEX-RN and CNATS and reports to the Board of Directors. Funded under Examination Committee.

Staff publishes updated compilation of Member Boards licensure requirements. Funded under Research Services and Publications.



**Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.**

**Objective A: Implement a planning model to be used as a guide for the development of the National Council.**

**FY 90 Activity**

1. Provide for an organizational planning process and structure.

Long Range Planning Committee reviews literature and accepts common definitions of terms related to long range planning. Funded under Long Range Planning Committee.

Long Range Planning Committee develops committee policies and procedures. Funded under Long Range Planning Committee.

Long Range Planning Committee reviews Member Boards' statutes, rules, regulations, and other documents related to a mission statement and compares with that of the National Council.

Long Range Planning Committee begins review of Member Boards' goals and begins comparison with those of National Council. Funded under Long Range Planning Committee.

Long Range Planning Committee develops a timeline for periodic review of the mission statement, goals, objectives, strategies, and organizational structure. Funded under Long Range Planning Committee.

Long Range Planning Committee obtains input from Member Boards relative to the effectiveness and/or benefits of program areas. Funded under Long Range Planning Committee

Long Range Planning Committee explores the development of a tool to evaluate the effectiveness and benefits of program areas. Funded under Long Range Planning Committee.

Committees, Board of Directors and staff plan for the next fiscal year during the Fall Planning session. Funded under Fall Planning Retreat and committees.

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| 2. Develop an evaluation mechanism for the organization.                                | <p>Long Range Planning Committee develops a plan for evaluation of the organization. Funded under Long Range Planning Committee.</p> <p>Board of Directors reviews policies and procedures of standing committees. Funded under Board of Directors.</p>                                                                                                                                                                                                                                                                                     |
| 3. Implement a program budgeting system for the National Council.                       | <p>Finance Committee evaluates the program budget. Funded under Finance Committee.</p> <p>Finance Committee evaluates the feasibility of coordinating the budget and operational plan and prepares to report to 1990 Delegate Assembly. Funded under Finance Committee.</p> <p>Finance Committee evaluates the effectiveness of the fiscal impact statement with actual costs and makes adjustments as required. Funded under Finance Committee.</p>                                                                                        |
| 4. Investigate the feasibility of new revenue sources for the organization.             | <p>Finance Committee continues to explore new revenue sources for the National Council. Funded under Finance Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. Maintain financial policies which provide guidelines for organizational development. | <p>Finance Committee continues to recommend financial policies to the Board of Directors and evaluates the financial policies of the National Council. Funded under Finance Committee.</p> <p>Finance Committee continues to evaluate and revise currently existing designated funds and recommends to the Board of Directors need for additional designated funds. Funded under Finance Committee.</p> <p>Finance Committee and staff monitor and evaluate the management of the investment portfolio. Funded under Finance Committee.</p> |
| 6. Review and revise forecast assumptions to maintain a current forecasting model.      | <p>Finance Committee and staff evaluate and revise the forecasting model using FY89 data. Funded under Finance Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                               |

**Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.**

**Objective B: Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.**

**FY 90 Activity**

1. Evaluate the current organizational structure relative to:

1. organizational planning;
2. committee structure;
3. membership options;
4. decision-making process;
5. interrelationships; and
6. lines of communication and authority.

Bylaws Committee considers proposed amendments to bylaws. Funded under Bylaws Committee.

Bylaws Committee reports to 1989 Delegate Assembly on any revisions or amendments to the bylaws. Funded under Bylaws Committee.

Committee on Nominations evaluates candidates and prepares slate. Funded under Committee on Nominations.

Committee on Nominations reviews and evaluates pre-screening framework. Funded under Committee on Nominations.

Committee on Nominations evaluates campaign process and guidelines, and revises if necessary. Funded under Committee on Nominations.

**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health-related public policy.**

**Objective A: Provide specific opportunity for direct dialogue, interaction and mutual decision-making among national health groups.**

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**FY 90 Activity**

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| 1. Develop a public relations program for the National Council.                          | <p>Communications Committee plans, as part of the communications model, National Council's public relations program. Funded under Communications Committee.</p> <p>Communications Committee, president and staff maintain ongoing liaison activities with major nursing, health care, and regulatory organizations. Funded under Public Relations.</p> <p>Board of Directors presents the R. Louise McManus Award. Funded under Communications Committee.</p> <p>Communications Committee recommends nominees for Member Board and Meritorious Service awards. Funded under Communications Committee.</p> |
| 2. Initiate a sponsorship of educational programs of regulatory significance.            | <p>Communications Committee reviews evaluations of Regulatory Conference and, with staff, recommends plan for future regulatory conferences. Funded under Communications Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. Expand dissemination of information about the National Council and regulatory trends. | <p>Communications Committee and staff continue to implement identified methods of distributing information about the National Council and regulatory trends. Funded under Communications Committee.</p> <p>Committees review and disseminate information about state and federal initiatives that have regulatory implications. Funded under appropriate committees.</p>                                                                                                                                                                                                                                  |

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| 4. Promote the inclusion of a regulatory perspective in national and regional programs on health and related issues. | Board of Directors and staff, through interorganizational liaison activities, promote the inclusion of the regulatory perspective in national and regional programs on health and related issues. Funded under Public Relations.           |
| 5. Involve consumers in the development of clear position statements on health-related public policies.              | Board of Directors continues to appoint consumer members of Member Boards to National Council committees, especially those committees that develop position statements on health-related public policies. Funded under Board of Directors. |
| 6. Maintain effective working relationships with appropriate community agencies, business and industry.              | Communications Committee assesses feasibility of an informational interchange between the National Council and appropriate external agencies. Funded under Communications Committee.                                                       |

**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health-related public policy.**

**Objective B: Promote and facilitate effective communications with related organizations, groups, and individuals.**

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**FY 90 Activity**

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| 1. Sponsor an annual invitational forum in collaboration with related organizations.                                                       | Communications Committee plans a forum for interchange between National Council and health-related organizations. Funded under Communications Committee.                                                      |
| 2. Work with health-related organizations in formalizing statements on trends and issues affecting nursing education and nursing practice. | Nursing Practice and Education Committee meets with selected committees of other interested organizations to identify continued competency mechanisms. Funded under Nursing Practice and Education Committee. |
|                                                                                                                                            | President participates as member of governing board of the National Commission on Nursing Implementation Project. Funded under Public Relations.                                                              |

3. Identify and promote desirable and reasonable standards in nursing education and nursing practice.

National Council works cooperatively with other nursing and health care organizations, and supports efforts of Member Boards and the nursing community, to promote desirable and reasonable standards in nursing education and practice. Funded under Board of Directors.

**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health-related public policy.**

**Objective C: Increase consumer involvement with the National Council.**

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**FY 90 Activity**

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1. Seek interorganizational sharing of information with consumer groups.

Staff facilitates network for consumer members of Member Boards. Funded under Public Relations.

Communications Committee identifies ways of sharing information with interested consumer groups. Funded under Communications Committee.

2. Continue appointment of consumers to the National Council committees.

Board of Directors and staff solicit consumer members of Member Boards for appointment to NCSBN committees. Appoint outside consumer consultants to committees as needed. Funded under Board of Directors.

Committee on Nominations solicits consumer members of Member Boards for nomination to the Board of Directors. Funded under Committee on Nominations.

**Goal IV. Develop a comprehensive information system for use by members, organizations and the public.**

**Objective A: Implement a five year plan for an information system.**

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**FY 90 Activity**

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1. Consolidate present information system.

Nurse Information System Committee (NIS) initiates data collection on key licensure data from those jurisdictions that are representative of Member Boards' data collection capabilities. Funded under NIS Committee.

NIS Committee continues to work with Member Boards to identify currently available data and mechanisms for obtaining data not currently accessible. Funded under NIS Committee.

2. Assign a Board level committee to develop guidelines for data collection, data use, distribution, and other functions related to information systems.

NIS Committee continues to pursue outside funding for the pilot project as well as funding for full implementation of the total project to collect licensee information. Funded under NIS Committee.

NIS Committee, if funding is obtained, initiates design of data collection instrument for pilot project. Funded under NIS Committee.

NIS Committee prepares to sponsor a presentation, as needed, during the 1990 Convention Research Forum regarding information systems utilized for data collection and analysis, and demonstrates what would be necessary to provide critical nurse identification elements. Funded under Delegate Assembly.

NIS Committee and staff draft a budget for the total implementation of the project and communicate budget information to potential external funding sources. Funded under NIS Committee.

**Goal IV. Develop a comprehensive information system for use by members, organizations and the public.**

**Objective B: Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions.**

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**FY 90 Activity**

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1. Assess the market for data distribution. \_\_\_\_\_>
2. Develop and market a nurse licensee database if market assessment indicates such action. \_\_\_\_\_>
3. Establish a data clearinghouse. \_\_\_\_\_>



**Goal V. Advance research that contributes to the public health, safety, and welfare.**

**Objective A: Conduct and disseminate research pertinent to the mission of the National Council.**

**FY 90 Activity**

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| 1. Evaluate the use of the <u>Model Nursing Practice Act</u> and make appropriate revisions. | <p>Nursing Practice and Education Committee updates report of findings on incorporation of quality assurance mechanisms by states to 1989 Delegate Assembly. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee develops standards for regulation of nurse aides for inclusion in the <u>Model Nurse Practice Act</u> and <u>Model Administrative Rules</u> for report to the 1990 Delegate Assembly. Funded under NACEP designated fund.</p> <p>Nursing Practice and Education Committee prepares a paper on delegation. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee collects data on transport, traveling and interstate nurse roles.</p> |
| 2. Gather data regarding the regulatory issues of chemically dependent nurses.               | <p>Nursing Practice and Education Committee reports work of Subcommittee on Regulatory Models for Chemically Dependent Nurses and seeks funds to implement, as proposed, an approved study. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committees studies the issue of peer assistance programs as they relate to endorsement. Funded under Nursing Practice and Education Committee.</p>                                                                                                                                                                                                                                                                                                                |

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| 3. Gather data concerning issues and trends regarding disciplinary actions.                                     | Staff publishes yearly update on the data from the disciplinary data bank. Funded under Disciplinary System.                                                                                              |
|                                                                                                                 | Nursing Practice and Education Committee collects data on declaratory statements and advisory opinions. Funded under Nursing Practice and Education.                                                      |
| 4. Monitor the major nursing research projects relative to implications on legal standards of nursing practice. | Staff continues to review literature to identify resources related to legal standards of nursing practice. Funded under standards.                                                                        |
| 5. Investigate research needs regarding approval of nursing education programs.                                 | —————>                                                                                                                                                                                                    |
| 6. Gather data concerning advanced practice.                                                                    | Board of Directors appoints individuals to participate as requested in groups considering advanced practice issues, e.g. certification of specialties, credentialing, etc. Funded under Public Relations. |
|                                                                                                                 | Nursing Practice and Education Committee collects data on the activities of generalists as they relate to advanced nursing roles. Funded under Nursing Practice and Education Committee.                  |

Goal V. Advance research that contributes to the public health, safety, and welfare.

Objective B: Promote research proposals annually which merit funding.

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FY 90 Activity

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| 1. Disseminate research at annual convention.                                                             | Communications Committee plans a forum for research sharing at the annual convention. Funded under Communications Committee. |
| 2. Maintain a database of potential sources of government and private grant funding in areas of interest. | Staff maintain a list of potential sources of government and private grant funds. Funded under Research Services.            |

**Goal V. Advance research that contributes to the public health, safety, and welfare.**

**Objective C: Involve Member Boards in research at the jurisdictional level for use and distribution by the National Council.**

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**FY 90 Activity**

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| 1. Request and publicize abstracts of completed, ongoing and projected studies by Member Boards. | —————>                                                                                     |
| 2. Publish research findings in National Council publications.                                   | Staff publish research findings as obtained from Member Boards. Funded under Publications. |

## National Council Operational Plan (FY 91) \*

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective A: Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.**

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### FY 91 Activity

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| 1. Collect data from states relative to competencies for nursing practice.                                                            | <p>Nursing Practice and Education Committee monitors the entry into practice issue and presents an updated report to 1990 Delegate Assembly. Staff collect data related to entry into practice as part of yearly collection of statistical data. Funded under Nursing Practice and Education Committee.</p> <p>Research staff reports to 1990 Delegate Assembly results of study of experienced PN/VN practice in a variety of settings. Funded under Research Services.</p>                                                                                                                                                                            |
| 2. Establish the directions for the development of licensure examinations based on ongoing job analysis and role delineation studies. | <p>Examination Committee explores the psychometric properties of the licensure examinations. Funded under test service contract and Examination Committee.</p> <p>Examination Committee monitors development of licensure examinations and recommends modifications as necessary. Funded under test service contract and Examination Committee.</p> <p>Board of Directors annually evaluates the need for additional item writers and panel of content experts sessions. Funded under Board of Directors.</p> <p>Staff monitor compliance of contractors with contract provisions especially production of items. Funded under NCLEX support costs.</p> |

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\* As of November 10, 1989

\*\* Requires Delegate Assembly Action

————— > No activity during fiscal year

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| 3. Evaluate the ACT report for implications in the initial licensing examinations and for competency examinations.    | <hr style="border: 0.5px solid black; width: 250px; margin-left: 0;"/> <p>Staff conduct PN job analysis study. Funded under Research Services.</p> <p>Examination Committee presents recommendations regarding RN job analysis to 1990 Delegate Assembly.** Funded under Examination Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4. Continue to conduct research on the job-relatedness of the licensure examinations.                                 | <p>Examination Committee activity with respect to RN test plan: to be determined.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Continue to develop test plans for licensure examinations that are based on current nursing practice.              | <p>Examination Committee collaborates with Committee for Special Projects on aspects of project that relate to item development. Funded under Examination Committee and Committee for Special Projects.</p> <p>Committee for Special Projects continues to conduct the Computerized Adaptive Testing (CAT) Study along the timelines presented to the 1988 Delegate Assembly. Funded under CAT designated funds.</p> <p>Committee for Special Projects continues planning, assistance and communication with selected field test states for July 1990 and February 1991. Funded under CAT designated funds.</p> <p>Committee for Special Projects continues regular communication to Member Boards of CAT progress through <u>Newsletter</u> and other special materials. Funded under CAT designated funds.</p> <p>Committee for Special Projects prepares final CAT project report and, with the Board of Directors, recommendations for Delegate Assembly 1991. Funded under CAT designated funds.</p> |
| 7. Investigate the feasibility of computerized clinical simulation testing (CST) for initial and continued licensure. | <p>CST Steering Committee conducts computerized clinical simulation testing project as proposed and develops and tests software/database program. Funded under CST restricted funds.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

7. *Strategy 7 (continued)*  
Investigate the feasibility of computerized clinical simulation testing (CST) for initial and continued competence.
- CST Steering Committee prepares final report for dissemination to Member Boards. Funded under CST restricted funds.
- CST Steering Committee oversees development of scoring keys for CST cases. Funded under CST restricted funds.
- CST Steering Committee oversees conduct of CST field tests. Funded under CST restricted funds.
- Board of Directors evaluates preliminary data regarding CST and, together with CST Steering Committee, monitors staff development of proposal for continued funding, if appropriate, and develops recommendation to 1991 Delegate Assembly regarding CST.\*\* Funded under CST restricted funds and Board of Directors.
8. Explore producing licensure examinations through computer-based technology. \_\_\_\_\_ >

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective B: Establish policies and procedures for the licensing examinations in nursing.**

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**FY 91 Activity**

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1. Develop policies and procedures for computer based testing.
- Administration of Examination Committee, Examination Committee, Committee for Special Projects, and CST Steering Committee continue the development of policies and procedures for computer-based testing. Funded under CAT designated and CST restricted funds.
- Administration of Examination Committee prepares to recommend policies related to security measures for computer-based testing to Delegate Assembly. Funded under CAT designated and CST restricted funds.

2. Evaluate policies and procedures for the licensing examinations.

Chairs of committees, which functions impact on testing, meet annually and as necessary to coordinate examination and practice-related activities. Funded under appropriate committees.

Administration of Examination Committee monitors the plan for Crisis Management. Funded under Administration of Examination Committee.

Administration of Examination Committee sets NCLEX future dates/alternate dates and reports findings.\*\* Funded under Administration of Examination Committee.

Staff publish NCLEX administration dates/alternate dates for next ten years. Funded under NCLEX support costs.

Examination Committee monitors bias sensitivity review process. Funded under Examination Committee.

Examination Committee and Administration of Examination Committee review existing policies and procedures for test development and administration. Funded under Examination Committee and Administration of Examination Committee.

Board of Directors develops Request for Proposals for test service and data center. Funded under NCLEX support costs.

Board of Directors reports to 1990 Delegate Assembly on feasibility of third NCLEX study\*\*; implements Delegate Assembly decision. Funded under Board of Directors.

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective C: Provide consultative services for National Council members, groups, agencies, and individuals regarding the safe and effective practice of nursing.**

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**FY 91 Activity**

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| 1. Expand and promote orientation and educational programs for Member Boards.                                     | <p>Communications Committee reviews survey findings on education programs at annual convention and proposes programs, if appropriate. Funded under Communications Committee.</p> <p>Coordinating Committee and staff prepare and present planning session for Board of Directors and committees. Funded under Fall Planning Retreat.</p> <p>Staff review and update orientation manual. Funded under Fall Planning Retreat.</p> <p>Staff continue to respond to written or telephone inquiries for service or assistance. Funded under appropriate program.</p> |
| 2. Develop an orientation section in the NCSBN manual for new Board staff and Board members.                      | >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. Explore the consultation needs of Member Boards.                                                               | Board of Directors to determine activity with respect to field consultation visits to Member Boards.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4. Publish a list of consultants within the Council according to area of expertise with input from Member Boards. | Communications Committee reviews and updates the reference document of National Council consultants. Funded under Communications Committee.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Monitor the health care delivery system to evaluate implications for safe and effective practice.              | <p>Staff publishes health care references for regulatory impact. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee monitors implementation of PL100-203 and reports to Delegate Assembly regarding regulatory implications. Funded under Nursing Practice and Education Committee.</p>                                                                                                                                                                                                                     |



6. Continue to disseminate National Council statements on trends and issues affecting nursing education and nursing practice.
- Nursing Practice and Education Committee studies the issues of handicapped nurses related to practice and education. Funded under Nursing Practice and Education Committee.
- Staff continue to publish and disseminate Issues on a bi-monthly basis and other documents as appropriate. Funded under Publications.
7. Develop Nurse Aide Competency Evaluation Program (NACEP).
- Board of Directors and NACEP Committee present comprehensive report on the status of the program to 1990 Delegate Assembly.\*\*
- Nurse Aide Competency Evaluation Program (NACEP) Committee and test service submit reports to the Board of Directors and Delegate Assembly. Funded through test service contract.
- NACEP Committee oversees the ongoing development of the nurse aide competency evaluation program including blueprint based on job analyses data; administration instructions and security measures; supervision of item/task development and administration processes; and final approval of each form of the competency evaluation program. Funded through test service contract.
- NACEP Committee continues the process for the inclusion of home health aides in NACEP. Funded through test service contract.
- NACEP Committee initiates the process for inclusion of acute care nurse aides in NACEP. Funding to be determined.
- Test service and NACEP Committee market Nurse Aide Competency Evaluation Program to state agencies responsible for evaluation of nurse aides. Funded through test service contract and NACEP designated fund.
- National Council staff provide fact sheets and updates on federal and state nurse aide competency evaluation activities to Member Boards. Funded under NACEP designated fund.
- NACEP Committee and National Council staff promote efforts for working with constituent members and other organizations to safeguard the public health and welfare by preserving the integrity of the 1987 Nursing Home Reform Act and related laws. Funding to be determined.

7. *Strategy 7 (continued)*  
Develop Nurse Aide Competency  
Evaluation Program (NACEP).

NACEP Committee reviews the test service plan for assisting states with the one year post approval program provider reviews. Funded through test service contract.

National Council staff conducts incumbent job analysis survey. Funded under NACEP designated funds.

NACEP Committee develops comprehensive report on the status of the program and presents recommendations to the Board of Directors and Delegate Assembly. Funded under NACEP designated funds.

NACEP Committee reviews results of incumbent job analysis survey. Funded through test service contract.

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective D: Maintain and enhance communication about NCSBN, its members, and issues concerning safe and effective nursing practice.**

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**FY 91 Activity**

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| 1. Continue investigation of electronic mail and electronic communications, including teleconferencing. | Board of Directors to determine activity with respect to NCNET.                                                                                                                                                                                                                                                                                                                                   |
| 2. Investigate mechanism for increased communications among Member Boards and National Council.         | Communications Committee establishes implementation of communications model, if approved. Funded under Communications Committee.                                                                                                                                                                                                                                                                  |
| 3. Provide forums for Member Board exchange.                                                            | <p>Communications Committee and staff plan forums on topics of Member Boards interest for 1991 Delegate Assembly. Funded under Communications Committee.</p> <p>Board of Directors continues to implement open forums at Board meetings. Funded under Board of Directors.</p> <p>Area Directors, supported by staff, plan agendas for Member Board Area meetings. Funded under Area Meetings.</p> |

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| 4. Stimulate greater use of NCSBN resources by updating members on available service.                                                | Staff publicize, through biweekly <u>Newsletter</u> , existing National Council resources and services. Funded under Publications.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Provide audio visual materials on the license examinations for nursing practice.                                                  | Staff make available audiovisual materials on NCLEX development. Funded under Publications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. Provide a publication about trends in regulation and activities of Member Boards.                                                 | Staff continue comprehensive report of issues and trends to Member Boards. Funded under Nursing Practice and Education Committee and Publications.<br><br>Board of Directors to determine activity with respect to publication of <u>State Nursing Legislation Quarterly</u> .                                                                                                                                                                                                                                                                                         |
| 7. Maintain and update NCSBN Manual.                                                                                                 | Communications Committee develops a means to ensure currency of NCSBN Manual for Member Boards. Funded under Communications Committee.<br><br>Staff review changes made by 1990 Delegate Assembly, the Board of Directors and committees and, on that basis, updates policies and procedures and circulate revised or new forms and materials to Member Boards. Funded under Publications.                                                                                                                                                                             |
| 8. Evaluate current and future publications related to the licensing process, legal responsibilities, and National Council services. | Communications Committee establishes a comprehensive system to evaluate National Council publications. Funded under Communications Committee.<br><br>Communications Committee and staff plan themes for <u>Issues</u> for the year. Funded under Communications Committee.<br><br>Staff publish and disseminate annual report, including examination data, to Member Boards and other organizations. Funded under Publications.<br><br>Staff prepare <u>Book of Reports</u> which includes summary of prior Delegate Assembly actions. Funded under Delegate Assembly. |
| 9. Continue to publish the national disciplinary data bank reports and summaries.                                                    | Staff collect, summarize, and disseminate data on disciplinary reports. Funded under Disciplinary System.<br><br>Staff monitors status of National Practitioner Data Base. Funded under Disciplinary System.                                                                                                                                                                                                                                                                                                                                                           |

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| 10. Publish National Council research on licensure examinations and nursing practice. | Staff publish research findings on licensure examinations and nursing practice. Funded under Publications.                                                                                                                              |
| 11. Publish test plans for licensure examinations.                                    | Staff make available test plans for both the RN and PN/VN licensure examinations. Funded under Publications.                                                                                                                            |
| 12. Publish study guides on the licensure examinations.                               | Staff reviews and updates study guides on the licensure examinations as required. Funded under Publications.<br><br>Communications Committee evaluates Chicago Review Press contract compliance. Funded under Communications Committee. |
| 13. Publish the National Council long range plan.                                     | Long Range Planning Committee reviews and evaluates prior long range plan documents and reports to 1990 Delegate Assembly. Funded under Long Range Planning Committee.                                                                  |
| 14. Provide <u>Model Nursing Practice Act</u> and <u>Model Administrative Rules</u> . | Staff continue to make available the <u>Model Nursing Practice Act</u> and <u>Model Administrative Rules</u> . Funded under Publications.                                                                                               |
| 15. Publish ACT reports.                                                              | Staff make available reports of job analysis studies conducted by ACT. Funded under Publications.                                                                                                                                       |

**Goal I. Develop, promote, and provide relevant and innovative services.**

**Objective E: Promote consistency in the licensing process among the respective jurisdictions.**

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**FY 91 Activity**

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| 1. Evaluate the regulatory implications of entry into practice and its implications for National Council services. | The Board of Directors evaluates outcomes of RN job analysis with contextual instrument. If appropriate, the Board of Directors makes a recommendation to Delegate Assembly regarding validation of hypothesized sets of competencies through ongoing job analysis studies. Funded under Board of Directors.<br><br>Examination Committee and Nursing Practice and Education Committee collaborate to compare the PN/VN competency statements with PN/VN Knowledge, Skills and Ability statements. Funded under Examination Committee and Nursing Practice and Education Committee. |
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| 2. Continue to investigate mechanisms for evaluating continued competence. | <p>Nursing Practice and Education Committee and staff continue to maintain a clearinghouse on regulatory and nursing trends for impact on continued competency of nursing practice. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee identifies minimum levels of continued competence and reviews methods of determining maintenance of minimal competence. Funded under Nursing Practice and Education Committee.</p> <p>Examination Committee consults, as requested by Nursing Practice and Education Committee, on methods of determining maintenance of minimal competence. Funded under Examination Committee.</p> |
| 3. Provide data to Member Boards on licensure requirements.                | <p>Examination Committee reports to 1990 Delegate Assembly on the comparability of NCLEX-RN and CNATS. Funded under Examination Committee.</p> <p>Staff continues to make available compilation of Member Boards licensure requirements. Funded under Publications.</p>                                                                                                                                                                                                                                                                                                                                                                                                         |

**Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.**

**Objective A: Implement a planning model to be used as a guide for the development of NCSBN.**

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**FY 91 Activity**

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| 1. Provide for an organizational planning process and structure. | <p>Committees, Board of Directors and staff plan for the next fiscal year during the Fall Planning session. Funded under Fall Planning Retreat and committees.</p> <p>The Long Range Planning Committee finalizes the evaluation tool, conducts a pilot test and the tool, and disseminates the tool to Member Boards, Board of Directors and staff; compiles and reviews data obtained. Funded under Long Range Planning Committee.</p> |
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1. *Strategy 1 (continued)*  
Provide for an organizational planning process and structure.
 

The Long Range Planning Committee makes recommendations regarding revisions in the mission statement to the 1990 Delegate Assembly. Funded under Long Range Planning Committee.

The Long Range Planning Committee makes recommendations regarding revisions in goals and objectives to the 1991 Delegate Assembly.
2. Develop an evaluation mechanism for the organization.
 

Board of Directors reviews policies and procedures of standing committees. Funded under Board of Directors.
3. Implement a program budgeting system for the National Council.
 

Finance Committee evaluates the program budget. Funded under Finance Committee.

Coordination of the budget and Operational Plan: Activity to be determined by the Finance Committee.

Finance Committee reviews costs by program using FY90 and FY91 data for evaluation by Board of Directors. Funded under Finance Committee and Board of Directors.

Finance Committee evaluates the effectiveness of the fiscal impact statement with actual costs and makes adjustments as required. Funded under Finance Committee.
4. Investigate the feasibility of new revenue sources for the organization.
 

Finance Committee continues to explore new revenue sources for the National Council. Funded under Finance Committee.
5. Maintain financial policies which provide guidelines for organizational development.
 

Finance Committee continues to recommend financial policies to the Board of Directors and evaluates the financial policies of the National Council. Funded under Finance Committee.

Finance Committee continues to evaluate and revise currently existing designated funds and recommends to the Board of Directors need for additional designated funds. Funded under Finance Committee.

Finance Committee and staff monitor and evaluate the management of the investment portfolio. Funded under Finance Committee.

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| 6. Review and revise forecast assumptions to maintain a current forecasting model. | Finance Committee and staff evaluate and revise the forecasting model using FY90 data. Funded under Finance Committee. |
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**Goal II. Utilize human and fiscal resources efficiently to allow for growth and creativity.**

**Objective B: Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.**

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**FY 91 Activity**

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|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 1. Evaluate the current organizational structure relative to: | Bylaws Committee considers proposed amendments to bylaws. Funded under Bylaws Committee.                                            |
| 1. organizational planning;                                   | Bylaws Committee reports to 1990 Delegate Assembly on any revisions or amendments to the bylaws. Funded under Bylaws Committee.     |
| 2. committee structure;                                       | Committee on Nominations evaluates candidates and prepares slate. Funded under Committee on Nominations.                            |
| 3. membership options;                                        | Committee on Nominations reviews and evaluates pre-screening framework. Funded under Committee on Nominations.                      |
| 4. decision-making process;                                   | Committee on Nominations evaluates campaign process and guidelines and revises if necessary. Funded under Committee on Nominations. |
| 5. interrelationships; and                                    |                                                                                                                                     |
| 6. lines of communication and authority.                      |                                                                                                                                     |

**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

**Objective A: Provide specific opportunity for direct dialogue, interaction and mutual decision making among national health groups.**

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**FY 91 Activity**

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| 1. Develop a public relations program for the National Council. | Communications Committee develops, as part of the communications model, National Council's public relations program. Funded under Communications Committee. |
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|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <i>Strategy 1 (continued)</i><br/>Develop a public relations program for NCSBN.</p>                                   | <p>Communications Committee, president and staff maintain ongoing liaison activities with major nursing, health care, and regulatory organizations. Funded under Public Relations.</p> <p>Communications Committee recommends nominees for Member Board and Meritorious Service awards. Funded under Communications Committee.</p> <p>Board of Directors presents awards in accordance with awards/recognition program. Funded under Communications Committee.</p>                                                                           |
| <p>2. Initiate a sponsorship of educational programs of regulatory significance.</p>                                        | <p>Future regulatory conferences: Activity to be determined by Board of Directors with Communications Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>3. Expand dissemination of information about NCSBN and regulatory trends.</p>                                            | <p>Communications Committee and staff continue to implement more effective methods of disseminating information regarding the NCSBN and regulatory trends. Funded under Communications Committee.</p> <p>Committees review and disseminate information about state and federal initiatives that have regulatory implications. Funded under Committees.</p> <p>Communications Committee and staff implement Delegate Assembly decision regarding production of audio visual related to the nursing shortage.** Funded under Publications.</p> |
| <p>4. Promote the inclusion of a regulatory perspective in national and regional programs on health and related issues.</p> | <p>Board of Directors and staff, through interorganizational liaison activities, promote the inclusion of the regulatory perspective in national and regional programs on health and related issues. Funded under Public Relations.</p>                                                                                                                                                                                                                                                                                                      |
| <p>5. Involve consumers in the development of clear position statements on health-related public policies.</p>              | <p>Board of Directors continues to appoint consumer members of Member Boards to National Council committees, especially those committees that develop position statements on health-related public policies. Funded under Board of Directors.</p>                                                                                                                                                                                                                                                                                            |
| <p>6. Maintain effective working relationships with appropriate community agencies, business and industry.</p>              | <p>Communications Committee plans for an informational interchange between the National Council and appropriate external agencies. Funded under Communications Committee.</p>                                                                                                                                                                                                                                                                                                                                                                |



**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

**Objective B: Promote and facilitate effective communications with related organizations, groups, and individuals.**

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**FY 91 Activity**

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| 1. Sponsor an annual invitational forum in collaboration with related organizations.                                                       | Communications Committee plans for an informational interchange between the National Council and appropriate external agencies. Funded under Communications Committee.                                                                                                                                                                                                                                                                                         |
| 2. Work with health related organizations in formalizing statements on trends and issues affecting nursing education and nursing practice. | Nursing Practice and Education Committee meets with selected committees of other interested organizations to identify continued competency mechanism. Funded under Nursing Practice and Education Committee.<br><br>President participates as member of governing board of the National Commission on Nursing Implementation Project. Funded under Public Relations.                                                                                           |
| 3. Identify and promote desirable and reasonable standards in nursing education and nursing practice.                                      | Nursing Practice and Education Committee studies nontraditional models of nursing education for effect on practice and education trends, e.g., career mobility, endorsement.<br><br>National Council works cooperatively with other nursing and health care organizations as well as supports efforts of Member Boards and nursing community to promote desirable and reasonable standards in nursing education and practice. Funded under Board of Directors. |

**Goal III. Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health related public policy.**

**Objective C: Increase consumer involvement with NCSBN.**

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**FY 91 Activity**

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| 1. Seek interorganizational sharing of information with consumer groups. | Communications Committee develops ways of sharing information with interested consumer groups. Funded under Communications Committee. |
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|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <i>Strategy 1 (continued)</i><br>Seek interorganizational sharing of information with consumer groups. | Staff facilitates network group for consumer members of Member Boards. Funded under Public Relations.                                                                                                                                                                                                                                                                             |
| 2. Continue appointment of consumers to National Council committees.                                      | Board of Directors and staff solicit consumer members of Member Boards for appointment to National Council committees. Appoint outside consumer consultants to committees as needed. Funded under Board of Directors.<br><br>Committee on Nominations solicits consumer members of Member Boards for nomination to the Board of Directors. Funded under Committee on Nominations. |

**Goal IV. Develop a comprehensive information system for use by members, organizations and the public.**

**Objective A: Implement a five year plan for an information system.**

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**FY 91 Activity**

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| 1. Consolidate present information system.                                                                                                               | Nurse Information System (NIS) Committee and staff collect and analyze data from pilot project. Funding to be determined.                                                                                                                                                                                                                                                                                                                                                        |
| 2. Assign a Board level committee to develop guidelines for data collection, data use, distribution, and other functions related to information systems. | NIS Committee and staff develop a more detailed budget for total project for submission to external funding source. Funded under NIS Committee.<br><br>NIS Committee finalizes plans for development and maintenance of an ongoing database. Funded under NIS Committee.<br><br>NIS Committee and staff submit finalized funding proposal. Funded under NIS Committee.<br><br>Upon funding, NIS Committee implements procedure for establishment of database. Funded externally. |

**Goal IV. Develop a comprehensive information system for use by members, organizations and the public.**

**Objective B: Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs, and regulatory functions.**

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**FY 91 Activity**

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|---------------------------------------------------------------------------------------------|--------|
| 1. Assess the market for data distribution.                                                 | —————> |
| 2. Develop and market a nurse licensee database if market assessment indicates such action. | —————> |
| 3. Establish a data clearinghouse.                                                          | —————> |

**Goal V. Advance research that contributes to the public health, safety, and welfare.**

**Objective A: Conduct and disseminate research pertinent to the mission of NCSBN.**

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**FY 91 Activity**

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|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Evaluate the use of the <u>Model Nursing Practice Act</u> and make appropriate revisions. | <p>Nursing Practice and Education Committee updates report of findings on incorporation of quality assurance mechanisms by states to 1990 Delegate Assembly. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee recommends to 1990 Delegate Assembly standards for regulation of nurse aides for inclusion in the <u>Model Nurse Practice Act</u> and <u>Model Administrative Rules</u>.** Funded under NACEP designated fund.</p> <p>Nursing Practice and Education Committee prepares a concept paper on the issues of transport, traveling, and interstate nurse roles. Funded under Nursing Practice and Education Committee.</p> |
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| 2. Gather data regarding the regulatory issues of chemically dependent nurses.                                  | <p>If funded, Study on Regulatory Models for Chemically Dependent Nurses implemented. Funded externally.</p> <p>Nursing Practice and Education Committee reports to 1990 Delegate Assembly on the issue of peer assistance programs as they relate to endorsement. Funded under Nursing Practice and Education Committee.</p>                                                                                                                                                                                                                                                                                                                              |
| 3. Gather data concerning issues and trends regarding disciplinary actions.                                     | <p>Staff publishes yearly update on the data from the disciplinary data bank. Funded under Disciplinary System.</p> <p>Nursing Practice and Education Committee prepares a concept paper on declaratory statements and advisory opinions. Funded under Nursing Practice and Education Committee.</p>                                                                                                                                                                                                                                                                                                                                                       |
| 4. Monitor the major nursing research projects relative to implications on legal standards of nursing practice. | <p>Staff continues to review literature to identify resources related to legal standards of nursing practice. Funded under standards.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Investigate research needs regarding approval of nursing education programs.                                 | <p>—————&gt;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. Gather data concerning advanced practice.                                                                    | <p>Nursing Practice and Education Committee prepares a concept paper on the activities of generalists as they relate to advanced nursing roles. Funded under Nursing Practice and Education Committee.</p> <p>Nursing Practice and Education Committee prepares a concept paper on the utilization and supervision of public health, community health, and school nurse roles. Funded under Nursing Practice and Education Committee.</p> <p>Board of Directors appoints individuals to participate as requested in groups considering advanced practice issues, e.g. certification of specialties, credentialing, etc. Funded under Public Relations.</p> |

**Goal V. Advance research that contributes to the public health, safety, and welfare.**

**Objective B: Promote research proposals annually which merit funding.**

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**FY 91 Activity**

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|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. Disseminate research at annual convention.                                                             | Communications Committee plans a forum for research sharing during the annual convention. Funded under Delegate Assembly. |
| 2. Maintain a database of potential sources of government and private grant funding in areas of interest. | Staff maintain a list of potential sources of government and private grant funds. Funded under Research Services.         |

**Goal V. Advance research that contributes to the public health, safety, and welfare.**

**Objective C: Involve Member Boards in research at the jurisdictional level for use and distribution by NCSBN.**

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**FY 91 Activity**

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| 1. Request and publicize abstracts of completed, ongoing and projected studies by Member Boards. | <hr style="width: 200px; margin: 0 auto;"/><br><span style="font-size: 2em;">&gt;</span>   |
| 2. Publish research findings in National Council publications.                                   | Staff publish research findings as obtained from Member Boards. Funded under Publications. |

# FY91 Budget —7/1/90 - 6/30/91

## By Program

### NCLEX

NCLEX Exam Revenue	(\$5,870,067)
NCLEX Processing Costs	3,789,933
Handscoring Fees	(61,100)
Handscoring Costs	53,450
Other NCLEX Related Expense	3,540
Exam Committee	27,143
Admin. of Exam Committee	27,095
Ethnic-Gender Bias Review	43,000
NCLEX Support Costs	44,500

NCLEX Income Subtotal (\$1,942,506)

### INVESTMENTS

Investment Income	(225,000)	(225,000)
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### MEMBER BOARDS

Member Board Contract Income	(183,000)
Associated Exp. (Legal and Other)	3,500

Member Board Income Subtotal (179,500)

### PUBLICATIONS

Publications Revenue	(167,725)
Publications Expense	75,865

Publications Income Subtotal (91,860)

### DELEGATE ASSEMBLY

Delegate Assembly Income	(77,075)
Delegate Assembly Expense	90,502
Convention Planning	0

Delegate Assembly Subtotal 13,427

### AREA MEETINGS

Area Meetings Board Travel	8,200
Area Meetings Staff Travel	8,200

Area Meetings Expense Subtotal 16,400

**PUBLIC RELATIONS**

Honoraria	(\$5,000)
Public Relations Expense	47,875
Communications Committee	42,054
Regulatory Conference Revenue	(42,000)
Regulatory Conference Expense	40,025

Public Relations Expense Subtotal \$82,954

**RESEARCH**

Research Fees	57,805
Job Analysis Committee	16,635
Other	5,000

Research Expense Subtotal 79,440

**PRACTICE AND EDUCATION**

Practice and Education Committee	28,300
Chemical Dep. Nurse Subcommittee	15,420
Disciplinary system	6,700

Practice and Education Expense Subtotal 50,420

**ORGANIZATIONAL**

Board of Directors	91,925
Personnel Committee	6,150
Ad Hoc Committee	6,150
Coordinating Committee	13,100
Nurse Info. System Committee	19,488
Nominating Committee	9,950
Finance Committee	24,925
Bylaws Committee	11,330
Long Range Planning Committee	28,150
Fall Planning Retreat	22,282
Resolutions Committee	5,730

Organizational Expense Subtotal 239,180

**ADMINISTRATION**

Personnel Costs		
Salary and Benefits	\$1,152,900	
Staff Travel	2,500	
Professional Fees		
Legal	13,500	
Accounting	17,800	
Other	12,000	
Library/Membership	5,000	
Printing/Supplies	41,060	
Insurance	37,750	
Miscellaneous Expense	800	
Administrative Expense Subtotal		\$1,283,310

**OCCUPANCY**

Rent/Utilities	240,600	
Telephone	22,000	
Postage	30,000	
Equipment Maintenance/Rental	25,000	
Computer Maintenance/Rental	10,500	
Depreciation	76,665	
Occupancy Expense Subtotal		404,765

**SUMMARY**

TOTAL REVENUE		(\$6,630,967)
TOTAL EXPENSE		\$6,361,997
(REVENUE) OVER EXPENSE		(\$268,970)
DESIGNATED FUND ADJUSTMENTS		
NACEP		\$90,705
CAT		\$14,600

*Note: Revenue is indicated by ( )  
Program Totals are in bold*



## Budget FY90-91 By Program

	<u>5th Quarter</u> <u>7/1/90 - 9/30/90</u>	<u>FY91</u> <u>10/1/90 - 9/30/91</u>
<b>NCLEX</b>		
NCLEX Exam Revenue	(\$2,498,711)	(\$5,945,008)
NCLEX Processing Costs	1,632,385	3,838,886
Handscoring Fees	(3,245)	(61,100)
Handscoring Costs	2,765	53,450
Other NCLEX Related Expense	261	3,540
Exam Committee	2,980	27,143
Admin. of Exam Committee	6,593	27,095
Ethnic-Gender Bias Review	0	43,000
NCLEX Support Costs	14,650	44,500
NCLEX Income Subtotal	(\$842,322)	\$1,968,494
<b>INVESTMENTS</b>		
Investment Income	(80,000)	(225,000)
<b>MEMBER BOARDS</b>		
Member Board Contract Income	(183,000)	(183,000)
Associated Exp. (Legal and Other)	1,500	3,500
Member Board Income Subtotal	(181,500)	(179,500)
<b>PUBLICATIONS</b>		
Publications Revenue	(25,476)	(167,725)
Publications Expense	17,860	75,865
Publications Income Subtotal	(7,616)	(91,860)
<b>DELEGATE ASSEMBLY</b>		
Delegate Assembly Income	(77,075)	(93,000)
Delegate Assembly Expense	90,502	97,447
Convention Planning	0	2,150
Delegate Assembly Subtotal	13,427	6,597

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**AREA MEETINGS**

Area Meetings Board Travel	\$0	\$8,200
Area Meetings Staff Travel	0	8,200
<b>Area Meetings Expense Subtotal</b>	<b>\$0</b>	<b>\$16,400</b>

**PUBLIC RELATIONS**

Honoraria	0	(5,000)
Public Relations Expense	4,350	47,875
Communications Committee	4,417	42,054
Regulatory Conference Income	0	(42,000)
Regulatory Conference Expense	0	40,025
<b>Public Relations Expense Subtotal</b>	<b>8,767</b>	<b>82,954</b>

**RESEARCH**

Research Fees	15,903	57,805
Job Analysis Committee	11,510	16,635
Other	975	5,000
<b>Research Expense Subtotal</b>	<b>28,388</b>	<b>79,440</b>

**PRACTICE AND EDUCATION**

Practice and Education Committee	2,075	28,300
Chem. Dep. Nurse Subcommittee	6,799	15,420
Disciplinary System	1,800	6,700
<b>Practice and Education Subtotal</b>	<b>10,674</b>	<b>50,420</b>

**ORGANIZATIONAL**

Board of Directors	28,900	91,925
Personnel Committee	0	6,150
Ad Hoc Committee	0	6,150
Coordinating Committee	0	13,100
Nurse Info. System Committee	21,245	19,488
Nominating Committee	1,750	9,950
Finance Committee	200	24,925
Bylaws Committee	1,350	11,330
Long Range Planning Committee	1,500	28,150
Fall Planning Retreat	0	22,282
Resolutions Committee	0	5,730
<b>Organizational Expense Subtotal</b>	<b>54,945</b>	<b>239,180</b>

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**ADMINISTRATION**

Personnel Costs		
Salary and Benefits	\$273,940	\$1,162,900
Staff Travel	200	2,500
Professional Fees		
Legal	2,400	13,500
Accounting	1,500	17,800
Other	700	12,000
Library/Membership	800	5,000
Printing/Supplies	4,200	41,060
Insurance	8,650	37,750
Miscellaneous Expense	155	800
<b>Administrative Expense Subtotal</b>	<b>\$292,545</b>	<b>\$1,293,310</b>

**OCCUPANCY**

Rent/Utilities	38,850	240,600
Telephone	4,700	22,000
Postage	5,000	30,000
Equipment Maintenance/Rental	5,000	25,000
Computer Maintenance/Rental	1,800	10,500
Depreciation	18,525	76,665
<b>Occupancy Expense Subtotal</b>	<b>73,875</b>	<b>404,765</b>

**SUMMARY**

<b>TOTAL REVENUE</b>	<b>(\$2,867,507)</b>	<b>(\$6,721,833)</b>
<b>TOTAL EXPENSE</b>	<b>\$2,238,690</b>	<b>\$6,430,045</b>
<b>(REVENUE) OVER EXPENSE</b>	<b>(\$628,817)</b>	<b>(\$291,788)</b>
<b>DESIGNATED FUND ADJUSTMENTS</b>		
NACEP	\$82,405	\$24,705
CAT	\$3,300	\$14,600

*Note: Revenue is indicated by ( )  
Program Totals are in bold*

# Report of the Nurse Information System Committee

## Background

The Nurse Information System (NIS) Committee was established in 1986 by the National Council to study the need for and use of a comprehensive, national nurse information system and, if needed, to determine the steps necessary to create the database. In 1988, the Delegate Assembly approved the committee's recommendation to seek outside funding to facilitate establishment of the NIS.

The primary purpose of the NIS is to provide an unduplicated count of nurse licensees nationwide. The data will be used to compile aggregate statistical information about the supply of nurses. The ability to compile an unduplicated count of licensees in both the RN and LPN/VN licensure categories would provide Member Boards assistance in carrying out their mandate to protect the public health, safety, and welfare. An up-to-date NIS would result in the provision of accurate information about the supply of nurses to the Congress, state legislatures, and other groups as they deliberate about policy and funding decisions. For example, in their final report, the Secretary's Commission on Nursing cited the lack of current, reliable data about both the supply and demand for nurses as a major detriment to achieving their goal. If an NIS were established, the funding of existing nursing education programs, the provision of scholarship and loan funds to nursing students, and decisions relative to the need for additional programs would be based on analyses of accurate information about the supply of nurses in relation to the demand for their services.

The NIS could also serve as a resource to federal, state, or regional groups, or others doing research on nurses (e.g., periodic replications of the National Sample Survey of Registered Nurses or Licensed Practical/Vocational Nurses). This use of the NIS would help to provide the funds necessary for its maintenance. While a foundation has expressed interest in assisting with establishment of the NIS, it would not be able to provide for its ongoing maintenance.

The committee wishes to reiterate that individual Member Boards will maintain control over release of their data to outside parties. The National Council will not distribute any jurisdiction's data unless that jurisdiction requests the National Council to do so. Furthermore, Member Boards will not risk loss of any revenue-producing opportunities due to outside groups obtaining data from the NIS. A Member Board's charges for data use would continue to be assessed and paid to the Member Board. Contractual language specifying guidelines for data release and any charges for its use will be included in contractual language between the National Council and individual Member Boards.

## Activities

The committee met on October 17-18, 1989, and on March 16-17, 1990. In addition, the committee chair and staff met with representatives of the Robert Wood Johnson Foundation; the Division of Nursing, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS); and the American Nurses' Association in Rockville, MD, on February 28, 1990, to discuss the project and its potential funding.

During 1990, the committee has focused on identifying sources of external funds, developing a funding proposal to facilitate the performance of a feasibility study, and initiating a pilot study. Specifically, the committee:

1. Determined that it would be necessary to develop two separate proposals in order to obtain funds for establishing the NIS. The first proposal, to be submitted in June 1990 to the Robert Wood Johnson Foundation, will seek funds to conduct a feasibility study. The objectives of the feasibility study are to:
  - a. identify the legal constraints impacting on the use of social security numbers as a unique identifier of licensees, and develop approaches for resolution of the problem;

- b. develop and test a scannable form to be used for collecting nurse licensee data in political jurisdictions not having all essential data in their computer files;
- c. evaluate and, if necessary, identify computer hardware and/or software modifications needed to implement a national NIS; and
- d. compile an unduplicated list of RNs licensed in one or more of three political jurisdictions selected to participate in a pilot study.

It is anticipated that the feasibility study will be completed by May 1991. The outcomes of the feasibility study will then be used to develop a second funding proposal for establishment of the NIS.

- 2. Obtained a commitment from the Division of Nursing, HRSA, DHHS, to provide funds, via a purchase order, to help defray the cost of the feasibility study.
- 3. Obtained a commitment from the American Nurses' Association to provide "in-kind services" to help defray the cost of the feasibility study.
- 4. Selected three jurisdictions to participate in the pilot study: Georgia-RN, Nebraska, and South Carolina. Data will be collected during the Fall 1990 renewal periods in each of these jurisdictions. South Carolina will provide a data tape; Georgia and Nebraska will facilitate the distribution and return of scannable forms to be completed by licensees. The National Council will have the forms scanned and data tapes prepared. Following the merging of information contained on all three data tapes, the unduplicating procedure will be evaluated.
- 5. Worked with a representative of National Computer Systems and representatives of the Georgia-RN, Nebraska, and South Carolina Boards to develop scannable survey forms that include:
  - a. the eight data elements essential for unduplicating licensee data, and
  - b. any data elements that the jurisdiction must collect as part of the license renewal process.
- 6. Due to anticipated difficulty associated with the coding of nursing education program names, revised the list of eight essential data elements to include:
  - name
  - date of birth
  - zip code of mailing address
  - social security number
  - type of license
  - license number in reporting jurisdiction
  - original license information (year and jurisdiction)
  - basic nursing education program (type [Diploma, Associate Degree, Baccalaureate Degree] and year of graduation)
- 7. Based on the outcomes of an October 1989 conference sponsored by the Health Resources and Services Administration and convened in response to recommendations submitted by the Secretary's Commission on Nursing, identified an additional set of data elements that would help to further describe the nurse population. The committee will include these data elements on the scannable survey forms to be used in the pilot study and then evaluate the feasibility of including these in the NIS. The additional data elements are:
  - gender
  - race/ethnic origin
  - highest level of educational preparation
  - employment status
  - type of employer
  - practice area

8. Reviewed a preliminary document prepared by legal counsel regarding the use of social security numbers as an identifier.
9. Reviewed drafts of the proposal to be submitted to the Robert Wood Johnson Foundation.

**Committee Members**

Judie Ritter, FL, Area III, *Chair*  
Susan Brank, CA-RN, Area I  
Vicky Burbach, NE, Area II  
Marie Hilliard, CT, Area IV  
Bertha Mugurdichian, RI, Area IV

**Staff**

Carolyn J. Yocom, *Director of Research Services*

# Report of the Committee for Special Projects

## **The Purpose of Phase II of the CAT Feasibility Study**

The purpose of Phase II is to conduct studies that address Member Boards' questions regarding 1) the psychometric equivalence of CAT and NCLEX results, and 2) the operational issues for CAT (costs, logistics, staffing, computer needs, and appropriate security measures). The majority of the data for answering Phase II questions will be generated by the CAT field tests.

In the CAT field tests, different types of computerized testing facilities will be investigated to obtain comparative data for: convenience, cost, equipment problems, security, and staffing. These comparative data will be analyzed by the Committee for Special Projects (CSP) and staff, communicated to the Member Boards, and considered in the CSP's recommendations to the 1991 Delegate Assembly regarding CAT.

## ***Psychometric Research Questions***

The primary purpose of the psychometric analysis of the CAT field tests is to determine whether or not the pass/fail decisions produced by the paper-and-pencil NCLEX-RN and the CAT-NCLEX examination are equivalent. The psychometric studies of CAT also provide the backbone for the legal analysis which is being conducted to determine the legal defensibility of CAT for nurse licensure.

The major research hypotheses that the CAT field test will examine are:

1. Individual candidates perform in a comparable way on the CAT version and the paper-and-pencil version of the nursing licensure examination.
2. Under CAT administration, candidate pass rates are the same as for NCLEX-RN.
3. CAT produces similar passing rates for minority groups, foreign-educated candidates and repeaters, as achieved by these groups on the regular NCLEX.

## ***Operational Issues for CAT***

The Phase II CAT field tests are also designed to gather information for addressing Member Boards' questions regarding operational issues and security measures for CAT. Specific operational questions that will be answered, at least in part, through the data collected during the CAT field tests include:

1. Costs to Member Boards: What are the estimated costs to Member Boards for administering CAT?
2. Costs to Candidates: What are the projected costs to candidates taking CAT?
3. Staffing: What type and number of board staff are needed to administer CAT?
4. Computer needs: Do boards need to buy/lease computers in order to administer CAT? If so, how many and for how long?
5. Security: What types of security measures assure continued integrity of the NCLEX item pool?

6. *Sites*: Which type of administration site worked best for the CAT Field Test, and what types are possible for large-scale CAT implementation?
7. *Procedures*: How will board of nursing preparation for examinations change under CAT administration?

### **Progress of the Phase II CAT Field Testing**

In order for the CAT field testing to be successful and provide the required information, the committee concentrated its efforts this year on: 1) finding appropriate computerized testing sites; 2) identifying and motivating candidates needed to fill the sampling design; and 3) developing and communicating a workable set of administration procedures and training the participating board staff to administer the CAT field tests.

### **Computerized Testing Sites**

In July 1989, the Board of Directors and Committee for Special Projects selected eight states to participate in the CAT field tests. For July 1990, Oregon, Illinois, Mississippi, and New York will be the CAT field test states. For the February 1991 field tests, California, Missouri, Texas, and New Jersey will participate. Specific computerized test site arrangements have been finalized for the July 1990 states. Initial site selection has also been accomplished for the February 1991 states.

In July 1990, the CAT field tests will be administered at:

- a. Portland, Oregon - Portland Community College;
- b. Chicago, Illinois - PLATO Development Center;
- c. Clinton, Mississippi - Mississippi College; and
- d. New York, New York - PLATO Development Center and State University of New York at Brooklyn.

For February 1991, the preliminary sites for the CAT field tests are:

- a. California - PLATO Development Centers;
- b. St. Louis, Missouri - PLATO Development Center, and Jefferson City, Missouri-State computer training lab;
- c. San Antonio, Texas - PLATO Development Center; and
- d. Princeton, New Jersey - State of New Jersey Human Resources Department computer training lab.

### **Initial Motivational Communication**

The CAT Coordinators in each state planned and arranged for meetings with influential nurses. Individual members of the Committee for Special Projects and the CAT Project Director travelled to the eight CAT field test states in November and December 1989 and February and April 1990 to present information about the CAT field testing to deans and directors of state nursing programs. Several of the states also invited employers to attend the talk. It was as a part of these presentations that the directors were invited to volunteer to assist in motivating their students to participate in the CAT field test. The reception in all eight field test states was very positive toward the CAT project, and the vast majority of deans and directors volunteered their services to the project.

### **Selection of Nursing Programs**

In each state, nursing education programs were selected for participation based on the input of the CAT Coordinator at the state's board of nursing. The demographics of the selected programs' graduating classes ensure a strong representation of minority candidates. For July 1990, four programs were chosen in Oregon, six in Illinois, eight in Mississippi, and six in New York. The volunteers for the CAT field tests are students from the selected nursing education programs. Foreign-educated candidates and repeaters will be contacted by communicating with recruiters and employers. NCLEX application information will also be used to identify foreign-educated and repeat candidates.



### ***Ongoing Candidate Motivation***

In continuing the task of motivating students to participate in the CAT field tests, the committee has developed a detailed communications plan for reaching the volunteer candidates. As part of this plan, the following specific communications have been or will be sent to the candidates:

1. A letter from the directors of the selected nursing education programs to their students notifying them that their program was selected to participate in the CAT field test. This letter was sent to the directors in the July 1990 field test states in early March.
2. A Candidate Brochure giving basic information about the National Council's CAT project and the field tests. The brochure was produced and distributed to the students for the July 1990 field test states in early March.
- 3a. A letter from the board of nursing to students, after graduation, notifying them that they were selected as part of the sample chosen to participate in the July 1990 CAT field tests. This letter will contain the specific time and date information about the CAT field tests, a map to the test center, and the candidate's admission document. OR
- 3b. A letter from the board of nursing to students, after graduation, notifying them that they were not selected as part of the sample chosen to participate in the July 1990 CAT field tests. This letter will emphasize that the student selection was performed on a "random " basis and that not being selected does not imply anything negative.
4. A letter from the board of nursing to employers of new graduates, requesting that they arrange for their employees who have been selected as CAT field test candidates to be given time off to participate in the CAT field testing.

### ***Field Test State Staff Training for CAT***

To assist the participating states in delivering the CAT field tests, the committee has developed a very detailed *Procedures Manual for the Administration of the National Council CAT-RN Field Tests*. This manual will be used as the basis for training board staff in how to administer the CAT field tests.

In May 1990, National Council staff will conduct a hands-on, on-site instruction program in the setup and use of CAT for the states' personnel who will be participating in the CAT field tests. The Committee for Special Projects feels that this structure for the field test training will be very effective since it will be conducted at the actual computerized testing sites used for the CAT field test. The objective of the CAT field test training is to teach the participating board staff to perform the following:

1. Receiving the CAT materials from the National Council
2. Assuring security of CAT materials
3. Setting up the computer site for CAT
4. Running the CAT software
5. Managing a CAT testing session
6. Collecting the CAT data from the computers
7. Repackaging the data and CAT materials, and returning them to the National Council
8. Dismantling the test site after the CAT field testing is complete.

### **Summary**

In August 1988, the Delegate Assembly voted to continue the CAT Feasibility Study through Phase II, but due to possible PN test plan changes, to field test using only RN candidates at this time. Phase II will provide answers to Member Board questions about both the psychometric and operational feasibility of using CAT for nurse licensure. The CAT field tests will provide the crucial psychometric and operational information needed in Phase II.

The Committee for Special Projects met three times this fiscal year (and will communicate again in June) to oversee the progress of the CAT Feasibility Study. The computerized testing sites have been finalized for the July 1990 CAT field tests and the initial selection for the February 1991 field tests has been made. Nursing education programs have been selected in the July 1990 states to provide student volunteers, fitting the candidate sampling plan, to participate in the CAT Field Tests. The CAT Coordinators and educational program directors are assisting in the ongoing task to motivate the selected candidates to participate. The *Procedures Manual for the Administration of the National Council CAT-RN Field Tests* has been developed and distributed to the July field test states. The Project Director has also travelled to each July field test state to train the board staff in how to administer and manage the CAT field tests.

**Committee Members**

Billie Haynes, CA-VN, Area I, *Chair*

Paula M. Buffone, MA, Area IV

Patricia Gremmler, NY, Area IV

Barbara Kellogg, SC, Area III

Jacqueline M. Loversidge, OH, Area II

Marcella McKay, MS, Area III

**Staff**

Anthony R. Zara, *Director of Special Projects*

# Report of the Job Analysis Monitoring Committee

## Background

The Job Analysis Monitoring Committee is an ad hoc committee of the Board of Directors. Its major charge is to provide advice to and to monitor the activities of Research Services staff regarding performance of all job analysis studies. To insure that the job analysis studies are performed appropriately and that the conclusions are sound, the committee receives input submitted by the External Job Analysis Monitoring Panel, following its review of protocols and drafts of final reports.

## Activities

The Job Analysis Monitoring Committee met February 13-14, 1990, and March 26, 1990, at the National Council of State Boards of Nursing. In addition, the chairperson received periodic updates from the Director of Research Services regarding performance of the job analysis of newly licensed, entry-level registered nurses (RNs). Committee activities related to the performance of two job analysis studies (RNs and nurse aides), a pilot study to evaluate the use of critical incident descriptions, and referrals from the Board of Directors and the chairpersons of testing-related committees, are described.

## Job Analysis of Newly Licensed, Entry-Level Registered Nurses

During its February 1990 meeting, the committee reviewed the procedures implemented to collect job analysis data from a randomly selected group of newly licensed RNs. The committee also reviewed and approved plans for analysis of the RN job analysis data. Prior to reviewing a draft of the final report during its March meeting, the committee received a critique of the report submitted by the External Job Analysis Monitoring Panel. Based on this critique and its own review, the committee suggested minor revisions be made in the report. The final report of the 1989-90 job analysis of newly licensed, entry-level RNs is appended to the *Book of Reports* as a separate publication.

## Pilot Study: Use of Content Analysis of Critical Incident Descriptions to Differentiate Practice

During both meetings, the committee reviewed progress made in the performance of a pilot study to determine the validity of performing a content analysis of critical incident descriptions for use in differentiating the practice of individuals who have graduated from different types of basic nursing education programs. Following review of suggestions received from the External Job Analysis Monitoring Panel, plans were finalized for analyzing the critical incident descriptions in September 1990.

## Referrals from the Board of Directors and Chairpersons of Testing-Related Committees

In response to referrals from the chairpersons of testing-related committees, following their October 1989 meeting, and from the Board of Directors, the committee discussed options available for addressing two major issues: 1) the definition of entry-level practice as the first six months of practice, and 2) alternatives to the performance of an incumbent job analysis in situations where there are few individuals available (i.e., working within a specific job classification) to provide sufficient data for developing or validating an examination test plan.

## Definition of Entry-level

The committee determined that additional, empirical data were needed before the entry-level definition issue could be addressed and, therefore, various approaches to obtaining this data were explored. Subsequently, the committee directed that those newly licensed RNs who participated in the RN job analysis study and the "differentiated sites" pilot

study should be resurveyed in spring 1990 and, possibly, again in fall 1990. The data collection instrument used in the RN job analysis study would be used in the follow-up study.

### **Job Analysis Alternatives**

Information regarding alternatives to the performance of an incumbent job analysis in situations where there are few individuals available (i.e., working within a specific job classification) to provide sufficient data for developing or validating an examination test plan was obtained from: legal counsel, other organizations preparing professional licensing examinations and the External Job Analysis Monitoring Panel.

Based on input from the sources identified above, the committee determined that, when at all possible, large scale, incumbent job analyses should be performed to validate test plan content. However, the committee further determined that in situations where only a small number of individuals are available to provide data for a job analysis survey, other alternatives may be appropriate (i.e., a logical job analysis based on the results of a literature review and the deliberations of a panel of experts).

Additional information could also be obtained by using trained observers who, using an observational guide developed by a panel of experts/focus panel would directly observe the work activities of a small number of individuals.

### **Nurse Aide Job Analysis Study**

The committee reviewed and approved plans for the performance of an incumbent job analysis of nurse aides employed in hospitals, nursing homes, and home health care agencies. In reviewing drafts of data collection instruments and the protocol to be used to contact potential study participants, the committee considered the contributions of the nurse aide job analysis' Content Steering Panel (composed of nurse aides, licensed practical/vocational nurses, and RNs); the Technical Advisory Panel (composed of three doctorally-prepared nurses with experience in the performance of job analysis studies, and a representative from the Content Steering Panel); and suggestions submitted by the External Job Analysis Monitoring Panel. Based on this input and pilot test results, the committee approved a methodology providing for the collection of data from a convenience sample of nurse aides and their immediate supervisors who work in randomly selected hospitals, nursing homes, and home health care agencies. Data from individuals employed in nursing homes and home health care agencies are being collected in May and June 1990; data collection in acute care agencies is scheduled for September 1990.

### **Committee Members**

Louise Waddill, TX-RN, Area III, *Chair*  
Ruth Bell, MD, Area IV  
Constance Connell, AZ, Area I

### **Staff**

Carolyn J. Yocom, *Director of Research Services*

# Report of the Steering Committee, Computerized Clinical Simulation Testing Project

## **Background**

The second year's activities focused primarily on the development of a nursing intervention database; development of scoring keys for cases; development of an interactive audiovisual component for selected cases; programming of cases and the nursing intervention database by the National Board of Medical Examiners (NBME); planning and conducting field studies, and planning for the pilot study.

## **Activities**

During Fiscal Year 1990, the second year of the project, the Steering Committee met at Oak Brook Hills Conference Center on October 16, 1989; at the NBME Computer Based Testing (CBT) Center on February 15 and 16, 1990; and at the National Council in Chicago, June 4 and 5, 1990.

## **Project Goals and Activities of the CST Steering Committee and Staff**

***Goal I. Adapt technology developed by NBME for the development and delivery of computer based clinical simulations for initial licensure.***

### Activities

1. Monitored the progress of NBME in adaptation of its computer simulation model for National Council's Computerized Clinical Simulation Testing (CST) project.
2. Monitored the progress of NBME during the programming of 25 cases and entry of the default nursing intervention database.
3. Reviewed the first five programmed cases and made further modifications in screen designs.
4. Recruited and monitored the progress of the 12 database consultants whose work resulted in a nursing intervention database comprised of over 2,000 terms, including over 650 parent terms and synonyms.
5. Recruited and monitored the work of six nursing content experts from the Philadelphia area who served as case analysts, case consultants to NBME's programmers, and case "debuggers" for programmed cases.
6. Based on the recommendations of psychometric consultants, adopted the NBME scoring key development procedures for development of CST scoring keys. During the scoring key development process, the procedure will be evaluated and modified as necessary.
7. Determined the modifications needed to adapt NBME's Computer Based Examination (CBX) orientation system to CST.

**Goal II. Develop a pool of computerized clinical simulation cases.**

Activities

1. Monitored the progress of the 12-member Case Development Committee (CDC) who developed and approved 27 cases at the flowchart stage. Twenty-five cases were programmed.
2. Recommended to the Board of Directors the appointment of 12 persons to the Scoring Key Development Committee (SKDC).
3. Monitored the progress of the Interactive Videodisc Consultant during the process of obtaining audiovisual augmentation for selected CST cases.

**Goal III. Examine the validity and reliability of computerized clinical simulation tests as a basis for making nursing licensure decisions.**

Activities

1. Planned the orientation for the SKDC.
2. Oriented the SKDC and monitored its progress during the development of scoring keys for 25 cases.
3. Planned for and monitored the CST field study conducted April through July 1990 at the NBME CBT Center. This study will assist in preliminary scoring key validation and help to identify problems examinees encounter in managing the cases.
4. Developed Security Measures for the CST field studies.
5. Initiated plans for CST pilot study to be conducted in December 1990 and January 1991 in Philadelphia and Chicago. Additional sites may be used depending on equipment and/or sampling needs.

**Goal IV. Develop and implement a plan for promoting the use of clinical simulation testing in nursing licensure examinations with Member Boards and the nursing community.**

Activities

1. Members of the Steering Committee and staff presented an update on the CST project along with a demonstration of a computerized case at each Area Meeting in 1990.
2. The CST project was featured in the April 1990 publication of *Issues*. Articles were written by committee members, consultants involved in the project, and project staff.
3. A presentation and demonstration of CST was given at the CLEAR Regional Conference on May 18, 1990, in Madison, Wisconsin.
4. CST presentations have been requested by two nursing education organizations and are currently being planned.
5. A CST Fact Sheet was prepared and distributed at the First AJN Conference on Interactive Video for Nursing Education in April, 1990, in Bethesda, Maryland.

During the third year of the project, the field test data will be analyzed. Based on these results, 12 to 16 cases will be selected for use in the pilot study, and any needed case and scoring key modifications will be made prior to the pilot

study. The pilot study is to be conducted in December 1990 and January 1991. Three hundred new graduates in Philadelphia and Chicago will be recruited to participate in the study. Based on the analysis of the pilot study data, recommendations regarding the CST project will be formulated and presented to the 1991 Delegate Assembly.

**Committee Members**

Shirley Dykes Silverman, AL, Area III, *Chair*

Patricia Beck, NY, Area IV

Debra Brady, NM, Area I

Dorothy Fiorino, OH, Area II

Eva Matherly, ID, Area I

Barbara McCant, GA-RN, Area III

Carol Tharp, MO, Area II

**Consultant**

Sherry Smith, PhD, RN, *Dean*, DePauw University

**Staff**

Anna Bersky, *Project Director, Computerized Clinical Simulation Testing*

Carolyn J. Yocom, *Director of Research Services*

# Annual Report of the National Board of Medical Examiners (NBME)

The following report summarizes the CST development activities completed by the National Board of Medical Examiners from May 1989 to May 1990.

## I. Model Customizations

1. The ASSESS screen was programmed to allow the examinee to conduct a focused or complete physical assessment, interview the patient and interview the patient's family.
2. The REVIEW screen was programmed to include the Vital Signs sheet, the Physician Order sheet, Nurse's Notes/Data section, Progress Notes section, Medication Record, and laboratory and diagnostic tests reports.
3. The medical record is simulated by preloading data into cases before the start of the case.
4. The INTERVENE screen was programmed to allow the examinee to carry out nursing interventions.
5. "MORNING ROUNDS" at 8:00AM and automatic vital signs in the ward were deleted from the CST version of the model.
6. Patient locations were expanded to simulate any location.
7. Shift nursing is simulated by the case, automatically advancing to a later time in the case, as specified by the case author.
8. Temperature, height and weight are expressed in metric and English units when reported to examinee.
9. Therapies such as intravenous fluid and additives are linked on the physician's order sheet.
10. Status reporting to other health care providers is achieved by typing in the professional's title (physician, clinical specialist, charge nurse, dietitian, etc.) and choosing from a list of terms.
11. The elaboration of history-taking is achieved through the two history options listed on the ASSESS screen; Interview family/significant other and Interview patient.
12. Transaction list output:  
The transaction list records the examinee's interaction with a case simulation. For CST, the transaction list was modified to report the assessment items ordered from ASSESS, the chart sections reviewed from REVIEW, and the interventions requested from INTERVENE, during the course of the case.
13. Help function modifications:  
The Help function was programmed to allow the examinee to access information about the CST system while taking a CST case.



**14. CST orientation:**

The CST orientation was modified to define each feature of the CST system in an interactive, step-by-step process. It defines the role of the examinee, the facility and resources available to the examinee, and any practice assumptions. It provides instructions on the use of the function keys and special keys such as Esc, Enter, PgUp, PgDn, Home, End.

**II. Default Database Modification**

There are over 2,000 CST terms in the dictionary, allowing the examinee to carry out nursing interventions ranging from bedside care to collaboration with other health care professionals and medication administration.

**III. Simulation Development**

To this date, 13 CST simulations have been programmed and approved by the CST Case Development Committee. Twelve CST simulations are presently being programmed for review by the CST Case Development Committee in June 1990.

**IV. Scoring Key Development**

To this date, 12 cases have been scored by the CST Scoring Key Development Committee. A June 1990 Scoring Key Development Committee meeting is scheduled to score eight more cases.

**V. Field Testing**

Field testing of 12 CST cases by 1989 and 1990 nursing graduates began April 23, 1990, in Philadelphia. It is expected that testing will continue through July 1990 to collect data on a total of 55 to 60 examinees.

# Annual Report of the NCLEX Test Service 1990

## Introduction

This report provides a summary of CTB Macmillan/McGraw-Hill's (CTB) activities with the National Council Licensure Examinations (NCLEX) from July, 1989, through June, 1990. During this time, the NCLEX project staff members have focused on:

## Examination Development

- continuing the development of valid and reliable Registered Nursing (RN) and Practical (Vocational) Nursing (PN) tests that accurately measure entry-level proficiency in the RN and PN professions
- developing test items that measure the performance of job-related nursing skills identified in the test plan rather than the simple recall of information
- recoding the current PN item pool to the new PN Test Plan, approved at the 1989 Delegate Assembly, for implementation with NCLEX-PN 090
- analyzing the newly recoded PN item pool to direct item development at targeted test plan areas
- analyzing the range of difficulty levels of items in the PN and RN item pools to assist the Examination Committee in determining the appropriate difficulty level for the NCLEX
- working with item writers to target the level of difficulty of new items
- analyzing item writer characteristics and their relationship to item quality
- reporting on RN and PN items that have not been used in four years or longer and suggesting strategies for the recycling of these items
- field testing 860 additional RN items to strengthen the RN item bank in preparation for the Computerized Adaptive Testing (CAT) field test program
- providing comprehensive statistical information to the National Council of State Boards of Nursing (National Council) regarding the 860 CAT items that were field tested in 1989-1990
- developing the policies and procedures manual, and staffing the newly created Bias Sensitivity Review Panel, recommended by the psychometric staff at CTB to complement the statistical measures currently performed (Mantel-Haenszel)

## Examination Administration, Scoring, and Reporting

- reporting examination results in a timely manner and reducing the time-frame required to provide the Summary Reports ("Green Sheets") by one week
- continuing to work with the Administration of Examination Committee and National Council staff to monitor all shipping and security procedures

- improving response time for handscoring and candidate reviews by reducing handscoring turnaround time from six weeks to four weeks, and reducing candidate review turnaround time from three weeks to two weeks
- modifying and refining all score reports and the NCLEX Summary Profiles in response to the Delegate Assembly's implementation of a new PN Test Plan
- providing pertinent information to Member Boards to allow individual jurisdictions to track the arrival of their examination booklets
- developing, with the Examination Committee and the National Council staff, a revised RN Candidate Diagnostic Profile, implemented with NCLEX-RN 290, and a revised PN Candidate Diagnostic Profile to be implemented with NCLEX-PN 090

### **Research and Technical Support**

- providing technical support in all areas of research, including the monitoring of examination statistics, the monitoring of passing standards, and the performance of special research studies requested by the National Council and its committees
- providing a quarterly review of literature related to testing and measurement
- providing the National Council with an additional 1,300 research hours (in 1990 and all subsequent contract years) to address research and development issues outside of the scope of contract work
- implementing new techniques to detect possible ethnic or gender bias in test items by including the application of the Mantel-Haenszel statistic on newly field tested items, and refining existing statistical procedures for implementation with small ethnic groups
- providing measurement support for the Committee for Special Projects' work regarding the Computerized Adaptive Testing field test
- providing in-depth technical and measurement support by developing policies and procedures for and staffing the newly created Bias Sensitivity Review Panel

In addition to supporting these major phases of the NCLEX program, the CTB project staff members have also responded in a timely and effective way to all requests from the National Council and its Member Boards for additional services and information.

### **Examination Development**

#### ***Item Writing***

A major focus of the CTB test development staff is the coordination, training, and support of item writers in the development of NCLEX test items. CTB has continued to work with the National Council in an effort to achieve a fair ethnic and geographic representation within the item-writing groups. Extensive item writer training and interactive support has been provided by CTB's Content Director and CTB's editorial staff.

Item writers worked with targeted areas of the PN and RN test plan during item writing conferences. PN item development has also been increased to address the needs identified with the transition to a new test plan. In addition, the PN Item Writing Guidelines and conference materials were revised to reflect the new test plan.

At all item writing sessions during the last two years, only individual items (rather than case structures) have been developed. Item writers are becoming increasingly successful at writing items at targeted difficulty levels.

The existing item development and review procedures for both the NCLEX-PN and the NCLEX-RN item pools continue to ensure the quality of all test items. The interactive process between nursing professionals and CTB's test development staff ensures that each test item measures a knowledge, skill, or ability associated with current entry-level nursing practice. The knowledge, skills, and abilities statements have been extremely helpful in guiding the writers in the appropriate content direction.

### ***Item-Writing Conferences***

Two RN Item-Writing Conferences and one PN Item-Writing Conference were held from June, 1989, through June, 1990. All participants were sent pre-conference exercises, provided as an introduction to CTB's item development process. CTB nursing consultants and editorial staff carefully reviewed the sample items written by each item writer and made suggestions regarding the content and structure of the test items. The feedback on these items given before the conference is intended to provide specific information about item construction, to introduce the writer to the interactive process with CTB's test development staff, and to help the writers to become knowledgeable about the writing process.

An RN Item Writing Conference was held June 26-30, 1989, in Monterey, California. Sixteen writers were identified by the National Council to participate in RN item development. These writers represented South Carolina, Delaware, California, New Hampshire, New York, Iowa, Rhode Island, Tennessee, Utah, and Virginia. Three hundred fifty six items were created by item writers and then reviewed by CTB nursing consultants.

An RN Item Writing Conference was also held January 15-19, 1990, in Monterey, California. Fifteen writers identified by the National Council were invited to participate in RN item development. The writers represented Arkansas, Kentucky, Texas, Georgia, Louisiana, Delaware, Illinois, New York, West Virginia, Massachusetts, California, and Oklahoma. The 15 writers created 347 items.

A PN Item Writing Conference was held August 14-18, 1989, in Monterey, California. The 14 participants selected by the National Council represented Arizona, California, Kansas, Kentucky, Massachusetts, Nebraska, New Hampshire, New York, North Carolina, Oklahoma, Pennsylvania, and Virginia. A total of 346 items were written.

Writers have been selected for the July 9-13, 1990, RN Item Writing Conference, to be held in Monterey, California. Information about this conference will be provided in the 1990-1991 Annual Report.

Writers are currently being selected for the next PN Item Writing conference, which will be held August 27-31, 1990. This conference will also be described in next year's Annual Report.

### ***Panels of Content Experts***

The Panel of Content Experts review is coordinated by CTB to ensure that all items are developed according to test plan specifications, that they are as free of potential bias and clueing as possible, that they have one and only one correct response (documented in two standard nursing textbooks), and that they are an accurate reflection of current, entry-level practice. From July 1989, through June 1990, there were three Panel of Content Experts conferences, two RN conferences and one PN conference.

### ***RN Panel of Content Experts***

A Panel of Content Experts Conference was held September 11-15, 1989, in Monterey, California, for the review of NCLEX-RN test items. The participants selected by the National Council represented Virginia, Missouri, California, Pennsylvania, Texas, Oklahoma, Delaware, Alabama, Colorado, Oregon, and Ohio. A total of 356 newly written items were reviewed. Eleven items were deleted during the review process; 345 items were approved for use as future experimental items.

In addition to the newly written items, 218 items that had not been used since the NCLEX-RN 286 administration were reviewed by the Panel of Content Experts for currency in accordance with the new Examination Committee policy that requires items that have not been used in four years be reviewed. Of these, 27 were omitted because they were out

of date, 88 were accepted with no change, and 103 were revised to reflect current practice. These 191 items will be field tested in future exams and will be added again to the RN item pool if their new statistics are acceptable.

A Panel of Content Experts Conference was held March 5-9, 1990, in Monterey, California, for the review of NCLEX-RN test items. The participants selected by the National Council represented California, Minnesota, Washington, Massachusetts, Arkansas, Illinois, Georgia, Texas, New Jersey, New Hampshire, and Louisiana. A total of 347 items were reviewed; 15 items were deleted during the review process, and 332 items were approved for use as future experimental items.

In addition, 246 items that have not been used since NCLEX-RN 786 were reviewed for currency. Of these, 87 were recommended for deletion from the RN pool, and 159 were accepted as being current and entry-level. The accepted items will be field tested in a future exam, and the statistically acceptable items will be added to the item pool.

#### **PN Panel of Content Experts**

A Panel of Content Experts Conference was held December 11-15, 1989, in Monterey, California, for the review of NCLEX-PN test items. The 15 participants selected by the National Council represented Missouri, New Jersey, Louisiana, Arkansas, California, Kansas, Hawaii, Nebraska, Wyoming, Kentucky, and Iowa. A total of 437 items were reviewed. Sixteen items were deleted during the review process; 421 items were approved for use as future experimental items.

#### ***Continuing Education Credits***

Item writers are awarded 35 contact hours of Continuing Education credit and Panel of Content Experts members are each awarded 36 contact hours of Continuing Education credit for their participation in the conferences.

#### ***Bias Sensitivity Review Panel***

CTB, National Council, and Examination Committee staff hosted the first Bias Sensitivity Review Panel on April 2-4, 1990, at CTB headquarters in Monterey, California. The function of the Bias Sensitivity Review Panel will be to provide the judgmental process to complement the statistical processes used to detect potential bias in NCLEX test items.

Panel members, recruited by the National Council with assistance from CTB, represent six major ethnic groups. A linguist and a psychologist also serve on the Panel.

The Panel is scheduled to meet to review examination items four times per year. Subsequent meetings in 1990 will be in June, September, and November.

#### ***Member Board Review of Experimental Items***

CTB staff completed a review of information provided by Member Boards in their 1989-1990 review of experimental items. Items designated by Member Boards as inappropriate for entry-level practice were submitted to the Panel of Content Experts for review. Items designated as inconsistent with a state nurse practice act were submitted with documentation to the National Council for final review.

Three hundred sixty PN experimental items and 864 RN/CAT experimental items were available for Member Board review during the summer review period. A total of 16 Member Boards participated in this review. Four Member Boards reviewed RN/CAT experimental items only; three Member Boards reviewed PN experimental items only; and nine Member Boards reviewed both RN/CAT and PN items. RN/CAT items identified as not being entry-level were submitted to the RN Panel of Content Experts, which met in September, 1989. The PN items identified as inappropriate for entry-level practice were submitted to the PN Panel of Content Experts in December, 1989. The items designated as inconsistent with a state nurse practice act were submitted with documentation to the National Council for final review on September 29, 1989, and were reviewed by the Examination Committee on December 4-9, 1989.

Eight hundred sixty-four RN items were available for Member Board review during the winter review period. A total of nine Member Boards participated in this review. Items designated as inconsistent with entry-level practice were submitted to the RN Panel of Content Experts in March, 1990. The items designated as inconsistent with a state nurse practice act were submitted with documentation to the National Council on March 5, 1990, and were reviewed by the Examination Committee on April 2-6, 1990.

CTB continues to closely monitor the security and packaging procedures for review drafts. Feedback from Member Boards indicated that the refined review draft packaging methods greatly facilitated inventorying procedures.

### ***Item Bank Assessment***

CTB completed its annual assessment and update of the RN and PN item pools by November, 1989, for RN and December, 1989, for PN. A tally of all items in the pool according to difficulty and discrimination indices was provided to the National Council. A computer tape of the statistics of all usable items and a tape of the corresponding item text were also provided to the National Council.

In addition to completing its annual assessment of the item banks, CTB completed three additional reports regarding RN and PN items: the Analysis of Item Writer Characteristics and Their Relationship to Item Quality, a report which CTB will replicate in 1990; the Report on NCLEX RN Items That Have Not Been Used in Four Years; and, an Analysis of Difficulty Values of NCLEX RN and PN Items Which Have Been Used in Four Years.

### ***Examination Construction***

The two Registered Nursing examinations (NCLEX-RN 789 and NCLEX-RN 290) and the two Practical Nursing examinations (NCLEX-PN 089 and NCLEX-PN 490) constructed for use this past year were developed according to the RN and PN test plans approved by the Delegate Assembly and the test construction guidelines established by the Examination Committee. The content blueprints (Confidential Directions) for each examination were presented to the Examination Committee for review and, upon the committee's approval, the examinations were constructed by CTB's Content Director for final review by the Examination Committee. The examinations were constructed to be equivalent to previous forms of RN and PN examinations from both a content and a statistical perspective and were reviewed by CTB's nursing consultant staff, editorial staff, research staff, and the Examination Committee to ensure that all items met the established criteria.

### ***Examination Committee Meetings***

CTB staff were present for the four regularly scheduled Examination Committee meetings, and worked in cooperation with committee members to ensure the efficient review of all examination materials and the discussion and resolution of related issues.

CTB nursing consultants and test development staff provided information as requested and provided summary reports on all committee-related activities. CTB Technical Coordinators presented research reports analyzing results of the two RN examinations and the two PN examinations. In addition, Person Fit reports, Ethnicity/Gender reports, results of the Context Effects Study and a special report on Recommended Procedures for Minimizing Potential Bias were presented. Additional research studies completed in 1989-1990 are described in the Research and Technical Support section of this report.

## **Examination Administration, Scoring, and Reporting**

### ***Examination Administration***

Two RN and two PN examinations were administered during the past year. The NCLEX-RN 789 was administered to 67,393 candidates and the NCLEX-RN 290 examination was administered to 37,425 candidates.

The NCLEX-PN 489 examination was administered to 19,303 candidates. The NCLEX-PN 089 examination was administered to 32,592 candidates. Information regarding NCLEX-PN 490 was not available when this report was prepared and will be reported in the 1990-1991 Annual Report.

### ***NCLEX-RN 290 Operational Issues***

Different types of problems were associated with the NCLEX-RN 290. All were reported immediately to the National Council testing services staff and written explanations have been provided with completed plans for prevention of future occurrences.

The problems included a misrouted box of test booklets during the return shipment. The box was located with no breach of security. Also, two typographical errors occurred during examination development and review--one was in a tryout item and one was in a real item. The National Council decided to retain the real item for scoring based on the nature of the error (one "s" was omitted from a word with a double "s" in the middle), the item's statistics, and the fact that the word was not directly a part of the question asked by the item. A small set of examination booklets (130) was affected by the miscollation by the printer of one signature in three tryout forms. No real items were involved; therefore, no candidates' scores were affected.

In reporting scores, the new Candidate Diagnostic Profile form was inadvertently not used in generating reports for five of the first twenty-one jurisdictions shipped. CTB identified four of the jurisdictions affected prior to the jurisdictions receiving their reports. Replacement reports on the new form were mailed by express delivery to them. Also, four candidate codes had not been updated affecting summary reports for four jurisdictions. Replacement reports were generated and sent to these four jurisdictions.

All CTB managers and those employees working on the NCLEX program apologize for this series of problems. The causes have been examined thoroughly and additional procedures have been instituted to prevent reoccurrence. These issues were discussed at the April 1, 1990, Annual Contract Evaluation meeting and have been resolved to the satisfaction of the National Council.

### ***Examination Materials Retrieval/Scoring***

All examination materials were collected and accounted for under secure conditions. Candidate information, test materials, and late applications were checked by the CTB scoring staff and the Data Center for completeness and accuracy, and test materials were scanned.

The passing scores were set in cooperation with the National Council according to the established standard of entry-level competence, and all score reports were shipped on or before the scheduled date.

CTB staff continue to provide additional services by automatically handscoring all examinations within a particular range of the passing score. Approximately 1,558 booklets were handscored during the verification process for NCLEX-PN 489; 9,292 booklets were handscored for NCLEX-RN 789; 2,340 were handscored for NCLEX-PN 089; and 6,281 were handscored for NCLEX-RN 290. At the time this report was written, information regarding the number of examination booklets verified for NCLEX-PN 490 was not available. This information will be included in the 1990-1991 Annual Report. CTB also reviewed over 60,000 booklets for other abnormal candidate markings and omitted responses, updated candidate information that was in error, and provided a scoring tracking record to each Member Board to summarize key dates in the scoring cycle and details of incomplete, duplicate, or inaccurate candidate data.

### ***Handscoring***

CTB responded to 136 handscoring requests from candidates for the NCLEX-RN 289, and 34 requests for the NCLEX-PN 489. (These figures were not available in the 1989 Annual Report.) Two hundred five handscoring requests were received for the NCLEX-RN 789 examination and 45 handscoring requests were received for the NCLEX-PN 089 examination. At the time this report was written, 99 requests have been received for NCLEX-RN 290. No handscoring requests have yet been received for NCLEX-PN 490. All scores remain as originally reported, and no scoring errors were revealed during the handscoring process.

### **Candidate Brochures**

The 1989-90 revised brochures were printed by CTB and distributed for the NCLEX-PN 090 and NCLEX-PN 491 examination administrations in January, 1990, and for the NCLEX-RN 291 and NCLEX-RN 791 examination administrations in June, 1990. CTB staff worked in cooperation with the Administration of Examination Committee to ensure that the new brochures addressed the needs of the candidates and the Member Boards. Effective with NCLEX-PN 091, candidate brochures will be inserted in candidate applications and mailed to Member Boards.

### **Administration of Examination Committee**

The NCLEX Associate Project Director attended the Administration of Examination Committee meeting held October 16-18, 1989, in Oak Brook, Illinois, to present information and answer questions about the administration of NCLEX-RN 789.

The Associate Project Director also attended the March 19-21, 1990, Administration of Examination Committee meeting held in Chicago, Illinois, to present information and answer questions about the administration of NCLEX-PN 089 and to present preliminary information about NCLEX-RN 290.

### **Research and Technical Support**

The research staff has continued to provide the National Council with the information needed to monitor the technical adequacy of each examination. Technical reports have been submitted to the National Council for the NCLEX-PN 489, NCLEX-RN 789, NCLEX-PN 089, and NCLEX-RN 290 examination administrations. In each technical report, CTB test development and research staff have provided a detailed description of the development and analyses carried out for each examination. Tables of historical statistics also were included.

The CTB research staff has also conducted the following research studies during the past year:

#### **Person Fit Analyses**

Person Fit analyses are studies conducted to assess whether there is any evidence suggesting that sets of items contained in previously administered examinations have been exposed. Such analyses were conducted on NCLEX-RN 289, NCLEX-RN 789 and NCLEX-PN 089. Reports summarizing these analyses and the results that were obtained were submitted to the National Council after each examination administration.

Also to enhance person-fit analyses, CTB research staff completed the first phase of research comparing the W2 statistic with the presently used person-fit statistic (W1). The two person-fit statistics are sensitive to different kinds of items. The old statistic (W1) is influenced more by very difficult and very easy items. The new W2 statistic is more sensitive to items of average difficulty.

#### **Ethnicity/Gender Bias Analysis**

Ethnicity/Gender bias analyses were conducted on NCLEX-PN 489, NCLEX-RN 789, and NCLEX-PN 089. Reports summarizing these analyses and the results that were obtained were submitted to the National Council after each examination administration.

Analyses were conducted to investigate the effects on the Mantel-Haenszel alpha statistic of reducing the cell size minimum used in bias analyses conducted for RN and PN examinations. Reducing the cell size minimum is important because it will enable CTB to extend its analyses to minority groups with small candidate populations that have previously not been investigated.

Analyses were also conducted to investigate the effects on the Mantel-Haenszel alpha statistic of reducing the cell size minimum used in bias analyses conducted for PN examinations. The results of these analyses was submitted in a report to the National Council in February, 1990.

A paper describing the concordance procedures used to identify a new critical alpha value used to identify potentially biased items for RN examinations was presented by CTB at the April, 1990, Annual Meeting of the American Educational Research Association in Boston, Massachusetts.



CTB staff continued its work on linking automated subsetting procedures with the Mantel-Haenszel bias analyses.

### ***RN Dimensionality Analyses***

Dimensionality analyses that were conducted on NCLEX-RN 788 and NCLEX-RN 289 were replicated on NCLEX-RN 789. A report describing the results of these analyses and summarizing the findings over the three examinations was presented to the National Council in October, 1989.

Two phases of further research on the dimensionality of the NCLEX-RN examinations were completed and reports of the results submitted to the National Council in March, 1990. The first phase consisted of a validation study of the coding procedures currently used to classify RN items in terms of their test plan content areas. The second phase involved examining the dimensionality of NCLEX-RN 789 by type of nursing education program. A report relating these studies to NCLEX dimensionality will be submitted at the end of May, 1990, and further reports as needed later in the summer of 1990.

### ***Standard-Setting***

At the request of the National Council, in January, 1990, CTB research staff provided the National Council with a comprehensive report documenting the current method that is used to set the passing standard on NCLEX examinations.

In January, 1990, CTB research staff delivered to the National Council a paper entitled, "Determining a Cutscore for the NCLEX Examinations," in which specific aspects of the procedure for setting standards on the NCLEX examinations were discussed, and some recommendations for changes in this procedures were suggested.

### ***Other Research Activities***

In April, 1990, CTB staff presented a paper entitled "Stability of IRT b-values over Time and Position" at the Annual Meeting of the American Educational Research Association held in Boston, Massachusetts. This paper was based on a study of the effects of item placement on item difficulty values that was completed and provided to the National Council in May, 1989.

In addition to original research, the psychometric staff at CTB has begun publishing a review of literature regarding pertinent measurement issues in CTB's Quarterly Report to the National Council.

### ***Annual CTB - National Council Research Meetings***

CTB has also continued to work with the National Council to discuss the results of current research studies and to identify future research directions for the NCLEX examinations. To these ends, CTB research staff met with National Council staff in Oak Brook, Illinois, in October, 1989, to develop a schedule of research studies. Also, CTB research staff met with National Council staff in Boston, Massachusetts, during the 1990 Annual Meeting of the American Educational Research Association to discuss the results of the research studies completed at that time and to consider possible issues that would merit investigation in the future.

## **National Council Meetings**

### ***Committee for Special Projects***

CTB hosted the meeting of the Committee for Special Projects in Monterey, California, on June 7-9, 1989. CTB provided data and the expertise of two psychometricians with computer testing background. The CTB National Accounts Manager also participated in the meeting, particularly in the area of CAT field test communication.

CTB also hosted the April 4-6, 1990, meeting of the Committee on Special Projects in Monterey, California, and provided microcomputers for software testing in preparation for the July field test project.

### ***National Council Board of Directors Meetings***

CTB staff attended the July 5-7, 1989, Board of Directors meeting in Chicago, Illinois. The National Accounts Manager and Director of National Accounts answered questions about CTB's proposed two year contract extension with the National Council. The Technical Coordinator answered questions regarding recommendations made by CTB in its Standard Setting report.

CTB's NCLEX Project Director attended the April 30 - May 2, 1990, Board of Directors meeting in Chicago, Illinois. The Project Director reviewed with the Board CTB's 1989 Quality Control Program and presented plans for the continuing 1990 effort. The following is a summary of that presentation.

During the fall of 1989, CTB's managers conducted an internal audit of all processes and procedures related to the delivery of the NCLEX contract. An internal document was produced and a summary of that internal audit was provided to the Board of Directors in December, 1989.

Early in 1990, CTB's NCLEX managers continued to explore ideas generated during the fall 1989 internal audit. During the April, 1, 1990, Annual Contract Evaluation Meeting, CTB announced to the National Council its decision to retain a consulting firm to conduct an audit during the months of May, June, and July, 1990, to supplement CTB's internal audit findings. A preliminary status report by CTB will be submitted to the Board of Directors for its July, 1990, meeting. CTB's complete report will be submitted in August, 1990, and a follow-up CTB report will be submitted in December, 1990.

### ***Delegate Assembly***

Fourteen staff members from CTB attended the Delegate Assembly in Chicago, Illinois, from August 1-5, 1989. Staff members attended all Delegate Assembly meetings and responded to questions as requested.

### ***1989 Oak Brook Fall Planning Retreat***

Five CTB staff members attended the October 15-19, 1989, Oak Brook Fall Planning Retreat. During the CTB/National Council planning meeting, CTB presented the Three Year Plan, a medium range planning tool developed so that CTB and the National Council can be proactive in anticipating new services or program modifications and so that the National Council can anticipate the fiscal impact of new services or additional research studies. The Plan will be discussed and revised as often as necessary, but at least twice each year. The Three Year Plan was distributed to the Board of Directors at its January, 1990, meeting.

CTB and National Council psychometric staff also held their first fall research meeting to discuss future research projects relevant to NCLEX. The design of the RN Dimensionality study was discussed.

### ***Quarterly Contract Update Meeting***

National Council and CTB staff held a conference call for the second quarter, 1989, Contract Evaluation Meeting on June 22, 1989. On September 19, 1989, the third quarter conference call was held. On January 18, 1990, the fourth quarter, 1989, conference call was held. Issues related to contract performance were discussed.

### ***NCLEX Regional Invitational Conference***

CTB presented the first NCLEX Regional Invitational Conference on March 22 and 23, 1989, in Baltimore, Maryland. Six staff members from CTB, as well as the National Council Assistant Director of Testing Services, presented at the conference. Over 120 educators and Member Board staff attended the two-day conference. The first day was dedicated to an overview of the development, administration, scoring, and reporting of NCLEX. On the second day, a workshop entitled "Principles of Item Writing" was conducted.

**Annual Contract Evaluation Meeting**

On April 1, 1990, CTB managers and the CTB representative from the printing firm that produces the NCLEX testing materials met with the Vice-President of the National Council Board of Directors, the Executive Director of the National Council, the Examination Committee chair, and National Council testing services staff for the annual evaluation of CTB's service. Issues and procedures relating to every aspect of the contract were discussed. Proposed modifications to the Three Year Plan were also reviewed.

**Area Meetings**

The NCLEX Project Director attended all March/April 1990 Area Meetings and presented an overview of CTB activities at each meeting. The CTB National Accounts Manager, in addition to the Project Director, attended the Area III meeting.

**Special Services**

CTB responded to nine requests from six Member Boards for special analysis of suspected cheating; from 15 Member Boards for examination reviews; and from 11 Member Boards for 19 candidate reviews.

CTB responded to requests from seven Member Boards to verify candidate data, and performed an extensive content analysis of an examination for one Member Board.

CTB coordinated the administration of an alternate examination administration of NCLEX-PN 089 for one Member Board.

CTB completed programming and printing necessary to produce the newly revised RN and PN Candidate Diagnostic Profile.

CTB provided examination results on diskette to four Member Boards and rosters on diskettes to two Member Boards.

CTB completed a survey of PN and RN programs to update the nursing textbook reference library.

CTB conducted a survey and implemented new examination booklet tracking procedures.

CTB staff responded to requests from the National Council for special data sorts, for preliminary examination statistics, and for cost estimates for a variety of services, including additional information on a third RN administration, supplemental Ethnicity/Gender Bias analyses, State Summary Profiles, and special candidate data for the Clinical Simulation Testing program.

**Communications**

CTB has instituted several new programs and services in the area of communications with Member Boards, educators, and related consumer groups.

In January, CTB introduced NCLEX News and Notes, the first NCLEX informational newsletter to be distributed quarterly to Member Boards and educators.

Beginning in 1990, CTB, in cooperation with the National Council, began offering mini NCLEX Invitationals in different regions of the country. On March 22-23, 1990, an Invitational was presented in Baltimore, Maryland (Area IV). In November, 1990, Area II will host the second regional NCLEX Invitational. In February, 1991, the regularly scheduled NCLEX Invitational will be presented in Monterey, California, in conjunction with the National Council's Regulatory Conference.

In 1992, two regional Invitationals will be held. New Orleans, Louisiana (Area III) will host the spring conference. Area I jurisdictions that might be interested in hosting the fall Invitational should contact the CTB Project Director.

During the April 1, 1990, Annual Contract Evaluation Meeting, it was decided that CTB would work with the National Council's Communications Committee to coordinate planning of conferences and publications of interest to Member Boards, educators, and consumer groups. This collaborative effort will begin in summer 1990.

### **The NCLEX Summary Profiles**

The NCLEX Summary Profiles service has seen a significant increase in the number of subscribing schools during the last year. The July 1989 RN Summary Profiles were received by approximately 650 RN programs and over 160 PN programs subscribed to the October 1989 PN NCLEX Summary Profiles.

In October, 1989, promotional brochures were sent to all non-subscribing PN schools, generating over 40 new PN subscribers. CTB will be sending promotional materials to all non-subscribing RN schools prior to the July 1990 NCLEX-RN examination.

Preparation of the October 1990 NCLEX Summary Profiles, which will reflect the changes in the *PN Test Plan*, is in progress. Extensive revisions are being made to the narrative text and to the programming of the profile report format.

A survey of all subscribers is planned for June 1990. CTB staff will review responses and explore modifications to the Profiles as indicated. Every effort will be made to satisfactorily meet the needs of the Profiles subscribers and potential subscribers.

Two CTB staff members attended the National League for Nursing Conference in Seattle, Washington, in June, 1989. Brochures, sample Summary Profiles and other information were provided to those attending the conference.

# Annual Report of the National Council Data Center

## Introduction

This report provides an overview of CTB Macmillan/McGraw-Hill's (CTB) activities in the National Council Data Center (Data Center) during the past year and covers the NCLEX-RN 789, the NCLEX-PN 089, NCLEX-RN 290, and the NCLEX-PN 490 examinations. Efforts in the National Council Data Center have concentrated this year on providing additional information and support to all Member Boards.

## Applications Processing

The Data Center shipped a total of 262,000 application packets to Member Boards during the fall 1989 and spring 1990 send out periods. The spring application reflected the price increase to \$40.00, which is effective with the October 1990 Practical Nurse Examination.

The four NCLEX examinations covered in this report reflect a total of 167,941 applications processed to date and represent an increase of 11,531 or 7.4% over last year's 156,410. An additional 4,559 applications were returned to candidates for errors, for receipt after the deadline, or for being too early to process.

A summary of applications processed is included on the following pages.

## Program Code Corrections

A maximum of forty Boards, for any one examination, sent in program code corrections and/or changes in education or repeat status for a total of 3,206 candidates. This is 545 candidates more than 1989's 2,661 total changes, or an increase of 20.5%.

## Telephone Communication

The Data Center responded to over 1,300 telephone calls during the year; many of these were regarding candidate application receipt status.

## Additional Services

Several new activities at the Data Center have been implemented to assist Member Boards in the application and examination processes:

- the acceptance of candidate code corrections up to seven days prior to the examination date
- the development of procedures to allow proctors to check and correct program codes on candidate rosters before test booklets are returned to CTB
- the mailing of early rosters (for July exams) to allow Member Boards to obtain candidate count information seven weeks prior to an exam administration date

**Applications Processed**

Below is a summary of the NCLEX-RN 789, NCLEX-PN 089, NCLEX-RN 290, and NCLEX-RN 490 applications processed to date.

*Table 1. Summary of Applications Processed.*

	NCLEX Examinations			
	789	089	290	490
Applications Processed:	69,249	34,495	40,363	23,834 *
Applications Returns:	1,110	1,236	1,139	1,086
<u>Candidate Code Corrections:</u>				
No. of Candidates	832	1,081	525	768
% of Direct Apps	1.8%	4.1%	2.6%	4.6%
No. of Boards	40	35	40	36

As Table 1 illustrates, approximately 168,000 applications were received and processed at the Data Center during 1989-1990.

\* 490 applications don't include all late applications and applications from "tape states," since data were not available in time for this report.

# Annual Report of the NACEP Test Service

## Introduction

This report provides a summary of The Psychological Corporation's activities since May 15, 1989, with the Nurse Aide Competency Evaluation Program (NACEP) of the National Council of State Boards of Nursing, Inc.

## National Council Meetings

Representatives of The Psychological Corporation attended the 1989 Delegate Assembly and hosted a breakfast for attendees. The Psychological Corporation met with the NACEP Committee during the National Council Fall Planning Retreat in October, 1989. The annual license agreement meeting was held at The Psychological Corporation in November, 1989. The Psychological Corporation hosted five NACEP Committee meetings. In addition, The Psychological Corporation attended and presented reports to the Board of Directors at three of its meetings.

## Item Writing

The Psychological Corporation coordinates the training and support of item writers in the development of the NACEP evaluation items. The *NACEP Evaluation Blueprint* provides a basis for the content and scope of the items.

Resumes were received from the National Council offices, individual state boards of nursing, and interested persons. Only licensed nurses with experience in long term care and/or the instruction or supervision of nurse aides were selected.

One item writing workshop was held in Chicago, Illinois, in July, 1989. All participants were sent pre-workshop packets, including a practice assignment. The presenters at each workshop gave an overview of the NACEP and an explanation of how a valid certification test is constructed. Principles of item writing were introduced, practice exercises completed, and individual assignments made. Items were written by participants after they returned home from the workshops.

## Item Review

The NACEP evaluation items submitted to The Psychological Corporation were reviewed by test development editors for proper format, grammar, punctuation, reading level, and bias.

The Psychological Corporation conducted Item Review Meetings in Chicago, Illinois, on July 26, 1989, and September 21-22, 1989. Nurses from diverse areas of long term care service reviewed the NACEP evaluation items to determine if an item assessed relevant knowledge, had only one correct answer, and was clear and concise. Based on these meetings, items were revised, accepted as written, or excluded from further consideration.

## Written Evaluation Form Assembly

Eleven forms, each containing 65 items, were assembled to match the *NACEP Evaluation Blueprint*. In addition, 340 experimental items were selected in sets of tens. The forms and the experimental items were presented to the NACEP Committee for review. Based on committee input, changes were made, and all eleven forms and all experimental items were approved.

### **Oral Administration and Translated Versions**

In order to accommodate individuals with special literacy needs, The Psychological Corporation created two variations of the NACEP written evaluation. The first is an oral administration of the exam, and the second is a foreign language version of the exam.

The oral administration of the NACEP written evaluation consists of a machine-scorable booklet and an audio tape. The audio tape contains both the dictated items and the directions for taking the evaluation. In an actual evaluation session, the examinee follows along in the booklet while listening to the items being read on the audio tape. For clarity, each item and its accompanying answer choices are read twice. Because the booklet is machine scorable (no separate answer document), the danger of an examinee losing his or her place is decreased. The use of an audio tape ensures a standard administration for all that take the oral version of the evaluation.

The first oral administration of the written evaluation was on August 19, 1989.

Currently, there are two foreign-language versions of the NACEP evaluation, one in Spanish and the other in Polish. Both are translations of one of the English oral-administration forms of the test. The evaluation consists of a machine-scorable booklet (in Spanish or Polish) which is dictated to the candidate. In addition to the test items, directions are also presented to the candidates in their native language. As with the oral administration of the English language version, the Spanish and Polish versions each contain a reading comprehension section. This section consists of seven reading comprehension items presented in English. These items represent the minimal amount of reading skills in English that a nurse aide in the United States should be required to have, regardless of his or her level of literacy and English language skills.

The Psychological Corporation ensures that the translated version is technically correct and written at the appropriate reading level by first translating the test from English into the target language. This translated version is then translated back into English by a second set of individuals. Finally, an adjudication panel meets to compare the original English version with the English back-translated version, and revisions are made in the translated tests.

The first test date for the Spanish translation was December 16, 1989. The first test date for the Polish version was May 19, 1990. There are no plans to prepare any additional translated versions.

### **Manual Skills Forms**

Manual skills tasks and scoring criteria were developed in March, 1989, and field tested in nine states in April, 1989. The Manual Skills Committee met May 11-12, 1989, to review field test results. Based on the results presented, task criteria were revised extensively. Because of the extensive revisions, the decision was made to conduct a second field test of the manual skills evaluation.

The second field test was conducted on June 10, 1989, at five test centers in Alabama. Results were presented to the NACEP Committee June 18-20. Based on this review, minor changes were made to the scoring criteria, and the six final forms were approved by the committee. All evaluation materials including rater training manuals with a video tape exercise were produced, and shipments to test centers began on August 18, 1989.

Rater Training Workshops have been conducted by The Psychological Corporation for states as an optional service. Thus far, workshops have been conducted in Alabama (Birmingham, Mobile, and Montgomery) August 21-23, 1989; Nevada (Reno and Las Vegas) October 4-5, 1989; Virginia (Annandale) November 6, 1989; and Arizona (Phoenix) April 26, 1990.

In October, 1989, preliminary scoring statistics were analyzed. One form was producing a significantly higher failure rate than the other five. This form was deleted from testing, and all related rating materials were immediately recalled from the field. Revisions are being made, and the revised form will be pilot tested in the near future. Preliminary analysis of scoring statistics for the remaining five indicated that they are of nearly equal difficulty, each having approximately a 90-percent passing rate. They are monitored weekly and continue to yield reliable results.



In December, 1989, an unauthorized study guide for the NACEP Manual Skills was discovered in a nursing home in Grand Junction, Colorado. The contents of the guide were similar, though not identical, to the NACEP evaluation criteria for the Manual Skills. After reviewing the circumstances surrounding this situation, the NACEP Committee chose to reinforce existing security procedures and not to release the evaluation criteria. A written report and oral presentation on this matter was reviewed by the Board of Directors at its January, 1990, meeting.

### **Standard Setting**

The Psychological Corporation established a recommended passing score for the NACEP using the methods described below.

The standard for the NACEP was determined by using the modified Angoff method. This approach requires that content experts serve as judges to review each item on a test form and estimate the number of minimally competent nurse aides out of 100 who would be expected to answer that question correctly. The scores for individual questions are added and averaged to get each judge's estimate of the minimally competent nurse aide's score for the total test. The scores are then summed across judges and averaged. This produces the number of items a minimally competent nurse aide would answer correctly on that test form.

The standard-setting panel met June 22-23, 1989, in San Antonio, Texas, at The Psychological Corporation. The results and recommendations made by the panel were presented to the National Council Board of Directors at its July 6, 1989, meeting by The Psychological Corporation.

### **Operations and Delivery**

While adapting to the changing needs of the state and federal governments, service problems have been experienced that are not typical of the service quality that The Psychological Corporation is accustomed to providing. Many of these problems are attributed to the crucial need for test centers and the customization of services to individual states. Current efforts are focused on ensuring that the specific service needs of each state are met. Progress toward correcting past problems has been good, while steps toward preventing further problems from occurring continue to be identified.

On March 9, 1990, The Psychological Corporation's NACEP Operations Group was relocated to a new facility with additional space. This move allows our staff to better support the NACEP. To achieve effective communications, we have revised many of our implementation procedures and restructured our staffing. A new position, NACEP Client Relations Director, was created. This Director is an integral part of the NACEP Operations Group and serves as a liaison to the NACEP clients while providing more effective day-to-day monitoring of the program status.

To provide for flexibility in the delivery of service and to better meet the delivery and service needs of individual states, The Psychological Corporation presented additional delivery models to the NACEP Committee. These models meet minimum security requirements that would allow flexibility and also provide a level of security to maintain the integrity of the NACEP. This concept was presented to the Board of Directors on April 30, 1990. Two additional delivery models were approved for the NACEP.

### **Statistical Report**

Attachment A presents selected results of the NACEP test administrations processed July 22, 1989, through February 28, 1990.

Table 1 (page 19) displays information on the written/oral administration. A total of 65,422 administrations of the written or oral evaluation were processed; the percent passing was 94.2%. In states administering the evaluation to at least 100 candidates, the percent of candidates passing ranged from 85.0% to 99.4%. To accommodate the needs of the various states, The Psychological Corporation established scheduled national test dates on Wednesdays and Saturdays for written or oral administrations. In 1989, the written/oral evaluation was administered on 25 different dates. Forty-seven dates are scheduled for the calendar year 1990.

Tables 2 (page 20) and 3 (page 21) provide manual skills information. A total of 40,001 manual skills evaluations were processed; the percent passing was 90.1%. In states administering the evaluation to at least 100 candidates, the percent passing ranged from 78.8% to 99.3%. Table 3 details the percent of candidates passing by task.

Figure 1 (page 22) provides an overview of candidates passing both components of the evaluation. The percent passing ranged from 85.3% in Georgia to 97.7% in Alaska.

Table 4 (page 23) and Figures 2 (page 24) and 3 (page 25) reflect selected demographic variables based on self-reported information. Seventy-three percent of the candidates administered the written/oral evaluation indicated a level of education of grade 12 or above. Thirty-eight percent of the candidates administered the written/oral evaluation were minorities.

### **Sales and Marketing**

The Psychological Corporation NACEP Sales and Marketing activities focused on six major areas throughout the past year: responding to Requests for Proposals; extending and renewing contracts; face-to-face sales calls; telephone conference sales calls; participation at national exhibits; presentations and attendance at four Area Meetings of the National Council; and attendance at Delegate Assembly.

Currently, there are 27 jurisdictions, including the District of Columbia and the Virgin Islands, that have selected the NACEP; of this number, 23 are using the NACEP exclusively. Attachment B (page 26) provides information on nurse aide programs by contractor.

The Psychological Corporation and the National Council of State Boards of Nursing, Inc., exhibited at the following national meetings during the past year:

- National Clearinghouse on Licensure and Regulation (CLEAR), September 6-9, 1989;
- Federation of Association of Regulatory Boards (FARB), February 2-4, 1990; and
- National Association of Directors of Nursing (NADONA), March 21-23, 1990.

Jane Tait, National Measurement Consultant, attended all Area Meetings, and gave a presentation and update on the status of the NACEP at each meeting.

**Attachment A**

*Table 1. NACEP Written/Oral Evaluation  
Number Tested and Percent Passing by State  
July 22, 1989 - February 28, 1990*

State	Written/Oral		Written		Oral <sup>b</sup>	
	Number Tested	Percent Passing	Number Tested	Percent Passing	Number Tested	Percent Passing
Alabama	4,364	91.2	4,302	92.2	62	37.0
Alaska	371	98.1	369	98.1	2	100.0
Arizona	636	98.0	636	98.0	a	a
Colorado	8,209	97.9	7,982	98.4	227	79.0
Delaware	1,558	94.8	1,535	95.5	23	52.1
District of Columbia	1,175	96.4	1,175	96.4	a	a
Georgia	12,363	85.0	11,784	89.6	579	33.7
Idaho	2,049	99.2	2,038	99.3	11	81.8
Illinois	2,745	93.5	2,709	94.2	36	44.4
Minnesota	12,705	99.1	12,647	99.2	58	78.3
Mississippi	150	90.0	150	90.0	a	a
Nevada	983	99.3	982	99.2	1	100.0
North Carolina	29	100.0	29	100.0	a	a
North Dakota	3,010	99.4	2,987	99.7	23	61.2
South Carolina	6,222	86.0	5,868	88.8	354	38.9
South Dakota	3,063	99.0	3,054	99.1	9	55.5
Virginia	2,038	97.3	2,029	97.3	9	90.0
Virgin Islands	11	90.9	11	90.9	a	a
West Virginia	3,372	98.4	3,352	98.6	20	75.0
Wyoming	369	98.9	367	99.3	2	50.0
<b>Total</b>	<b>65,422</b>	<b>94.2</b>	<b>64,006</b>	<b>95.3</b>	<b>1,416</b>	<b>46.8</b>

<sup>a</sup> No oral evaluations administered

<sup>b</sup> Includes Spanish

*Table 2. NACEP Manual Skills  
Number Tested and Percent Passing by State*

State	Number Tested	Number Passing	Percent Passing
Alaska	364	361	99.2
Arizona	55	48	87.3
Alabama	3,449	3,148	91.3
Colorado	6,364	5,703	89.6
Delaware	1,209	1,103	91.0
District of Columbia	792	695	88.6
Georgia	10,243	9,089	89.4
Illinois	1,629	1,493	92.0
Minnesota	4,021	3,863	96.2
Mississippi	137	108	78.8
Nevada	993	879	89.5
North Carolina	27	27	100.0
North Dakota	2,786	2,683	96.2
South Carolina	5,628	4,751	84.1
Virginia	1,995	1,781	90.2
Virgin Islands	11	11	100.0
Wyoming	298	296	99.3
<b>Total</b>	<b>40,001</b>	<b>36,039</b>	<b>90.1</b>

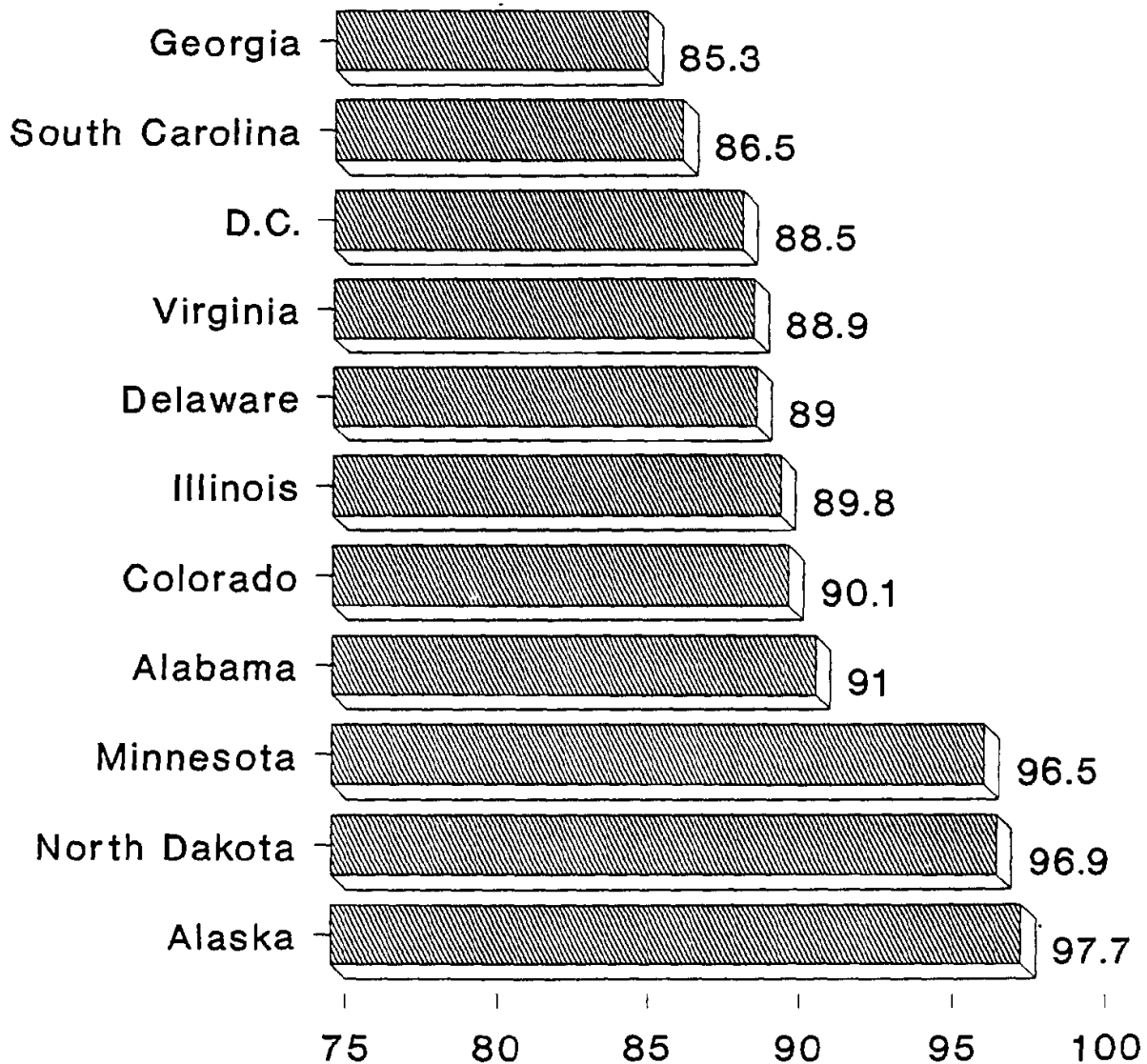
*Note.* Data reflects rating forms processed through 2/28/90.

*Table 3. NACEP Manual Skills  
Percent Passing by Task (In Descending Order)*

<b>Task</b>	<b>Percent Passing</b>
Make an unoccupied bed	96.8
Make an occupied bed	95.2
Lift and carry a box	95.0
Transfer resident from bed to chair	94.4
Give a partial bath	91.1
Position the call signal	90.8
Put on elastic stocking	88.3
Brush the teeth	87.2
Give range-of-motion exercises to a knee and ankle	87.1
Feed the resident	87.0
Wash hands	83.8
The resident is choking: Give abdominal thrusts	82.2
Reposition the resident in a wheelchair	79.9
Move and turn the helpless resident	74.5
Apply a transfer belt and walk the resident to a chair	73.8
Use Universal Precautions	73.3
Walk the resident	63.0
Measure and record blood pressure	58.0
Measure and record temperature, pulse and respirations	54.0
Put on a vest restraint	47.7
Give catheter care	47.1
Measure and record height and weight	47.0
Give perineal care	45.2

**Note.** Total N = 40,001. Data reflects rating forms processed through 2/28/90.

## Figure 1. NACEP Candidate Summary Report Percent of Candidates Passing by State



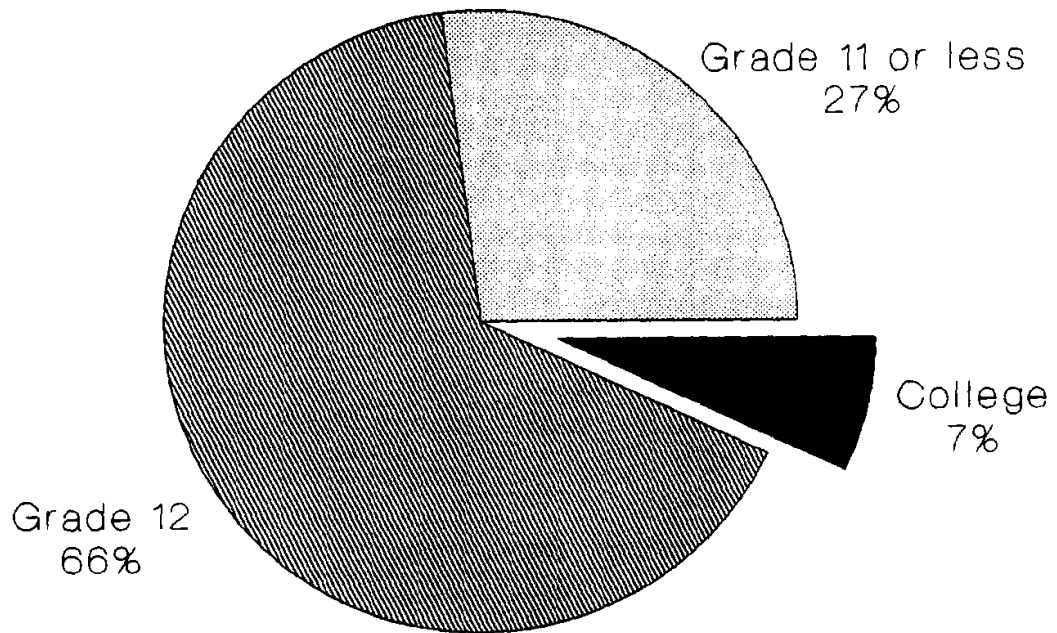
**NOTE.** This report includes nurse aide candidates whose identifying information has been matched on both written/oral evaluation and manual skills evaluation. Only states administering both components to at least 100 candidates and subscribing to the history scoring service are reported.

*Table 4. NACEP Written/Oral Evaluation  
Number and Percent of Candidates Tested by Selected Variables\*  
July 22, 1989 - February 28, 1990*

Variable	Candidates Tested	
	Number	Percent
<b>Sex</b>		
Female	57,368	93
Male	4,491	7
<b>Highest Level of Education</b>		
Grade 7 or less	1,150	2
Grade 8	2,000	3
Grade 9	2,425	4
Grade 10	4,740	8
Grade 11	6,008	10
High School	40,757	66
Two years college	3,057	5
Four years college	1,394	2
<b>Native Language</b>		
English	60,789	98
Other	1,135	2
<b>Ethnicity</b>		
American Indian	984	1
Asian American	478	1
Black	18,838	32
Hispanic	2,052	3
Other	622	1
White	36,905	62
<b>Experience</b>		
Less than 6 months	7,884	13
6 months - 1 year	5,550	9
1 - 2 years	7,001	12
2 - 3 years	5,501	9
3 - 5 years	7,343	12
5 years or more	27,383	45

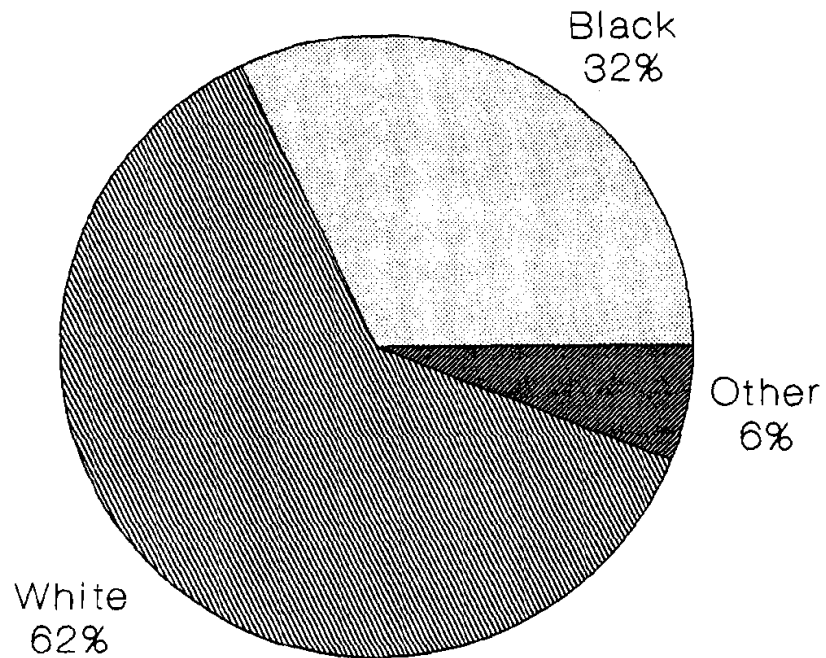
\* Number of candidates is based on those responding to questions and includes first-time test takers only. Information is self-reported. Missing information is not included in the calculation of percentages.

### Figure 2. NACEP Written/Oral Evaluation Percent Tested by Level of Education





**Figure 3. NACEP Written/Oral Evaluation  
Percent Tested by Ethnicity**



*Figure 1. List of Nurse Aide Programs by Contractor*

<b>The Psychological Corporation</b>	<b>Educational Testing Service</b>	<b>Assessment Systems, Inc.</b>
Alabama	Hawaii	Connecticut
Alaska	Michigan	Massachusetts
Arizona	New York	New Jersey
Colorado	Ohio	Texas
Delaware	Oklahoma	Washington
District of Columbia		
Georgia		
Idaho	<b>Health Care Training Corporation of Arkansas</b>	
Illinois		
Louisiana		
Maine	Arkansas	
Minnesota		
Nevada		
North Dakota	<b>Multiple Provider</b>	
Oregon		
Rhode Island	Indiana	
South Carolina	Mississippi	
South Dakota	New Hampshire	
Vermont	North Carolina	
Virginia		
Virgin Islands		
West Virginia		
Wyoming		
<b>Other</b>		
California		
Florida		
Iowa		
Kansas		
Kentucky		
Maryland		
Missouri		
Montana		
Nebraska		
New Mexico		
Pennsylvania		
Tennessee		
Utah		
Wisconsin		

# Report of the Executive Director

## Introduction

This report summarizes the major activities of the National Council staff from May 1989 through April 1990. Activities are grouped by programmatic areas. An organizational chart of staff and a description of their responsibilities are found behind Tab 24, Orientation Manual, in this *Book of Reports*. Staff names, by position, are included at the end of this report.

## National Council Licensure Examinations

### *Examination Development*

Staff in testing services provided support to the Examination Committee, Administration of Examination Committee, Committee for Special Projects, and the Third NCLEX Study Committee during the time period covered by this report.

Following adoption of the revised NCLEX-PN test plan in 1989, testing services staff coordinated follow-up activities, including publication of the test plan, preparation and publication of the guidelines for item writers (detailed test plan), and revision of the NCLEX-PN study guide published by Chicago Review Press. Staff also worked with CTB Macmillan/McGraw-Hill staff to complete research on the standard setting process, prepare documents describing the process, and arrange for the collection of data to be used in connection with PN standard setting. The first examination to be given under the revised PN test plan will be October 1990; standard setting will occur in connection with the first administration.

Under the direction of the Examination Committee, staff corresponded with the Canadian Nurses Association Testing Service (CNATS) and obtained information used to compare the psychometric properties of the NCLEX-RN and the CNATS examination. Data were compiled, interpreted, submitted to the Examination Committee and the Board of Directors. After opportunity for comment by CNATS, the final version of the report was disseminated to Member Boards.

Other testing services staff activities in cooperation with CTB have included the study of NCLEX psychometric characteristics, in particular dimensionality, person-fit and potential bias against ethnic or gender groups. In connection with investigating test and item bias, CTB and testing services staff worked to implement a bias sensitivity review panel. The panel, which is composed of seven members of ethnic minority groups, will review examination items and statistical results to identify sources of bias. Staff recruited panel members and developed materials for the panel's orientation and training in April.

Work continued with CTB, under the guidance of the Examination Committee, to further improve the usefulness of the Diagnostic Profiles. A modified form was implemented with the February 1990 NCLEX-RN and a new one developed for the revised *NCLEX-PN Test Plan*.

Support was provided to the Examination Committee for the recruitment, screening and selection of RN item writers and content experts for sessions in June, September, January and March, and PN item writers and content experts for sessions in August and December. Standard setting judges nominations were solicited for a PN panel meeting in May.

### *Examination Administration*

Testing services staff implemented revisions in the security measures adopted by the 1989 Delegate Assembly. The new security measures were disseminated to Member Boards in August for return in November.

Beginning immediately after the 1989 Delegate Assembly, under the direction of a Board of Directors' committee, staff began the process of requesting input, designing, and creating instrumentation for the Third NCLEX Study. After approval, surveys were disseminated and responses compiled for interim and final reports to the Board.

Staff have devised and, upon approval, implemented a procedure providing the opportunity for Member Boards to review previously administered examinations, without charge, in lieu of draft newly-written items.

Staff have supported the Administration of Examination Committee in collecting and interpreting data on examination modifications for handicapped candidates. Descriptive statistics have indicated further research questions to be explored regarding the appropriate interpretation of examination results when modified conditions were used. Staff also performed research to develop enhanced definitions of terms related to the policy for handicapped candidate modifications.

Testing services staff worked with CTB staff to improve the correction procedures for candidate and program codes, to shorten turnaround time for handscoring and green sheets, and to revise applications and candidate brochures for 1990.

### ***Computerized Adaptive Testing (CAT) Project***

Staff activities have concentrated on preparations for field testing of CAT in four states before and after the July 1990 and February 1991 NCLEX-RN administrations. Staff have worked closely with CAT Coordinators in each state to communicate with nursing program deans and directors, recruit candidates, secure appropriate testing facilities and equipment, and train staff who will proctor at the sites. Staff have made numerous trips to states for purposes of speaking about the project, locating and arranging for testing sites, and evaluating potential providers of services for the field tests. Creation of field test materials, including training manuals, examiner packets, various model letters for candidates and schools, newsreleases, security measures, compliance reports, timelines of critical events, and candidate brochures, has required substantial staff time.

Staff have supported the Committee for Special Projects in its consideration of the complex psychometric and logistical issues surrounding CAT. Item pool studies, legal analysis, interpretation of dimensionality study reports, and selection of appropriate items to be in the pool available for CAT field tests are some of the activities carried out by staff in cooperation with appropriate consultants to address these issues.

The final delivery of software from the National Board of Medical Examiners was received and accepted after final testing.

A second research partner, in addition to the American Society of Clinical Pathologists, has joined with the National Council in studying CAT. The American Board of Orthopaedic Surgery has committed \$100,000 to the project in return for permission to use the software, programming of software modifications to add graphics and a "practice profile," and consultation regarding application of CAT and item response theory to recertification testing.

### ***Nurse Aide Competency Evaluation Program (NACEP)***

Staff provided support to the NACEP Committee during the period covered by this report. NACEP testing commenced in July 1989. Staff facilitated the recruitment of item writers, task developers, content reviewers, and standard-setting judges for participation in workshops conducted by The Psychological Corporation in preparation for initial testing. Staff have monitored these and additional test development activities that have continued throughout the year.

In preparation for the NACEP Committee's comprehensive evaluation of the program to date, staff drafted Member Board and NACEP User questionnaires, supervised their mailing to and returns from respondents, and performed appropriate analyses.

Staff have spent considerable time over the past year tracking developments in federal legislation amending the original legislation mandating nurse aide training and competency evaluation (Nursing Home Reform Act, Subtitle

C of the Omnibus Budget Reconciliation Act of 1987). Information was provided to Member Boards, other concerned organizations, and congresspersons regarding the proposed amendments, and subsequently, proposed administrative rules.

NACEP staff conducted a logical job analysis focusing on home health aides in January. The task analysis resulting from the study was used to determine that a match between the current NACEP blueprint and the job of home health aides is sufficient to support use of the NACEP in that setting. The incumbent job analysis currently underway in three settings (long term care, home health care, and acute care) will provide additional data regarding the validity of the NACEP blueprint for these settings.

In response to a request from Member Boards, NACEP staff created a directory of state agencies responsible for nurse aide registries. In addition, results of surveys regarding Member Boards and state activities with regard to all aspects of nurse aide training and evaluation have been compiled and disseminated to Member Boards periodically.

Marketing efforts have been chiefly the responsibility of The Psychological Corporation. However, in order to interpret to states and other potential NACEP consumers the role and reputation of the National Council in NACEP, National Council staff have accompanied TPC staff to a majority of the conventions at which NACEP materials have been exhibited, including the NLN, ANA, and CLEAR conventions. Staff have also participated in a number of meetings with individual state agencies to discuss the state's potential or continued use of the NACEP.

#### ***Nursing Practice, Education, and Public Policy***

In the area of nursing practice, education and public policy, staff provided support to the Nursing Practice and Education Committee, the Subcommittee to Study Regulatory Models for the Management of Chemically Dependent Nurses, and the Subcommittee for Nurse Aide Language.

A designated seat on the Executive Committee of the National Practitioner Data Bank (NPDB) has been filled by a member of the staff. This participation has contributed to positive information flow to and from the National Council and Member Boards regarding progress with NPDB implementation. With respect to the National Council's Disciplinary Data Bank, staff have continued to process monthly and annual reports for dissemination to Member Boards. Occasional supplementary tabulations of data bank information have been provided to Member Boards, upon request. Screening of names submitted by the Public Health Service and all branches of the military for matching with names in the Disciplinary Data Bank has continued to be performed.

Staff have participated in various meetings of public policy groups at the national level, including a Consortium on Substance Abuse.

In support of the Nursing Practice and Education Committee, staff drafted, disseminated, and compiled data from three surveys of Member Boards on topics the committee intends to study in the coming year. Staff participated in preparing drafts of papers on endorsement issues connected with peer assistance programs, delegation, and continued competence. Subsequent to committee review of a draft paper on the nurse shortage, undertaken jointly with the ANA, staff followed up by facilitating comments and additions to the paper from the perspective of practical nursing organizations.

Research staff have assisted in the nursing practice and public policy area by supporting the efforts of the Subcommittee on Models for the Regulatory Management of Chemically Dependent Nurses toward seeking grant funding for carrying out a comparative study of the models. A potential source of funds within the National Institute of Mental Health (NIMH) has been identified, and a pilot study has been conducted. The pilot data will be used to support the request for full project funding, which is due to the NIMH by October 1, 1990.

NACEP staff have assisted the Subcommittee on Nurse Aide Language in the task of drafting model act language for the regulation of nurse aides for presentation to the 1990 Delegate Assembly.

## **Communications**

The area of communications has several identifiable sub-areas related to the goals of the National Council. One of these is the publications program. Two other areas, intraorganizational and interorganizational communications, include meetings, presentations, liaisons, and public relations within the National Council structure and with external organizations related in some way to the mission of the National Council. Within the area of communications, staff provide support for the Communications Committee.

### **Publications**

Four issues of the *State Nursing Legislation Quarterly (SNLQ)* have been edited and published by communications staff. Subscriptions currently stand at 663. Readership survey data were compiled and presented to the Communications Committee. Based on reader input, the committee and staff initiated a major revision of *SNLQ*, including the incorporation of federal legislation, bill tracking charts, and a new layout for easier readability. Another major task has been the complete transfer of subscriber records and billing from the ANA to the National Council.

*Issues* has been edited and published to a mailing list of 7,888 four times during the past year (Volume 10, Nos. 3-5 and Volume 11, No. 1). With direction provided by the Communications Committee, staff have implemented a change in format for *Issues*. The new format includes regular feature columns for updates, a central theme for in-depth articles, as well as encourages reader participation in each edition.

Communications staff published and distributed the *Newsletter* to Member Boards on a biweekly basis. Items included by staff in the *Newsletter* on a regular basis are committee reports; Board of Directors' agendas, major actions and minutes; Disciplinary Data Bank reports; analyses of federal legislation; solicitations for persons to serve in various capacities; examination statistics; NACEP news; notice of upcoming events; and updates to the National Council Manual.

The *Annual Report* for 1988-89 was prepared by staff and published in December, 1989. Newsreleases communicating significant National Council events have been prepared and distributed to appropriate groups and individuals from time to time over the past year.

Communications staff have continued to support other departments through the preparation and production of a variety of documents. Research and communications staff have collaborated to produce the 1986, 1987, and 1988 licensure statistics publications. Testing and communications staff collaborated to produce the *PN Test Plan and Guidelines for Item Writers for NCLEX-PN*, as well as the *NACEP Expanded Evaluation Blueprint*. In addition, staff monitor the production and marketing of publications from which the National Council receives royalties, by virtue of its contribution to the concept or content of the product. These include the *Summary Profiles (CTB)*, the *Diagnostic Readiness Test (NLN)*, and the *NCLEX-RN and NCLEX-PN study guides (Chicago Review Press)*.

### **Intraorganizational Communications**

Communications with Member Boards occur via the National Council's publications as well as NCNET (the National Council's electronic network) and meetings. The usefulness of NCNET has been enhanced with the addition of forms for reporting, and staff are currently developing a demonstration of the use of a licensure verification form on NCNET under the direction of the Communications Committee and for presentation at the 1990 convention.

The annual convention is the largest of the communications events, and requires considerable staff planning each year. Staff supported the Communications Committee by compiling evaluations of the previous convention, making site inspections to potential cities and facilities, and coordinating the activities of volunteers, staff, and contractors before and during the convention. Staff also assisted with the planning of the educational session on the nurse shortage for the 1989 convention, including recruiting of speakers, application for continuing education units, and follow-up evaluations. The presentation of awards and certificates in recognition of the contributions of National Council officers and committee members was facilitated by staff as well.

Staff accompanied the President and Area Directors to the 1990 spring Area Meetings to report on staff activities and other National Council activities and issues as requested. Staff have also assisted host boards with planning for the meetings, upon request.

In October, a Fall Planning Retreat is held for the Board of Directors, committees, and staff to participate in planning for the activities of the coming year which will lead to accomplishment of the goals, objectives and strategies adopted by the Delegate Assembly. Staff supported the Coordinating Committee of the Board in planning the logistics and the program for the retreat.

A number of Member Boards have sponsored informational meetings on NCLEX during the past year and invited National Council staff to be presenters at these meetings. Presentations were made by staff for the following boards: North Dakota, Hawaii, Virginia, South Carolina and Arkansas. Testing staff also participated in the March CTB Regional NCLEX Conference in Baltimore.

Staff visited one Member Board during the past year as part of the field service visits program. Goals of the program include building channels of two-way communication between Member Boards and staff.

### ***Interorganizational Communications***

Communications between the National Council and related organizations (nursing, regulatory, testing) occur primarily in two ways: liaison meetings with elected officers and executive staff of those organizations, and requests for National Council representatives to speak at functions sponsored by those organizations.

Staff have facilitated and participated in liaison meetings with the American Organization of Nurse Executives (AONE), the American Nurses' Association (ANA), the National League for Nursing (NLN), the National Federation of Licensed Practical Nurses (NFLPN), the National Association for Practical Nurse Education and Service (NAPNES), the Commission on Graduates of Foreign Nursing Schools (CGFNS), and the American Red Cross. In addition, staff have represented the National Council through attendance and/or presentations at meetings of Sigma Theta Tau, the American Association of Colleges of Nursing, the National Commission on Nursing Implementation Project (NCNIP) Invitational Conference, Tri-Council for Nursing, NFLPN, NAPNES, Southern Council on Collegiate Education in Nursing, the American Medical Association, the American Hospital Association, the Assembly of Hospital Schools of Nursing, the Medical College of Pennsylvania, Purdue University, and the State University of New York.

Staff attended and presented at the annual meeting of the National Clearinghouse on Licensure, Regulation, and Enforcement (CLEAR) in September and at the CLEAR mid-year meetings in January. A National Council staff member served on the program committee for the organization of the Federation of Associations of Regulatory Boards (FARB) Forum in February.

Testing staff attended meetings of the American Educational Research Association, National Council on Measurement in Education and Midwest Objective Measurement Seminar.

### **Research**

Staff have carried out a job analysis for validation of the NCLEX-RN during the past year. A modified version of the quantitative (frequency and criticality) survey instrument created by American College Testing (ACT) in 1984 was used. A response rate over 59%, from a mailing of 3,636 surveys, was obtained which is the highest obtained for National Council job analyses to date. An additional 48 newly licensed nurses, practicing under job descriptions differentiated by level of educational preparation, also participated in the study. A second wave of questionnaires will be sent to respondents to the first wave, to arrive about six months after the first. Responses from this set, and possibly a third wave six months later, will be used to address questions related to how nursing practice changes from entry-level to experienced over time.

Staff continued with the pilot testing of the "qualitative" or "contextual" job analysis instrument. All recipients of the quantitative instrument also received the critical incident questions. An update on the refinement of the instrument is presented as an appendix to the Board of Directors report to the Delegate Assembly.

Research staff designed the research methodology, survey instrument, and data analysis for the study of the practice of experienced PN/VNs who are members of boards of nursing. The report of the study is presented as an appendix to the Board of Directors report to the Delegate Assembly.

Research staff initiated the conduct of the incumbent job analysis for nurse aides. A survey instrument was drafted with the help of nurse aides, practical nurses and registered nurses serving on the Content Steering Panel and Technical Advisory Panel. Subsequently, staff pilot-tested the instrument and revised and retested when difficulties were encountered with interpretation of questions, particularly the criticality scale. Questionnaires were disseminated to nurse aides and nurse aide evaluators in long term and home health care in May and June 1990.

Research staff performed the biannual update of Member Board profiles over the past year. When information from every jurisdiction has been received and entered into the database, it will be compiled for dissemination to Member Boards, as well as providing statistics for various National Council publications.

Participation in the Interagency Conference on Nursing Statistics (ICONS) has been an ongoing activity for research staff.

#### ***Nurse Information System***

Research staff have worked with a variety of groups interested in the development of a national nurse information system during the past year. Staff contacts with Project Hope, a federally funded project to study data sources and needs related to the supply and demand for nursing personnel, have served as a catalyst for bringing together a number of groups interested in working toward realization of an unduplicated count and listing of all nurses licensed in the United States. The Division of Nursing has provided \$15,000 in partial support of a feasibility study demonstrating the process to be used for creating the system. Staff have developed and maintained contacts with staff at the Robert Wood Johnson Foundation, who are receptive to a proposal for project funding. A project proposal is scheduled for submission to the foundation in mid-June.

#### ***Computerized Clinical Simulation Testing (CST) Project***

Research staff prepared and submitted a report to the W. K. Kellogg Foundation on year one of the CST project. In year two, staff have recruited and screened for selection a wide variety of consultants, including case analysts, case debuggers, and default database consultants. Staff have coordinated the work of these consultants with the National Board of Medical Examiners (NBME) to develop the default database, computer screen design, flowcharts for 27 cases, and programming for 25 of these cases. Development of videodisc visual sequences to complement two cases is underway.

A sample of candidates who took the NCLEX under modified conditions, due to handicaps, was surveyed to determine what modifications might need to be provided to candidates taking CST examinations.

A small conference on scoring of computer simulation cases was hosted by staff during February at the National Council office. Staff received input regarding theoretical and practical aspects of scoring, which was helpful in preparing for the first meeting of the Scoring Key Development Committee in March.

Staff have recruited students in the Philadelphia area for participation in the small-scale field testing of CST software in April and May 1990. Deans, directors, and chairpersons of nursing programs were requested to assist in the recruitment, and have responded enthusiastically to the project. Similar contacts have been initiated to lay the groundwork for recruiting candidates for participation in the large-scale pilot testing of CST in December 1990 and January 1991 in Philadelphia, Indianapolis, and Chicago.



**Organizational and Operational Matters**

In the area of organizational activities, staff provided support for the Finance Committee, Bylaws Committee, Committee on Nominations, Long Range Planning Committee, Personnel Committee, Area Directors, Coordinating Committee, and Board of Directors.

In support of Finance Committee activities, staff have invested National Council funds, performed financial forecasting, produced quarterly financial statements and schedule of investments, analyzed and compared costs and revenues of program areas, and facilitated the annual audit. Staff disseminated the quarterly financial statements to Member Boards. Staff in all program areas contributed projections of revenues and expenses for the drafting of the Fiscal Year 1991 operational and capital budgets.

On behalf of the Long Range Planning Committee, staff compiled survey results from Executive Directors and Member Boards regarding importance rankings and satisfaction with services for each of fifteen National Council objectives. A consultant on cost-benefit analysis was obtained to speak with the committee.

Staff compiled a database of applicants for National Council committees for use by the Area Directors in their task of making appointments to National Council committees.

On behalf of the Coordinating Committee and Board of Directors, staff compiled and edited drafts of the FY90 and FY91 Operational Plans and disseminated final copies to Member Boards after Board of Directors' approval. Contract amendments with Member Boards were processed. A contract has been signed by Puerto Rico; National Council execution of the contract is awaiting review and approval of security measures and procedures by the Administration of Examination Committee.

Staff monitored the performance of all contractors (test services, legal, etc.) on a regular basis and facilitated annual formal evaluations. Work has proceeded on the compilation of a National Council Policy and Procedure Manual which will contain all Board of Directors and committee policies and procedures for ready reference.

Administrative staff arranged for the move of the headquarters offices to new space at 676 N. St. Clair on September 1, 1989. The move has allowed for adequate meeting, office and storage space to be provided for National Council activities. Staff are most appreciative of the pleasant working environment in the new office space.

**Conclusion**

The foremost sentiment in my mind as this report is concluded is that this has been a busy year. Certainly the staff changes and attendant transition and orientation periods, including my own, have contributed to the busyness. However, in reviewing this record of activities against those recorded in the FY90 Operational Plan, one can also conclude that the busyness was a sign of productivity and accomplishment in directions that advanced the National Council goals, objectives and strategies. The staff is pleased to have worked alongside our volunteer leaders, jointly contributing to the fulfillment of the mission of the National Council.

**1989-90 National Council Staff****Administrative Staff**

Burleigh P. Angle, M.A.	.....	Director of Computer and Convention Services
Anna Bersky, M.S., R.N.	.....	CST Project Director
Jennifer Bosma, Ph.D.	.....	Executive Director
Victor Crown, M.S.	.....	Editor, <i>State Nursing Legislation Quarterly (through December 1989)</i>
Barbara Schroeder-Halsey, B.S.	.....	Program Manager, NACEP
Kathleen J. Hayden, B.B.A.	.....	Financial Manager
Katharine Hughes, Ph.D., R.N.	.....	Director of Administration ( <i>through December 1989</i> )
Marsha Kelly, M.S., R.N.	.....	Director of Public Policy Analysis ( <i>through March 1990</i> )
William J. Lauf, M.B.A., C.D.P.	.....	Deputy Director of Administrative Support Services
Nancy Miller, M.S., R.N.	.....	Assistant Director of Testing Services
Doris E. Nay, M.A., R.N.	.....	Associate Executive Director
Kerry Nowicki	.....	Copy Editor
Matthew Schulz, Ph.D.	.....	Director of Testing Services
Vickie Sheets, J.D., R.N.	.....	Director for Public Policy, Nursing Practice and Education
Debra A. Tomsy	.....	Administrative Assistant, Testing Services
Ann Watkins	.....	Office Manager
Susan Woodward	.....	Director of Communications
Carolyn J. Yocom, Ph.D., R.N.	.....	Director of Research Services
Anthony R. Zara	.....	Director of Special Projects

**Support Staff**

Cynthia Bentel	.....	Research
Yvonne Brown	.....	Communications
Beth Cayia	.....	Research
Andrea Change	.....	NCLEX ( <i>through April 1990</i> )
Cheryl Dillon	.....	Practice and Disciplinary
Charrisse Franklin	.....	Reception
Beverly Howard	.....	Communications and Administration
Jerrold Jacobson	.....	Research
Michelle Maloney	.....	Research ( <i>through September 1989</i> )
Danyetta Murray	.....	NACEP
Sandra Workman Rhodes	.....	NCLEX
Cynthia Titus	.....	Communications ( <i>through October 1989</i> )
Mary Trucksa	.....	Accounting
Andrea Wilburn	.....	Research

# Report of the Bylaws Committee

## Recommendation

The committee recommends the consideration of the five proposed changes as presented in Attachment A of this report.

## Meeting Dates

The committee met two times: October 16, 1989, and May 2, 1990.

## Activities

The specific activities of the Bylaws Committee were as follows:

1. Participated in the National Council's fall planning retreat held in Oak Brook, Illinois.
2. Reviewed the National Council bylaws for potential changes.
3. Reviewed all proposed bylaw changes as submitted by Member Boards.
4. Prepared the proposed changes to the bylaws for presentation to the 1990 Delegate Assembly.
5. Discussed the sequencing of the election of officers.

## Committee Members

Ann Bissonnette, NY, Area IV, *Chair*  
Beverly E. Hofferber, WA-RN, Area I  
Libby Lund, TN, Area III  
Timothy McBrady, ME, Area IV  
Christine Zambricki, MI, Area II

## Staff

Marsha Kelly, *Director of Public Policy Analysis (through March 1990)*  
Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education (April 1990 - present)*

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee Recommendations
<b>Article VI Nominations and Elections</b>			
5. c. ...recommend campaign guidelines to be adopted by the Delegate Assembly which remain in effect until rescinded or amended by the Delegate Assembly.	Delete "campaign guidelines" and substitute "candidate forum guidelines"	This change is consistent with the resolution passed at the 1989 Delegate Assembly limiting campaigning to the written information provided in the <i>Book of Reports</i> , the candidates forum and to an opportunity for informal interaction with the candidates.	The Bylaws Committee recommends the adoption of this proposed change.
6. Report  The Committee on Nominations shall submit at least two names for each position to be filled. The report shall be read on the first day of the meeting of the Delegate Assembly, when additional nominations may be made from the floor. No name shall be placed in nomination without the written consent of the nominee.	Add after nominee: ", except if the committee has been unable to obtain a second qualified candidate for any position by the time of the first business meeting, by a two-thirds vote the Delegate Assembly may adopt the slate."	The Nominating Committee has experienced continuing difficulty in securing a second nominee, especially when the first nominee is a well-respected incumbent. The alternative has been to slate a candidate who does not seriously desire the office, but is willing to be placed on the slate only to meet the bylaws requirement.	The Bylaws Committee does not recommend this proposed change. The Delegate Assembly, which does not have the opportunity for write-in candidates in the election process, could be limited in determining the leadership and direction taken by the National Council. Rather than changing nominating and election procedures, the committee suggests collecting data to identify and deal with the obstacles affecting Board and committee participation.

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee Recommendations
<b>Article VII Meetings</b>			
<b>A. Open Meetings</b>			
<p>All meetings called under the auspices of the Council shall be open to the public with the following exceptions:</p>	<p>Delete: "with the following exceptions:</p>	<p>Member Boards are public agencies which must operate under public scrutiny as mandated by the laws of their respective jurisdictions. The proposed revisions are similar to open meetings laws under which many public agencies operate. As an example, taking votes in executive session with no requirement for reporting in open sessions as allowed by Section VII, would appear to the contrary to the spirit of Member Board operations. Experience has been that these rules do not inhibit agency operations and tend to promote decision making which is truly in the public interest.</p>	<p>The Bylaws Committee does not recommend this proposed change. The committee believes that it should remain the discretion of the Board to identify situations requiring executive sessions. The conditions described are currently implemented in compliance with the general principles of open meetings acts and parliamentary authority.</p>
<p>1. meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and</p>	<p>1. meetings of the Examination Committee whenever activities pertaining to test items are undertaken; and</p>	<p>Although a private corporation, the National Council is a body composed of state agencies which by necessity conduct business of considerable importance to the citizens of the United States and its territories. While public scrutiny as provided by open meetings laws may not be</p>	
<p>2. executive meetings of the Delegate Assembly, Board of Directors and committees whenever the body has voted to hold such a meeting provided that the minutes of such meeting reflect the purpose of the executive session and the action taken.</p>	<p>2. executive meetings of the Delegate Assembly, Board of Directors and committees whenever the body has voted to hold such a meeting provided that the minutes of such meeting reflect the purpose of the executive session and the action taken."</p>		
	<p>Substitute: "An executive session may be held during such meetings to discuss the following topics only: examination items and security, proposed or pending litigation, personnel matters, consideration of disciplinary action against an individual employee or member, competitive proposals for contracts, contract negotiations or topics which are specifically required by</p>		

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee Recommendations
	<p>law to be conducted in private. To call an executive session, there shall be a motion made and adopted by a majority of those present. The topic to be discussed shall be stated in the motion in general terms. No vote may be taken in executive session. Any action taken in violation of this bylaw shall be void and of no effect.”</p>	<p>a legal necessity, it would be better policy for the affected public's health, safety and welfare and Member Boards themselves to have the maximum access to Council discussions consistent with the mission of the National Council of State Boards of Nursing, Inc.</p>	
<p><b>Article IX Board of Directors</b></p>	<p>Insert after executive director: “, who shall be a registered nurse holding an earned doctorate,”</p>	<p>The current bylaw is silent relative to the minimal qualifications for the chief executive officer. The unique mission of the National Council is to provide an organization through which Boards of Nursing act and counsel together on matters affecting the public health, safety and welfare. As such, the Council is often called upon to respond to issues and trends which may impact on the regulation of nursing as a profession. The establishment of minimal qualifications of the executive director as a registered nurse with an earned doctorate is a reasonable requirement for an association with the goals and mission of</p>	<p>The Bylaws Committee does not recommend this proposed change. The committee members believe that the Board of Directors should have the flexibility and discretion to select the best person for the chief executive position. Setting specific licensure and educational requirements in the bylaws has the potential of limiting the search and selection process.</p>
<p>B. 17. appoint and define the responsibilities of an executive director and delegate the authority necessary for the administration of the Council's policies and activities.</p>			

Current Bylaw	Proposed Bylaw Change	Rationale	Bylaws Committee Recommendations
		<p>the National Council of State Boards of Nursing. An additional consideration is the increased burden placed on volunteer officials and/or additional staff required by the National Council of State Boards of Nursing when the qualifications of the executive director do not require the same basic knowledge and skills as the professionals whom the Member Boards regulate.</p>	
<b>Article XI Finance</b>			
<p>B. The fiscal year shall be from July 1 to June 30.</p>	<p>Delete "July 1 to June 30" and substitute "October 1 to September 30."</p>	<p>An October to September fiscal year is more congruent with National Council's typical cycle of activities. It would avoid the current situation in which any changes directed by the Delegate Assembly require an adjustment to an already approved budget. It would allow for the audit to be performed at a time which fits in better with the workload at the office.</p>	<p>The Bylaws Committee recommends adoption of this proposed change.</p>

# Report of the Long Range Planning Committee

## Recommendation

1. The committee recommends the affirmation of the National Council mission statement as originally adopted in 1984:

*“The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its member boards of nursing on matters of common interest and concern affecting the public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.”*

## Background

In January 1983, the Board of Directors of the National Council of State Boards of Nursing adopted a motion to appoint an ad hoc Long Range Planning Committee to develop and implement a long range planning process for the National Council. This committee functioned from that point through most of 1986. During this time, they developed and presented several documents to the Delegate Assembly: mission statement (adopted in 1984); goals and objectives (adopted in 1985); and strategies (accepted in 1986). The goals and objectives were prioritized after the 1986 Delegate Assembly, appearing in the 1987 *Book of Reports*.

In 1988, the Long Range Planning Committee was established as a standing committee by the Delegate Assembly for the purpose of establishing a structure to address the National Council's ongoing development through structured and periodic review. The committee membership was appointed by the Board of Directors following the 1989 Delegate Assembly. As delineated in the bylaws, the committee's duties are to:

1. review periodically the structure of the National Council and its effectiveness in meeting the purpose and functions of the Council;
2. review and evaluate periodically the mission statement of the National Council for continuity with the purpose and functions of the Council;
3. periodically review goals, objectives and strategies for the National Council and propose revisions; and
4. prepare written information about the goals, objectives and strategies for dissemination to Member Boards and other interested parties.

## Meetings

The Long Range Planning Committee met October 16-17, 1989; January 10-12, 1990; and April 4-6, 1990.

## Activities

In accordance with the bylaws, the Long Range Planning Committee initiated a review and evaluation process of the National Council's mission statement, goals and objectives, strategies, and structure. In preparing for this process, definitions of terms were discussed and accepted (Attachment A).



### **Mission Statement**

The committee reviewed statutes, and rules and regulations of Member Boards for consistency with National Council's mission statement. Specifically, the following mission statement categories were reviewed: entry into nursing practice (qualifications, testing/examinations); continuing safe nursing practice (licensure, discipline, continued competency, standards of practice, and scope of practice); and nursing education programs (standards). It was determined that the mission statement of National Council is congruent with the statutory and regulatory charges of the Member Boards.

### **Goals and Objectives**

An evaluation tool was developed and distributed to Member Boards for the purpose of obtaining input regarding the National Council's goals and objectives. Information received from Member Boards (executive directors and board members) resulted in an updated rank ordering of goals and objectives. A comparison of this rank ordering with that accomplished in 1987 reveals a re-ordering of about half of the items. In all instances (the 1987 rank ordering and the 1990 executive director and board member rank orderings), the two most highly ranked objectives were identical. (Attachment B & C)

Communication (primarily within the National Council's membership) remained a high priority, and two new items moved into the top five priorities: collecting and disseminating information related to licensure, regulation and education; and promoting consistency in the licensing process among Member Boards. In general, Goal I was ranked as having top priority, and Goals II and III were ranked as having least priority.

Participants were also asked to evaluate the effectiveness of the National Council in meeting the objectives. Preliminary findings reveal that both groups rated the National Council very high in meeting the top two ranked objectives (examination development, and examination policies and procedures). Preliminary findings also indicate that the majority of the groups felt the National Council was effectively meeting the objectives. A more thorough analysis of the evaluation information will be presented at the Long Range Planning Forum.

Participants were asked to list any additional areas of responsibility which they would like addressed by National Council. Responses included issues related to advanced practice, nursing assistants, continued competency, nursing students, communication, impaired nurses, and the disciplinary process.

### **Future Activities**

The committee established a six-year evaluation/planning cycle which will be phased in according to a timeline. Planned activities for the near future include: further analysis of data collected on the Executive Director/Board Member tool; a trend analysis project; and regular reviews of strategies and structure of the National Council.

### **Committee Members**

Marcia Rachel, MS, Area III, *Chair*  
 Pat Broten, ND, Area II  
 Leola Daniels, ID, Area I  
 Nancy Durrett, VA, Area III  
 Lorinda Inman, IA, Area II  
 Jeanette Sachse, VT, Area IV

Joan Bouchard, OR, Area I, *Board Liaison*

### **Staff**

Kathy Kostbade Hughes, *Director of Administration (through December 1989)*  
 Jennifer Bosma, *Executive Director (December 1989 - March 1990)*  
 Doris E. Nay, *Associate Executive Director (March 1990 - present)*

## **Working Definitions**

### **Mission Statement**

The primary purpose(s) of an organization which guides organizational activities and identifies its relationship to the public interest.

### **Goals**

Broad statements of outcome that contribute to the achievement of the mission statement and describe areas in which the organization will be active.

### **Objectives**

Specific, measurable, attainable outcomes that contribute to the achievement of the goals.

### **Strategies**

Courses of action to accomplish objectives.

### **Activities**

Time-limited, measurable tasks which contribute to the achievement of a strategy; contain specific assignments and are attached to a budget category.

### **Operational Plan**

Fiscal year linkage of activities and budget with the long range plan.

### **Long Range Plan**

The collection of goals, objectives and strategies designed to accomplish the mission statement over a three- to five-year period.

## Rank Ordering of Goals and Objectives

Rank	1987		1990 ED		1990 BM	
	Goal	Obj.	Goal	Obj.	Goal	Obj.
1	I.	A	I.	A	I.	A
2	I.	B	I.	B	I.	B
3	II.	A	IV.	B	I.	E
4	IV.	A	I.	E	IV.	B
5	I.	D	I.	D	I.	D
6	IV.	B	I.	C	IV.	A
7	V.	A	V.	A	I.	C
8	I.	E	IV	A	V.	A
9	I.	C	II.	A	III.	A
10	III.	A	III.	B	III.	B
11	III.	C	III.	A	V.	C
12	III.	B	V.	C	II.	A
13	II.	B	II.	B	II.	B
14	V.	B	V.	B	III.	C
15	V.	C	III.	C	V.	B

## Goals and Objectives

- Goal I: Develop, promote and provide relevant and innovative services.**  
*Objective A:* Develop licensure examinations that are based upon current accepted psychometric principles and legal considerations.  
*Objective B:* Establish policies and procedures for the licensing examinations in nursing.  
*Objective C:* Provide consultative services for National Council members, groups, agencies and individuals regarding the safe and effective practice of nursing.  
*Objective D:* Maintain and enhance communication about the National Council, its members, and issues concerning safe and effective nursing practice.  
*Objective E:* Promote consistency in the licensing process among the respective jurisdictions.
- Goal II: Utilize human and fiscal resources efficiently to allow for growth and creativity.**  
*Objective A:* Implement a planning model to be used as a guide for the development of the National Council.  
*Objective B:* Strengthen the organizational structure in the complex environment of high technology, transforming health care delivery systems, global communication and international interaction.
- Goal III: Expand collaborative relationships with relevant organizations to facilitate the development and promotion of health-related public policy.**  
*Objective A:* Provide specific opportunity for direct dialogue, interaction and mutual decision-making among national health groups.  
*Objective B:* Promote and facilitate effective communications with related organizations, groups and individuals.  
*Objective C:* Increase consumer involvement with the National Council.
- Goal IV: Develop a comprehensive information system for use by members, organizations and the public.**  
*Objective A:* Implement a five-year plan for an information system.  
*Objective B:* Collect, analyze and disseminate data and statistics in such areas as licensure, educational programs and regulatory functions.
- Goal V: Advance research that contributes to the public health, safety and welfare.**  
*Objective A:* Conduct and disseminate research pertinent to the mission of the National Council.  
*Objective B:* Promote research proposals annually which merit funding.  
*Objective C:* Involve Member Boards in research at the jurisdictional level for use and distribution by the National Council.

# Report of the Communications Committee

## Meeting Dates

The Communications Committee met October 15-17, 1989; December 7-8, 1989; March 26-27, 1990; and held a telephone conference call on April 20, 1990. An additional meeting is scheduled for June 25-27, 1990. With the appointment of Doris Nay as the National Council's Associate Executive Director in March 1990, Judi Crume accepted the appointment of chair to the Communications Committee, effective with its March meeting. Margaret Howard, of the New Jersey Board of Nursing, was appointed to fill the vacancy. Judy Jondahl served the committee as its liaison to the National Council's Board of Directors.

## Committee Activity

As a new committee of the Delegate Assembly, initial time was dedicated to the orientation of members to general purposes, goals and tasks of the committee, focusing primarily on convention, publications, NCNET, the Regulatory Conference, and the committee's budgeting process. At the annual planning retreat held in October, committee members developed and submitted FY90 and FY91 Communications Committee activities to be merged into the National Council's Operational Plan. Following this determination, the committee immediately began its work, helping to formulate and guide the National Council's communications efforts. For the purpose of this report, committee activities will be organized into two sections: 1) convention planning, and 2) communications.

## Convention Planning

The committee reviewed a comprehensive document which compiled attendee evaluations of the 1989 convention and, using the document as reference, identified sixteen areas of change and/or improvement for the 1990 convention. Using the results of the evaluation, the committee created the 1990 convention schedule, incorporating ideas for improvement, various committee requests, and already planned social events.

## 1990 Convention

Work continued regarding the 1990 convention schedule as the committee discussed various themes and possible speakers for the Educational Session to be held during the 1990 convention. Following the identification of six topic areas, and with input from the Board of Directors, the committee decided to focus on the licensure of foreign educated nurses. Speakers were contacted and confirmed for participation in the educational session's panel of experts. The criteria and call for nominations for the 1990 Member Board Award and the 1990 Meritorious Service Award were distributed to all Member Boards. The committee reviewed all nominations and presented its recommendations to the Board of Directors for final selection. The committee also reviewed research abstracts, as submitted by Member Boards, and prepared a recommendation for the Board of Directors regarding the selection of research presentations to be made during the 1990 Research Forum and those to be presented during the poster session. Additionally, the committee determined the format of the scheduled Orientation Forum; identified the need and planned for an Early-Bird Social; and determined the structure of its own presentation to the Delegate Assembly.

## Awards

The committee briefly discussed the current awards schedule and elected to examine it further during a future committee meeting.

**1992 Convention City Selection**

After viewing video tapes on each of three selected convention sites for 1992, the committee recommended a rank order to the Board at its January meeting. Also, following committee discussion which was initiated from convention evaluations, the committee made a recommendation to change the rotation of convention sites from every other year in Chicago to a schedule which allows more frequent rotation among Area sites.

**Delegate Assembly Budget**

The committee developed a written policy regarding convention fee waivers for Board approval. Using the fee waiver guidelines, and after a careful review of convention expenses, the committee recommended the 1990 convention budget to the Board at its January meeting.

**1991 Regulatory Conference**

Following review of the Regulatory Conference's evaluation report and aware of its success in 1989, the committee decided to once again hold the 1991 Regulatory Conference in conjunction with CTB's Invitational Conference. The committee elected to perform an evaluation of this location and arrangement immediately following the conference in order to identify attendee interest in conducting the Regulatory Conference separate from CTB's function. Additionally, the committee suggested that various nurse associations be queried as to their interest in holding the National Council Regulatory Conference in conjunction with one of their meetings. The committee agreed that the National Council's Director of Public Policy Analysis, together with the committee, should continue in planning and developing the conference, with final review and approval remaining the responsibility of the Board of Directors.

**Communications****NCNET**

Following a review of current NCNET promotional materials, the committee discussed the future of the NCNET program. Committee members concurred that NCNET is a valuable communication tool and is preferable to facsimile communication, primarily because of its greater security capability when communicating verification of licensure information. The committee expressed its belief that computerization is indeed that wave of the future and NCNET could be a good investment in future efficiency and accuracy. Additionally, the committee felt NCNET would encourage increased communication between Member Boards and with the National Council. Its implementation would also address the nurse shortage issue since NCNET would enable Member Boards a means to verify licensure promptly.

Based on evaluation and discussion, the committee recommended that the National Council make one last sound commitment to NCNET by allocating the resources necessary, both time and money, to develop a comprehensive demonstration project which would be presented at the 1990 convention. Immediately following convention, the Communications Committee and staff will perform an exhaustive evaluation of the demonstration project and will, based on the evaluation, make a recommendation as to future of NCNET.

**Chicago Review Press (CRP)**

The committee discussed the current status of the continuing relationship between the National Council and Chicago Review Press (CRP). The committee viewed new book covers; received an historical sales report; encouraged CRP to conduct a comprehensive mailing of coupons, using a letter of support from the National Council; and, endorsed CRP's 1990 marketing plan, which included two national advertising opportunities. The committee initiated and continues to monitor and enforce contract compliance. This action has resulted in increased realized revenue to the National Council.

### ***State Nursing Legislation Quarterly (SNLQ)***

The committee reviewed results of the *SNLQ* 1989 readership survey and discussed the viability of *SNLQ* in view of the significant monies currently lost in production. Although committee members expressed considerable concern regarding the financial losses incurred by *SNLQ*, they agreed that *SNLQ* can become a viable communication tool with the implementation of major revisions, together with the initiation of a marketing effort and the transfer of American Nurses' Association's (ANA) subscribers to the National Council. It was recognized that *SNLQ* serves a need which no other publication currently meets. Additionally, survey results indicated that current subscribers actively read each issue and benefit from the information it contains.

In an effort to be responsive to current readers, the committee recommended a number of changes to be made effective with the Winter 1989 issue, and major format revisions to be made effective with the Spring 1990 issue.

The committee expressed concern about National Council's responsibility in publishing editorial comments without specifically identifying the author and secured legal counsel in providing language for a disclaimer to be used whenever opinionated material is published in *SNLQ*, or in any National Council publication. Further, the committee recognized that *SNLQ* has never been advertised, and its future success is dependent on the implementation of a comprehensive marketing plan.

Following much discussion, committee members concurred that the National Council could reap benefit, both financial and public relations, through continued publication of a considerably revised, and properly marketed, *SNLQ*. Recognizing that the National Council cannot continue to lose monies on this publication, the committee agreed that an evaluation must be performed one year from implementation of change, at which time a decision must be made as to whether to continue the publication.

### ***Issues***

Following considerable review and discussion, the committee determined that the purpose of *Issues* is to inform the public about the National Council and the issues facing the organization. Its market is the nurse public, not solely educators. As such, it can and should be used as a marketing tool.

The committee suggested utilizing *Issues* as a two-way communication vehicle. In that format, an emphasis would be placed on encouraging the submission of articles from sources outside the National Council key volunteers and staff. *Issues* would become an informative sounding board for many audiences. Toward that end, the committee recommended modifying *Issues* to not only feature a subject in each issue, but also to include the following:

1. Guest editorials from Member Board Executive Directors.
2. Update reports from each Area Director regarding various regional key issues that may have national impact.
3. Letters to the editor, developed into a question and answer format.
4. National Council "departmental" updates (i.e., testing, research, nursing practice and education, convention/meetings, communications).
5. A regular column which highlights National Council publications.
6. Professional news such as job openings, honors, etc.

Wishing to maintain publication consistency and quality, the committee recommended to the Board of Directors that *Issues* be published four times annually. With the four-times-a-year cycle approved by the Board of Directors at its January meeting, the committee implemented the following annual feature schedule:

Spring ..... Research  
 Summer ..... Nursing Practice and Education  
 Fall ..... Convention  
 Winter ..... Testing

**Feasibility of Audiovisual Materials**

As requested by the Delegate Assembly, the Communications Committee explored the feasibility of producing audiovisual materials. In its findings, the committee determined that audiovisual production is feasible, but often costly (see Attachment A, to be sent in July 1990). Such production is actually part of and a supplement to the National Council's entire communications plan, as the National Council continues to expand its exchange of information using a variety of communication vehicles.

**Development of Communications Model**

In each committee meeting throughout the year, committee members spent considerable time discussing and beginning the development of a comprehensive communications model and system for the National Council. One part of the discussion led to researching the feasibility of securing an 800 telephone number for the National Council. Advantages and disadvantages were discussed, with the final decision being not to recommend its implementation at this time.

The committee agreed that the National Council should expand its visibility nationally so that the organization is recognized by all publics as the prime source of information and expertise regarding nursing practice and regulation issues. As one step toward this goal, the committee elected to take a specific look at the possibility of educational programming, as developed and sponsored by the National Council. In addition to exploring the feasibility of such programming at its June 1990 meeting, the committee continues to examine current and future communication vehicles to ensure responsive interaction with the National Council's varied publics. Development of this comprehensive model will provide the organization with an ongoing evaluation tool as well as a means to coordinate all National Council communication efforts.

**Committee Members**

Doris E. Nay, NH, Area IV, *Chair (August 1989 - February 1990)*

Judi Crume, AZ, Area I, *Chair (March 1990 - present)*

Joyce Boone, CA, Area I

Faith Fields, AR, Area III

Margaret Howard, NJ, Area IV

Charlene Kelly, NE, Area II

Charlotte Rappsilber, OK, Area III

Judy Jondahl, IL, Area II, *Board Liaison*

**Staff**

Burleigh P. Angle, *Director of Convention and Computer Services*

Susan Woodward, *Director of Communications*



# Report on Feasibility of Audiovisual Production

## Recommendation

1. As a part of the comprehensive communications plan, the Communications Committee recommends that the Delegate Assembly direct the National Council, through the Communications Committee, to develop appropriate audiovisual materials. At current costs, the estimated expense of this recommendation is \$50,000.

## Background

During the 1989 Delegate Assembly, the Subcommittee on Nurse Shortage reported to delegates its recommended short- and long-term strategies which Member Boards and the National Council can take to minimize the negative consequences of the nurse shortage. The subcommittee's sole recommendation to the Delegate Assembly was as follows:

"That the National Council explore the feasibility of developing generally applicable audiovisual materials on the role of regulation for use by Member Boards."

The following rationale on the above recommendation was included in the subcommittee's report:

"The current nurse shortage has resulted in closer scrutiny of Member Board activities by legislators, consumers, educators, and health care agencies. In some instances, the regulatory role is misunderstood, or at least not appreciated. Member Boards are often forced to assume a defensive posture when responding to complaints about certain regulatory functions. The subcommittee believes Member Boards could benefit from a comprehensive public relations program. Audiovisual materials that address Member Boards' role in protecting the public health, safety, and welfare would assist Member Boards in implementing such a program."

The Delegate Assembly approved the recommendation and requested the Communications Committee report its findings at the 1990 Delegate Assembly.

## Findings

Research was first done to examine the current existence of audiovisual materials on the role of nursing regulation. The Media Acquisitions Coordinator at the McCormick Learning Resource Center of the Library of Rush University, located in Chicago, conducted a search of his files and determined that, according to his records, no such materials were available at this time.

Information was solicited regarding various production companies which are located in the Chicago area. Three firms submitted information regarding the feasibility and benefits of media production. One of the firms contacted for information was Motivation Media, Inc., the firm which was selected for production of the interactive computer video on behalf of the Computerized Clinical Simulation Testing (CST) project.

National Council's Director of Communications met with representatives of two of these three firms: Renaissance Video Corporation and Motivation Media, Inc. Both firms focus on the production of corporate videos from conception to completion, but are able to produce many varieties of media (e.g., computer graphics, motion pictures, television commercials, multi-screen slide presentations, video newsletters, interactive video, etc.). Numerous ideas were shared during these meetings as discussion centered around the advantages and disadvantages of video-versus slide productions. In general, both firms emphasized that audiovisual materials should serve as a supplement to an already existing communications effort; that video achieves simple goals powerfully (complex issues should be told through print); and that organizations should not rely on audiovisual materials alone to achieve numerous objectives.

Whether one medium is more effective than the other (video versus slides) is dependent upon the objectives of the project and the distribution format. The advantages/disadvantages of video and slide production are displayed in the chart below.

<b>Video Production</b>	<b>Slide Production</b>
<p><b>Advantages</b></p> <ol style="list-style-type: none"> <li>1. Motion capabilities.</li> <li>2. Perceived credibility, believability.</li> <li>3. Has image of being used for informational/educational purposes.</li> <li>4. Easy to transport/distribute.</li> <li>5. Easy to playback.</li> <li>6. Perceived state-of-the-art technology gives it a longer shelf life.</li> <li>7. Minimal duplication costs, creating a potential revenue source as well as a return on investment.</li> <li>8. Possible future use in teleconferencing.</li> </ol>	<p><b>Advantages</b></p> <ol style="list-style-type: none"> <li>1. Easily updated.</li> <li>2. Playback equipment is available to most.</li> <li>3. Can be transferred to video. (This must be determined <i>prior</i> to beginning production and can be costly).</li> <li>4. Easier to duplicate by others.</li> <li>5. Can be customized.</li> <li>6. Can be shown on a large screen.</li> </ol>
<p><b>Disadvantages</b></p> <ol style="list-style-type: none"> <li>1. Requires viewer to have VCR equipment.</li> <li>2. Costly to update.</li> <li>3. Harder to customize.</li> <li>4. Requires special screen for large group playback.</li> </ol>	<p><b>Disadvantages</b></p> <ol style="list-style-type: none"> <li>1. Without motion, believability is decreased.</li> <li>2. Perceived as "glitz"/"show businessy."</li> <li>3. More quickly perceived as dated, as technology changes.</li> <li>4. Has image of being used as sales support.</li> <li>5. Easier to incur playback problems.</li> <li>6. Must rely on user to provide sophisticated equipment.</li> </ol>
<p><b>Average Costs</b></p> <ol style="list-style-type: none"> <li>1. \$2,000 - \$5,000 per running minute.</li> <li>2. Variables include location versus studio production, on-camera versus off-camera talent, custom versus library music, and the complexity and quantity of digital video effects used in editing.</li> </ol>	<p><b>Average Costs</b></p> <ol style="list-style-type: none"> <li>1. \$2,000 - \$2,500 per running minute (multi-projector).</li> <li>2. Variables include location versus studio production, on-camera versus off-camera talent, and custom versus library music.</li> </ol>
<p><b>Required Production Time</b></p> <ol style="list-style-type: none"> <li>1. Approximately 4-6 weeks after receipt of script.</li> </ol>	<p><b>Required Production Time</b></p> <ol style="list-style-type: none"> <li>1. Approximately 4-6 weeks after receipt of script.</li> </ol>

Audiovisual production requires careful thought in determining an exact mission and clear objectives. This may mean that the National Council may wish to consider the production of a number of separate, but complementary media productions. A single medium should not be viewed as the means to an end, if one has many objectives.

Video production is today's technology. As the subcommittee's recommendation implies, the National Council may wish to explore its use for many purposes beyond the the role of regulation, such as convention, CAT and CST instruction manuals, NCLEX review guides, educational seminars, or National Council orientation purposes,---just a few among many ideas. The options are endless; the costs, although significant, may be worth the expense when one considers the informational and public relations value it can bring to the National Council.

# Report of the Finance Committee

## Recommendation

1. Adopt the proposed bylaw amendment, changing the fiscal year to October 1 - September 30.

## Meeting Dates

The Finance Committee met October 16-18, 1989; January 4-5, April 4-6, and June 28-29, 1990. Conference calls were held January 22 and April 25, 1990, to review the quarterly financial statements and investment activity.

## Change in the Fiscal Year

The Finance Committee recommended to the Board of Directors that the fiscal year be changed from the current fiscal year, beginning July 1 and ending June 30, to a new fiscal year, beginning October 1 and ending September 30. The Board of Directors recommended the bylaw amendment be proposed.

For the past several years, the Finance Committee has been studying the feasibility of changing the fiscal year. Since the fiscal year begins prior to the Delegate Assembly, any new activities approved by the Delegate Assembly with a fiscal impact must be added to the budget. There is no opportunity to make adjustments to the budget to compensate for the cost of the new activities.

The committee believes that, by moving the fiscal year to begin after the Delegate Assembly, budget adjustments could be made prior to the implementation of the budget. This would provide for better management of the National Council's financial resources. In addition, a change in the fiscal year would move the audit to October or November, which is a better time for staff with respect to their workload.

The plan for implementation would be to approve a fifth quarter budget (July 1 - September 30) and a budget for the fiscal year beginning October 1, 1990. Following Delegate Assembly, the Finance Committee would review all Delegate Assembly actions and make recommendations for changes in the budget to the Board of Directors. The FY91 budget would then be mailed to Member Boards. The FY90 audit would be completed in the fall and cover a 15-month period.

## Activities

1. Revised the five-year financial forecast to reflect new information regarding the increase in examination candidates.
2. Determined there is no need to recommend an increase in candidate fees at this time.
3. Developed the FY91 budget calendar and FY91 budget assumptions.
4. Prepared three budget proposals for FY91.
  - a. FY91 budget (July 1 - June 30)
  - b. FY91 5th quarter budget (July 1 - September 30)
  - c. FY91 budget (October 1 - September 30)

2

5. Approved the capital acquisition budget.
6. Evaluated and revised the fiscal impact statement.
7. Met with the Long Range Planning Committee and agreed on a mechanism for providing both cost data and information regarding the relationship to organizational goals and priorities of a proposal.
8. Evaluated the designated funds and determined there was no need for revision at this time.
9. Evaluated and modified the pricing formula to be used by staff with setting prices for publications to be sold by the National Council.
10. Revised the Travel Policy to incorporate Internal Revenue Service changes.
11. Reviewed and recommended to the Board of Directors a policy for postage and handling charges, to be added to publication orders.
12. Reviewed the final moving and construction costs, which came in under budget.
13. Reviewed current policies and determined the need for amendments.
14. Evaluated the current audit firm.

The Finance Committee has had a very productive year. The activities could not have been accomplished without a committed committee and dedicated staff.

**Committee Members**

Donna Dorsey, MD, Area IV, *Chair*  
Nadine Coudret, IN, Area II  
Carol Osman, NC, Area III  
Elizabeth Pade, CO, Area I (*through December 1989*)  
Donald Pray, ME, Area IV  
Judith Traina, NM, Area I

**Staff**

Kathleen Hayden, *Financial Manager*

# Report of the Examination Committee

## Recommendation

1. The committee recommends no change in the NCLEX-RN test plan. This recommendation is based on the results of the 1989-90 RN job analysis study. Empirical evidence provided by job incumbents supports the current weights assigned to the nursing process and client needs dimensions of the NCLEX-RN test plan.

## Activities

1. The committee met at CTB on October 2-5, 1989; at Oak Brook Hills on October 16, 1989; at CTB on December 4-8, 1989; April 2-6, 1990; and June 25-29, 1990. Conference calls were held on November 10, 1989; January 5, 1990; and February 14, 1990.
2. Adopted real and tryout items for NCLEX-PN 490 and 090.
3. Adopted real and tryout items for NCLEX-RN 790 and 291.
4. Adopted confidential directions for NCLEX-PN 090 and 491.
5. Adopted confidential directions for NCLEX-RN 790 and 291.
6. Evaluated item writing and panel of content expert sessions for process and productivity.
  - a. June 1989 RN item writing session included 15 writers who produced 356 items.
  - b. August 1989 PN item writing session included 14 writers who produced 346 items.
  - c. September 1989 RN panel of content experts included 15 experts who reviewed 356 items; 11 were deleted; 345 were approved. In addition, 218 items that had not been used since the 286 administration were reviewed. Of these, 27 were omitted; 103 were revised and will be tried out again; and 88 were accepted as current.
  - d. December 1989 PN panel of content experts included 15 reviewers who reviewed 346 items; nine were deleted (four were moved to the RN pool) and 337 were approved. In addition, 91 mail-in items were reviewed; five were deleted (two were moved to the RN pool) and 84 were approved.
  - e. January 1990 RN item writing session included 15 writers who produced 347 items.
  - f. March 1990 RN panel of content experts included 15 experts who reviewed 347 items; 15 were deleted; 332 were approved. In addition, 246 items that had not been used since the 786 administration were reviewed. Of these, 87 were deleted and 159 were accepted as current.
7. Reviewed the results of the 1989-90 RN job analysis study (sent with the *Book of Reports*, and available through the National Council). Three activity statements that were identified as not entry-level practice in 1987 will be added to the *Guidelines for Registered Nurse Item Writers* (detailed test plan), because the job analysis study showed that the statements do represent entry-level practice. These statements are: perform complete physical examinations, interpret an electrocardiogram monitor strip, and order routine tests. The *Guidelines* will reflect how these activity statements are performed at the entry-level.

8. Reviewed and revised the committee's policies and procedures. This included: creating a policy regarding the selection of alternates for the committee, increasing the maximum item point biserial for distractors and increasing the average difficulty range of the examinations.
9. Approved a revised RN diagnostic profile and a new PN diagnostic profile based on the new test plan.
10. Discussed validation of test items. Developed a survey that was sent to a random sample of RN and PN/VN schools, asking the names of the textbooks that are used in their programs and the names of nursing journals that contain required readings. This information will be used to determine if the resources at the test service are adequate and to decide if validation of test items can be done using one textbook and one common nursing journal.
11. Reviewed the results of the suctioning survey and incorporated the results into the *Guidelines for Practical Nurse Item Writers*.
12. Reviewed the results of the recoding of the PN item pool to the new test plan. Directed the test service (CTB) to develop items in the areas where deficits occurred.
13. Reviewed the policy regarding the review and tryout of all items that have not been used in four years, instead of six years as under the previous policy. This policy will be gradually phased in at the request of the Committee for Special Projects.
14. Evaluated NCLEX-PN 489, 089, 490 (preliminary report) and NCLEX-RN 789 and 290 following administration. This included review of item performance, passing results, reliability, mean difficulty level, mean discrimination index, deleted items, mean ability estimate and standard deviation.
15. Reviewed RN and PN items that were designated by Member Boards as inconsistent with state statutes.
16. Developed the *Guidelines for Practical Nurse Item Writers* and distributed them with the *Newsletter*.
17. Selected December 1989 PN, March 1990 RN and September 1990 RN panel of content experts. Selected January 1990 RN, July 1990 RN and August 1990 item writers.
18. Developed a report on the feasibility of increasing the number of NCLEX administrations.
19. Approved a reserve examination for use by the Commonwealth of Northern Mariana Islands in October 1989.
20. Approved the continued use of the RN crisis management plan examination. Approved a new PN crisis management examination and reserve examination.
21. Developed a paper comparing the Canadian Nurses Association Testing Service (CNATS) examination with NCLEX-RN. The paper was distributed to Member Boards with the *Newsletter*.
22. Discussed computerized adaptive testing's impact on the Examination Committee.
23. Began developing a manual for Member Boards that will reflect the committee's policies and procedures regarding review of review drafts and previously administered examinations. This will also include the pros and cons of each type of review.
23. Reviewed a report developed by CTB on item writer performance.
24. Reviewed ethnicity-gender research reports for 489, 789, 089 and 290.
25. Reviewed person-fit research reports for 289, 789 and 089.

26. Approved the Mantel-Haenszel alpha values of 1.81 for flagging RN examination items for potential bias and 1.67 for flagging PN examination items for potential bias.
27. Approved revisions to a Mantel-Haenszel procedure for flagging items for potential bias. The revised procedure uses data from any achievement level that has at least one candidate (compared to ten under previous procedure) in each cell of a four-cell contingency table, provided the achievement level is no more than two raw-score points wide. The contingency table is created by cross-classifying candidates who are in the same achievement level by their group membership (minority or majority) and their score (correct or incorrect) on the test item under study.
28. Developed policies and procedures and selected members for the Bias Sensitivity Review Panel. A committee member and a National Council staff person have attended the two meetings of the panel that have been held to date.
29. Reviewed Parts IA, IB and II of the dimensionality research. At the time of this report, it is too early for the committee to draw conclusions or make recommendations based on these reports.

#### **Committee Members**

Dorothy Chesley, TX-RN, Area III, *Chair*  
 Philip Authier, SD, Area II  
 Karen Brumley, CO, Area I  
 Terry DeMarcay, LA-PN, Area III  
 Mauhee Edmondson, KY, Area III  
 Milene Megel, NY, Area IV

#### **Committee Alternates**

Barbara Carberry, AK, Area I  
 Gwen Hinchey, CA-VN, Area I  
 Margaret Howard, NJ, Area IV  
 Chris Ivy, WA-PN, Area I  
 Lura Kohrman, WY, Area I  
 Larry Loden, MS, Area III  
 Elaine McIntosh, TN, Area III  
 Rosa Weinert, OH, Area II

#### **Staff**

Nancy J. Miller, *Assistant Director of Testing Services*

## INFORMATION REGARDING THE ADDITION OF THREE TASK STATEMENTS TO THE RN DETAILED TEST PLAN

The 1989 job analysis of registered nursing found that three activities that had been determined by the 1986 job analysis to not be part of entry level RN practice, now are currently being performed by entry level nurses. The three activities are: to perform complete physical examination, to interpret an electrocardiogram monitor strip, and to order routine laboratory tests.

The Examination Committee has decided to add these three activities to the detailed test plan. The inclusion of these three tasks into the client need category of Physiologic Integrity has not changed the importance weight of Physiologic Integrity on the test plan; therefore, the percentage allocated to each category of the test plan has not changed.

The Examination Committee would like to assure the Member Boards that the addition of these three task statements to the detailed test plan will not substantially change items on the examination. The examination already includes test items with content related to testing for occult blood in stools, testing blood glucose via a glucometer and urine testing (ordering routine laboratory tests). There are items on the examination about physical assessment. Questions will be limited to the material presented in traditional textbooks, not physical assessment books.

Items representing interpretation of electrocardiogram strips were developed at the July 1990 item writing session. The item writers, who were also faculty members, felt that this information was entry-level practice and felt comfortable writing test items in this area. These items represent the identification and nursing interventions for basic arrhythmias that are found in adult health textbooks, not critical care texts.

The Examination Committee will be prepared to answer questions about this at the testing forum.



## INFORMATION REGARDING THE BIAS SENSITIVITY REVIEW PANEL

### BACKGROUND

Bias in testing has come under close scrutiny in recent years. The potential for bias due to cultural, gender, and other background factors needs to be addressed and the test development process must include effective checks to minimize the potential for bias in an examination.

The National Council is committed to minimizing the possibility of using NCLEX test items on which ethnic or gender groups perform differently due to factors unrelated to minimum essential nursing competence. The purpose of the licensure examination is to differentiate between those candidates who possess the skills and knowledge necessary for safe, effective practice of entry-level nursing in the United States and those who do not.

The process for detecting potential bias typically relies upon statistical approaches. Potential item bias identified by statistical indices is known as differential item functioning (DIF). Frequently, judgments of trained individuals are used to pre-screen items for potential bias as well. Although the judgmental approach often lacks the mathematically standardized, objective nature of a statistical approach, it remains important to the interpretation and evaluation of the statistical data. The optimal approach to detection and removal of bias in tests incorporates both statistical and judgmental processes.

Since 1987, the Examination Committee of the National Council of State Boards of Nursing, in cooperation with CTB, has conducted research to study the statistical indices of potential item bias or DIF. This research was undertaken with a view toward supplementing the review of items for facial bias by CTB editing staff, which has been a part of the item development process for many years. The Mantel-Haenzsel (MH) statistic, which CTB currently uses, has been adapted and applied to a bias review of licensure examination data.

An additional judgmental review process, a bias sensitivity review panel (BSRP), will supplement the statistical data collected. An important aim of this process is to attempt to identify culturally bound material that may be a source of statistical DIF. The Examination Committee is in the process of refining the procedures being used by the BSRP. To date, these are the procedures being used:

### PROCEDURES

The BSRP will perform an initial review of all "real" items from a recent NCLEX-RN or NCLEX-PN exam for stereotyped and offensive material (facial bias). Facial bias is not necessarily related to statistical DIF. Therefore, no information about the statistical DIF of the items selected for this review will be presented to the BSRP.

The BSRP will perform a second review of statistically flagged, real items from a recent NCLEX-RN or NCLEX-PN examination for culturally bound material related to DIF. For this review, items will be selected on the basis of their statistical DIF: Items will fall into three classes of statistical DIF:

- 1) items that favor the majority group and will have MH alpha indices greater than 1.81 for the RN exam and greater than 1.67 for the PN exam;
- 2) items that favor the minority group and will have MH alpha indices closest to 0.0;
- 3) items that are the most neutral will have MH alpha indices closest to 1.0.

When statistically flagged items are presented to the BSRP for review, the panel members will be told which groups the item favors (or whether the item is neutral), but will not be told the exact value of the DIF index. The information about the item's statistical DIF (which groups are favored) will be presented along with the text of the item. The panel can then review the item with reference to this information.

The last type of review that the BSRP will perform during each meeting is a blind, open review of items. The review will be "blind" in that the panel members will not be given any information about the statistical DIF of the items. The review will be "open" in that the panel will be encouraged to identify:

- 1) stereotyped and offensive material,
- 2) culturally bound material related to statistical DIF, and
- 3) any other material the panel feels will cause performance differences among candidates, but is unrelated to capacity for safe and effective nursing practice.

Two types of items may be presented in this review:

- 1) newly written items that have no statistics because they have not appeared as tryouts in an examination, or
- 2) real or tryout items that have appeared in an examination and have DIF statistics.

With either type, the panel will be asked to record their expectations about each item's DIF.

As part of the BSRP's review of statistically flagged items and the open review of items, they will be asked to consider whether the material they associate with DIF is also related to safe and effective practice, and if so, will consider not revising the item. This process will also be followed in the general review of tryout items.

In this process, the BSRP is being given the opportunity to decide not to revise the item, based on their understanding of safe and effective practice.

For all items revised by the BSRP, the Examination Committee or other persons designated by the Committee will make the final decision about the impact of the revision on the validity of the item and the relationship of the revised material to safe and effective practice.

The Examination Committee will retain oversight of all revisions to items by the BSRP. This includes items revised for stereotyped and offensive material as well as items revised for culturally bound material. The Examination Committee will be given the items in their original form, along with the revisions. The Examination Committee will review the revisions with regard to their impact on the ability of the item to measure potential for safe and effective practice.

All modifications of BSRP work by the Examination Committee or other designated persons will be reviewed by the BSRP at the beginning of their next meeting. Items revised exactly as suggested by the BSRP will not be reviewed.

In addition to the regular selection of items for the BSRP's review of statistically flagged items, items will be flagged for "very large statistical DIF" using one or more critical values approved by the Examination Committee. The BSRP reviews these items as part of their review of statistically flagged items. In addition to this review however, items with very large statistical DIF will be subject to other processes as established by the Examination Committee.

Currently, if the BSRP fails to identify culturally bound material in an item with a very large index of statistical DIF, the item may be reviewed by the Examination Committee before it is returned to the "usable real" item pool.

Until the Examination Committee has more information on which to base a decision, there will be no automatic deletion of items with very large statistical DIF. The rationale for this policy is that statistical DIF is only a measure of potential bias, and may actually represent differences related to safe and effective practice.

Some items reviewed for culturally bound bias by the BSRP will represent potential bias against majority group candidates (and in favor of minority group candidates), i.e, have alpha values close to zero. The BSRP will be told which minority groups the item favors. The BSRP will be encouraged to carefully consider that the item may contain material that causes bias against majority groups (and favoring minority groups). In addition the BSRP may consider the absence of material biased against minority members as a plausible explanation for alpha DIF indices close to zero.

The BSRP met at CTB in April for an orientation session. The panel met again at CTB in June, at which time they reviewed NCLEX-RN 789. The Examination Committee reviewed the panel's work and adopted all but one suggestion made by the panel. The Examination Committee feels the first meeting of the BSRP went well and will continue monitoring the panel's work.

c:\wp\njm\BSRP

**CTB MACMILLAN/MCGRAW-HILL**

2500 Garden Road  
Monterey, California 93940  
408/649-8400



**Announcing CTB Macmillan/McGraw-Hill's Second  
NCLEX REGIONAL INVITATIONAL  
November 12 - 13, 1990  
Hyatt Regency St. Louis at Union Station  
St. Louis, Missouri**

CTB and the Missouri State Board of Nursing are pleased to announce the second NCLEX Regional Invitational. The conference will be held November 12-13, 1990, in St. Louis and is open to Member Boards and nursing educators. The first Regional Invitational, held this spring in Baltimore, was attended by approximately 110 nursing educators and Member Board directors and staff.

Staff from the CTB NCLEX project team, as well as Testing Services staff from the National Council, will present information about NCLEX test development, including

- o test plan development,
- o item development,
- o statistical analysis,
- o ongoing research,
- o the examination review process, and
- o the NCLEX Summary Profiles.

Participants are also invited to a complimentary luncheon and cocktail party on the first day of the conference.

Of very special interest to educators will be the Principles of Item Writing seminar held on the second day of the conference, November 13. Rachel Holz, NCLEX Content Director, will present a valuable, hands-on session that includes

- o evaluating the performance of a test question,
- o determining the content and cognitive level of a test question,
- o creating questions at the analysis/application level,
- o structuring a test question, and
- o developing the item stem, correct response, and distractors.

Conference participants will be able to practice writing items during the session. Response to the item-writing seminar conducted at the Baltimore regional was overwhelmingly positive.

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More specific registration information and preliminary agendas will be mailed to all Member Boards, all Area II nursing programs, and various consumer groups in early September. If this is your first trip to St. Louis, or your first visit to the centrally-located Hyatt at Union Station, you can look forward to an interesting and pleasurable stay in this city.

In the meantime, your questions and comments are welcome! Please feel free to contact Andrea Kingman (408) 649-7667 or Rachel Holz (408) 649-7856 or write to us at CTB, 2500 Garden Road, Monterey, California 93940.

Our thanks to Area II and to the Missouri State Board of Nursing for offering to host our second regional conference. We hope to see many of you in St. Louis in November.

**CTB MACMILLAN/MCGRAW-HILL**

2500 Garden Road  
Monterey, California 93940  
408/649-8400



**MEMORANDUM**

**TO:** Member Boards

**FROM:** CTB  
NCSBN Examination Committee

**DATE:** July 23, 1990

**RE:** NCLEX Candidate Diagnostic Profile

In an effort to further clarify the Diagnostic Profile, an adjustment has been made to the print position of the passing point symbol. This modification will allow for more space between the "x" indicating candidate performance and the passing point symbol. This revision will become effective with NCLEX-PN 090.

# NCLEX CANDIDATE DIAGNOSTIC PROFILE

National Council Licensure Examination for Registered Nurses

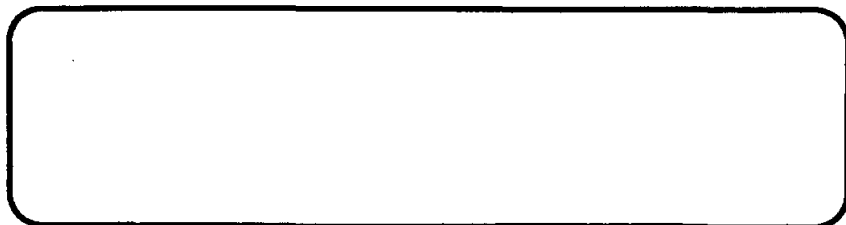
NCLEX-RN290

FEBRUARY 6-7, 1990

17  
7

Candidate Number:  
Date of Birth:  
Social Security Number:

CANDIDATE DID NOT PASS



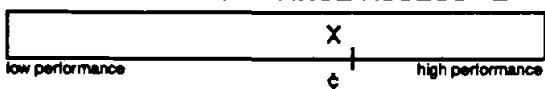
96-553

UNIVERSITY OF ARIZONA  
TUCSON AZ

The location of the "X" on the first diagram below is based upon your overall performance on the NCLEX examination. Directly below the "X" is a symbol. Check the legend in the lower right-hand corner to see by how many items you missed the passing point. The "X"s on the subsequent diagrams, which relate to the categories in the NCLEX-RN Test Plan, represent your level of performance on the items testing the knowledge, skills, and abilities essential for performing each job dimension indicated. (Detailed information regarding the percentage of questions on the examination from each of these test plan areas is included on the reverse side of this form.) The gray, shaded bars in the test plan area boxes are given as a reference point only. (Since the test plan areas are not subtests, you do not "pass" or "fail" in these areas. If your performance were to exceed the reference point ( ) in each test plan area, you would be certain to pass the exam.) You are advised not only to review general nursing content, but to concentrate your review on the categories where your "X" is farthest from the reference point.

| = PASSING POINT

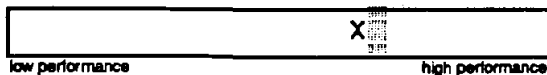
## OVERALL PERFORMANCE ASSESSMENT



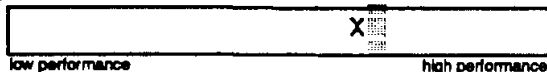
YOUR EXAMINATION HAS  
BEEN HANDSCORED TO  
VERIFY YOUR RESULTS

## PHASES OF THE NURSING PROCESS \*

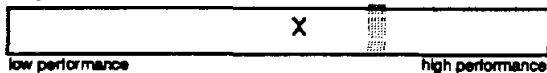
### Assessment



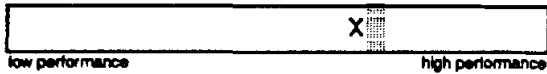
### Analysis



### Planning



### Implementation

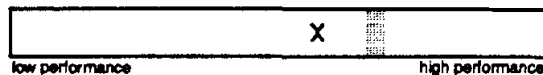


### Evaluation

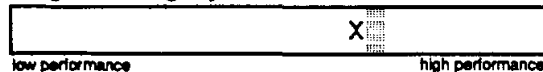


## CATEGORIES OF CLIENT NEEDS \*

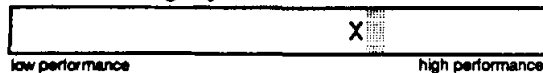
### Safe, Effective Care Environment



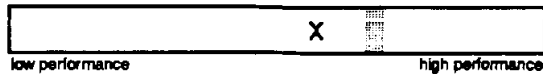
### Physiological Integrity



### Psychosocial Integrity



### Health Promotion/Maintenance



### LEGEND for Overall Performance Assessment Diagram

Missed passing by: c = 1-12 questions  
+ = 13-24 questions  
@ = 25-36 questions  
# = 37 or more questions

\*Note: Definitions and information regarding percentages of questions in each test plan category are printed on the reverse side of this report.

NATIONAL  
COUNCIL

# Definitions

## PHASES OF THE NURSING PROCESS

Each phase is represented by 15 to 25% of the total items on an examination.

The phases of the nursing process are described as follows:

- I. Assessment:** establishing a data base.
  - A. Gather objective and subjective information relative to the client.
  - B. Verify data.
  - C. Communicate information gained in assessment.
- II. Analysis:** identifying actual or potential health care needs/problems based on assessment.
  - A. Interpret data.
  - B. Collect additional data as indicated.
  - C. Identify and communicate client's nursing diagnoses.
  - D. Determine congruency between client's needs/problems and health team member's ability to meet client's needs.
- III. Planning:** setting goals for meeting client's needs and designing strategies to achieve these goals.
  - A. Determine goals of care.
  - B. Develop and modify plan.
  - C. Collaborate with other health team members for delivery of client's care.
  - D. Formulate expected outcomes of nursing interventions.
- IV. Implementation:** initiating and completing actions necessary to accomplish the defined goals.
  - A. Organize and manage client's care.
  - B. Perform or assist in performing activities of daily living.
  - C. Counsel and teach client, significant others, and/or health team members.
  - D. Provide care to achieve established client goals.
  - E. Provide care to optimize achievement of the client's health care goals.
  - F. Supervise, coordinate, and evaluate the delivery of the client's care provided by nursing staff.
  - G. Record and exchange information.
- V. Evaluation:** determining the extent to which goals have been achieved.
  - A. Compare actual outcomes with expected outcomes of therapy.
  - B. Evaluate compliance with prescribed and/or proscribed therapy.
  - C. Record and describe client's response to therapy and/or care.
  - D. Modify plan as indicated, and reorder priorities.

## CATEGORIES OF CLIENT NEEDS

The categories of client needs are described as follows:

- I. Safe, Effective Care Environment** (25 to 31% of an examination)

This category includes the client needs listed below:

  1. Coordinated care
  2. Quality assurance
  3. Goal-oriented care
  4. Environmental safety
  5. Preparation for treatments and procedures
  6. Safe and effective treatments and procedures

## CATEGORIES OF CLIENT NEEDS (continued)

The following are examples of areas in which the nurse should possess the knowledge, skills, and abilities necessary to meet these needs:

Bio/psycho/social principles; teaching/learning principles; basic principles of management; principles of group dynamics and interpersonal communication; expected outcomes of various treatment modalities; general and specific protective measures; environmental and personal safety; client rights; confidentiality; cultural and religious influences on health; continuity of care; and spread and control of infectious agents.

### II. Physiological Integrity (42 to 48% of an examination)

This category includes the client needs listed below:

1. Physiological adaptation
2. Reduction of risk potential
3. Mobility
4. Comfort
5. Provision of basic care

The following are examples of areas in which the nurse should possess the knowledge, skills, and abilities necessary to meet these needs:

Normal body structure and function; pathophysiology; drug administration and pharmacological actions; intrusive procedures; routine nursing measures; documentation; nutritional therapies; managing emergencies; expected and unexpected response to therapies; body mechanics; effects of immobility; activities of daily living; comfort measures; and use of special equipment.

### III. Psychosocial Integrity (9 to 15% of an examination)

This category includes the client needs listed below:

1. Psychosocial adaptation
2. Coping/Adaptation

The following are examples of areas in which the nurse should possess the knowledge, skills, and abilities necessary to meet these needs:

Communication skills; mental health concepts; behavioral norms; psychodynamics of behavior; psychopathology; treatment modalities; psychopharmacology; documentation; accountability; principles of teaching and learning; and appropriate community resources.

### IV. Health Promotion/Maintenance (12 to 18% of an examination)

This category includes the client needs listed below:

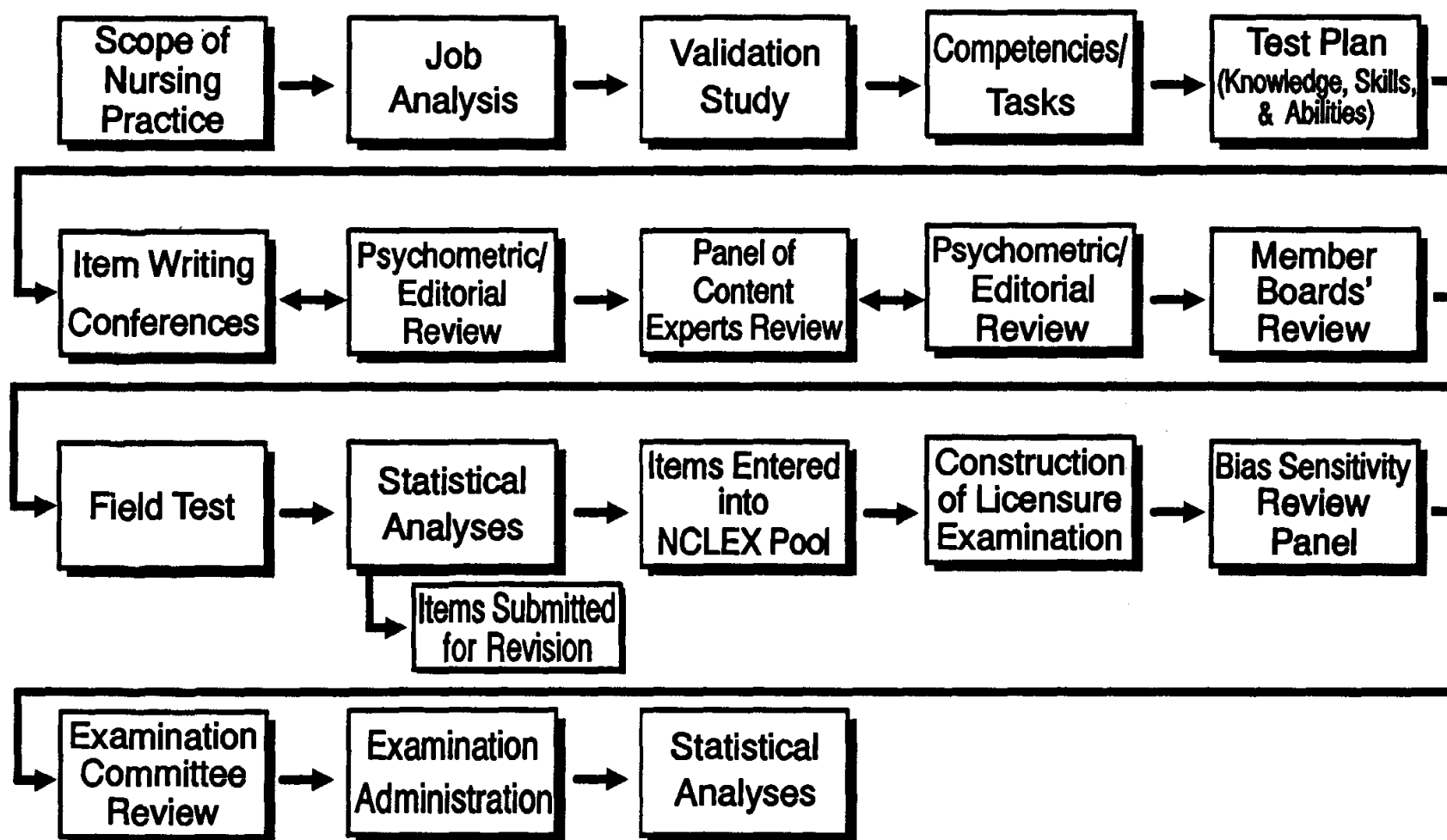
1. Continued growth and development
2. Self-care
3. Integrity of support systems
4. Prevention and early treatment of disease

The following are examples of areas in which the nurse should possess the knowledge, skills, and abilities necessary to meet these needs:

Communication skills; principles of teaching and learning; documentation; community resources; family systems; concepts of wellness; adaptation to altered health states; reproduction and human sexuality; birthing and parenting; growth and development, including dying and death; pathophysiology; body structure and function; and principles of immunity.



# NCLEX TEST DEVELOPMENT



# Report of the Administration of Examination Committee

## Recommendations

1. The committee recommends the following dates for the year 2000 administration of NCLEX: RN, February 8-9 (T-W), July 11-12 (T-W); and PN, April 18 (T), October 10 (T).
2. The committee recommends the following as alternate dates for the year 2000 administration of NCLEX: RN, March 7-8 (T-W), September 12-13 (T-W); and PN, May 16 (T), November 14 (T).

## Activities

The committee held meetings on October 16-18, 1989, and March 19-21, 1990.

## *NCLEX-PN Germany Administration*

The committee also had a conference call on May 9, 1990, to discuss the final report of the Delaware Board of Nursing's administration of NCLEX-PN to U.S. Army personnel (91Cs) in Germany. There were a total of 533 candidates tested during six administrations, beginning with the NCLEX-PN 087 and ending with the NCLEX-PN 490 examination. There were no major difficulties experienced. The program is considered successful by Delaware and the committee. Delaware does not wish to continue the project. The committee accepted the report (which included suggestions for possible future administrations under another sponsor) as submitted.

## *Modifications for Handicapped Candidates*

The committee reviewed and ratified National Council staff authorizations for modifications issued to 99 handicapped candidates for the NCLEX-RN 789, 290 and NCLEX-PN 489, 089 examinations. Conditions included: 84 learning/reading disabilities; seven visual disabilities; four physical disabilities; one hearing disability; and three other temporary conditions. Extended time was granted to 99 candidates; readers were granted for 26 candidates; recorders were granted for five candidates; and aids were granted for four candidates.

The committee presented a revised policy for handicapped candidate modifications to the Board of Directors at its November 1989 meeting. The policy was accepted by the Board and implemented with the NCLEX-RN 290 examination.

Descriptive statistics compiled in 1989-90 led to several conclusions regarding the present policy for modifications for handicapped candidates, the most significant being the following:

1. A large majority of candidates applying for modifications has some form of learning/reading disability.
2. Since handicapped candidates receiving modifications pass the examination at a lower rate than first-time, U.S. educated candidates, it is apparent that current modifications do not overcompensate for their handicaps, whether they undercompensate should be the subject of further research.

The committee directed National Council staff to continue further research on candidates granted modifications under the handicapped policy for all 1990 examination administrations. The research, using survey instruments, is intended to provide data on the appropriateness of currently offered examination modifications by gathering information from Member Boards, candidates, and nursing programs. Information from candidates and their educational programs will provide "benchmark" data for evaluating the NCLEX passing rate for handicapped

candidates. Of the 31 candidates granted modifications for the NCLEX-RN 290 examination, the National Council has received permission from Member Boards to contact 16. Of these 16 candidates, six granted permission to contact their nursing programs for academic achievement information. There have been no responses received from the nursing programs to date. There have been no responses from Member Boards for the NCLEX-PN 490 examination to date.

The committee reviewed and ratified National Council staff authorizations for 22 requests for failure candidate reviews.

The committee reviewed reports of problems with examination administrations for NCLEX-RN 289, 789, 290; and NCLEX-PN 489, 089, and took action as necessary to institute correction of problems.

### **Security Measures**

The committee reviewed reports of current security measures status. Security measures have been approved for 46 Member Boards. Clarification has been requested from 12 Member Boards. No security measures have been received from three Member Boards.

In addition to the annual random review of procedures to implement security measures, procedures were reviewed whenever a jurisdiction had a significant unusual incident where the security of the examination may have been compromised. Recommendations were made to the Board of Directors, where appropriate.

The committee received and reviewed Puerto Rico's security measures and procedures to implement security measures, and clarifications were requested.

The committee reviewed and approved proposed security measures for the Computerized Simulation Testing (CST) pilot tests and attended a demonstration of a completed CST case.

The committee reviewed and approved proposed security measures for the Computerized Adaptive Testing (CAT) field tests. A member of the committee will attend two field tests to monitor whether the measures are appropriate and effective.

The committee reviewed the test service's (CTB's) security measures.

### **Other Activities**

The committee discussed the feasibility of decreasing NCLEX-RN to a one-day administration and developed three possible schedules for presentation to the Board of Directors along with the pros and cons of each. The Board of Directors directed the committee to further investigate the feasibility of decreasing the administration time.

The committee discussed ways to assist Member Boards in decreasing the number of late orders submitted to the test service, as they can adversely affect the implementation of the crisis management plan.

The committee recommended that a National Council staff member make routine site visits semi-annually to NCLEX administration sites.

The committee reviewed scoring/tracking reports for NCLEX-RN 289, 789 and NCLEX-PN 489, 089.

The committee reviewed and modified committee policies and procedures. These were presented to the Board of Directors.

The committee reviewed and updated the *Manual for Administration of NCLEX and Candidate Information* brochures.

The committee discussed the increase in unnecessary handcores being performed by the test service due to improper marking by candidates which can delay reporting of test results. Member Boards were alerted to the problem via the *Newsletter* and asked to remind examination team members to supervise candidates in this regard.

The committee suggested that staff make a printer site visit to clarify procedures due to recently experienced difficulties.

The committee reviewed and discussed a new overage plan with the test service, who will supply one extra packet of test booklets at no charge to Member Boards who accept late or walk-in candidates.

The committee reviewed the FY90 Operational Plan and proposed FY91 activities.

The members of the committee wish to thank the Board of Directors and Delegate Assembly for the opportunity to serve the National Council and Member Boards in this manner.

#### **Committee Members**

Betty B. Clark, ME, Area IV, *Chair*

Deborah Feldman, MD, Area IV

Alta Haunsz, KY, Area III

Florence Stillman, MO, Area II

Katheryn Tripeny, WY, Area I

Barbara W. Winn, SC, Area III

#### **Staff**

Nancy J. Miller, *Assistant Director of Testing Services*

Debra A. Tomsy, *Administrative Assistant, Testing Services*

# Report of the Nursing Practice and Education Committee

## Recommendations

The Nursing Practice and Education Committee (NP&E) recommends that the Delegate Assembly adopt the following:

1. Concept paper on Delegation (Attachment C); and
2. Statement on Endorsement Issues Related to Peer Assistance/Alternative Programs (Attachment D).

In addition, the committee supports the adoption of the recommendation(s) from the subcommittee on Nurse Aide Language that is an addendum to this report, and will be considered an individual report.

The report of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses is also an addendum to this report and will be considered an individual report.

## Meeting Dates

The committee met seven times: October 16-18, 1989; December 13, 1989 (conference call); January 12-14, 1990; February 26, 1990 (conference call); April 1-3, 1990; May 14, 1990 (conference call); and June 1, 1990 (conference call). The committee was directed by the Delegate Assembly to: bring update reports on entry into practice and continued competence, including the extent of the inclusion of peer review as a continued competence mechanism into nurse practice acts; develop standards for regulation of nurse aides for inclusion in the *Model Nursing Practice Act* and *Model Nursing Administrative Rules*; and study the issues/concerns involved in endorsement of nurses who are participating in peer assistance programs.

## Activities

The committee accomplished the following activities:

1. Reviewed and commented on reports from the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses and from the Subcommittee on Nurse Aide Language.
2. Reviewed data relative to the implementation of the Nursing Home Reform Act, Omnibus Budget Reconciliation Act (OBRA) of 1987, for practice and general regulatory implications.
3. Reviewed and analyzed data from entry into practice and continued competence surveys for general trends. Reports on the outcome are presented in narrative and graphic form in Attachments A and B of this report.
4. Contributed annotated additions to a working bibliography on trends in the regulatory community.
5. Prepared a concept paper on delegation (see Attachment C).
6. Drafted a conceptual framework for continued competence, including operational definitions of mechanisms for maintaining continued competence.
7. Prepared a statement on endorsement issues related to peer assistance/alternative programs (see Attachment D).
8. Reviewed and revised a joint statement with ANA and NFLPN on supply and demand for nursing resources.
9. Collected and reviewed data from Member Boards regarding activities of generalists as they relate to advanced nursing roles, declaratory statements and advisory opinions, and traveling, transport and interstate nurse roles.
10. Received reports from committee members who attended the National Organization for Competency Assurance (NOCA) meeting and the Consortium on Substance Abuse in Nursing meeting.

### **Committee Objectives**

Committee objectives for the 1990-1991 year are as follows:

1. Continue development of the conceptual framework for continued competence and suggest approaches for further study.
2. Work on development of position papers in one or more of the following areas:
  - a. declaratory statements and advisory opinions;
  - b. traveling, transport and interstate nurse roles;
  - c. activities of generalists as they relate to advanced nursing roles.
3. Plan approaches to dealing with the following emerging issues:
  - a. non-traditional models of nursing education for effect on practice and education trends;
  - b. utilization and supervision of public health, community health and school nurse roles;
  - c. those related to practice and education of handicapped nurses.
4. Monitor the following:
  - a. use of continued competence mechanisms, particularly peer review, by boards of nursing;
  - b. entry into practice activities by boards of nursing;
  - c. work of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses;
  - d. implementation of PL 100-203.

### **Committee Members**

Tom Neumann, WI, Area II, *Chair*

Mary Ellen Connor, UT, Area I

Tina Delapp, AK, Area I

Julia Gould, GA-RN, Area III

Sr. Teresa Harris, NJ, Area IV

Betty Hunt, NC, Area III

### **Staff**

Marsha Kelly, *Director of Public Policy Analysis (through March 1990)*

Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education (April 1990 - present)*

## Entry into Practice Report

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Education Committee to prepare a yearly update report on entry into practice to the Delegate Assembly. In the winter of 1988, the committee circulated the extensive questionnaire developed in 1986 by the Entry into Practice Report Committee (as revised in 1987 by the Nursing Practice and Education Committee) and requested Member Boards to update the information if changes had occurred since 1987. The 1988 Delegate Assembly further directed that entry into practice data be collected as a routine part of the National Council data collection for yearly review by the Nursing Practice and Education Committee.

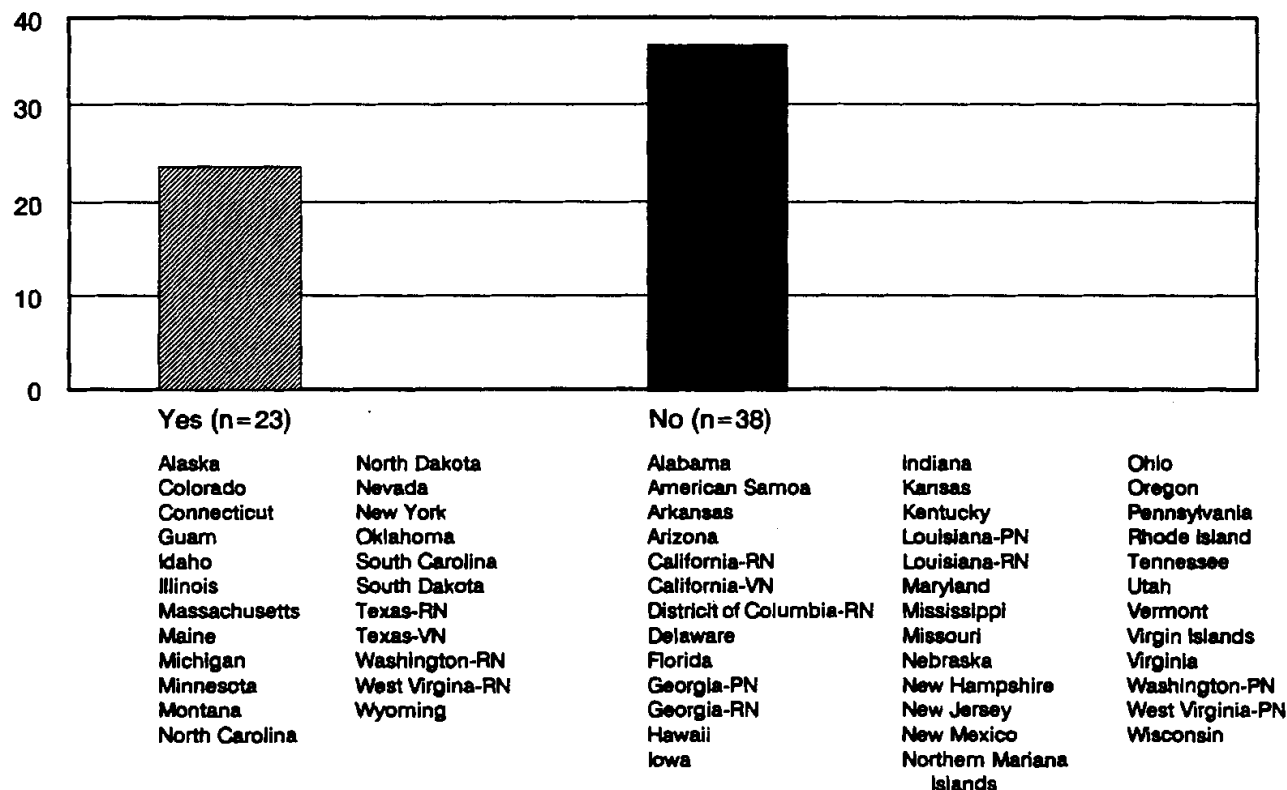
### Results

Sixty-one (61) Member Boards responded to the entry into practice update questionnaire and reported the following results:

- Twenty-three (23) Member Boards of the sixty-one responding have taken a formal position on entry. No states reported taking a formal position since the update report presented to the 1989 Delegate Assembly.
- No Member Boards reported new activity relative to independent or collaborative activity to study or implement the profession's goal of two levels of nursing education with two new titles and distinct scopes of practice.
- Thirty (30) Member Boards reported the authority to implement changes to educational requirements for entry into nursing.

See Table I.

**Table I. Member Boards with Entry Into Practice Positions.**



## **Continued Competence Update Report**

In 1986, the Delegate Assembly of the National Council of State Boards of Nursing, Inc., directed the Nursing Practice and Education Committee to monitor the use of Continued Competence Mechanisms by boards of nursing and to present a yearly update report to the Delegate Assembly. The 1987 Delegate Assembly further directed the Nursing Practice and Education Committee to monitor the inclusion, into nursing practice acts, of the requirement of peer review as the mechanism for measuring continued competence. Subsequently, the 1988 Delegate Assembly directed that information about continued competence mechanisms be collected as a routine part of National Council data collection for yearly review by the Nursing Practice and Education Committee.

### **Results of Data Collected 1990**

Sixty-one (61) Member Boards responded to the questionnaire. The tabulated data resulted in the following:

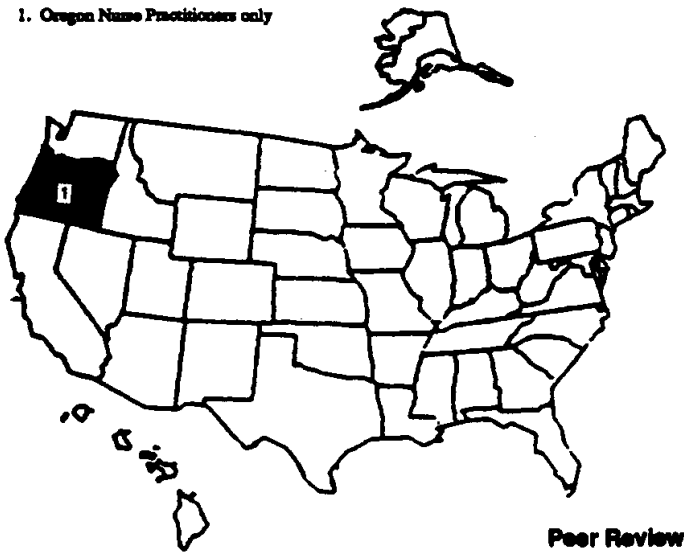
- Oregon reported the use of peer review;
- Nineteen (19) Member Boards reported the use of continuing education mechanisms;
- No Member Boards reported the use of client review;
- Twenty (20) Member Boards reported the use of periodic refresher courses, with various conditions, for reentry into active practice after a prolonged absence from practice;
- Two (2) Member Boards reported the use of a competency examination; and
- Twenty-one (21) Member Boards reported the use of a minimum practice requirement for renewal of license.

The three most often used mechanisms are still continuing education, refresher courses and a practice requirement. See Table II.

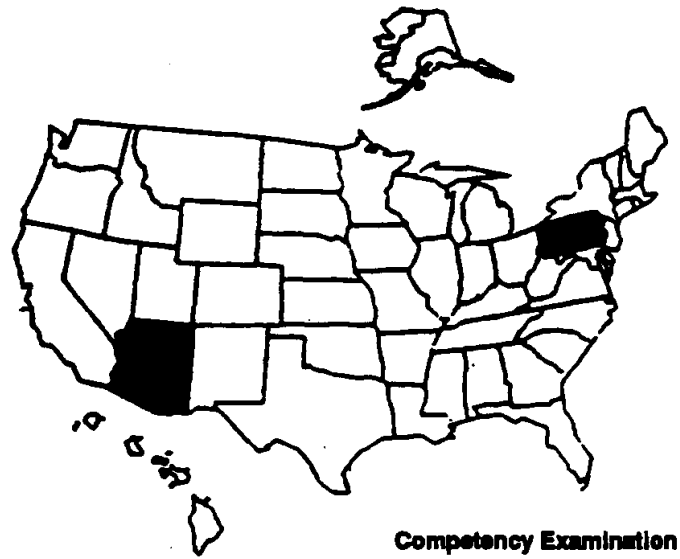


**Table II. Continued Competency Mechanisms**

1. Oregon Nurse Practitioners only

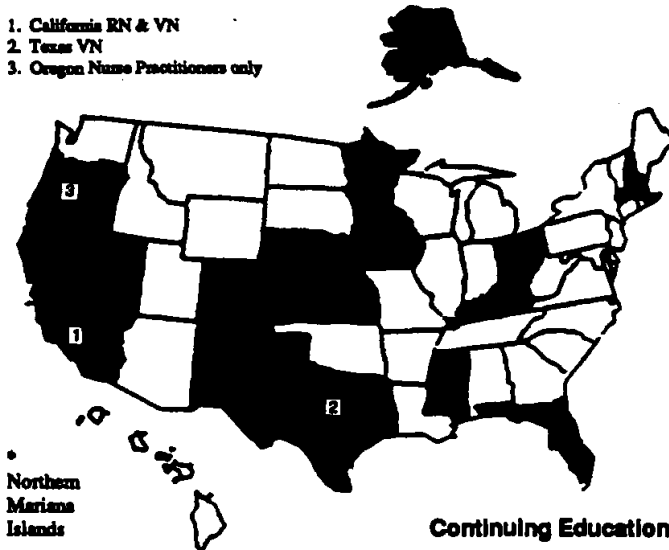


**Peer Review**



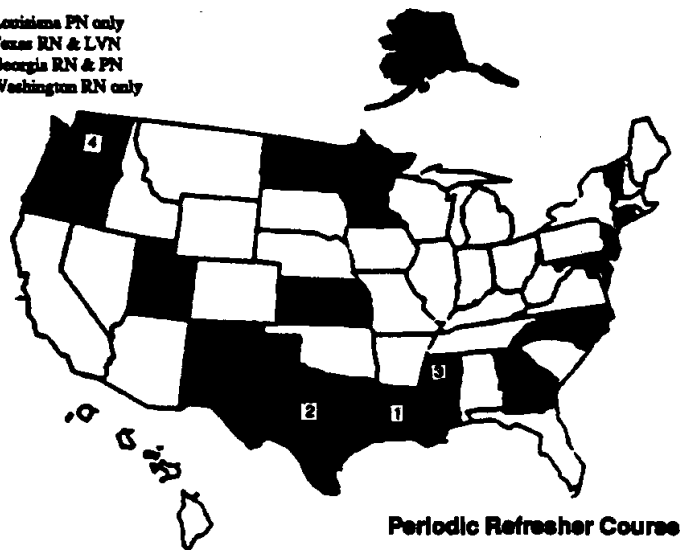
**Competency Examination**

1. California RN & VN  
2. Texas VN  
3. Oregon Nurse Practitioners only



**Continuing Education**

1. Louisiana PN only  
2. Texas RN & LVN  
3. Georgia RN & PN  
4. Washington RN only

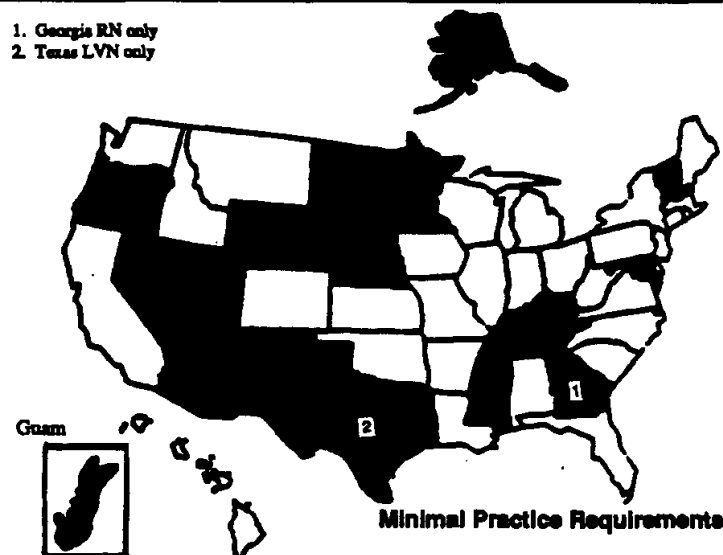


**Periodic Refresher Course**

1. Georgia RN only  
2. Texas LVN only



**Client Review**



**Minimal Practice Requirements**

## Concept Paper on Delegation

### Purpose

The purpose of the National Council formulating this concept paper is to provide to Member Boards a conceptual basis for delegation from a regulatory perspective. It is the position of the National Council that licensed nurses, in accordance with board of nursing requirements, determine the appropriateness of delegating acts from their scopes of practice. Each person involved in the delegation process is accountable for his/her own actions in this process. There is potential liability if competent, safe care is not the outcome of the delegation.

### Premises

1. Performance of non-nurse delegated and non-nurse supervised nursing activities by unlicensed persons constitutes practicing nursing without a license and is not in the interest of the health, safety, and welfare of the public.
2. Pieces of care cannot be provided in isolation by unlicensed persons functioning independently of the nurse if the health, safety, and welfare of the public is to be assured.
3. Boards of nursing need to work to assure evidence of adequate nurse involvement where nursing services are being provided and delegated.
4. Boards should promulgate clear rules for delegation in all settings where nursing care is delivered.
5. Boards need to clearly define delegation in regulation.
6. A limited supply of nurses must not be used as an excuse for inappropriate delegation to unlicensed persons.
7. Regulations regarding the delegation of nursing functions must be linked to the disciplinary process.
8. Boards need to pursue criminal prosecution when there is clear evidence that unlicensed persons are performing nursing activities not delegated by nurses.

*Premises 1-8 from 1987 "Position Statement on Nursing Activities of Unlicensed Persons."*

9. While tasks and procedures may be delegated, the functions of assessment, evaluation and nursing judgement should not be delegated.
10. While non-nurses may suggest which nursing acts may be delegated, it is the licensed nurse who ultimately decides the appropriateness of delegation.
11. The unlicensed person cannot redelegate a delegated act.
12. Boards of nursing must develop clear rules on determination of competence of persons to perform delegated nursing tasks or procedures, the level of supervision necessary, and which acts may be delegated.

### Definitions

#### **Delegation**

Transferring to a competent individual authority to perform a selected nursing task in a selected situation.

#### **Delegator**

The person making the delegation.

#### **Delegate**

The person receiving the delegation.

### **Supervision**

“Provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Total nursing care of an individual remains the responsibility and accountability of the nurse.” 1987 “Position Statement on Activities of Unlicensed Persons.”

### **Liability**

As used in this paper, the term is limited to the regulatory accountability of a licensee to the licensing agency. Other types of liability (i.e. civil liability) are beyond the scope of this paper.

### **Background**

In 1987, the Nursing Practice and Standards (NP&S) Committee developed a “Statement on the Nursing Activities of Unlicensed Persons.” (1987 Statement) The Statement presented an overview of the following: 1) use of unlicensed persons to deliver nursing care since the early 1900s; 2) a rationale for board of nursing involvement in the oversight of activities of unlicensed persons; 3) documentation on the frequency and nature of the use of unlicensed persons; 4) operational definitions of key terms used in describing the frequency and nature of the use of unlicensed persons; and 5) conclusions for Member Board consideration in the state-by-state discussion of the frequency and nature of the use of unlicensed persons. The position statement was adopted by the August 1987 Delegate Assembly and has received wide acclaim, distribution and discussion by the nursing and health care community.

In 1989, the Nursing Practice and Education Committee identified a need for further study of this topic and developed this statement on delegation.

### **Regulatory Perspective - A Framework for Managerial Policies**

Nursing is defined in a statutory mandate which requires an individual to have a license to practice. Two nurse roles (RN/LPN) exist and, though there is a legal relationship between the two, each is held accountable for carrying out its role. RNs may delegate professional nursing acts to LPNs and unlicensed persons. LPNs may, in some jurisdictions, delegate acts within the scope of the practice of practical nursing to unlicensed persons. The statutory mandate may also set forth requirements for supervision when nursing acts are delegated. Boards of nursing should provide guidance regarding which acts may or may not be delegated by the nurse. Direction must be provided by boards of nursing regarding supervision, including the proximity of the supervising nurse to the delegate. The nurse who delegates an act to another assumes responsibility for the supervision of the act, whether the nurse is physically present or not.

Nurses traditionally carry out the role of nurse in an employment context and act as agents of the employer. The relationship is complex and is usually carried out in a setting in which the employer controls the nature of both the work of the nurse and the circumstances of the nurse role enactment. The licensed nurse is responsible to the employer for employment activities. The licensed nurse is accountable to the board of nursing for nursing practice.

Though employers vary greatly in approaches to nursing care delivery, there are issues for the nurse that are common to all management styles. Those issues center on four common areas of concern:

1. Who determines the degree of allocation of resources, both human and fiscal?
2. Where does the focus of decision-making related to allocation of resources rest?
3. What level of supervision is required by the employer for the enacting of the role of nurse?
4. What control does the nurse have in determining the nature of the work and the setting/conditions of the work?

Employers of nurses are equally concerned about these issues, but primarily from a management context. It is understandable that there are different approaches by employers and nurses themselves related to these four major concerns and the overall issue of delegation and supervision. Numerous scenarios may develop as a result of different perspectives on delegation and supervision. The employer as the hiring agent is primarily responsible for allocation of all resources. Therefore, policies requiring working in any setting based on organizational need is something that appears reasonable in a managerial context. From a regulatory context, however, assignment to a

practice area without current competence creates concern about client safety and welfare that is even more critical. The managerial understanding is that the nurse is hired to carry out a specific role on behalf of the employer and that the employer has the authority to assign the nurse as desired. The regulatory perspective holds the nurse accountable for all nursing actions. The licensed nurse has a responsibility not to accept an assignment which the nurse is unable to perform safely. It is important to distinguish the uncomfortable situation where a nurse is expected to work in an unfamiliar setting within the nurse's usual area of practice from the unsafe situation where a nurse is expected to work in a new setting, outside the nurse's usual area of practice, without adequate orientation, education and supervision.

The regulatory perspective should serve as a framework for managerial policies related to the employment and utilization of nurses. Employers may attempt to require nurses to delegate, especially when faced with staffing problems. This is inappropriate when the nurse is not willing to delegate. While employers and administrators may suggest which nursing acts should be delegated and to whom the delegation may be made, it is the nurse who ultimately decides and who is accountable for deciding whether the delegation occurs. If the nurse decides that the delegation may not appropriately or safely take place, then the nurse should not engage in such delegation. In fact, if the nurse decides that delegation may not appropriately or safely take place, but nevertheless delegates, he/she may be disciplined by the board of nursing.

#### **Acceptable Use of the Authority to Delegate**

The decision to delegate should be based on the following:

- Determination of the task, procedure or function that is to be delegated.
- Staff available.
- Assessment of the client needs.
- Assessment of the potential delegate's competency.
- Consideration of the level of supervision available and a determination of the level and method of supervision required to assure safe performance.

Nurses should avoid delegating practice pervasive functions of assessment, evaluation and nursing judgment. Sometimes there is a differentiation made between the terms "delegation" and "assignment." Delegation involves giving to someone else a task from the delegator's practice. Assignment involves giving to someone else a task within his/her own practice. Based upon this differentiation, the RN would assign acts to other RNs who have the same scope of practice. The RN would delegate to others, e.g, LPNs and unlicensed persons, acts which are within the scope of professional nursing practice. Similarly, the LPN would assign acts within the scope of practice of practical nursing to other LPNs. However, the LPN would, if allowed under the State Nurse Practice Act, delegate practical nursing acts to unlicensed persons.

#### **Licensure Accountability**

Every nurse is accountable as an individual for practicing according to the statutory mandate in the nurse's jurisdiction of practice. The delegating nurse is accountable for assessing the situation and is responsible for the decision to delegate. Monitoring, outcome evaluation and follow-up are necessary supervisory activities that follow delegation. The delegator is accountable for the act delegated, and may incur liability if found to be negligent in the process of delegating and supervising.

The delegate is accountable for accepting the delegation and for his/her own actions in carrying out the act. If licensed, this person may incur liability if he/she deviates from safe practice through no fault of the delegating nurse.

Boards of nursing may review situations where a delegating nurse made an acceptable delegation to a competent delegate who erred in the performance of the delegated act. Clearly, the delegate is accountable for his/her actions in performing the delegated act. The delegator would be expected to provide supervisory follow-up such as intervention on behalf of the client and corrective action. The delegator would be accountable for the delegation and supervision provided.

**Conclusion**

From a regulatory perspective, the nurse is held accountable for both acts directly carried out and acts delegated. This regulatory perspective should serve as the framework for managerial policies related to the employment and utilization of nurses. Where nurse practice acts permit, RNs and LPNs may delegate certain acts within their respective practices. They may be involved in either delegation or assignment, depending upon interpretation of the definitions of these terms. Both the delegating nurse and delegate are accountable for their own actions in the delegation process. Furthermore, the delegating nurse has a responsibility to determine that the delegate is indeed competent to perform the delegated act. Finally, the delegating nurse must provide appropriate supervision. The nurse must be the person who ultimately decides when and under what circumstances delegation is to occur. Non-nursing and managerial persons must not coerce the nurse into compromising client safety by requiring the nurse to delegate. While tasks and procedures may be delegated, the nurse should not delegate practice pervasive functions of assessment, evaluation and nursing judgement.

## Statement on Endorsement Issues Related to Peer Assistance/Alternative Programs

### Purpose

The purpose of the National Council formulating this position statement is to explore issues and make recommendations regarding endorsement of licensees who are participating in confidential peer assistance/alternative programs. Member Boards need to address whether or not information regarding participation in peer assistance/alternative programs can be required of endorsement applicants and how to give notice to licensees that self-disclosure may be required if the nurse moves to another jurisdiction.

### A. Premises

1. All citizens have a right to expect safe and effective nursing care.
2. Licensees are expected to be physically, mentally, and emotionally able to practice.
3. Substance abuse/dependency is considered to be at the illness end of the wellness/illness continuum.
4. Treatment and monitored recovery, rather than punishment, should be used to deal with the illness.
5. Boards must be able to assure the protection of the public health, safety, and welfare.
6. Constitutionally, each board has authority over its licensees and an endorsement applicant needs to comply with the requirements of the endorsement process.
7. The nurse's right to privacy and confidentiality regarding substance abuse/dependency treatment and recovery should be weighed against the state's responsibility to protect the public health, safety and welfare from a nurse whose illness impacts one's ability to provide safe, competent nursing care.

### B. Definitions

Contract: A written agreement between the nurse and the peer assistance/alternative program regarding assessment, treatment, and aftercare monitoring, which may include a statement that noncompliance will be reported to the board.

Peer Assistance Programs: "A network of peers who initiate intervention [to assist into treatment], monitor progress, and offer continual support to a chemically dependent peer. Formal programs usually include contracts for compliance with a prescribed treatment program and ongoing group support sessions." (Monograph, 1987, p. 49). The nurse may or may not be mandated to enter a program by the regulatory body. The peer assistance program may or may not be confidential in nature. The peer assistance program may not be linked to the Board in a disciplinary sense, per se; however, a memorandum of agreement may exist between the confidential peer assistance program and the cognizant Board staff person/member who maintains confidential materials about participants. Peer assistance programs may offer education, consultation and advocacy services.

Alternative Programs: May also be known as therapeutic, non-disciplinary, rehabilitation or diversion; these programs may be offered by a state board as an alternative to disciplinary action. The program usually includes a contract or formal agreement for compliance with a prescribed treatment program, monitored recovery and ongoing group support sessions. The program may or may not be confidential in nature.

**C. History**

1. The historical context is that substance abuse/dependency was either not covered by statute or was handled in a purely disciplinary manner which was often punitive.
2. Gradually, as more knowledge about addiction was gained, it was identified as a disease process resulting in a disciplinary process which included treatment as well as other requirements to assure protection of public health, safety, and welfare.
3. Peer assistance/alternative programs have been established to support treatment for impaired nurses and monitor their recovery, during which employment may or may not occur.
4. In 1987, The Regulatory Management of the Chemically Dependent Nurse Monograph was published.
5. The 1989 Delegate Assembly of the National Council directed that the endorsement issues related to peer assistance programs be studied.

**D. Regulatory issues which should be considered by Member Boards include, but are not limited to:**

1. The regulatory implications of an applicant maintaining confidentiality about one aspect of professional practice during the endorsement process from one jurisdiction to another.
2. The legal and ethical responsibility to protect the public.
3. Clarification as to the statutory authority for peer assistance/alternative programs.
4. The potential liability of the involved boards if a nurse relocates to another state, which does not have a confidential peer assistance/alternative program, if that nurse subsequently puts a patient's care in jeopardy.

**E. Peer assistance/alternative program issues which should be considered by Member Boards include, but are not limited to:**

1. Joint efforts of professional and regulatory bodies to prevent "...the necessity for...[disciplinary actions]...by diverting the chemically dependent or abusing nurse into treatment..." and monitored recovery. (Monograph, 1987, p.2).
2. Communication (if any) which occurs if licensee transfers from one peer assistance/alternative program to another.
3. The extent of any legal or professional obligations which licensed members of peer assistance/alternative programs have to report nurses to the board.

**F. Conclusions**

1. Boards have the responsibility to assure the health, safety, and welfare of the public.
2. Criteria for participation in confidential peer assistance/alternative programs need to be delineated.
3. The receiving board should require sufficient information about the substance abusing/dependent nurse for licensure by endorsement.
4. Licensees in confidential peer assistance/alternative programs should be informed that endorsement into another jurisdiction, with or without a confidential peer assistance/alternative program, may impose self-disclosure requirements.

**G. Recommendations**

1. Each board must address whether or not its application for licensure by endorsement should include questions regarding an applicant's substance abuse/dependency and participation in treatment programs.
2. Contracts between peer assistance/alternative programs and the participating nurse should include provisions addressing the nurse's responsibility to disclose:
  - a. anticipated moves to new jurisdictions to the peer assistance/alternative program, and
  - b. information regarding the nurse's substance abuse/dependency and treatment to the receiving jurisdiction.

# Report of the Subcommittee to Study Regulatory Models for Chemically Dependent Nurses

## Historical Background

The Subcommittee to Study Regulatory Models for Chemically Dependent Nurses was established in 1988 by the National Council as a subcommittee of the Nursing Practice and Education Committee. The subcommittee was charged with the responsibility to develop a funding proposal to study regulatory models for chemically dependent nurses and the cost effectiveness of these models. The anticipated outcomes of the study will provide Member Boards and other policy making groups with information that would allow them to identify an approach that would be most appropriate in terms of rehabilitating chemically dependent nurses and protecting the recipients of nursing care. The study will examine rates of return to, or maintenance of, active license status, return to work, and recidivism in terms of characteristics of the nurse, substance(s) abused, work setting and environment, type of management/rehabilitation model, and cost.

## Activities

The subcommittee met three times during FY90: September 16-17, 1989; December 14-15, 1989; and March 15-16, 1990. In addition, the chair met with the Nursing Practice and Education Committee during its October 1989 meeting.

In collaboration with its consultant, the subcommittee accomplished the following activities in preparation for submitting a proposal for funding a five year study to the National Institute of Mental Health (NIMH) by the October 1, 1990, deadline:

1. Determined that a funding proposal should be submitted to the NIMH in response to a Research Funding Announcement (RFA) indicating that competitive funds are available for "Research on Services for Persons with Mental Disorders that Co-occur with Alcohol and/or Drug Abuse Disorders." Since the subcommittee had previously determined that the psychiatric history of chemically dependent nurses was an important variable that could influence compliance with regulatory and/or treatment provisions, the subcommittee determined that both its charge and the intent of the RFA could be met within the confines of a single study. The aims of the proposed study are to:
  - a. Describe the physical and psychiatric histories of nurses who have a substance abuse disorder which may or may not co-occur with other psychiatric disorders;
  - b. Identify individual, familial, and environmental risk factors associated with the development of substance abuse disorders with or without the co-occurrence of other psychiatric disorders;
  - c. Identify factors such as licensure status, financial barriers, social support systems, cost of services over time, and third party reimbursement which may influence a nurse's entry into a treatment system and compliance with a treatment plan;
  - d. Describe and compare the efficacy of four regulatory models for management of nurses with substance abuse disorders with or without the co-occurrence of other psychiatric disorders. The variables to be studied will include: return to active license status, employment as a nurse, compliance with aftercare requirements and/or terms of license disciplinary action, and episodes of drinking, drug use, depression, anxiety, and/or other psychiatric disorders.



2. Following input from a representative of NIMH, initiated a pilot study designed to evaluate the appropriateness of and the time required to administer potential data collection instruments, and to document the prevalence of other psychiatric disorders in nurses being treated for an alcohol or drug dependency. The pilot study is being conducted in a treatment facility in the Baltimore-Washington metropolitan area.
3. Determined that Member Boards should be approached regarding their ability to submit documentation of psychiatric disorders in nurses who have been disciplined in relation to alcohol and/or drug abuse. A summary of the information obtained will be incorporated in the research funding proposal.
4. Determined that if the study is funded, data collection from each participating nurse should be continued for a two-year period in order to obtain longitudinal data.
5. Reviewed the responses of 56 Member Boards to a survey requesting classification of their approach to managing the chemically dependent nurse. The results are summarized in Attachment A. Based on these responses, the subcommittee categorized Member Boards into groups representative of four different approaches to regulation of the chemically dependent nurse. Twelve Member Boards, three from each group, will be approached to participate in the research study if external funding is obtained.
6. Reviewed several drafts of the funding proposal and provided the Director of Research Services with advice concerning its further development.
7. Provided periodic progress reports to the Nursing Practice and Education Committee regarding study design and proposal development and to obtain review of the pilot study protocol.
8. Determined the need for one additional meeting, in early September 1990, to review a final draft of the proposal before it is submitted to NIMH. Plans are also being developed for reviews by the Nursing Practice and Education Committee, the Finance Committee, the president, and the executive director.

**Committee Members**

Melinda Sanders, MO, Area II, *Chair (December 1989 - present)*

Lois Scibetta, KS, Area II, *Chair (through November 1989)*

Pat Duphorne, NM, Area I

Cennette Jackson, GA-RN, Area III

Jean Sullivan, WA, Area I

Mary Haack, *Consultant*, Georgetown University and the University of Maryland

**Staff**

Carolyn J. Yocom, *Director of Research Services*

# Survey Results: Regulatory Management Of The Chemically Dependent Nurse

A total of 56 Member boards responded to a survey requesting information about their regulatory approach to the management of chemically dependent nurses. The results of the survey are reported below.

## A. Existence of a disciplinary alternative:

Twenty-five (25) Member Boards reported they had a disciplinary alternative while 31 reported not having a disciplinary alternative for managing the nurse with a chemical dependency.

## B. Description of Disciplinary Alternatives and Where Used:

**Description #1:** Board, through statutory authorization, maintains a separate office and staff for a chemical addiction program that has assessment, treatment, and after-care monitoring requirements. Assessment, treatment, and after-care services are provided by an outside agency which has met predetermined requirements. Entry into the program is by voluntary admission or board referral. Nurse's records are kept confidential as long as she/he is in compliance with program requirements; if becomes noncompliant, routine disciplinary proceedings are initiated. Re-entry into practice is monitored.

Used in the following jurisdictions: CA-RN, FL, PA, WA-PN, WA-RN

**Description #2:** Board, through statutory authorization, contracts with an outside agency for provision of services which include consultation, referral for treatment and monitoring. Special committee of the board, with expertise in chemical dependency, decides on admissions. Admission is pursuant to voluntary request made to the board or pursuant to board referral. Chemically dependent nurse agrees to assessment, treatment and follow-up monitoring. Reports made to board on all nurses referred by board; records of self-referrals are confidential. Noncompliant nurses referred to board for disciplinary action.

Used in the following jurisdiction: CO

**Description #3:** Special committee of the board, established via statutory or regulatory authorization, enters into an agreement with chemically dependent nurse for assessment, treatment, and after-care monitoring, including continued therapy, employment conditions, and sobriety. Admission is pursuant to voluntary request or following committee receipt of investigative reports. Reports from treatment program, employer, and evidence of sobriety sent to special committee and kept confidential as long as nurse is compliant. Noncompliant nurses referred to board for disciplinary action.

Used in the following jurisdictions: MA, MD, NM

**Description #4:** Administrative complaint filed with board following voluntary admission of chemical dependency investigation of report. Nurse enters nolo contendere plea and agrees to certain terms (suspension/stayed, treatment, monitoring, limited practice, reports, etc.). Following board receipt of administrative complaint and proposed Consent Order, board accepts, revises, or rejects terms. If board accepts terms, they

become effective. If board revises terms, licensee has option of accepting revised terms or having a full hearing before the board. If board rejects terms, licensee is notified of full hearing. License may or may not be coded "Probation," "Limited," or some similar indication of probation. All records subject to public records law.

Used in the following jurisdictions: AL, AK, AZ, CT, GA-PN, VT, WI

**Description #5:** Chemically dependent nurse makes voluntary admission of chemical dependency before or after the board receives a report from others. Nurse voluntarily surrenders license to staff in informal hearing. Referral made for assessment and treatment. License returned, with or without stipulations, after informal hearing wherein nurse presents evidence of ability to practice nursing safely. Records confidential as long as nurse is compliant.

Used in the following jurisdictions: DC, ID, MS

**Description #6:** Professional association, in accord with a formal agreement with and in collaboration with the board of nursing, staffs program for chemically dependent nurse. Nurse enters into an agreement with the program regarding assessment, treatment, and after-care monitoring (continued therapy, employment, sobriety) and the provision for, in the case of noncompliance, a report to the board for disciplinary action. Program director sends written report to a board appointed liaison staff person regarding each nurse in the program. Reports are reviewed by liaison person and, as long as they reflect compliance with the program, they are placed in a confidential file. Reports reflecting noncompliance are referred to the disciplinary staff of the board and routine disciplinary proceedings are initiated.

Used in the following jurisdictions: KS, LA-RN, TX-RN, TX-VN

Combination of Descriptions # 3, 4, & 5 used in: WY

"Other:" IL

**C. Description of programs available in jurisdictions not having a disciplinary alternative:**

**Description #7:** The professional organization staffs and operates a peer assistance program for chemically dependent nurses. All records are confidential and there is no communication with the board with regard to nurse compliance.

Not reported to be in use in any jurisdiction

**Description #8:** Peer assistance programs or employee assistance programs, with no association with the board or the professional organization provide services for chemically dependent nurses. All records are confidential and there is not communication with the board with regard to nurse compliance.

Used in the following jurisdictions: AR, ME, MO, MT, WV-RN

Combination of Description #7 and #8: IN, MN, NC, SC

"Other:" GA-RN, GU, IA, KY, LA-PN, ND, NE, NV, NY, OH, OK, OR, RI, TN, UT, VA

Not Identified: HI, MI, NH, NJ, SD, WV-PN

# Subcommittee on Model Language for Nurse Aides

## Recommendations

1. The Delegate Assembly adopt the *Model Nurse Aide Regulation Act* (Attachment A).
2. The Delegate Assembly adopt the *Model Nurse Aide Administrative Rules* (Attachment B, to be sent in July 1990).

## Meeting Dates

The subcommittee met three times: March 28-30, 1990; April 16, 1990 (conference call); and May 21-23, 1990.

## Activities

The subcommittee accomplished the following activities:

1. Developed the *Model Nurse Aide Regulation Act* (Attachment A).
2. Worked on the *Model Nurse Aide Administrative Rules*, which the committee plans to finalize in June for presentation to the 1990 Delegate Assembly.

The *Model Nurse Aide Administrative Rules* will be sent with the supplemental mailing in July.

## Subcommittee Members

Joyce Smyrski, NC, Area III, *Chair*

Wanda Marra, NJ, Area IV

Ruth Ann Terry, CA, Area I

Mary Tyrrell, MN, Area II

Barbara Halsey, *Program Manager, Nurse Aide Competency Evaluation Program*

Vickie R. Sheets, *Director for Public Policy, Nursing Practice and Education*

# The Model Nurse Aide Regulation Act

## Introduction

The *Model Nurse Aide Regulation Act* was developed by a subcommittee of the Nursing Practice and Education Committee of the National Council of State Boards of Nursing. The *Model Nurse Aide Regulation Act* is intended to serve as a guide to states developing statutory authority in order to regulate nurse aides and their functions.

The proposed statute presented herein is a Model Act which the Council of State Governments has defined as:

A piece of legislation which seeks to address, in comprehensive fashion, a determined need. Model bills are often reform legislation intended to provide order in an area where existing legislation is out of date, internally inconsistent, too broad or too narrow, or for some reason inadequate to implement current state policy [Council of State Governments. State Regulatory Policies; Dentistry and Health Professions. Lexington, Kentucky: The Council of State Governments, 1979].

## History

In August 1989, the Delegate Assembly of the National Council of State Boards of Nursing charged the Nursing Practice and Education Committee to:

Develop model standards for the regulation of nurse aides for inclusion in the National Council's *Model Nursing Practice Act* and *Model Nursing Administrative Rules*. These standards were to include:

- a. approval of nurse aide training and/or competency evaluation programs preparing nurse aides; and
- b. maintenance of a nurse aide registry of persons who have successfully completed an approved training and/or competency evaluation program.

Subsequently, the Nursing Practice and Education Committee recommended the establishment of a subcommittee to meet this charge. The Board of Directors at the November 6-8, 1989, meeting approved the subcommittee, and suggested that the *Model Nurse Aide Regulation Act* and *Administrative Rules* be developed as a supplement to the *Model Nursing Practice Act* and *Model Nursing Administrative Rules*. The models will provide for the variety of options that states may select with regard to the regulation of nurse aides.

## Rationale

The subcommittee believes that boards of nursing should seek to control through the legislative process regulation of nurse aides in all settings including, but not limited to, hospitals, home health agencies, ambulatory care centers, long term care facilities and schools in order to protect the health, safety and welfare of the citizens within their jurisdictions. The subcommittee recognizes that there will be some variation in the resulting statutes. The subcommittee also believes that there is a national need for understanding what constitutes the legally recognized functions of nurse aides.

Nurse aides function as assistive personnel to nurses. A licensed nurse who delegates or assigns tasks to nurse aides is accountable for the delegation and for provision of supervision of the personnel performing the activities.

The state boards of nursing regulate the licensed nurse who delegates and supervises nursing acts. Therefore, boards must address nurse aide activities.

The subcommittee has used the term nurse aide to refer to unlicensed personnel, regardless of title, to whom nurses delegate activities. The term patient is used to refer to the recipient of care by the nurse aide. That individual may also be referred to as a client or resident in various settings.

- Column I provides suggested statutory language and format.
- Column II provides interpretations, explanations and suggestions relating to the suggested statutory language in Column I.
- Column III will assist Boards of Nursing if they are responsible for implementing all or portions of the *Omnibus Budget Reconciliation Act of 1987* (OBRA '87), as amended in OBRA 1989, as it identifies which portions of the model act are necessary for OBRA responsibilities. Provisions of the *Model Nurse Aide Regulation Act* should be addressed when the board of nursing is responsible for implementing Public Law 100 - 203, OBRA '87.

Proposed rules to implement OBRA '87 have been published in the March 23, 1990, *Federal Register* for nurse aides in certified long term care facilities and the requirements dated August 14, 1989, *Federal Register* for home health aides in certified home health agencies. These proposed rules outline these areas of responsibility:

1. Establish standards for training and competency evaluation programs;
  2. Establish standards for approval of training and competency evaluation programs;
  3. Establish review and approval process of programs; and
  4. Establish and maintain a registry of nurse aides including the documentation of validated complaints.
- On the pages that follow, these four requirements are identified in Column III by the numbers found above.

- Column IV identifies where each section of the *Model Nurse Aide Regulation Act* would be incorporated into the National Council's *Model Nursing Practice Act*, if the board of nursing does not want a free standing act for nurse aides.

### **Bibliography**

*Federal Register*, Volume 55, Number 57, Friday, March 23, 1990, Proposed Rules, Medicare and Medicaid Programs; Nurse Aide Training and Competency Evaluation Programs, 10938 - 10951.

*Federal Register*, Volume 50, Number 155, Monday, August 14, 1989, Rules and Regulations, Medicare Program; Home Health Agencies: Conditions of Participation and Reduction in Recordkeeping Requirements, 33354 - 33372.

National Council of State Boards of Nursing, Inc. "Nursing Home Reform Act - PL. 100 - 203, A Concept Paper," March 7, 1988.

National Council of State Boards of Nursing, Inc. "Model Nursing Administrative Rules," Revised, August 1988.

National Council of State Boards of Nursing, Inc. "Model Nursing Practice Act," Revised, August 1988.

National Council of State Boards of Nursing, Inc. "Statement on the Nursing Activities of Unlicensed Persons," 1987.

Omnibus Budget Reconciliation Act of 1987 (OBRA), Pub. L. No. 100-203, 101 STAT. 1330, 160-221 (1987) (amended 1989).

Subcommittee members participating in the development of the model include:

Joyce Smyrski, NC, Area III, *Chair*

Wanda Marra, NJ, Area IV

Ruth Ann Terry, CA, Area I

Mary Tyrrell, MN, Area II

<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
<b>Article I.</b>			
<b>Section 1.</b> This Act shall be known as and may be cited as "The Nurse Aide Regulation Act."		1, 2, 3, 4	Add to Article 1, Section 1.
<b>Section 2. Legislative Authority.</b> The Board of Nursing shall have the authority to regulate nurse aides and establish and maintain a nurse aide registry.	<p>The state legislature shall establish in statute the authority to regulate nurse aides and nurse aide functions.</p> <p>Since the role of the Board of Nursing in each jurisdiction is to protect the health, safety and welfare of the public by regulating nursing practice, Boards of Nursing have a legitimate concern and have the legal responsibility to monitor any and all nursing activities including activities performed by nurse aides. This responsibility and its attendant powers are delegated to the Board of Nursing by the state legislature to fulfill the state's constitutional obligation to protect its citizens. Statutes are enacted by the legislature to grant authority to the Board of Nursing and to provide mandates pertaining to the regulation of nursing. The statutes empower and mandate the Board of Nursing to adopt applicable administrative rules and regulations.</p> <p>When the licensed nurse delegates selected nursing functions or tasks, the responsibility and accountability to the public for nursing care remains with the licensed nurse. Administrative rules and regulations often provide what functions or tasks may or may not be delegated and under what conditions</p>	1, 2, 3, 4	Add to Article 3, Section 2.

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delegation may be made. The burden of determining the competency of nurse aides and for evaluation of the situation rests with the licensed nurse.

In the sections of the Nursing Practice Act which relate to licensed nurses functions of planning, delegating, evaluating, managing and supervising, the Boards of Nursing have the inherent authority to regulate nurse aide functions. The Board of Nursing needs to clearly define the delegatory authority of the nurse within administrative rules and regulations.

**Section 3. Purpose.** The legislature finds that competent care given by nurse aides is necessary for the protection of the health, safety and welfare of the public. Therefore, it is the legislative purpose of this Act to promote, preserve and protect the health, safety and welfare of the public by and through the effective control and regulation of nurse aides and nurse aide functions and approval of nurse aide training and competency evaluation programs.

1, 2, 3, 4

Add to Article 1, Section 3

**Article II.**

**Function of the Nurse Aide.** The functions of a nurse aide are limited to those tasks which a licensed nurse may legally delegate to a nurse aide.

1, 2, 3, 4

Add to Article II, new section



**Article III**

**Section 1. Powers and Duties. The Board of Nursing shall:**

1, 2, 3, 4

(a) Have responsibility for enforcement of the provisions of this Act. The Board of Nursing shall have all of the duties, powers and authority specifically granted by and necessary to the enforcement of this Act, including subpoena power, as well as such other duties, powers and authority as it may be granted by appropriate statutes;

(b) Be authorized to make, adopt, amend, repeal and enforce such administrative rules and regulations consistent with law as it deems necessary for the proper administration and enforcement of this Act and to protect the health, safety and welfare of the public;

An effort should be made to allow for freedom within the statute to accommodate for changes which occur from time to time.

State administrative procedure acts specify appropriate constitutionally required procedures for rulemaking, conducting hearings and other Board of Nursing functions that afford an individual due process of law in such matters. Some states enact procedural provisions directly as a part of each nursing practice act.

Rulemaking authority can only be delegated by specific statute. Rules and regulations (except for interpretive statements which are not subject to formal rulemaking process) have the force and effect of law once they have been properly adopted.

Rulemaking authority should be used only as is necessary to carry out the provision of this Act or to comply with a legislative mandate.

**ARTICLE****COMMENTS****OBRA REQUIREMENTS****MODEL PRACTICE ACT**

(c) Be authorized to perform the following without limiting the foregoing:

(i) Develop and enforce standards for listing on the nurse aide registry;

(ii) Develop and enforce standards for nurse aide training;

(iii) Develop and enforce standards for competency evaluation of nurse aides;

(iv) Develop standards for continued competency of nurse aides during employment and upon return to employment;

(v) Collect data regarding nurse aides;

(vi) Implement a disciplinary process for nurse aides;

The Board of Nursing has a legal responsibility to develop essential standards that protect the health, safety and welfare of the public.

The Board of Nursing establishes standards that are legally defensible as "reasonable and uniform."

The Board of Nursing with its professional majority makes these decisions for nurses and nurse aides.

The nurse aide competency evaluation shall be psychometrically sound, legally defensible and offered at intervals to meet the needs of the State.

Consideration of continued competency during employment and upon return to employment is required. Each state Board of Nursing should determine when and under what conditions reevaluation may be required.

This section allows for responsible monitoring and control of nurse aides and assures the public information on the availability of nurse aide resources within the state.

Add to Article III, Section 2, (c)(i) thru (c)(xi).

**ARTICLE**

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**COMMENTS**

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(vii) Regulate the manner in which nurse aides advertise;

This section is not intended as a restriction on a nurse aide to advertise in a truthful manner or in any other way that is consistent with constitutional interpretation.

(viii) Issue documentation to the nurse aides who have successfully met the requirements for inclusion on the nurse aide registry;

To qualify for receipt of documentation of inclusion on the nurse aide registry, the nurse aide must meet the standards of the State's approved nurse aide training and/or competency evaluation program.

Interstate endorsement should be considered. Each Board of Nursing should determine requirements for inclusion of the nurse aide on to the nurse aide registry. A nationally standardized competency evaluation program facilitates endorsement.

(ix) Notify all nurse aides listed on the nurse aide registry of changes in laws, rules and regulations pertaining to nurse aides;

(x) Maintain records of proceedings as required by the laws of this State;

(xi) Provide consultation, conduct conferences, forums, studies and research on nurse aide training and/or competency evaluation programs;

This authorization provides for consideration of public policy and representation of public concerns. It may also initiate education strategies to improve occupational competence.

(xii) Determine and collect reasonable fees; and

(xiii) Receive and expend funds in addition to appropriations from this State, provided such funds are received and expended for the pursuit of the authorized objectives of the Board of Nursing; such

<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
<p>funds are maintained in a separate account, and periodic reports of the receipt and expenditures of such funds are submitted to the Governor.</p>			
<p><b>Section 2. Personnel</b></p>		1, 2, 3, 4	
<p>The Board of Nursing shall employ personnel necessary to:</p>	<p>The Board of Nursing can only operate within the limits of available resources and should be staffed to carry out functions in a meaningful manner.</p>		
<p>(a) Carry out the functions of the Board; and</p>			
<p>(b) Perform any other duties as directed.</p>			
<p><b>Article IV. Administrative Procedure Act - Application.</b></p>		1, 2, 3, 4	
<p>The (state) Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all the provisions of such Act were included in this Act.</p>	<p>The Administrative Procedure Act addresses the functions of rulemaking, adjudication, and judicial review. These three functions comprise basic duties of the Board of Nursing and are relevant to its regulation and monitoring of nurse aides.</p>		
<p><b>Article V: Nurse Aide Registry</b></p>			
<p><b>Section 1: Registry.</b> The Board of Nursing shall establish, implement and maintain a registry of nurse aides.</p>		4	Add to Article V as Section 8
<p><b>Section 2: Requirements for Being Listed on the Nurse Aide Registry.</b> Each person who successfully meets the requirements of this section shall be entitled to be listed on the nurse aide registry as a nurse aide. Listing on the nurse aide registry requires one of the following:</p>		4	

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(a) Successful completion of training and/or competency evaluation program. The applicant shall:

(i) Submit a completed application form(s) and appropriate fees; and

(ii) Successfully complete an approved nurse aide training and competency evaluation program, or meet requirements as prescribed by the Board of Nursing and successfully complete a competency evaluation program; and

(iii) Have committed no acts or omissions which are grounds for disciplinary action as set forth in Article IX, Section 3, of this Act, unless the Board of Nursing has found after investigation that sufficient restitution has been made.

(b) Listing on the nurse aide registry by Endorsement. To be listed on the nurse aide registry by endorsement, the applicant shall:

(i) Submit a completed written application form(s) and appropriate fees as established by the Board of Nursing; and

(ii) Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or if such acts have been committed and would be grounds for disciplinary action as set forth in Article IX, Section 3, of this Act, unless the Board of Nursing has found after investigation

Deeming, waiving and/or grandparenting are not recommended procedures.

The state may develop criteria to meet the equivalent standards as determined by the Board of Nursing.

These requirements apply the same standards to applicants for listing by endorsement as for those applicants applying for listing by competency evaluation program.

that sufficient restitution has been made; and

(iii) Submit proof of successful completion of a Board of Nursing approved nurse aide training program; and

(iv) Submit proof of current listing on a nurse aide registry in another jurisdiction.

**Section 3. Renewal of Listing on the Nurse Aide Registry.**

4

(a) Listing shall be renewed every \_\_\_ year(s) by the nurse aide according to a schedule established by the Board of Nursing.

(b) Documentation of renewal listing on the nurse aide registry shall be issued to a nurse aide who demonstrates satisfactory completion of such requirements established by the Board of Nursing to ensure continued competence and who remits the required application form(s) and fees.

(c) Failure to renew listing shall result in forfeiture of the right to function as a nurse aide in the state.

**Section 4. Requalification**

4

An individual who has allowed one's listing to lapse by failure to renew shall requalify by completing the requirements of Section 2(a) of this article.

The nurse aide who allows his or her listing to lapse may be required to requalify by completion of a training and/ or competency evaluation program.

<b>ARTICLE</b>	<b>COMMENTS</b>	<b>OBRA REQUIREMENTS</b>	<b>MODEL PRACTICE ACT</b>
<p><b>Section 5. Duties of Nurse Aide Listed on the Nurse Aide Registry:</b></p> <p>Each nurse aide shall:</p> <p>(a) Provide information required by the Board. Failure to provide the requested information may result in the nurse aide not being listed on the nurse aide registry;</p> <p>(b) Report to the Board of Nursing those acts or omissions which are violations of the Act or grounds for disciplinary action as set forth in Articles VIII and IX of this Act; and</p> <p>(c) Report to the Board of Nursing every adverse judgment in a malpractice action to which the nurse aide is party, and every settlement of a claim against the nurse aide alleging malpractice.</p>	<p>Nurse aides listed on the nurse aide registry have a responsibility to cooperate with the Board of Nursing in data collection for statistical purposes as well as a responsibility to provide information concerning the individual's own status which may affect his or her ability to function safely and effectively as a nurse aide.</p> <p>This establishes mandatory reporting by nurse aides of persons who violate this Act.</p> <p>This expands mandatory reporting of the individual nurse aide.</p>	<p>4</p>	

<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
<b>Article VI. Titles and Abbreviations.</b>			
<b>Section 1.</b> Only those individuals who are listed on the nurse aide registry in the state shall have the right to use the title: "Nurse Aide" and the abbreviation "N.A."	Titles and abbreviations may vary from state to state.	4	Add to Article VI as Sections 4 and 5.
<b>Section 2.</b> Only those individuals who are currently enrolled in an approved nurse aide training program shall have the right to use the title "nurse aide trainee."	The public should be informed about the training status of an individual providing care.	4	
<b>Article VII. Approval of Nurse Aide Training and/or Competency Evaluation Programs.</b>			
<b>Section 1. Approval Standards.</b> The Board of Nursing shall, by administrative rules and regulations, approve the establishment and conduct of and standards for nurse aide training and/or competency evaluation programs including all clinical facilities used for learning experiences, and shall survey and approve such programs as meet the requirements of the Act and the Board's administrative rules and regulations.	The Board of Nursing, in order to safeguard the health, safety and welfare of the public, should approve the establishment and conduct of programs. The Board of Nursing should establish standards for approval of nurse aide training and/or competency evaluation program(s) preparing individuals to perform functions delegated by licensed nurses as delineated in the State's Nursing Practice Act and the State's administrative rules and regulations. The question of what constitutes sufficient training for nurse aides should be decided only by the Board of Nursing.	1, 2, 3	Add to Article VII, Section 1.
<b>Section 2. Approval Required.</b> An institution within this State desiring to conduct a nurse aide training and/or competency evaluation program shall apply to the Board of Nursing and submit evidence that its nurse aide training and/or competency		2, 3	Add to Article VII, Section 2.



<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
<p>evaluation program is able to meet the standards established by the Board of Nursing. If, upon investigation, the Board of Nursing determines that the program(s) meets the established standards for nurse aide training and/or competency evaluation programs, it shall approve the applicant program(s).</p>			
<p><b>Section 3. Periodic Evaluation of Nurse Aide Training and/or Competency Evaluation Programs.</b> The Board of Nursing shall periodically resurvey and reevaluate approved nurse aide training and/or competency evaluation programs and shall maintain a list of approved programs.</p>		3	Add to Article VII, Section 3.
<p><b>Section 4. Denial or Withdrawal of Approval.</b> The Board of Nursing may deny or withdraw approval or take such action as deemed necessary when nurse aide training and/or competency evaluation programs fail to meet the standards established by the Board of Nursing, provided that all such actions shall be affected in accordance with the state's Administrative Procedures Act and/or the administrative rules and regulations of the Board of Nursing.</p>	<p>The Board of Nursing must provide the training and/or competency evaluation program due process prior to withdrawal of approval of a nurse aide training and/or competency evaluation program.</p>	2, 3	Add to Article VII, Section 4.
<p><b>Section 5. Reinstatement of Approval.</b> The Board of Nursing shall reinstate approval of nurse aide training and/or competency evaluation programs upon submission of satisfactory evidence that the programs meet the standards established by the Board of Nursing.</p>		2, 3	Add to Article VII, Section 5.

<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
<b>Section 6. Competency Evaluation Program.</b>		1, 2, 3	Add to Article V, new section
(a) The Board of Nursing shall authorize the administration of the competency evaluation program to applicants for listing on the nurse aide registry.			
(b) The Board of Nursing may employ, contract and cooperate with any organization in the preparation and grading of the competency evaluation program, but shall retain sole discretion and responsibility for determining the standard for successful completion of the competency evaluation program.	A uniform competency evaluation program is essential. The National Council of State Boards of Nursing, Nurse Aide Competency Evaluation Program (NACEP) is recommended.		
(c) The Board of Nursing shall determine whether a competency evaluation program may be repeated, the frequency of reevaluation and any requisite education.			
<b>Article VIII. Violations and Penalties.</b>			
<b>Section 1. Violations.</b>		4	Add to Article VIII, Section 1.
(a) No person shall function as a nurse aide:			
(i) As defined in the Act without a valid, current listing on the nurse aide registry except as otherwise permitted under this Act;	The regulation of nurse aides has a reasonable and rational relationship to the health, safety and welfare of the public.		
(ii) Under cover of any diploma, license, or illegal documentation of listing on the nurse aide registry, or fraudulently obtained, signed or issued unlawfully or under fraudulent representation;	In addition to potential danger to the health, safety and welfare of the public, the described acts would also be considered criminal acts such as fraud and/or false representation. The provision of this section should be consistent with the general criminal statutes of the state.		

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(iii) During the time the listing on the nurse aide registry is revoked, surrendered, inactive or lapsed;

The writ of injunction without bond should be available to the Board of Nursing for enforcement of this section.

(iv) Using any words, abbreviations, figures, letters, title, sign, card or device tending to imply that he or she is a nurse aide unless such a person is duly listed on the nurse aide registry to function under the provisions of this Act; or

(v) Who fraudulently obtained or furnished a documentation of listing on the nurse aide registry by or for money or any other thing of value.

(b) No person shall:

(i) Fail to report information relating to violations of this Act:

When anyone is aware of inappropriate or questionable conduct including violations of the State's Nurse Aide Regulation Act by another person, the information should be reported to the appropriate regulatory authority.

(ii) Conduct a nurse aide training and/or competency evaluation program unless the program has been approved by the Board of Nursing; or

Add to Article VIII, Section 1, (h)

(iii) Otherwise violate or aid or abet another person to violate any provision of this Act.

Violations of any provisions of this statute or administrative rules and regulations adopted thereunder is cause for disciplinary action against a nurse aide and when indicated civil penalty may be imposed.

**Section 2. Penalties.** Initial violation of any provision of this article shall constitute a

This section is intended to serve as a significant deterrent to violations of this

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ARTICLE	COMMENTS	OBRA REQUIREMENTS	MODEL PRACTICE ACT
misdemeanor and each subsequent violation shall constitute a felony.	Act and to recognize that sanctions imposed must be commensurate with the wrongful act. In most states, the misdemeanor sanction is appropriate to achieve both ends; but in those states where these actions, typically treated as misdemeanors in most states, are classified as felonies, felony sanctions would certainly be appropriate. The suggested sanction is the strongest sanction imposed by that state for violation of the Nurse Aide Regulation Act, and implementation is to be consistent with the Administrative Procedure Act and administrative rules and regulations.		
<b>Section 3. Criminal Prosecution.</b> Nothing in this Act shall be construed as a bar to criminal prosecution for violation of the provisions of this Act.	Implementation is to be consistent with the Administrative Procedure Act and administrative rules and regulations.	4	
<b>Section 4. Civil Penalties.</b> The Board of Nursing may, in addition to any other sanctions herein provided, impose on any person violating a provision of this Act or administrative rules and regulations of the Board of Nursing, a civil penalty not to exceed (\$) for each count or separate offense.	Implementation is to be consistent with the Administrative Procedure Act and administrative rules and regulations.  The Board of Nursing may adopt by rule or regulation a schedule for establishing the amount of civil penalty that may be imposed for any violation of the statute or any administrative rule or regulation of the Board of Nursing.	4	
<b>Article IX. Discipline and Proceedings.</b>			
<b>Section 1. Authority.</b> The Board of Nursing shall have the power to refuse to issue, refuse to renew or revoke a listing card for any one or combination of the causes on the grounds set forth	This section is intended to establish a means of disciplining or barring from the nurse aide registry persons who should not be permitted to function as a nurse aide. Fines should be	4	Add to Article IX, Section 1.



**ARTICLE**

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**COMMENTS**

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**OBRA REQUIREMENTS**

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**MODEL PRACTICE ACT**

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and regulations are published for the benefit of all nurse aides within their jurisdiction. Only by doing so can the Board of Nursing assure authority to take disciplinary actions that will not later be overturned by the courts.

(d) Has practiced fraud or deceit in procuring or attempting to procure a listing on the nurse aide registry; in filing any reports or completing patient records, signing any report or records in his or her capacity as a nurse aide; or in submitting any information or record to the Board of Nursing; or

(e) Has been found to have abused or neglected a patient, or misappropriated patient property;

(f) Is unfit or incompetent to function as a nurse aide by reason of negligence, habits, substance abuse/dependency or other causes; or

(g) Has diverted or attempted to divert drugs or controlled substances for unauthorized use; or

(h) Has had a listing on a nurse aide registry or has had a license to practice nursing or to practice in another health care discipline in another state denied, revoked, suspended or otherwise restricted, other than by reason of failure to renew or to meet continuing education requirements; or

(i) Has been employed as a nurse aide without a valid current listing on the nurse aide registry; or

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(j) Has failed to report to the Board of Nursing any violation of this Act or of the Board of Nursing administrative rules and regulations; or

There may be more than one agency that must receive this type of report. The State Board of Nursing should work toward a mechanism which facilitates timely reporting.

(k) Has been found by the Board of Nursing to have violated any of the provisions of this Act or of the Board of Nursing administrative rules and regulations; or

(l) Has engaged knowingly in any act which before it was committed had been determined to be beyond the approved competence of the nurse aide; or

(m) Has failed to perform delegated activities.

**Section 4. Procedure.** The Board of Nursing shall establish a discipline process based on the administrative procedure act of the State of ( ).

The procedure that must be followed before disciplinary action can be taken is determined in most states by an Administrative Procedure Act. Each Board of Nursing determines to what extent the disciplinary procedure needs to be included in the laws governing nurse aides. The requirements of the state must be investigated carefully.

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In some states, administrative rules and regulations governing the nurse aide functions are the appropriate mechanisms to define these procedures. The National Council has developed a model which can also be used as a basis for developing administrative rules and regulations for nurse aides.

In states in which the Board of Nursing does not have authority to discipline, a provision may be made for a

review panel of Board members to review the evidence in disciplinary actions and to make a recommendation as to the disposition of the charge prior to the final disciplinary proceeding. The Board of Nursing (or its agent) shall issue an order on its findings, and its decision and the order shall be delivered to all concerned parties.

In addition to any available administrative remedies, decisions of the Board of Nursing (or its agent) may be appealed within 30 days from notification of the decision to any court of competent jurisdiction as determined by the rules of civil procedure. The court action may be de novo; but the record of the Board of Nursing hearing should be admissible evidence, and the action should be on the issues presented before the Board of Nursing. The court may allow amendments, however, as permitted by usual rules of the court.

**Section 5. Immunity.** Any member of the Board of Nursing or staff and any person reporting to the Board of Nursing under oath and in good faith information relating to alleged incidents of negligence or malpractice or the qualifications, fitness or character of a nurse aide listed on the nurse aide registry or applying for listing on the nurse aide registry shall not be subject to a civil action for damages as a result of reporting such information.

In some jurisdictions, immunity is already provided under the Administrative Procedure Act.

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The immunity provided by this section shall extend to the members of any professional review committee and witnesses appearing before the committee authorized by the Board of Nursing to act pursuant to this section.

**Article X. Injunctive Relief.**

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Add to Article X, Section 1, (a)(b)(c)(d).

**Section 1. Grounds.** The Board of Nursing shall be empowered to petition in its own name to a proper court of competent jurisdiction for an injunction to enjoin:

(a) Any person who is functioning as a nurse aide and is not listed on the nurse aide registry, unless so exempted under Article XII; or

(b) Any nurse aide who appears to the Board of Nursing to be in violation of this Act from functioning; or

(c) Any person, firm, corporation, institution or association from employing any person who is not listed on the nurse aide registry as a nurse aide under this Act or exempted Under Article XII; and

(d) Any person, firm, corporation, institution or association from operating a nurse aide training and/or competency evaluation program without approval from the Board of Nursing.

**Section 2. Procedure.** Upon the filing of a verified petition in such court, the court, or any judge thereof, if satisfied that a violation as described in Section 1 has occurred, may issue an injunction, without notice or

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bond, enjoining the defendant from further violating this provision. A copy of the complaint shall be served on the defendant, and the proceedings thereafter shall be conducted as in other civil cases. In case of violation of an injunction issued under this Article, the court, or any judge thereof, may summarily try and punish the offender for contempt of court.

**Section 3. Preservation of Other Remedies.** The injunction proceedings herein described shall be in addition to, not in lieu of, all penalties and other remedies provided in this Act.

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**Article XI. Reporting Required**

**Section 1. Affected Parties.**

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Add to Article XI Section 1 (a) and (c)

(a) All employers of nurse aides shall report to the Board of Nursing the names of nurse aides whose employment has been terminated voluntarily or involuntarily for any reasons stipulated in Article IX, Section 3.

(b) Insurance companies shall report to the Board of Nursing any settlements or verdicts, court awards or payment of claims based on accusations of incompetence, negligence, misconduct or other causes as stipulated in Article IX, Section 3.

**Section 2. Court Order.** The Board of Nursing may seek an order from a proper court of competent jurisdiction for a report from any of the parties stipulated

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<u>ARTICLE</u>	<u>COMMENTS</u>	<u>OBRA REQUIREMENTS</u>	<u>MODEL PRACTICE ACT</u>
in Section 1 of this Article if one is not forthcoming voluntarily.			
<b>Section 3. Penalty.</b> The Board of Nursing may seek a citation for civil contempt if a court order for a report is not obeyed by any of the parties stipulated in Section 1 of this Article.		4	
<b>Section 4. Immunity.</b> Any organization or person reporting, in good faith, information to the Board of Nursing under this Article shall be immune from civil action as provided in Article IX, Section 5.		4	
<b>Article XII. Exemptions</b> No provision in this Act shall be construed to prohibit:			
(a) A trainee in an approved nurse aide training and competency evaluation program from functioning under direct supervision of an instructor approved by the Board of Nursing;	Only trainees in Board of Nursing approved training and/or competency evaluation programs should be exempted.	2	Add to Article XII, (a)
(b) The rendering of assistance by anyone in the case of an emergency or disaster;			
(c) The incidental care of the sick by members of the family, friends, domestic servants or persons employed as housekeepers, provided that such care does not constitute the practice of nursing within the meaning of the State's Nursing Practice Act and this Act;	It should be noted that no exemption is made for care without compensation. Standards for safe and effective care are expected to apply to all care providers regardless of whether or not it is provided free of charge.		
(d) Caring for the sick in accordance with tenets or practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing; or			

**ARTICLE**

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(e) Functioning of a nurse aide listed on the nurse aide registry in another state who is employed by an individual, agency or corporation located in another state and whose employment responsibilities include transporting patients into, out of, or through this state. Such exemptions shall be limited to a period not to exceed ( ) hours for each transport.

The duties of the nurse aide should be planned and delegated by a licensed nurse in the same state in which the nurse aide is listed on the nurse aide registry.

It is not the intent that Article XII(e) shall allow the nurse aide to perform beyond the delegated functions as delineated in the state's administrative rules and/or regulations.

Add to Article XII, (g)

**Article XIII. Revenue, Fees.**

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**Section 1. Revenue.** The Board of Nursing shall establish appropriate fees and fines.

Some states require that maximum or minimum fee limitations be stipulated in the statute. However, it is more desirable not to do so in order to enable the Board of Nursing to more readily respond to changing economic and financial conditions through its administrative rules and regulations. Because the Board of Nursing is subject to the state's Administrative Procedure Act when adopting and/or revising its administrative rules and regulations, those subject to the fees and fines would be adequately protected from the establishment of inappropriate fees.

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**Section 2. Disposition of Fees.** All fees collected by the Board of Nursing shall be administered according to the established fiscal policies of the state in such manner as to adequately implement the provisions of this Act.

A Board of Nursing may be authorized to establish appropriate fees and fines, or, if it functions within a state agency concerned with licensure, this state agency may establish appropriate fees for all licensing boards. In either case, there should be reference to establishment of fees and fines within this act. Funds generated by Boards of Nursing are generally dealt with in one of three ways:

(1) The Board of Nursing maintains its own account in a bank or banks of its own choosing and provides periodic reports to certain state officials.

(2) The Board of Nursing has its own dedicated fund within the state treasury. Though funds are credited to the Board of Nursing and must be dispersed in accordance with state law, the funds are, in fact, a type of revolving fund and usually do not terminate at the conclusion of a specific period, such as the end of a fiscal year.

(3) The Board of Nursing deposits all funds received into the general treasury and receives an appropriation from the state legislature in the same manner as other state agencies are funded. In these instances, the appropriations usually lapse at the end of a certain period, and new appropriations are required.

Regulatory activities serve a public protective function, and should be financed by appropriations from general revenues, as are other consumer protection activities, rather than from fees. In addition, budgetary and appropriation processes provide a legislative and executive check on government agencies and, thus, increase their accountability.

**Section 3. Disposition of Fines.** All fines collected shall be used by and at the discretion of the Board of Nursing.

This allows the Board of Nursing discretion to use fines for Board of Nursing projects.

**Article XIV.  
Implementation.**

<b>Section 1. Effective Date:</b> This Act shall take effect (date).		1, 2, 3, 4	
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<b>Section 2. Persons Previously Functioning as Nurse Aides.</b> Individuals who were functioning as nurse aides prior to the effective date of this Act, shall have _____ (time) to complete the requirements for listing on the nurse aide registry.		4	
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<b>Section 3. Severability.</b> The provisions of this Act are severable. If any provision of this Act is declared unconstitutional, illegal or invalid, the constitutionality, legality and validity of the remaining portions of this Act shall be unaffected and shall remain in full force and effect.		1, 2, 3, 4	
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<b>Section 4. Repeal.</b> The laws specified below are repealed except with respect to rights and duties that have matured, penalties that were incurred and proceedings that were begun before the effective date of this Act. (List statute(s) to be repealed; for example, the current nursing practice act or appropriate section(s)).		1, 2, 3, 4	
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# The Model Nurse Aide Administrative Rules

## Introduction

The *Model Nurse Aide Administrative Rules* were developed by a subcommittee of the Nursing Practice and Education Committee of the National Council of State Boards of Nursing. The purpose of the *Model Nurse Aide Administrative Rules* is to serve as a guide to jurisdictions in developing rules to regulate nurse aides.

A *Nurse Aide Regulation Act* provides the authorization for a board of nursing to create, adopt, amend, repeal and enforce rules that serve to regulate nurse aides in that jurisdiction. The authority for the *Model Nurse Aide Administrative Rules* is derived from the National Council's *Model Nurse Aide Regulation Act* (MNARA), developed in March 1990.

Jurisdictions applying this model are urged to review the existing law and rules in their jurisdiction and consult legal counsel regarding rule development.

The *Model Nurse Aide Administrative Rules* should be utilized with an awareness of the specific authority obtained in the *Model Nurse Aide Regulation Act*. Citations to the *Model Nurse Aide Regulation Act* are provided immediately following the title of each of the rules in this model. At the time of development of the *Model Nurse Aide Administrative Rules*, the federal rules for implementing the portions of the Omnibus Budget Reconciliation Act of 1987 (OBRA 87), amended in OBRA 1989, that relate to nurse aides were not finalized. Therefore, it was not possible to identify, as was done in the *Model Nurse Aide Regulation Act*, specific OBRA requirements that must be included in the administrative rules. At the time of its development, this model is consistent with federal regulation proposed by the Health Care Financing Administration.

## History

In August 1989, the Delegate Assembly of the National Council of State Boards of Nursing charged the Nursing Practice and Education Committee to:

Develop model standards for the regulation of nurse aides for inclusion in the National Council *Model Nursing Practice Act* and *Model Nursing Administrative Rules*. These standards were to include:

- a. approval of nurse aide training and/or competency evaluation programs preparing nurse aides; and
- b. maintenance of a nurse aide registry of those persons who have successfully completed an approved training and/or competency evaluation program.

Subsequently, the Nursing Practice and Education Committee recommended the establishment of a subcommittee to meet this charge. The Board of Directors at the November 6-8, 1989, meeting approved the subcommittee, and suggested that the *Model Nurse Aide Regulation Act* and *Administrative Rules* be developed as a supplement to the *Model Nursing Practice Act* and *Model Nursing Administrative Rules*. The models will provide for the variety of options that states may select with regard to the regulation of nurse aides.

## Rationale

The subcommittee believes that administrative rules related to nurse aide regulation should be adopted as a separate section of board of nursing rules rather than interspersing nurse aide rules throughout the rules related to licensed nurses.

The subcommittee believes that boards of nursing should seek to control through the legislative process regulation of nurse aides in all settings, including, but not limited to hospitals, home health agencies, ambulatory care centers, long term care facilities and schools in order to protect the health, safety and welfare of the citizens within their jurisdictions.

The subcommittee has used the term nurse aide to refer to unlicensed personnel, regardless of title, to whom licensed nurses delegate activities. The term patient is used to refer to the recipient of care by the nurse aide. That individual may also be referred to as a client or resident in various settings. The term listing card is used to refer to the verification of registry listing. Definitions in law or rules of jurisdictions should be reviewed for consistency before adoption of these model rules.

Column I provides suggested language and format.

Column II provides interpretations, explanations and suggestions related to the suggested language in Column I.

### **Bibliography**

*Federal Register*, Volume 55, Number 57, Friday, March 23, 1990, Proposed Rules, Medicare and Medicaid Programs; Nurse Aide Training and Competency Evaluation Programs, 10938-10951.

*Federal Register*, Volume 50, Number 155, Monday, August 14, 1989, Rules and Regulations, Medicare Program; Home Health Agencies: Conditions of Participation and Reduction in Recordkeeping Requirements, 33354-33372.

National Council of State Boards of Nursing, Inc. "Nurse Aide Competency Evaluation Program Expanded Blueprint," November 1989.

National Council of State Boards of Nursing, Inc. "Nursing Home Reform Act - PL. 100-203, A Concept Paper," March 7, 1988.

National Council of State Boards of Nursing, Inc. "*Model Nursing Administrative Rules*," Revised, August 1988.

National Council of State Boards of Nursing, Inc. "*Model Nursing Practice Act*," Revised, August 1988.

National Council of State Boards of Nursing, Inc. "Statement on the Nursing Activities of Unlicensed Persons," 1987.

Omnibus Budget Reconciliation Act of 1987 (OBRA), Public Law No. 100-203, 101 STAT. 1330, 160-221 (1987) (amended 1989).

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**RULE I**  
**STANDARDS OF FUNCTIONS FOR THE NURSE AIDE**  
 MNARA Articles I, II, and III

**A. Purpose of Standards**

1. To establish minimum standards of competency for nurse aides.
2. To identify basic skills and functions for the nurse aide.
3. To serve as a guide for the Board of Nursing in determining competency of a nurse aide.
4. To establish the standards for nurse aide training and/or competency evaluation programs.

1. Nurse aides can be expected to perform the tasks identified in the rules. The delegating nurse retains the responsibility for delegation and supervision of the nurse aide.

**B. Standards for Nurse Aide Functions in Basic Nursing Skills**

After appropriate delegation by and under the supervision of the licensed nurse, the nurse aide shall utilize knowledge of patient's rights, legal/ethical concepts, communication skills, safety, infection control, and correct body mechanics while performing the following:

The supervising licensed nurse is expected to have met all state requirements for maintaining currency of licensure.

A current nursing care plan to guide the nurse aide in performing delegated functions is essential.

1. Basic Nursing Skills
  - a. Measuring and recording height and weight;
  - b. Measuring and recording vital signs, including blood pressure;
  - c. Observing, reporting and recording signs, symptoms, and changes in patient conditions;
  - d. Caring for the patient environment;
  - e. Caring for the patient when death is imminent;

c. The signs and symptoms considered common knowledge for the nurse aide will vary according to patient population and patient environment.

d. Patient environment modifications should be addressed in agency orientation.

e. Appropriate response to both physical and psychosocial needs is considered as part of this task.

Rules	Comments
<ul style="list-style-type: none"> <li>f. Measuring and recording food and fluid intake and output;</li> <li>g. Using patient protective devices;</li> <li>h. Maintaining safety standards;</li> <li>i. Using hand washing, universal precautions, and other infection control precautions; and</li> <li>j. Performing emergency procedures.</li> </ul>	<p>h. Safety principles, precautions and procedures would be considered here.</p>
<p>2. Personal Care Skills</p>	<p>j. Care for patients with seizures, obstructed airways and/or cardiopulmonary resuscitation needs may be defined in this task.</p>
<ul style="list-style-type: none"> <li>a. Bathing including bed bath, tub or shower, and perineal care;</li> <li>b. Grooming including sink, tub or bed shampoo, oral hygiene and nail care;</li> <li>c. Dressing;</li> <li>d. Toileting;</li> <li>e. Assisting with eating and hydration, including proper feeding technique; and</li> <li>f. Providing skin care including decubitus prevention.</li> </ul>	<p>c. Enemas may be delegated, but sterile procedures should not be delegated.</p>
<p>3. Basic Restorative Skills</p>	
<ul style="list-style-type: none"> <li>a. Performing range of motion exercises;</li> <li>b. Using assistive devices in ambulation, eating and dressing;</li> <li>c. Turning and positioning properly;</li> <li>d. Transferring and ambulating;</li> <li>e. Assisting in bowel and bladder training;</li> <li>f. Using and caring for prosthetic devices; and</li> <li>g. Positioning of therapeutic devices.</li> </ul>	
<p>4. Mental Health and Psychosocial Skills</p>	<p>a. Patient care should be adapted giving consideration to the patient's position on the life process continuum.</p>
<ul style="list-style-type: none"> <li>a. Recognizing developmental tasks associated with the life process;</li> </ul>	

Rules	Comments
b. Utilizing basic skills which support the patient in age-appropriate behavior and self-care;	
c. Applying basic principles of behavior management in response to the patient's behavior;	c. Principles of behavior management include the use of verbal and non-verbal communication, and approaches to managing aggressive behavior, such as reinforcing appropriate behavior and discouraging inappropriate behavior.
d. Providing care considering: <ul style="list-style-type: none"> <li>(1) The patient's cognitive level of functioning;</li> <li>(2) The patient's family or concerned others as a source of emotional support;</li> <li>(3) The patient's need for participation in social activities; and</li> <li>(4) The patient's expression of grief or conflict;</li> </ul>	
e. Organizing the patient's environment to enhance well-being; and	e. The patient's self-esteem, safety and welfare are affected by his or her environment.
f. Recognizing the patient's spiritual needs.	
5. Communication Skills	
a. Using verbal and non-verbal communication with patients, families and co-workers; and	
b. Recognizing non-verbal communication in patients, families, and co-workers.	
6. Nursing Team Member Skills	The nurse aide is identified as being a member of the nursing team since the individual always functions under supervision of a licensed nurse. The nursing care plan identifies the responsibilities of individual team members.
a. Accepting delegation, instruction, and supervision from the licensed nurse;	
b. Accepting responsibility for actions;	

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- c. Following the patient's nursing care plan to guide delegated aspects of patient care;
  - d. Organizing work by prioritizing assignments;
  - e. Informing the delegating nurse about ability or inability to perform tasks;
  - f. Observing, reporting and recording in a timely manner;
  - g. Reporting changes in the patient to the nurse in a timely manner;
  - h. Participating with other members of the health team to provide optimum patient care;
  - i. Contributing to the planning of patient care;
  - j. Reporting unsafe, neglectful or abusive patient care;
  - k. Conducting assigned tasks without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;
  - l. Protecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;
  - m. Protecting the patient's right to privacy and the maintenance of confidentiality;
  - n. Protecting the property of the patient, family and significant others and the employer; and
  - o. Providing care which maintains the patient free from abuse and/or patient neglect.

## **RULE II**

### **STANDARDS FOR NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS**

MNARA Article III, Section 1. c. (ii), (iii), (iv)

#### **A. Purpose of Standards**

1. To ensure the safe and effective functioning of nurse aides who successfully complete nurse aide training and competency evaluation programs.

The administrative rules are intended to serve as guidelines for nurse aide training and competency evaluation programs. They are subject to ongoing evaluation and revision in order to protect the health, safety and welfare of the public.

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2. To serve as a guide for the development and establishment of nurse aide training and/or competency evaluation programs.
  3. To provide criteria for the evaluation of nurse aide training and competency evaluation programs.

The nurse aide training and competency evaluation program is not used as substitute for staff orientation or staff education programs.

**B. Approval Process for Nurse Aide Training and Competency Evaluation Programs**

1. New Program

a. Application Process

- (1) A state approved educational institution or a licensed health care agency shall be eligible for approval and shall submit an application in writing to the Board of Nursing.

(1) No training program shall begin without the written approval of the Board of Nursing. OBRA proposed rules require an on site visit before approval of the nurse aide training and competency evaluation program.

- (2) The application shall be submitted at least ( ) months prior to the anticipated date of operation.

(2) Ninety days is suggested as the minimum amount of time necessary to complete this process.

- (3) The application shall include the following information:

- (a) Purposes of the program;
- (b) Curriculum vitae for faculty;
- (c) Availability of adequate classroom and clinical facilities for the program;
- (d) Evidence of financial resources adequate for the planning, implementation and continuation of the program;
- (e) Projected number of students per class;
- (f) Schedule(s) for planning and initiating the program;
- (g) Frequency of class offerings; and
- (h) Beginning and end dates for each class offering.

- (4) A program shall not enroll students prior to receiving program approval.

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 b. Review Process

- (1) The Board of Nursing shall review the application and:
  - (a) May request submission of additional information or require the redesign and/or revision of the program materials or the submission of additional information. Redesign or revision of program application does not ensure that approval will be granted.
  - (b) After acceptance of application materials conduct a site visit of proposed program and facilities.

## c. Approval Process

- (1) The Board of Nursing shall approve nurse aide training and competency evaluation programs which meet the standards specified in Rule II, section C.
- (2) The Board of Nursing may deny approval when the Board determines that a nurse aide training and competency evaluation program fails to meet the standards for nurse aide training and competency evaluation program. All such Board of Nursing actions shall be effected in accordance with due process rights and this State's Administrative Procedures Act and/or the administrative rules and regulations of the Board of Nursing.

## 2. Board Approved Programs

## a. Periodic Evaluation

- (1) To ensure continuing compliance with the standards for nurse aide training and competency evaluation programs, all nurse aide training and competency evaluation programs shall be surveyed and reevaluated for continued approval every ( ) years.
- (2) The program coordinator shall submit to the Board of Nursing a report every ( ) years regarding the program's compliance with Rule II, section C.
- (3) A survey visit shall be conducted by representatives of the Board of Nursing.
- (4) Nurse aide training and competency evaluation programs may be asked to assist in survey visit activities.
- (5) A copy of the survey visit report shall be made available to the nurse aide training and competency evaluation program for review and corrections in statistical data.

The content and frequency of these reports are determined by the Board of Nursing.

OBRA proposed rules state that the training program must agree to unannounced visits by the State approving body. Visits should be made every 24 months.

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| <p>(6) Following the Board of Nursing's review and decision, written notification regarding approval of the program and, if necessary, the Board of Nursing's recommendations shall be sent to the administrator of the nurse aide training and competency evaluation program.</p> <p>(7) Interim visits may be made to the nurse aide training and competency evaluation program by Board of Nursing representatives at any time.</p> <p>b. Approval Process</p> <p>(1) The Board of Nursing shall approve nurse aide training and competency evaluation programs which continue to meet the standards specified in Rule II, section C.</p> <p>(2) The Board of Nursing may withdraw approval when it determines that a nurse aide training and competency evaluation program has not provided sufficient evidence that the standards for nurse aide training and competency evaluation programs are being met. Approval may be withdrawn if the program does not permit unannounced survey visits or if the educational institution or licensed health care agency loses state approval or licensure. All such actions shall be effected in accordance with due process rights with this State's Administrative Procedures Act and/or administrative rules and regulations of the Board of Nursing.</p> <p>(3) The Board of Nursing may consider reinstatement of approval of a nurse aide training and competency evaluation program upon submission of satisfactory evidence that the program meets the standards for nurse aide training and competency evaluation programs.</p> <p>3. Closing of an Approved Nurse Aide Training and Competency Evaluation Program</p> <p>a. Voluntary Closing</p> <p>(1) Notification to the Board of Nursing -<br/>When the educational institution or licensed health care agency considers the closing of a nurse aide training and competency evaluation program, it shall:</p> <p>(a) Notify the Board of Nursing in writing, stating the reason, plan and date of intended closing;</p> <p>(b) Continue the program until the committed class schedule for currently enrolled students is completed; and</p> <p>(c) Notify the Board of Nursing of the closing date of the program at least ( ) days prior to the final closing date.</p> | <p>Indicates the Board of Nursing may visit at times other than scheduled survey visits.</p> <p>The procedures for reinstatement of approval will vary from state to state. States may wish to consider survey visits or written reports as the method of providing satisfactory evidence.</p> |
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(2) Custody of Records

- (a) If the nurse aide training and competency evaluation program closes, but the educational institution or licensed health care agency continues to function, the institution shall assume responsibility for the records of the students and the graduates. The Board of Nursing shall be advised of the arrangements made to safeguard the records.
- (b) If the educational institution or licensed health care agency ceases to exist, the transcript of each student and graduate shall be transferred to the Board of Nursing or to a state agency acceptable to the Board of Nursing.
- (c) The Board of Nursing shall be consulted about the disposition of all other records.

b. Other Closings

When the Board of Nursing denies or withdraws approval of a nurse aide training and competency evaluation program, the educational institution or licensed health care agency shall:

- (1) Close the program after assisting in the transfer of student to other approved nurse aide training and competency evaluation programs;
- (2) Submit to the Board of Nursing a list of the names of students who have transferred to approved programs, including the date on which the last student was transferred;
- (3) Consider the date on which the last student was transferred as the closing date of the program;
- (4) Comply with the requirements of Rule II, section B. 3. a. (2); and
- (5) Notify the Board of Nursing that the requirements have been fulfilled and give notice of final closing.

C. Standards for Program Approval

1. Organization and Administration

- a. An approved nurse aide training and competency evaluation program may be conducted by a state approved educational institution or a licensed health care agency.



- b. The nurse aide training and competency evaluation program shall have written statements of purpose, philosophy and objectives which are consistent with those of the educational institution or licensed health care agency and with the law governing the practice of nursing and the delegation of tasks to nurse aides.
- c. The nurse aide training and competency evaluation program shall have a written statement describing the organization and coordination appropriate to the purpose and implementation of the program, including lines of authority, procedures for providing communication with the governing body and clinical affiliates and a statement describing the role of any advisory committee associated with the program.
- d. The organization of the nurse aide training and competency evaluation program shall assure faculty involvement in determining policies and procedures, and faculty responsibility for planning, implementing, and evaluating curriculum.
- e. The nurse aide training and competency evaluation program's policies and procedures shall be in written form, congruent with those of the educational institution or licensed health care agency and shall be reviewed periodically.
- f. The nurse aide training and competency evaluation program shall be coordinated by a nurse holding a current, unencumbered registered nurse license in this state with the following qualifications:
- (1) A minimum of a Baccalaureate degree with a major in nursing; and
  - (2) At least two years of full-time experience or full-time equivalent experience as a registered nurse in a health care agency.
- g. The program coordinator of the nurse aide training and competency evaluation program shall be responsible for, but not limited to, the following:
- (1) The coordination of the program;

States may vary in how often the review of the nurse aide training and competency evaluation program policies and procedures is required.

(1) Baccalaureate preparation with a major in nursing provides the essential knowledge necessary to coordinate a nurse aide training and competency evaluation program.

(2) The recency and area of clinical experience should also be considered. OBRA proposed rules require long-term care experience to teach nurse aides who will work in nursing homes. August 1989 OBRA Rules require faculty teaching nurse aides who will work in the home to have supervised nurse aides in the home setting.

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- (2) Supervision of instructors;
  - (3) Coordination of classroom and clinical sites;
  - (4) Liaison with administration and other units of the educational institution or licensed health care agency;
  - (5) Preparation and administration of the program budget;
  - (6) Liaison with the Board of Nursing;
  - (7) Evaluation of the program;
  - (8) Maintenance of Statistical Data;

Statistical data shall be maintained in the educational institution or licensed health care agency files. The statistical data shall include, at minimum, for each course:

- (a) Beginning and ending dates;
  - (b) Number of students enrolled;
  - (c) Number and percentage of students who satisfactorily completed the course;
  - (d) Number and percentage of students who failed the course;
  - (e) Number and percentage of students who passed the competency evaluation; and
  - (f) Number and percentage of students who failed the competency evaluations; and
- (9) Notification of Completion;

Written documentation of successful or unsuccessful completion of the training program shall be provided to each student within five business days of program completion.

## 2. Resources, Facilities and Services

- a. The resources, facilities and services of the educational institutions or licensed health care agency shall be available to the nurse aide training and competency evaluation program to meet the purpose(s) of the program.
- b. Periodic evaluations of the resources, facilities and services shall be conducted by the program coordinator, faculty and students.
- c. The nurse aide training and competency evaluation program shall receive adequate financial support for faculty, other support personnel, equipment, supplies and services.

d. The agencies and services utilized for clinical experiences shall be adequate in number and kind to meet curriculum objectives and shall be approved by the Board of Nursing and state licensing agencies.	
e. Written agreements with agencies shall be mutually developed, maintained and periodically reviewed, including the selection and supervision of clinical experiences.	
3. Students	
a. Admission and completion requirements shall be available to the students in written form.	
b. Students shall be admitted without discrimination as to age, race, religion, sex, sexual preference, disability, national origin or marital status.	
c. Each student shall be under the supervision of a licensed nurse at all times when providing patient care as part of the student's clinical experience.	Patient care provided by the student does not exceed the tasks and procedures which the student has satisfactorily demonstrated as documented by the faculty.
d. Students shall be required to maintain an acceptable level of personal health in order to protect the health, safety and welfare of the patients.	States may differ in their definitions of an acceptable level of personal health. Examples of sufficient evidence may include a report of a physical examination, immunizations, or ongoing medical supervision of chronic conditions.
4. Faculty	
a. There shall be a sufficient number of qualified faculty to meet the purposes and objectives of the nurse aide training and competency evaluation program.	Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and patient rights experts.

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**Rules**


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**Comments**


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- b. Program coordinators and faculty shall provide documented evidence of preparation for teaching adults.
- c. The ratio of faculty to students in clinical areas involving direct patient care shall be one faculty member to ten or fewer students.
- d. The ratio of faculty to students in classroom activities shall be one faculty member to ( ) or fewer students.
- e. Faculty shall be recruited, appointed and promoted without discrimination as to age, race, religion, sex, sexual preference, disability, national origin or marital status.
- f. Qualifications, rights and responsibilities of faculty members shall be available in writing.
- g. Faculty personnel policies shall be available in writing and shall include those used in evaluating performance.
- h. Nursing faculty who teach in a nurse aide training and competency evaluation program shall:
- (1) Hold a current, unencumbered license as a Registered Nurse in this State; and
  - (2) Have at least two years full-time or full-time equivalent experience as a registered nurse in a health care agency; and
  - (3) Have ( ) years of clinical experience relevant to area(s) of responsibility.
- i. Faculty responsibilities shall include but are not limited to the following:
- (1) Providing classroom and clinical instruction to students;
  - (2) Evaluating student performance based upon measurable objectives; and
  - (3) Providing for student and peer evaluation of teaching effectiveness.

This requirement reflects the "Train the Trainer" provision in the May, 1989 OBRA State Operations Manual. Some states may wish to add other requirements for teaching adults.

Ideally, the clinical portion of the training program should be supervised by the registered nurse who teaches the classroom portion of the course and becomes familiar with the learning needs of the student.

The curriculum vitae of each instructor currently teaching the nurse aide training competency evaluation program should be available in the institution.

The recency of clinical experience in the area of instruction must be given careful consideration.

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**5. Curriculum**

- a. The curriculum shall reflect the philosophy, purpose and objectives of the nurse aide training and competency evaluation program, and shall be consistent with the law governing the practice of nursing and the delegation of care to the nurse aide.
- b. Learning experiences and methods of instruction shall be selected to fulfill curriculum objectives.
- c. Curriculum shall be evaluated by the faculty with provisions for student participation.
- d. Curriculum for programs shall include theory and practice in:
  - (1) Basic Nursing Skills;
  - (2) Personal Care Skills;
  - (3) Basic Restorative Skills;
  - (4) Mental Health and Psychosocial Skills;
  - (5) Communication Skills; and
  - (6) Nursing Team Member Skills.

As described in Rule I, section B.

**RULE III****NURSE AIDE COMPETENCY EVALUATION**

MNARA, Article III, Section 1 (c)

**A. Purpose**

To establish the process for evaluating nurse aides for minimal competency.

**B. Application Process**

An applicant for the nurse aide competency evaluation shall submit to the competency evaluation program:

This requirement recognizes the National Council of State Boards of Nursing Nurse Aide Competency Evaluation Program (NACEP) as the acceptable competency evaluation for the nurse aide. Administration of this national examination standardizes minimal competency of nurse aides and enhances interstate mobility of nurse aides.

1. A completed application ( ) days prior to the date of the competency evaluation;
2. The required fee, if any, for the competency evaluation; and
3. Written documentation from the program coordinator of a Board of Nursing approved nurse aide training and competency evaluation program. The documentation shall verify the date of successful completion of the nurse aide training and competency evaluation program.

Jurisdictions should comply with established procedures to be followed for disabled candidates applying for the nurse aide competency evaluation program. The nurse aide should take the first available nurse aide competency evaluation following the successful completion of a nurse aide training program.

OBRA '89 does not allow nurse aides working in long-term care to pay for competency evaluation programs.

States who do not use direct application should adopt rules specific to their process.

### C. Competency Evaluation Standard

1. The Board of Nursing shall establish the passing standard.
2. The applicant shall pass the National Council of State Boards of Nursing sponsored nurse aide competency evaluation program to be listed on the nurse aide registry in this state. The evaluation results shall be reported to the applicant as pass or fail.

It is encouraged that the Board of Nursing establish a passing standard as recommended by the National Council for legal defensibility and to aid interstate mobility through endorsement.

The current National Council program is NACEP.

If a state does not use the NACEP competency evaluation, then it should review and approve competency evaluation programs which meet the following requirements:

1. The nurse aide competency evaluation shall measure the competencies of the nurse aide to provide minimal safe care to patients;

- | Rules                                                                                                                                                                                                                                    | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3. The Board of Nursing shall ensure implementation of procedures to ensure confidentiality and security of all test items, examination and material during all stages of test administration and delivery to and from test sites</p> | <p>2. The competency evaluation shall be legally defensible and adhere to accepted psychometric procedures to guarantee evaluation reliability and validity;</p> <p>3. Multiple forms of the competency evaluation shall be available, and all forms shall be equated for consistent content and level of difficulty;</p> <p>4. The competency evaluation items shall be generated from a pool of test items. On each competency evaluation form there shall be a minimum of ( ) percent of competency evaluation items not previously used; and</p> <p>5. Observation for clinical skill evaluation may be conducted in a health care agency, in a home environment or in a laboratory setting, depending on HCFA requirements.</p> <p>Each testing site shall be conducive to test taking and meet at least the following environmental conditions:</p> <ol style="list-style-type: none"> <li>1. Adequate lighting and temperature;</li> <li>2. Prohibition of food, beverages, smoking, headphones, personal or radio equipment, and digital watches that beep in the testing room during the competency evaluation;</li> <li>3. Non-distracting environment;</li> </ol> |

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4. Procedures for identification of the candidates for admission into the competency evaluation shall include verification of photo identification and valid admission document.

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4. A smooth writing surface for each examinee;
  5. A minimum space of ( ) feet between each candidate while taking the competency evaluation;
  6. Adequate rest rooms;
  7. Policies and procedures for defective materials and cheating;
  8. Qualification for proctors; and
  9. Visually separate areas for the observation of clinical skills for each candidate.

#### **D. Candidate Notification**

The Board of Nursing shall establish and implement with the competency evaluation program mechanisms for notification regarding candidates that have successfully completed or failed the competency evaluation program.

1. The Board of Nursing shall receive written notification regarding successful candidates within ( ) days of competency evaluation.
2. The competency evaluation program shall establish and implement a mechanism for notifying a candidate who has failed to complete the competency evaluation successfully. The information provided to the candidate and the Board of Nursing shall include but not be limited to:
  - a. The competency evaluation program areas in which the candidate was unsuccessful; and
  - b. That a candidate has at least ( ) opportunity(ies) to retake the competency evaluation before additional requirements can be imposed.



**RULE IV**  
**NURSE AIDE REGISTRY**  
 MNARA, Article V, Section 2

**A. Purpose**

To establish standards for a nurse aide registry.

**B. Application Process**

An applicant shall submit to the Board of Nursing:

1. A completed application;
2. Written documentation indicating successful completion of a state approved nurse aide competency evaluation program; and
3. The required fee.

**C. Listing on Registry**

The Board of Nursing shall establish and maintain a nurse aide registry. The nurse aide registry shall include but not be limited to the following information for each individual who has successfully completed an approved nurse aide training and competency evaluation program:

1. The individual's full name, including maiden name and surnames used;
2. The individual's home address;
3. The listing number assigned to the individual by the state when he or she successfully completes the competency evaluation program;
4. The individual's date of birth;
5. The individual's most recent employer, the date of hire, and termination, if applicable, by that employer;
6. The date the individual passed the competency evaluation program;
7. The date the listing expires;
8. The name and address of the Board of Nursing approved nurse aide training and competency evaluation program and date of testing;
9. Any board of nursing and/or state agency disciplinary actions including, but not limited to, findings of abuse, neglect or misappropriation of property by the individual. Actions are to be reported within 30 days and remain in the registry for 5 years; and

OBRA proposed rules require a modifier to the listing number which indicates the method in which approval was granted.

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10. A record of the confirmed complaint and conclusions including date of hearing and any statement by the nurse aide disputing the allegation.

#### D. Updating

The Board of Nursing shall require the renewal and updating of a nurse aide's listing on the registry at least once every two years on a schedule established by the State.

### RULE V

#### LISTING BY ENDORSEMENT

MNARA, Article V, Section 2(b)

#### A. Purpose

To facilitate interstate mobility for nurse aides maintaining minimal competency.

#### B. Application Process

An applicant for endorsement shall submit to the Board of Nursing:

1. A completed application;
2. Written documentation indicating successful completion of a state approved nurse aide competency evaluation program;
3. Evidence of meeting the requirements for nurse aide listing in this state at the time of original listing;
4. Evidence of continued competence as defined by the Board of Nursing;
5. Verification of initial listing on a nurse aide registry;
6. Verification of listing on a nurse aide registry from jurisdiction of most recent employment; and

Current listing on a nurse aide registry is not a guarantee of current employment. Documentation of employment status from all states is the preferred mechanism for protection of the health, safety and welfare of the public. States may wish to require verification of listing status from all states in which the aide has been previously listed on the registry.

7. The required fee.

**C. Investigation**

Before listing a nurse aide on the registry, the Board of Nursing shall investigate and act upon each applicant for endorsement whose listing is under disciplinary action by a Board of Nursing in another jurisdiction or upon each applicant who has a criminal conviction.

**D. Inclusion**

The Board of Nursing shall list a nurse aide on the registry based on satisfactory completion of the requirements.

**RULE VI  
DISCIPLINARY PROCEDURE  
MNARA, Article IX**

**A. Purpose**

1. To protect the public from incompetent nurse aides.
2. To provide a process to resolve complaints regarding nurse aides.

**B. Grounds for Discipline**

The Board of Nursing may refuse to issue, refuse to renew or revoke a registry listing card of a nurse aide for any grounds stated in MNARA, Article IX, Section 3, including other causes of incompetence which include, but are not limited to:

1. Inability to function with reasonable skill and safety by reason of physical or mental disability, substance abuse/dependency or other causes; or
2. Performance of unsafe or unacceptable patient care or failure to conform to the essential standards of acceptable and prevailing nurse aide functions, in which case actual injury need not be established; or
3. Abandoning a patient.

Providing examples of behavior that may require disciplinary action assists boards of nursing in interpreting the concept of "other causes of incompetence."

**C. Disciplinary Process**

The Board of Nursing's disciplinary process shall provide for:

Processes vary greatly from state to state based upon state administrative procedure acts and other state statutes.

1. Receipt, review and disposition of complaints;
2. Investigation of complaints in which the evidence supports probable cause that a violation of applicable law or rule has occurred; and
3. Due process proceedings according to state law including, but not limited to, informal methods, settlement, ratification of other state agency findings, hearings and other court actions.

#### D. Disciplinary Records

The Board of Nursing shall maintain records of Board actions and make available public findings of abuse, neglect, or misappropriation of patient property, or other disciplinary findings, and any statement disputing the finding by the nurse aide listed on the registry.

OBRA '89 requires beginning October 1, 1990, that long-term care facilities inquire for registry listing prior to hiring nurse aides.

#### E. Disciplinary Notification

The Board of Nursing shall notify the nurse aide's current employer, if known, of the disciplinary action.

### RULE VII RENEWAL OF LISTING CARDS MNARA Article V, Section 3.

#### A. Renewal

The renewal of a listing card shall be accomplished by (date determined by the Board of Nursing). Failure to renew the listing on or before the date of expiration appearing on the listing card shall result in the forfeiture of the right to work as a nurse aide in this state.

Renewal every two years is consistent with information required by OBRA '87.

#### B. Mailing of Renewal Application

At least ( ) days before expiration of date of a listing card, an application shall be mailed for renewal to each nurse aide at the individual's last known address.

This provision recognizes the individual nurse aide's responsibility to renew his or her listing and to inform the Board of any changes in address during the renewal cycle.

#### C. Continued Listing Requirement

No nurse aide listing card shall be renewed unless the nurse aide has been employed as a nurse aide for ( ) hours within the past two years as a nurse aide.

OBRA '87 requires some employment as a nurse aide within the last 24 consecutive months. States should determine the minimum acceptable number of hours.

**D. Issuance of Listing Card**

The Board of Nursing shall issue a current listing card to each renewal applicant who submits the following:

1. A completed renewal application;
2. Evidence of employment as a nurse aide for at least ( ) hours within the past two years; and
3. Payment of the renewal fee as established by the Board of Nursing.

If an individual does not meet requirements he or she must successfully complete an approved nurse aide training and competency evaluation program before renewal of listing card.

The Board of Nursing may not fail to renew a listing without offering due process.

The renewal application may include proof of continuing education as the state requires.

**E. Illegal Activities**

Any person functioning as a nurse aide during the time a listing card has lapsed or been revoked shall be considered as functioning illegally and may be subjected to the penalties provided for violators under the provision of the MNARA, Articles VIII and XI.

This section allows the Board to take action without specifying all the procedures in this portion of the rules.

**RULE VIII  
REINSTATEMENT OF A LISTING CARD  
MNARA Article V, Section 4 and Article IX, Section 3**

**A. Purpose**

To provide a process for reinstatement of nurse aides.

**B. Reinstatement of a Lapsed Listing Card**

A nurse aide who fails to renew a listing shall apply to the Board of Nursing for reinstatement. The applicant shall:

1. Meet all requirements as established by the Board of Nursing for renewal of listing; and
2. Pay a reinstatement fee as specified under Rule X.

If an individual does not meet requirements he or she must successfully complete an approved nurse aide training and competency evaluation program before a listing card is issued.

**C. Reinstatement of a Listing Card after Disciplinary Action**

1. A nurse aide whose listing card has been revoked may apply to the Board of Nursing for reinstatement;
2. The nurse aide shall meet requirements established by the Board of Nursing in a previous order;
3. The Board of Nursing may request that the nurse aide appear before the Board of Nursing to seek reinstatement; and
4. If the Board of Nursing grants reinstatement, the nurse aide shall meet current renewal requirements as specified in Rule VII prior to issuance of a listing card.

The terminology regarding reinstatement and revocation may differ from state to state.

Prior to the consideration of reinstatement of listing card, some states may require specific written documentation.

**RULE IX  
STANDARDS FOR CONTINUED COMPETENCY  
MNARA, Article V, Section 3**

**A. Purpose**

To maintain continued competency for nurse aides.

**B. Continued Competency**

1. Continued competency requirements shall apply to:
  - a. A nurse aide seeking to renew a listing card;
  - b. A nurse aide seeking to reinstate a listing card; and
  - c. An applicant for listing by endorsement.
2. The nurse aide or applicant shall submit evidence of continuing education for nurse aides on the application indicating the ( ) hours of education completed per quarter within the renewal period.

Boards of nursing may elect to include standards for continued competency.

The Board of Nursing may decide to require proof of such for renewal of listing.

The Board of Nursing should define a minimum number of hours required per quarter.

**C. Continuing Education**

Certificates of completion of continuing education shall be issued by continuing education providers and shall include:

1. Name of the course;

Boards of nursing may need to verify participation in continuing education.

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2. Course date(s);
  3. Number of hours;
  4. Name and address of provider; and
  5. Authorized signature of provider or designated representative.

**RULE X****ASSESSMENT OF FEES**

MNARA, Article XIII, Section 1

**A. Purpose**

To allow the Board of Nursing to charge for activities related to the administration of rules and laws regarding nurse aides.

**B. Collection of Fees**

The Board of Nursing shall collect the following fees:

1. \$( ) for listing on the nurse aide registry as a nurse aide, by examination;
2. \$( ) for listing on the nurse aide registry as a nurse aide, by endorsement;
3. \$( ) for renewal of listing on the nurse aide registry as a nurse aide;
4. \$( ) for reinstatement on the nurse aide registry as a nurse aide;
5. \$( ) for fines levied against disciplined nurse aides listed on the nurse aide registry;
6. \$( ) for a certified verification that a nurse aide is listed on the nurse aide registry in this state; and
7. \$( ) for a duplicate listing card or documentation that a nurse aide is listed on the nurse aide registry.

**C. Payment method**

Fees collected by the Board of Nursing shall be paid by certified check or money order.

**D. Refunds**

All fees collected by the Board of Nursing are non-refundable.

# Ad Hoc Nurse Aide Competency Evaluation Program Committee Report

## Introduction

During this past year, the Nurse Aide Competency Evaluation Program (NACEP™) Committee continued activities to oversee the ongoing development and implementation of the Nurse Aide Competency Evaluation Program (NACEP), initiated to assist states to meet the provisions of the Omnibus Budget Reconciliation Act of 1987 and subsequent 1989 technical amendments. The NACEP is owned by the National Council and developed in conjunction with The Psychological Corporation (TPC) as the test service. Currently being used in twenty-three (23) states, the NACEP meets federal mandates for nurse aide and home health aide competency evaluation as required for Medicare/Medicaid reimbursement for covered services. This program is placed within the National Council programmatic functions under the following goal, objective, and strategy statements:

**Goal:** Develop, promote, and provide relevant and innovative services.

**Objective:** Provide consultative services for National Council members, groups, agencies and individuals regarding the safe and effective practice of nursing.

**Strategy:** Develop Nurse Aide Competency Evaluation Program (NACEP).

## Activities for Fiscal Year 1990

1. In depth reports with recommendations were submitted to the Board of Directors after each meeting of the NACEP Committee. In addition, updates on the NACEP were given at each of the four National Council Area meetings held in March and April 1990.

Meetings of the committee were held as follows:

- October 15-17, 1989, in Oakbrook, Illinois
- January 19, 1990 (telephone conference call)
- February 12-14, 1990, in San Antonio, Texas
- April 4-6, 1990, in San Antonio, Texas
- July 23-25, 1990 (scheduled for San Antonio, Texas)

2. Activities related to overseeing the ongoing development of the Nurse Aide Competency Evaluation Program included finalizing the *Expanded Evaluation Blueprint* document for publication by the National Council; monitoring of administration instructions and processes and implementation of security measures; study of evaluation form statistics and results of administrations of both the written/oral and manual skills evaluation components; review of process for translation of written forms; and, continued policy development for program implementation. (All NACEP policies are being compiled for review by the Board of Directors at its July 1990 meeting.)



Since the inception of the NACEP, eleven final forms of the written/oral evaluation component have been approved by the committee for use in administration. Item bank maintenance was continued by the approval of 340 tryout items. Currently, an adequate pool of evaluation items exists for maintaining a sound evaluation program.

Implementation of the manual skills component of the evaluation continues to create challenges. Six situations of five tasks each were developed for use in evaluating manual skills for nurse aide candidates. When comparing the data on candidate performance across the six situations, one situation showed a lower pass rate by candidates. The tasks of this situation were re-evaluated by a nursing consultant who made recommendations. The situation will not be administered until acceptable data are obtained from pilot testing the situation tasks. The other five manual skill situations continue to yield reliable results. Secondly, materials found in one state were similar, though not identical, to the evaluation criteria for the manual skills. After review of the findings, the NACEP Committee chose not to release the confidential performance criteria, but chose to reinforce existing security procedures, and it was determined that the NACEP remains a secure and accurate assessment of nurse aides. Also, a recently proposed rule issued by the Health Care Financing Administration (HCFA) appears to expand skill evaluations to include all skills performed by nurse aides. If development of additional tasks is required, the NACEP Committee would need to address this issue in the coming year.

Because of the changes in federal requirements (both current and pending) and in order to better meet state requirements and needs, several alternative models for delivery of services and administration of the evaluation written component were considered in addition to thoroughly reviewing the current delivery models for the NACEP. To accommodate the need for flexibility, the following policy was recommended and adopted by the Board of Directors:

Federal law and regulations make it clear that the states are responsible for carrying out the competency evaluation of nurse aides. There is a need for providing flexibility in the delivery of services, shifting the focus of aspects of program control and dictated procedures and guidelines from the central test service to an individual state-designated agency. The current NACEP delivery and service will continue to be offered. When providing for flexibility in the delivery of service, a level of security to maintain the integrity of the NACEP written evaluation must be adhered to according to minimum security requirements.

Considerable time was spent in reviewing and discussing concerns reported by user state agencies on implementation and delivery of services. Changes in operations instituted by the test service for resolution of these concerns are being closely monitored.

3. Member Boards were kept apprised of matters related to the NACEP on an ongoing basis via fact sheets and updates provided by the National Council staff on federal and state nurse aide competency evaluation activities. After review of a request for the National Council to initiate and maintain a listing of state agencies responsible for nurse aide registries, the Board of Directors approved such a listing as a National Council activity. This listing assists states to obtain information on nurse aides who have met training and competency evaluation requirements in other states. Also, data on state agencies responsible for the evaluation of nurse aides in both nursing home and home health settings were collected from Member Boards in an effort to obtain information on agencies responsible for implementing OBRA requirements and for projecting the number of nurse aides employed in various settings.
4. Both the NACEP Committee and National Council staff members promoted efforts for working with constituent members and other organizations to safeguard the public health and welfare by preserving the integrity of the 1987 Nursing Home Reform Act and related laws. As indicated above, fact sheets and updates on federal legislative activity were provided on an ongoing basis to Member Boards. Along with these informational reports, analyses of the technical amendments and proposed rules were widely distributed to concerned parties, groups, and organizations as well as to Member Boards. Letters commenting on proposed changes have and continue to be

sent to federal legislators and officials of the Health Care Financing Administration urging changes to ensure an effective program.

5. The inclusion of home health aides in NACEP has been a part of the planning process from the onset of program development. The nurse aide literature review/logical job analysis performed in 1988 included representatives from three practice settings: nursing home, home health and acute care. The results of this analysis were used to develop the current *Evaluation Blueprint*. To ensure continuing evaluation validity, a decision was made to conduct an incumbent job analysis survey as originally recommended by the Task Force on Feasibility of Developing a Nurse Aide Competency Evaluation Program in early 1988. Due to the timeline for implementing competency evaluations for nurse aides in home health settings, and because results of the incumbent job analysis survey would not be available until July 1990, the Board of Directors approved staff conducting a literature review/logical job analysis for nurse aides in home care settings for completion in early 1990, as recommended by the NACEP Committee. A comparison of the results of this job analysis and the current *Evaluation Blueprint* was scrutinized by National Council staff, The Psychological Corporation staff, members of the NACEP Committee, National Council legal counsel, and two external experts in job analyses. Pending results of the incumbent job analysis, the Board of Directors adopted a motion allowing the NACEP to be used for competency evaluation of nurse aides in home health settings.
6. In light of receiving inquiries indicating interest for using the NACEP for evaluation of nurse aides in acute care settings and in preparation for potential legislation that may regulate these nurse aides, the attendant issues are being addressed through data collection and the incumbent job analysis survey currently in process. The plan for conducting the incumbent job analysis survey was reviewed, and input was given to National Council staff. The incumbent job analysis survey of this group is targeted for completion in January 1991, at which time the results will be used for making revisions to the *NACEP Evaluation Blueprint* as needed.
7. As reported in the comprehensive report on the status of the NACEP (attached), the NACEP Committee continued to assist with marketing efforts by reviewing marketing plans and reports prepared by TPC and National Council staff, and by making suggestions.
8. After initial approval of training and evaluation programs, states are required to conduct an initial one-year post-approval review to determine program implementation of and compliance with requirements. The NACEP Committee reviewed the test service plan for assisting states with this review and offered suggestions.
9. A four-member NACEP subcommittee, Caroline Ace, chair, Linda Fleming, Etta Johnson-Foster and Fran Roberts, held two telephone conference calls to review, discuss and provide input to the Nursing Practice and Education (NP&E) Committee on the *Model Nurse Aide Regulation Act* and the *Model Nurse Aide Administrative Rules* developed by an NP&E subcommittee.
10. A review of the Nurse Aide Competency Evaluation Program was completed, and a comprehensive report on the status of the NACEP was prepared and follows this report of NACEP Committee activities.

### **Summary**

The implementation of the NACEP has been fraught with the complexity of individual state requirements and needs, and complicated by the technical amendments of OBRA 1989 and Notice of Proposed Rule-Making published in March 1990; nonetheless, the concerted efforts of the Board of Directors, members of the NACEP Committee, The Psychological Corporation, and National Council staff, along with the user state agencies, have produced and implemented a sound evaluation program. In the coming months, alternative delivery models being made available should provide both the flexibility and efficiency needed to control costs and improve operations while at the same time maintaining the integrity of the NACEP. Continuing development of the NACEP is targeted for the coming year upon completion of the incumbent job analysis survey.

The members of the NACEP Committee wish to thank the staff of The Psychological Corporation for their continuing efforts in producing the NACEP; the Delegate Assembly for the opportunity to participate in the provision of a sound competency evaluation program; the Board of Directors, staff and legal counsel of the National Council for their assistance and support; and in particular, appreciation is expressed to Barbara Halsey, NACEP Program Manager, whose expertise and diligence have facilitated the deliberations and work of the committee.

**Committee Members**

Sharon Weisenbeck, KY, Area III, *Chair*

Caroline Ace, PA, Area IV

Shirley Brekken, MN, Area II

Nelwyn Broussard, LA, Area III

Sarah Greene Burger, DC, Area IV

Ted Day, WA, Area I

Linda Fleming, CO, Area I

Etta Johnson-Foster, MD, Area IV

Janette Pucci, KS, Area II

Fran Roberts, AZ, Area I

Carol Ruby, NY, Area IV

Wanda J. Ryan, IL, Area II

**Staff**

Barbara Halsey, *Program Manager*

# Comprehensive Report of the Nurse Aide Competency Evaluation Program

## Overview

In 1987, PL 100-203 was enacted into law by the U.S. Congress. Commonly known as the Omnibus Budget Reconciliation Act (OBRA) of 1987, this law included Subtitle C, Nursing Home Reform Act, which mandated requirements for Medicare/Medicaid reimbursement for covered services. For the first time, a federal mandate specified training and competency evaluation requirements to be met by nurse aides and home health aides and that a registry of aides so qualified be maintained. The training was to consist of knowledge and clinical content with a competency evaluation consisting of two components: knowledge evaluation and a manual skills performance evaluation. At minimum, the registry was to provide data for each nurse aide on training completed, employment, information on competency evaluation, and any adverse findings of investigations conducted by the state regarding abuse, neglect, and misappropriation with a response to any such finding from the nurse aide.

A Concept Paper on the Nursing Home Reform Act of 1987 by the Nursing Practice and Education Committee of the National Council of State Boards of Nursing, Inc., was distributed to Member Boards in early 1988. In response to requests from Member Boards, the National Council Board of Directors directed that a feasibility study on the development of a nurse aide competency evaluation program be done in spring 1988. The 1988 Delegate Assembly reviewed the feasibility study and authorized the National Council Board of Directors to proceed with the development of a nurse aide competency evaluation program.

As authorized by the Delegate Assembly, the Board of Directors launched the development of the competency evaluation program. An initial effort consisted of releasing a request for proposals for selection of the test service. After rigorous review of the proposals received, The Psychological Corporation (TPC) was selected, and work began immediately to draw up a license agreement between the National Council and TPC for establishing relationships and responsibilities for program development and implementation.

The Board of Directors appointed an Ad Hoc Nurse Aide Competency Evaluation Program Committee with a charge to oversee the development, implementation, and evaluation of the Nurse Aide Competency Evaluation Program (NACEP™) under the direction of the Board. Logical job analyses/literature reviews for nurse aides were completed for development and refinement of an evaluation blueprint. Intense development of the NACEP proceeded, and the first evaluation forms were administered in July 1989. Successful marketing of the NACEP by both National Council and TPC representatives is evidenced by the 23 jurisdictions that have approved the exclusive use of the NACEP as of March 1990.

Winston Churchill is credited with saying, "The Americans can be counted on to do the right thing, but first they will try everything else." OBRA 1987 and 1989 illustrate the insight of Mr. Churchill. It remains to be seen whether or not the "right" thing has been done. While requirements for nurse aide training and competency evaluation and maintenance of a registry remain basically intact according to the original concepts of OBRA 1987, several changes were enacted by the 1989 OBRA technical amendments. These changes include deeming of nurse aides with current employment and/or previous training and testing; in-facility testing at the option of the nurse aide; and disallowance of any cost to nurse aides for training and evaluation. Other changes were made, however, the above directly affect the number of nurse aides to be evaluated. Further complicating planning for the NACEP, OBRA 1989 technical amendments delayed implementation dates from that of OBRA 1987 for completion of training and evaluation requirements to August 14, 1990, for home health aides and October 1, 1990, for nursing home nurse aides.

The diligent work efforts of the National Council Board of Directors, Member Boards, National Council staff, NACEP Committee members and The Psychological Corporation are all reflected in this comprehensive report on the NACEP according to the following outline:

Purpose and Description

Goal Statement

Objectives

Structures and Relationships

Program Development

Program Implementation

Product and Program Review

Budget Review and Projections

Future Directions:

Job Analyses and Use of NACEP

Effect of OBRA 1989 Technical Amendments

Effect of Notice of Proposed Rulemaking

Summation

Appendices

### **Purpose and Description**

Developed and owned by the National Council of State Boards of Nursing, Inc., and published by The Psychological Corporation, the Nurse Aide Competency Evaluation Program (NACEP) is an evaluation which meets the requirements of OBRA and can be used by each state or jurisdiction for the registering, credentialing or certifying of nurse aides. The purpose of the NACEP is to assess the minimum competency of individuals to perform the job of nurse aide safely and effectively. The NACEP consists of a written (or oral) evaluation and manual skills (clinical performance) evaluation. The NACEP reflects knowledge, skills and abilities essential for performance of the role of the nurse aide in a variety of health care settings.

A National Council position paper on unlicensed personnel emphasizes that activities performed by nurse aides are the result of delegation by a licensed professional nurse of tasks traditionally considered to be within the domain of nursing practice. These tasks are performed under the direct supervision, instruction and guidance of a licensed nurse. The NACEP is designed to satisfactorily measure minimal standards of competence for the nurse aide to assist in providing safe care as allowed by state policy and required by the federal mandates.

### **Goal Statement**

The goal of the Nurse Aide Competency Evaluation Program (NACEP) is the development, implementation and evaluation of a valid, reliable and secure evaluation program that is cost effective, meets OBRA requirements and Health Care Financing Administration (HCFA) rules, and is competitive in the marketplace.

At the outset, it became apparent that several assumptions needed to be made for two reasons: lack of final rules for implementing OBRA requirements and a mix of new/experienced nurse aides employed in a variety of settings. It was assumed, therefore, that the level of the evaluation be workplace expectations for newly trained nurse aides and that a common core of tasks is performed by nurse aides in a variety of settings.

### **Objectives**

Based on the goal statement and assumptions, several objectives were articulated to ensure soundness of the NACEP from several perspectives: National Council of State Boards of Nursing programmatic function, user state agencies, and continued program development and refinement. These objectives are:

1. To develop a flexible and cost-effective program that meets the requirements of OBRA 87, (and subsequent OBRA 1989 technical amendments), and HCFA rules to be met by states.
2. To establish policies that ensure the production and processing of secure, psychometrically sound, and legally defensible evaluation forms.
3. To conduct a nurse aide incumbent job analysis survey inclusive of three settings: long term care, home health care and acute care.
4. To monitor and give assistance with marketing activities for the NACEP.
5. To produce, at minimum, a self-supporting National Council program.

### **Structures and Relationships**

In order to implement the NACEP to meet the requirements of the Omnibus Budget Reconciliation Act, a variety of structures and relationships evolved. These relationships consist of structural units within the National Council (Delegate Assembly, Board of Directors, staff, and ad hoc committee), the testing corporation, and state agencies (including Member Boards) responsible for implementing the federal mandates. A five-year license agreement was entered into by the National Council and The Psychological Corporation. This agreement sets forth the relationships and responsibilities of the two parties and authorizes TPC to contract with state agencies responsible for implementing the OBRA requirements.

A designated fund was established by the Board of Directors to cover National Council expenditures for the NACEP development as projected in the proposal presented to the 1988 Delegate Assembly. More information is presented on the financial aspects for the NACEP later in this report. The National Council treasurer has served continuously as the Board liaison to the ad hoc committee.

The Ad Hoc Nurse Aide Competency Evaluation Program Committee was appointed by the Board of Directors in the fall of 1988. The composition of the committee consists of twelve members, five of whom serve as consultants to the committee representing home health, state survey and certification, nursing home administration, consumers, and technical education, along with appointees from Member Boards who provide a broad range of experience. This committee reports to both the National Council Board of Directors and Delegate Assembly, and works closely with the test service. In overseeing the development, implementation, and evaluation of the Nurse Aide Competency Evaluation Program under the direction of the Board, the NACEP Committee is assigned major activities through the planning process of the National Council and as stipulated in the License Agreement between the National Council and The Psychological Corporation.

Responsible for test item development and refinement, TPC conducts item writer workshops and provides for the production of items, panels for item content review, manual skills item development, and standard setting panels. Individuals participating in these various activities are selected by use of qualifications and selection criteria established by the National Council. Member Boards nominate individuals for appointment as item writers and panel members by The Psychological Corporation.

The development of the NACEP was guided by provisions of the Omnibus Budget Reconciliation Act of 1987 (OBRA) and a series of issuances from the Department of Health and Human Services, Health Care Financing Administration (HCFA), which established minimum requirements for nurse aide training and competency evaluation. These requirements for evaluation of individual nurse aide training and competency in the United States are implemented by designated authorities in each state participating in the Medicaid/Medicare system of payment.

Through contracts with responsible state agencies, The Psychological Corporation obtains sales commitments, distributes and provides service delivery based on customer (state user) needs. Quality control and responsiveness to customer demands, while meeting OBRA requirements, are monitored on a continuing basis by the NACEP Committee. The evaluation of customer satisfaction and the effects of 1989 OBRA technical amendments on the Nurse Aide Competency Evaluation Program are currently being reviewed and addressed by the NACEP Committee, TPC, and the National Council. Further, the Notice of Proposed Rule Making (NPRM), published in the March 23, 1990, *Federal Register*, contains changes to the original series of issuances from HCFA prior to December 1989. This NPRM is producing a significant impact on the NACEP, the severity of which will not be known until the rules are finalized.

### **Program Development**

The initial step in developing the NACEP was the preparation of an *Evaluation Blueprint* to guide the selection of content and skills to be evaluated. The *Evaluation Blueprint* reflects nurse aide activities as identified from a literature review and logical job analysis conducted in 1988 by the National Council of State Boards of Nursing. Input for development of the job analysis was obtained from a cross section of individuals representing different geographical areas and a range of expertise in various settings such as experienced nurse aides, educators, supervisors, administrators and consumers.

Nurse aide activities identified in the 1988 job analysis were analyzed by frequency and criticality (task omission or error would directly jeopardize patient safety). Based on the results of this analysis, an *Evaluation Blueprint* was prepared to guide selection of content and behaviors to be evaluated. This *Evaluation Blueprint*, adopted by the Board of Directors as authorized by the Delegate Assembly, provides for an evaluation which reflects minimum competency in performing nurse aide activities included in five content categories: basic nursing skills, basic restorative skills, mental health and social service needs, personal care skills, and resident rights.

The NACEP includes written (or oral) items at the appropriate cognitive levels of knowledge, comprehension and application, with the majority of items developed at the knowledge level. The percent of items assigned by each *Blueprint* content category is specified for inclusion in each 75 item form (includes ten tryout items). Reading ability is at approximately the fourth grade level. The level of acceptable performance on the written evaluation is specified as minimum competence for safe and effective nurse aide activities.

The oral version of the evaluation is designed for those individuals unable to read the English language. The same cognitive level is maintained within the audio tape-recorded presentation of items. Reading comprehension items are included in this version to assess the ability to read work-related information in the English language as required by OBRA.

In addition, evaluation forms in Spanish and Polish translations are available. Likewise, these versions of the evaluation are produced according to the same standards applicable for all forms.

The manual skills evaluation component of the NACEP includes demonstration of common nurse aide activities with five levels of difficulty within three content categories: basic nursing skills, basic restorative skills and personal care skills. The level of acceptable performance ability is specified as minimum competence for safe and effective nurse aide activities.

The Rasch item equating method and the Angoff method for criterion-referenced standard setting are the methods selected by the test service for use in the NACEP. Reliability standards, security measure standards, administration procedures, and related policies were developed and are in effect. Also, policies provide for designation of confidential material and for release of statistics.

After discussion of the need for an incumbent nurse aide job analysis due to the wide variety of state policies regarding what nurse aides do, the NACEP Committee recommended to the Board of Directors that an incumbent nurse aide job analysis survey be conducted. The purpose of this job analysis is to gather empirical data to further validate job relatedness in the development of NACEP. The incumbent job analysis of nurse aides in three settings—long-term care, home health, and acute care—is currently in process. Completion of the first two phases, long-term care and home healthcare, is scheduled for July 1990; acute care is targeted for January 1991.

Variations among the states on what tasks nurse aides are permitted to perform precipitated development of "customized" evaluation forms. Though the NACEP *Evaluation Blueprint* was based on the 1988 nurse aide literature review/logical job analysis, individual states by policy excluded certain discreet tasks being tested on evaluation forms. Three states have used such customized evaluations, however, the integrity of the *NACEP Evaluation Blueprints* has been maintained for all forms. A policy was adopted that placed total responsibility on the state in the event a deviation from the basic Blueprint were to occur. To date, no deviation has developed by the use of these customized forms produced for three states. By accommodating for differences in state policy regarding nurse aide performance of tasks, the NACEP is promoting the use of standardized evaluations on a national scope among the states using the NACEP.

### **Program Implementation**

While first year marketing efforts were directed at gaining a national awareness of NACEP, second year marketing efforts were targeted toward key decision makers and responsible state agencies. NACEP sales and marketing activities focused on six major areas during this past fiscal year. The Psychological Corporation responded to Requests for Proposals and made face-to-face or telephone conference sales calls. These sales efforts focused not only on obtaining new contracts but on renewing and/or extending current contracts. (Further information on the status of state programs can be found in the test service report). In many instances, the involvement and support of Member Boards played a vital role in the acquisition of new contracts. Other marketing and sales activities included exhibits at national meetings, attendance at the Delegate Assembly and Area meetings of the National Council, and market research and analysis on home health aide competency evaluations. As had been projected, the arena for marketing a competency evaluation program for nurse aides is an extremely competitive one.

Market analysis, state requests, and HCFA proposed rules indicate the need for flexibility to provide for delivery of service and to better meet the needs of individual states. The NACEP Committee worked with TPC in developing minimum security requirements that would allow flexibility and also provide a level of security to maintain the integrity of the NACEP written evaluation. Subsequently, the Board of Directors approved the recommendation to implement the new delivery models. The current delivery models and new delivery models available in summer 1990 are schematically presented in Appendix A.

Delivery of the two evaluation components of the NACEP was accomplished in twenty jurisdictions in accordance with individual contractual arrangements between TPC and the user state agency. Though these contracts vary from state to state, National Council approved guidelines for development of state contracts were followed by TPC in negotiation of contracts. The variety of state requirements, along with strict security controls and high volume of candidates at the end of 1989, contributed to problems reported by user states in delivery of services.

As of April 30, 1990, the written/oral evaluation was administered and processed in 20 jurisdictions for 68,245 candidates. The manual skills portion presented significant challenges both in the acquisition of sites for the evaluation and in the actual implementation. As of April 30, 1990, 42,360 candidate manual skills evaluations were administered and processed for 17 jurisdictions. Evaluations were administered at over 320 written/oral and at over 180 manual skills evaluation centers in the twenty jurisdictions.

### **Product and Program Review**

Several approaches were established for monitoring the implementation of the evaluation program and delivery of services. These methods included review of evaluation statistics, reports by the test service and NACEP Committee to the Board of Directors, review of license agreement between National Council and TPC, monitoring of problem



resolution, and Member Board and user state agency questionnaires. (Questionnaires were sent to the latter two groups in March 1990.)

There was an overall pass rate of 94% on the written/oral evaluations administered and an overall pass rate of 90% on the manual skills evaluations administered. The evaluation statistics for all administrations of the written/oral and manual skills evaluations are within acceptable ranges. Additional information on pass rates and other statistics is presented in The Psychological Corporation report in this *Book of Reports*.

Detailed reports on the NACEP were submitted by TPC for each of the NACEP Committee meetings and on a quarterly basis to the National Council Board of Directors. As included in the NACEP Committee Report, the committee submitted comprehensive reports with recommendations for each meeting held to the Board of Directors. These reports included monitoring of reported situations in need of resolution as related to delivery of services by TPC. Further information on operations and delivery matters are contained in the Report by The Psychological Corporation in this *Book of Reports*.

A meeting between the National Council and TPC was held in the fall of 1989 to review the License Agreement. No substantive changes were needed, however, the meeting provided an opportunity to review and discuss the status of the NACEP. Subsequently, the approval of new delivery models may require additions to the License Agreement to provide for implementation of the new models, particularly as it relates to the minimum security requirements policy.

Two questionnaires were devised for review of the NACEP and were distributed to Member Boards and NACEP user state agencies. The first questionnaire was sent to sixty-one Member Boards with an 84% response rate. (See Appendix B for questionnaire results.) Percentage calculations were determined by using only those responses indicating definite evaluation: those responses such as, "not applicable," "perhaps," "unsure," "no answer," were not included in the calculation. Ninety-seven percent of the respondents believe that the NACEP has met the original goal of producing a psychometrically sound, legally defensible, cost-effective and useful nurse aide competency evaluation. Given that this goal has been accomplished, 89% of the respondents answered that the NACEP should be continued as a National Council activity. Approximately 86% of the respondents believe that the National Council should offer the NACEP, even though all Member Boards do not directly utilize the NACEP. Stronger support for continuing the NACEP was indicated if it is financially a revenue-producer (95%); 81% support continuing the NACEP if it is at minimum self-supporting; and 76% are not in favor of a financially subsidized program.

After further review of the results of the Member Board questionnaire, the committee determined that two Member Boards are attempting to gain statutory authority for the competency evaluation of long term care nurse aides; four Member Boards are seeking control of evaluation of nurse aides in the home health care setting. (Currently, 11 Member Boards have total responsibility for nurse aide competency evaluation.) Question #5 as to the NACEP's contribution to the effectiveness of nursing regulation in their state may be premature at this time since 43 states (84%) were unable to give an opinion.

Responses by the Member Boards in the comment section of the questionnaire covered a broad range of opinions and concerns. The comments made by Member Boards have been compiled and are available for review upon request.

The second questionnaire was sent to twenty-two user state agencies with a 95% response rate. One user state was currently negotiating a contract extension for the use of the NACEP and declined to respond. (See Appendix C for questionnaire results.)

State agency respondents agree (94%) that the NACEP is a psychometrically sound and legally defensible evaluation of nurse aide competence. Likewise, the same percentage agreed that the NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job, while 73% indicated agreement that the NACEP manual skills evaluation is a valid measure of the knowledge, skills and abilities nurse aides need to perform competently on the job. The respondents indicated strong agreement (90%) that the NACEP meets all the legal requirements for nurse aides in their jurisdictions, and that the quality of the NACEP as an evaluation of nurse aide competency is high (78%). It was reported that the contractual relationship between The Psychological Corporation and the state agency was satisfactory for 63%.

Questions 7 through 13 of the user state agency questionnaire dealt with implementation and delivery of services by the test service and the effectiveness of security measures. Fourteen percent of the user state agencies indicated concern regarding security measures, however, 86% agreed that the security measures are effective. The implementation and delivery of service problems identified indicate a need for improvements. The Psychological Corporation has implemented changes expected to resolve these issues. The effectiveness of these changes is being closely monitored by the NACEP Committee and staff of the National Council.

There was greater agreement that feedback on the NACEP from the nurse aides has been more positive than that from the facilities. Less than 53% of the user state agencies agree that the application process is easy for the candidates and sponsors to complete. Seventy-seven percent of the user state agencies agree that nurse aides in their states who met the competency requirements of OBRA 1987 are now more effective patient caregivers than they would have been without meeting the standards set by OBRA 1987. In giving an opinion that the NACEP is an effective evaluation for home health aides as well as long term care aides, 71% of the user state agencies agreed. Higher agreement (94%) was indicated for the usefulness of the Nurse Aide Practice Test. In summary, 67% of the user state agencies indicated satisfaction with the Nurse Aide Competency Evaluation Program offered by the National Council and The Psychological Corporation.

Questions 20 through 24 on the user state agency questionnaire dealt with overall strengths and weaknesses of the NACEP, operational difficulties in implementing the NACEP, suggestions for improving implementation of the NACEP and additional comments. The respondents offered a broad range of comments and suggestions for consideration. A summary of these comments is difficult due to the customization of services to individual state agencies by contract, however, the NACEP Committee and the National Council continue to study the responses for monitoring improvement in delivery of services.

Because of identified issues and problems reported by the user state agencies, a follow-up questionnaire will be sent to the user state agencies in June 1990 to determine how operational changes instituted by The Psychological Corporation have affected service. A preliminary report of this follow-up questionnaire to user state agencies is planned for presentation at the time of the Delegate Assembly meeting.

### **Budget Review and Projections**

Based on actual and estimated expenses for fiscal years 1989 and 1990 respectively, the NACEP will utilize 65% of the designated fund amount allotted by the National Council. Royalty income for the NACEP will recover approximately 96% of total National Council expenses for both years by the close of fiscal year 1990. Expenses for both FY89 and FY90 will be approximately \$226,000 against a projected revenue of \$217,000 for the same period.

For fiscal year 1991, the continued development of the NACEP, with inclusion of home health and acute care nurse aides, is projected to incur an increase of 20% in expenses over the previous year. (One of the major costs for FY91 is the completion of the incumbent job analysis survey by the National Council staff.) Should royalty income continue at FY90 levels, it will exceed expenses and the program will be self-supporting in FY91.

### **FUTURE DIRECTIONS**

Future directions for the program are affected by the potential use of the NACEP for evaluation of nurse aides in other practice settings; the 1989 OBRA Technical Amendments; and the final rules implementing OBRA requirements.

### **Job Analyses and Use of NACEP**

As the basis upon which a valid and defensible competency evaluation program is developed, job analyses are the most reliable methods of defining what a nurse aide must be able to do on the job. In 1988, a literature review/logical job analysis was completed and used in the development of the current NACEP *Evaluation Blueprint* for nurse aides. In

January of 1990, a literature review/logical job analysis of home health aides was completed. Currently, an incumbent job analysis is being completed for nurse aides in long term care, home healthcare, and acute care settings. The latter analysis will be used to determine any need for revisions to the NACEP *Evaluation Blueprint*.

In February 1990, the NACEP Committee compared results of the home health aide logical job analysis with the current NACEP *Evaluation Blueprint* and found that the data adequately supported the use of the NACEP for nurse aides in home health settings. The NACEP Committee will continue to evaluate and use job analyses data in determining nurse aide minimal competency in different settings.

### **Effect of OBRA 1989 Technical Amendments on NACEP**

Technical amendments in the Omnibus Budget Reconciliation Act of 1989 contain three provisions directly affecting the NACEP: first, nurse aides may request testing at their workplace; second, the nurse aide may not be charged costs for competency evaluation; and third, extensive grandmothering provisions were added.

**Workplace Testing**—The NACEP was organized to utilize community testing sites rather than facility testing sites. The technical amendment required that the NACEP respond to individual requests for testing in facilities. Alternative delivery modes have been developed to respond to individual state needs and to afford the flexibility needed for evaluating nurse aides in all settings.

**Costs for Competency Evaluation**—In the past, some states assessed candidates costs for competency evaluation. These costs are now the responsibility of the employer. This change raises a concern for a mechanism of evaluating trained nurse aides who are not yet employed or who do not have a promise of future employment.

**Grandmothering**—An OBRA 1989 technical amendment directly affected the number of nurse aides to be evaluated. This amendment permitted states to waive training for nurse aides who had sixty (60) hours of training and fifteen (15) hours in-service or practicum, if this training otherwise met OBRA requirements, or for nurse aides who had one hundred hours of training and were found competent. In addition, the states were authorized to waive competency evaluation for nurse aides who had worked twenty-four (24) consecutive months prior to December 19, 1989, for the same employer. This amendment effectively reduced by approximately fifty percent the number of nurse aides projected for evaluation to meet competency requirements.

### **Effect of Notice of Proposed Rulemaking (NPRM) on NACEP**

There are many changes in the NPRM which directly affect the NACEP. Comments on the proposed rule are due on May 22, 1990. The National Council and TPC have made comments, as have numerous other organizations representing consumers, providers, and professionals. There is no way of knowing what the final rules will include, however, HCFA officials state that they will closely conform to the proposed rules published March 23, 1990.

A major change in the NPRM affecting the NACEP is the provision which states:

"To complete the competency evaluation successfully, the individual must, at a minimum, successfully demonstrate all of the personal care skills specified in Section 483.152(b)(3) and any others that he or she would be permitted to perform in the facility."

This section of the proposed rules lists such skills as bathing, grooming, mouth care, dressing, toileting, assisting with eating and hydration, proper feeding techniques, skin care, and transfers, positioning and turning.

At present, the NACEP is designed to evaluate only five skills for each nurse aide per the instructions in the November 1988 HCFA State Operations Manual Issuance. The NPRM requirement to evaluate all skills will force a change in program delivery with a concomitant increase in cost. If the final rule remains the same as the NPRM, the expanded skills evaluation will take effect on October 1, 1990.

Other provisions of the NPRM that may cause a change in future program delivery are:

1. Possible inclusion of evaluation of cardio-pulmonary resuscitation (CPR).
2. The number of times states allow an individual to retake the evaluation within the allotted four month training and competency evaluation window.
3. Whether private duty and/or pool aides are required to pass a competency evaluation.

### **Summation**

The foregoing report has described the status of the Nurse Aide Competency Evaluation Program from the review conducted by the NACEP Committee and National Council staff, with input from Member Boards and NACEP user state agencies. In summary:

1. The overall goal of producing a valid, reliable and secure Nurse Aide Competency Evaluation Program that is cost-effective, meets OBRA requirements and Health Care Financing Administration rules, is competitive in the marketplace and results in user satisfaction, is steadily being met.
2. The structure and relationships created for development and implementation of the NACEP support the production of a sound evaluation program and promote flexibility in delivery of services.
3. Implementation of the NACEP remains in a state of flux due to lack of final rules being promulgated by the Health Care Financing Administration and the unknown response of state agencies until final rules become effective.
4. Offering a variety of delivery models, while maintaining program integrity, will enhance flexibility in delivery of services and administration to accommodate user state agency needs.
5. Continued development and use of the evaluation components will be based on job analyses results and HCFA requirements.
6. The continuing success of the NACEP will depend on increasing user state agency satisfaction.
7. Member Boards indicate support for continuing the NACEP, providing it is financially self-supporting.

### **Committee**

Sharon Weisenbeck, KY, Area III, *Chair*  
 Caroline Ace, PA, Area IV  
 Shirley Brekken, MN, Area II  
 Nelwyn Broussard, LA, Area III  
 Sarah Greene Burger, DC, Area IV  
 Ted Day, WA, Area I  
 Linda Fleming, CO, Area I  
 Etta Johnson-Foster, MD, Area IV  
 Janette Pucci, KS, Area II  
 Fran Roberts, AZ, Area I  
 Carol Ruby, NY, Area IV  
 Wanda J. Ryan, IL, Area II

### **Staff Member**

Barbara Halsey, *Program Manager*

**Appendix A****Responsibility for NACEP Activity by Delivery Model**

NACEP Activity	Delivery Models			
	Basic Service: State Administered*	Basic Service: State Approved Sites*	Basic Service	Full Service
Candidate Information	State	State	TPC	TPC
Applications	State**	State**	TPC	TPC
Test Dates Set By	State	State	TPC***	TPC***
Test Personnel	State	State	State/ TPC	TPC
Delivery of Materials	TPC to State State to Sites	TPC to State Approved Sites	TPC	TPC
Test Administration	State	State	State/TPC	TPC
Return of Materials	Sites to State State to TPC	State Approved Sites to TPC	TPC	TPC
Scoring	TPC	TPC	TPC	TPC
Reporting	TPC	TPC	TPC	TPC
Security	State****	State****	TPC	TPC

\* Approved by the Board of Directors 5/1/90

\*\* Applications may be optional

\*\*\* Limited to established national schedule

\*\*\*\* Must follow NACEP Minimum Security Requirements Policy

May 10, 1990

*Member Board Questionnaire Results***March 1990****N = 51**

	YES	NO	*OTHER
1. Do you believe that the NACEP has met its original goals to be a psychometrically sound, legally defensible, cost effective and useful nurse aide competency evaluation for nurse aides?	35	1	15
2. If it is determined that the NACEP has achieved the goals stated in question #1, should the NACEP be continued as a National Council activity?	34	4	13
3. Do you believe the National Council should offer the NACEP even though all Member Boards do not directly utilize the NACEP?	38	6	7
4. Do you believe the NACEP should be continued if it is financially a			
a. revenue-producer	40	2	9
b. break-even program	34	8	9
c. subsidized program	9	29	13
5. If your state is using NACEP, has it contributed to the effectiveness of nursing regulation in your state?	6	2	43
6. Does the Board of Nursing in your state plan to acquire responsibility for the competency evaluation of nurse aides in long-term care facilities?	14	30	7
7. Does the Board of Nursing in your state plan to acquire responsibility for the competency evaluation of home health aides?	15	29	7

Copies of any comments made by Member Boards are available upon request.

\* Other includes responses such as no answer given, not applicable, perhaps, and unsure.

**Appendix C***State Agency Questionnaire Results***March 1990****N = 21**

Response Scale:

Strongly Agree = SA

Agree = A

Disagree = D

Strongly Disagree = SD

	SA	A	D	SD	*OTHER
1. The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	3	14	1	0	3
2. The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2	15	1	0	3
3. The NACEP manual skill evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	0	11	2	2	6
4. NACEP meets all the legal requirements for nurse aides in this jurisdiction.	3	15	2	0	1
5. The quality of the NACEP as an evaluation of nurse aide competence is high.	1	13	3	1	3
6. The contractual relationship between The Psychological Corporation (the test service) and this agency is satisfactory.	4	8	5	2	2
7. The test service provides accurate and necessary information regarding the NACEP.	3	10	5	1	2

	SA	A	D	SD	*OTHER
8. The test service answers inquiries from this agency in a reasonable amount of time.	5	9	6	0	1
9. Evaluation materials from the test service arrive on time at test sites.	1	8	9	0	3
10. Candidates receive score reports within two weeks.	0	5	6	3	7
11. The state agency score reports have been received in a timely manner.	0	6	7	5	3
12. Any implementation problems which occurred were resolved satisfactorily with the test service.	0	11	7	1	2
13. NACEP security measures are effective.	1	11	2	0	7
14. Feedback on the NACEP from nurse aides has been positive.	2	9	5	2	3
15. Feedback on the NACEP from facilities has been positive.	0	6	8	3	4
16. The application process is easy for candidates and sponsors to complete.	0	10	6	3	2
17. Nurse aides in my state who meet the competency requirements of OBRA 1987 are now more effective patient caregivers than they would have been without meeting the standards set by OBRA 1987.	0	10	3	0	8
18. NACEP is an effective evaluation for home health aides as well as long term care aides.	0	12	3	2	4
19. The Nurse Aide Practice Test has been useful.	8	8	1	0	4
20. What are the overall strengths of the NACEP?					
21. What are the overall weaknesses of the NACEP?					
22. In implementing this new program, what operational difficulties were experienced?					



23. Please give any suggestions for improving the implementation of NACEP in your state.

24. Please make any additional comments you wish.

25. Overall, this agency is satisfied with the Nurse Aide Competency Evaluation Program (NACEP) offered by the National Council of State Boards of Nursing and The Psychological Corporation.

Yes	No	*Other
10	5	6

\* Other includes responses such as no answer given, not applicable, perhaps and unsure.

Copies of any comments made by user state agencies and responses to questions 20-24 are available upon request.

## **Addendum: Ad Hoc Nurse Aide Competency Evaluation Program Committee Report**

The Nurse Aide Competency Evaluation Program (NACEP™) Committee met July 23-25, 1990, in San Antonio, Texas. The following is a brief report of that meeting.

Policies and procedures developed for the Nurse Aide Competency Evaluation Program and for committee activities were compiled and prepared for presentation to the National Council Board of Directors at the 1990 pre-convention meeting.

A report was received on the status of the Nurse Aide Incumbent Job Analysis. Due to difficulties in obtaining an adequate number of responses, preliminary results will not be presented to the committee until the October 1990 meeting.

To accommodate user state agency needs, two additional situations for evaluation of manual skills were adopted. The program now has seven situations for use in administration of the manual skills component.

A conference on nurse aides had been sponsored by the National Council in conjunction with the Washington State Board of Nursing in May 1990. Representatives from seventeen states, along with officials from the Health Care Financing Administration (HCFA) of the U.S. Department of Health and Human Services, participated in the conference. Due to the success of this conference, the National Council has planned a second conference for September 13 and 14, 1990, in Baltimore, Maryland, to accommodate HCFA officials' attendance.

The Psychological Corporation (TPC) reported that currently twenty-five states, four of which are multi-provider states, contract for use of NACEP. To date, twenty states have implemented the program. One proposal is under consideration by a prospective user state agency and several requests for proposals are anticipated in the near future.

A report received on program finances presented projections that FY90 revenues will exceed program expenses incurred by the National Council for both FY89 and FY90. (No revenues were received in FY89.)

An indepth analysis of the Interim Final Rule of August 14, 1989, and the March 23, 1990, Notice of Proposed Rule-Making issued by HCFA, was presented to the committee. Attendant issues were discussed, particularly as they relate to the impact on manual skills evaluations for nurse aides in both nursing home and home health settings.

To meet the mandates of the Interim Final Rule issued by HCFA on August 14, 1989, action was taken by the National Council and TPC to provide a "checklist" for evaluation of home health aides. This Home Health Aide Supplemental Checklist was developed by the National Council in conjunction with TPC, and was provided free of charge to user state agencies currently using NACEP to evaluate home health aides. After further discussion regarding competency evaluation of nurse aides working in both home health and nursing home settings, two recommendations were made to the Board of Directors with respect to future plans for further development and marketing of NACEP.

A NACEP Subcommittee, which had been assigned to review the Model Nurse Aide Regulation Act and Administrative Rules proposed by a subcommittee of the Nursing Practice and Education Committee, submitted a report commending the Subcommittee for Model Nurse Aide Language for its work. The Subcommittee for Model Nurse Aide Language incorporated several suggestions made by the NACEP Subcommittee. The NACEP Committee suggested several other changes be incorporated and that the National Council staff discuss these changes with the chairperson of the Subcommittee for Model Nurse Aide Language prior to presentation at the Delegate Assembly. Caroline Ace, Pennsylvania, chaired the NACEP Subcommittee with members Linda Fleming,

Colorado; Etta Johnson-Foster, Maryland; Fran Roberts, Arizona; and Sharon Weisenbeck, Kentucky. The NACEP Committee supports the adoption of the Model Nurse Aide Regulation Act and Administrative Rules with the suggested changes.

The Psychological Corporation reported that as of June 30, 1990, the NACEP Written/Oral Evaluation was administered in twenty states to 78,253 candidates with a 94.3 percent average pass rate, and that the NACEP Manual Skills Evaluation was administered in seventeen states to 46,430 candidates with a 90.3 percent average pass rate. These statistics include the period of July 1989 to June 1990.

Additionally, reports were presented by TPC on administration options, including two new options, for the Nurse Aide Competency Evaluation Program and on resolution of implementation issues dealing with operations.

The results of the second state agency questionnaire sent in July 1990 were presented. Attached to this addendum is Appendix D of the Ad Hoc Nurse Aide Competency Evaluation Program Committee Report. The appendix shows the results of both the original survey from March 1990 and the second survey repeated in July 1990. Areas indicating strength and those needing improvement were discussed by the committee. The latter will continue to be monitored carefully in the coming year.

#### **Committee Members**

Sharon Weisenbeck, KY, Area III, *Chair*

Caroline Ace, PA, Area IV

Shirley Brekken, MN, Area II

Nelwyn Broussard, LA, Area III

Sarah Greene Burger, DC, Area IV

Ted Day, WA, Area I

Linda Fleming, CO, Area I

Etta Johnson-Foster, MD, Area IV

Janette Pucci, KS, Area II

Fran Roberts, AZ, Area I

Carol Ruby, NY, Area IV

Wanda J. Ryan, IL, Area II

#### **Staff**

Barbara Halsey, *Program Manager*

**Appendix D***State Agency Questionnaire Results***July 1990 (Original survey from March 1990 repeated in July 1990)****July N = 19; March N=21****Shaded columns denote March responses**

Response Scale:

Strongly Agree = SA

Agree = A

Disagree = D

Strongly Disagree = SD

	SA	SA	A	A	D	D	SD	SD	*Other	*Other
1. The Nurse Aide Competency Evaluation Program (NACEP) is a psychometrically sound and legally defensible evaluation of nurse aide competence.	5	3	9	14	2	1	0	0	3	3
2. The NACEP written evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	5	2	12	15	0	1	0	0	2	3
3. The NACEP manual skill evaluation is a valid measure of the knowledge, skills and abilities a nurse aide needs to perform competently on the job.	2	0	10	11	5	2	0	2	2	6
4. NACEP meets all the legal requirements for nurse aides in this jurisdiction.	5	3	9	15	2	2	1	0	2	1
5. The quality of the NACEP as an evaluation of nurse aide competence is high.	2	1	12	13	3	3	0	1	2	3
6. The contractual relationship between The Psychological Corporation (the test service) and this agency is satisfactory.	4	4	10	8	2	5	1	2	2	2
7. The test service provides accurate and necessary information regarding the NACEP.	3	3	8	10	7	5	1	1	0	2

	SA	SA	A	A	D	D	SD	SD	*Other*	*Other*
8. The test service answers inquiries from this agency in a reasonable amount of time.	6	5	9	9	2	6	2	0	0	1
9. Evaluation materials from the test service arrive on time at test sites.	3	1	9	8	5	9	1	0	1	3
10. Candidates receive score reports within two weeks.	0	0	5	5	8	6	4	3	2	7
11. The state agency score reports have been received in a timely manner.	1	0	6	6	6	7	4	5	2	3
12. Any implementation problems which occurred were resolved satisfactorily with the test service.	2	0	10	11	3	7	1	1	3	2
13. NACEP security measures are effective.	4	1	10	11	2	2	0	0	3	7
14. Feedback on the NACEP from nurse aides has been positive.	1	2	13	9	3	5	1	2	1	3
15. Feedback on the NACEP from facilities has been positive.	0	0	10	6	7	8	2	3	0	4
16. The application process is easy for candidates and sponsors to complete.	1	0	8	10	7	6	2	3	1	2
17. Nurse aides in my state who meet the competency requirements of OBRA 1987 are now more effective patient caregivers than they would have been without meeting the standards set by OBRA 1987.	0	0	10	10	3	3	0	0	6	8
18. NACEP is an effective evaluation for home health aides as well as long term care aides.	0	0	7	12	7	3	3	2	2	4
19. The Nurse Aide Practice Test has been useful.	10	8	8	8	0	1	0	0	1	4
20. What are the overall strengths of the NACEP?										
21. What are the overall weaknesses of the NACEP?										
22. In implementing this new program, what operational difficulties were experienced?										

23. Please give any suggestions for improving the implementation of NACEP in your state.

24. Please make any additional comments you wish.

25. Overall, this agency is satisfied with the Nurse Aide Competency Evaluation Program (NACEP) offered by the National Council of State Boards of Nursing and The Psychological Corporation.

Yes	No	*Other
12	6	1

\* Other includes responses such as no answer given, not applicable, perhaps and unsure.

Copies of any comments made by user state agencies and responses to questions 20-24 are available upon request.

# Summary of Major Actions of 1989 Delegate Assembly

## Action

The National Council shall conduct standard setting procedures on a regular cycle, occurring every three years for each licensure examination, and coordinated with the cycle of job analysis studies whenever possible.

The National Council shall continue to conduct regularly scheduled RN and PN job analyses no less frequently than every three years, rotated so that analyses do not occur simultaneously.

The National Council shall explore the feasibility of a third regularly scheduled NCLEX-RN and third NCLEX-PN annually.

The test service and data center contracts with CTB McGraw-Hill shall be extended under the terms in the proposal dated July 6, 1989.

The proposed revision of the NCLEX-PN test plan was adopted.

The Nursing Practice and Education Committee was directed to develop standards for the regulation of nurse aides through 1) the approval of programs preparing such nurse aides, and 2) maintenance of a list or registry of those persons who have successfully completed an approved program and a competency evaluation, for inclusion in the National Council *Model Nurse Practice Act* and *Model Administrative Rules*.

The National Council shall study the issues and concerns that need to be addressed in referral of nurses involved in peer assistance programs from one jurisdiction to another.

## Implementation

PN standard setting commenced in 1990 following a 1988 job analysis and adoption of a revised test plan in 1989; RN standard setting is scheduled for 1992, following the pattern two-years-post job analysis.

A job analysis of RN practice was conducted in 1989-90. A PN job analysis is scheduled for 1990-1991, and the next RN job analysis for 1992-93.

The Board of Directors conducted a comprehensive study of members, committees, test service, and staff, and has presented a report for consideration by the 1990 Delegate Assembly.

The contract extension was signed by the President on September 1, 1989. A contract evaluation to determine compliance with all negotiated terms was conducted and reported to the Board of Directors in April 1990.

The test plan was printed and distributed to Member Boards in September 1989. The *Guidelines for Practical Nurse Item Writers* (detailed test plan) was approved by the Examination Committee and distributed to Member Boards in May 1990. The first examination will be administered in October 1990.

The Nursing Practice and Education Committee, through a four-member subcommittee, has developed standards and model language for consideration by the 1990 Delegate Assembly.

The Nursing Practice and Education Committee has studied the issues and prepared a report for consideration by the 1990 Delegate Assembly.

### **Action**

The National Council shall continue to utilize generally accepted industry standards (such as the current guidelines of the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education), as applicable, in the preparation of valid, current, and legally defensible licensure examinations.

The previously-adopted Campaign Guidelines shall be repealed and the necessary steps taken to limit campaigning to: written information provided in the *Book of Reports*; a Candidate Forum; and an opportunity for informal interaction with the delegates at convention.

Examination dates for 1999 were adopted.

Proposed changes to the Security Measures were adopted.

The *Uniform Standards for Endorsement and Uniform Requirements for Foreign Graduates* were adopted.

The Subcommittee to Study Regulatory Models for Management of Chemically Dependent Nurses was authorized to continue its work.

The National Council shall explore the feasibility of developing generally-applicable audiovisual materials on the role of regulation for use by Member Boards.

When the Board of Directors has determined there is sufficient information regarding the validity of the qualitative instrument, and sufficient sample size in differentiated practice sites to support the conduct of a job analysis, it shall recommend to the Delegate Assembly that a limited scope job analysis be conducted to determine whether or not the three sets of hypothesized competencies for evolving levels of nursing practice are validated.

The Board of Directors shall direct staff to conduct a survey of PN/VN board members to investigate the practice of experienced PN/VNs in a variety of practice settings.

### **Implementation**

This policy has been incorporated into the new Policy and Procedure Manual. Testing-related committees and staff have referred to applicable standards for guidance in determining job analysis and testing procedures throughout the year.

The new policy has been incorporated into the Policy and Procedure Manual. Candidates slated for the 1990 election have been informed of the limitations.

Dates were published and circulated to Member Boards for insertion in the National Council manual.

New sets of Security Measures were disseminated to Member Boards in September 1989 for return in November 1989.

These documents were published as revised by the Delegate Assembly and distributed to Member Boards in August 1989.

The subcommittee has developed a funding proposal for submission to the National Institute of Mental Health by October 1, 1990. A small-scale pilot study was conducted to support the funding proposal.

The Communications Committee has explored feasibility and prepared a report for consideration by the 1990 Delegate Assembly.

The Board of Directors has monitored the instrument and sample sizes during 1989-90 via reports from the Job Analysis Monitoring Committee and Director of Research Services. An update is provided in the report of the Board to the 1990 Delegate Assembly.

A survey has been conducted by staff and findings are submitted with the report of the Board of Directors to the 1990 Delegate Assembly for consideration.



## Report of the Resolutions Committee

During its meeting at the 1989 Delegate Assembly, the Resolutions Committee identified the need for more clarity and specificity related to the functioning of the committee. A request was submitted to, and approved by, the Board of Directors that the committee continue intact so that guidelines and procedures could be developed and approved by the board for implementation with the 1990 Delegate Assembly.

The committee has worked very diligently since last August. Working with legal counsel, the parliamentarian, and the Board of Directors, the committee accomplished its goals. An information packet was developed for use by individuals and jurisdictions wishing to submit resolutions. The packet was disseminated in March with the *Newsletter* and at the Area meetings. Operating Policies and Procedures for the committee were developed and approved by the Board of Directors. A copy was disseminated in May with the *Newsletter* and was mailed to delegates in July.

The committee held a meeting on May 10-11, 1990. Six resolutions were reviewed. Two were combined, with permission of the submitters. Following the outlined process, the committee prepared the five resolutions for inclusion in the *Book of Reports*.

The committee will meet during the 1990 Delegate Assembly to review any resolutions received by 2:00 p.m. on Thursday, August 9. The committee will conduct the Resolutions Forum at 8:30 a.m. on Friday, August 10.

### Committee Members

Carol Osman, SC, Area III, *Chair*

Susan Boots, WA-PN, Area I

Karen Macdonald, ND, Area II

Sulinda Moffett, OK, Area II

Doris Nay, NH, Area IV, (*through March 1990*)

Beth Patterson, ME, Area IV, (*May 1990-present*)

### Staff

William J. Lauf, *Deputy Director of Administrative Support Services*

## **Resolution on Reporting of NCLEX Mean Scores for Nursing Programs**

- WHEREAS** the National Council supports the right of the consumer to receive safe and effective nursing care, and
- WHEREAS** the purpose of the NCLEX-RN and NCLEX-PN is to determine if a candidate for licensure possesses the knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level, and
- WHEREAS** the National Council acknowledges certain instances of inappropriate use of such individual scores, and
- WHEREAS** the representatives of the Member Boards of the National Council of State Boards of Nursing, Inc., voted during the 1987 Delegate Assembly to accept the "pass"/"fail" standards for NCLEX-PN and NCLEX-RN results in lieu of numeric scores, and
- WHEREAS** this decision impacts on the regulatory agencies, the candidate for licensure, and the educational programs preparing individuals for nursing practice, and
- WHEREAS** examination statistics may be useful for program evaluation or when a nursing education program needs to respond to concerns of consumers and the public, and
- WHEREAS** the mean scores for each nursing program may provide data for strengthening the preparation of safe and effective practitioners, therefore be it
- RESOLVED** that National Council report a mean score for each nursing program summarizing overall candidates' performances on the NCLEX-RN and NCLEX-PN.

**Submitted by**  
New Mexico Board of Nursing  
Pennsylvania Board of Nursing

### **Resolutions Committee Action**

**Recommendation:** Do not adopt.  
**Rationale:** Sufficient data is presently available from testing service.

The Fiscal Impact Statement for this resolution follows on pages 3 and 4.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
FISCAL IMPACT STATEMENT-DESCRIPTION

TITLE OF PROPOSAL: Reporting of Mean Scores for Nursing Programs

Proposed by: New Mexico Board of Nursing Name April 1990 Date  
Pennsylvania Board of Nursing Committee

Will this proposal generate revenue? No Please describe below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES

1. Does this proposal require a committee? No  
How many members are anticipated including the chairperson? \_\_\_\_\_  
How often would the committee meet? \_\_\_\_\_
2. How many mailings would this proposal require? None  
To whom? \_\_\_\_\_  
\_\_\_\_\_
3. Printing (surveys, special reports, etc.) Please describe: \_\_\_\_\_  
\_\_\_\_\_
4. Other than committee meetings, is travel required? No  
Please describe: \_\_\_\_\_  
\_\_\_\_\_
5. What type of consultation is required (i.e., legal, computer, etc.)? Computer services by CTB:  
1. Revision to current CTB Scoring and Reporting Programs.  
2. Creation of test data for testing new programs.
6. Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Projected beginning date: September 1990  
Projected completion date: March 1991

TITLE OF PROPOSAL: Reporting of Mean Scores for Nursing Programs

FISCAL IMPACT--SUMMARY

REVENUE

\_\_\_\_\_ \$ None  
\_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES

A. DIRECT COST

1. Committee Meetings

\$675 per member airfare x \_\_\_\_\_ (# of members) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_  
\$175 per day per diem x \_\_\_\_\_ (# of members) x \_\_\_\_\_ (# of days) = \$ \_\_\_\_\_  
\$200 per telephone conference x \_\_\_\_\_ (# of Telephone Conferences) = \$ \_\_\_\_\_

2. Mailings

\$0.25 per letter x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$2.00 per 9 x 12 manila envelope (First Class) x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$8.75 per Overnight Mail x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

3. Printing and Copying

A. \_\_\_\_\_ (# of reports) x \_\_\_\_\_ (# of pages) = Total pages  
B. \_\_\_\_\_ (total # of pages) x \$0.05 = \$ \_\_\_\_\_

4. Other Travel

\$675 per person airfare x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_  
\$175 per day per diem x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of days) = \$ \_\_\_\_\_

5. Consultation

A. Legal Fees

\$175 per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

B. Other Consultation CTB Programming Services

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ 16,960

6. Other

\$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

B. INDIRECT COST

1. Professional and support time required:

Total 5 hours = \$ 175

---

Total Revenue: \$ None  
Total Expenses: \$ 16,960  
Net: \$ -16,960  
Indirect Cost: \$ 175

## Resolution on Credentials Evaluation Service for Foreign Nurse Graduates

- WHEREAS** there is increased interest in the recruitment of foreign nurse graduates to augment the supply of registered nurses, and
- WHEREAS** some jurisdictions are experiencing difficulty in reviewing credentials of foreign nurse graduates to guard against impostors, and
- WHEREAS** the Commission on Graduates of Foreign Nursing Schools evaluates credentials of foreign educated nurses for accuracy and authenticity, therefore be it
- RESOLVED** that the National Council of State Boards of Nursing explore with the Commission on Graduates of Foreign Nursing Schools the feasibility of having Commission on Graduates of Foreign Nursing Schools provide a credentials evaluation service for jurisdictions, including those not requiring the Commission on Graduates of Foreign Nursing Schools screening examination.

### Submitted by

Committee representing Area III

Sharon Weisenbeck, KY  
Linda Murphey, AR  
Julie Gould, GA-PN  
Judie Ritter, FL  
Louise Waddill, TX-RN

### Resolutions Committee Action

Submitted without recommendation.

The Fiscal Impact Statement for this resolution follows on pages 6 and 7.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
FISCAL IMPACT STATEMENT-DESCRIPTION

TITLE OF PROPOSAL: Resolution on Credentials Evaluation Service for Foreign Nurse Graduates

Proposed by: Area III

April 26, 1990 Date

Will this proposal generate revenue? No Please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES

1. Does this proposal require a committee? Yes

How many members are anticipated including the chairperson? 3

How often would the committee meet? One time

2. How many mailings would this proposal require? None

To whom? \_\_\_\_\_  
\_\_\_\_\_

3. Printing (surveys, special reports, etc.) Please describe: None  
\_\_\_\_\_

4. Other than committee meetings, is travel required? Yes

Please describe: Committee chair will attend 1991 Delegate Assembly.  
At least one person will need to meet with Commission on  
Graduates of Foreign Nursing Schools.

5. What type of consultation is required (i.e., legal, computer, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Projected beginning date: September 1990

Projected completion date: March 1991

TITLE OF PROPOSAL: Resolution on Credentials Evaluation Service for Foreign Nurse Graduates

FISCAL IMPACT-SUMMARY

REVENUE \_\_\_\_\_ \$ None  
\_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES

A. DIRECT COST

1. Committee Meetings

\$675 per member airfare x 3 (# of members) x 1 (# of meetings) = \$ 2,025  
\$175 per day per diem x 3 (# of members) x 2 (# of days) = \$ 1,050  
\$200 per telephone conference x \_\_\_\_\_ (# of Telephone Conferences) = \$ \_\_\_\_\_

2. Mailings

\$0.25 per letter x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$2.00 per 9 x 12 manila envelope (First Class) x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$8.75 per Overnight Mail x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

3. Printing and Copying

A. \_\_\_\_\_ (# of reports) x \_\_\_\_\_ (# of pages) = Total pages  
B. \_\_\_\_\_ (total # of pages) x \$0.05 = \$ \_\_\_\_\_

4. Other Travel

\$675 per person airfare x 1 (# of persons) x 2 (# of meetings) = \$ 1,350  
\$175 per day per diem x 1 (# of persons) x 2 (# of days) = \$ 350

5. Consultation

A. Legal Fees

\$175 per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

B. Other Consultation

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

6. Other

\$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

B. INDIRECT COST

1. Professional and support time required:

Total 120 hours = \$ 4,200

---

Total Revenue: \$ None  
Total Expenses: \$ 4,775  
Net: \$ -4,775  
Indirect Cost: \$ 4,200

## Resolution for the Study of Standards for Licensure of Foreign Nurses

- WHEREAS** many jurisdictions are experiencing a shortage of Registered Nurses to practice in an ever-expanding highly complex health care system, and
- WHEREAS** some jurisdictions are being pressured to offer the NCLEX-RN overseas to graduates of foreign nursing schools, and
- WHEREAS** some jurisdictions are being asked to license foreign nurse graduates by endorsement, and
- WHEREAS** nursing education in some countries is not equivalent to U.S. nursing education, and
- WHEREAS** the overall passing rate of foreign nurse graduates on the NCLEX-RN is not consistent with that of U.S. educated candidates, and
- WHEREAS** all jurisdictions are concerned with protection of the public, provision of quality nursing care, and the maintenance of licensure standards, and
- WHEREAS** the primary goal of the National Council of State Boards of Nursing is to assist Member Boards in their mission of public protection, therefore be it
- RESOLVED** that the National Council of State Boards of Nursing in consultation with the Commission on Graduates of Foreign Nursing Schools, the International Council of Nurses, and the Tri-Council study the issues concerning Foreign Nurse Credentialing and develop strategies to assist Member Boards in maintaining standards for public protection through the licensure process, and be it further
- RESOLVED** that the Board of Directors report the findings and recommendations to the 1991 Delegate Assembly.

### Submitted by

Committee representing Area III  
 Sharon Weisenbeck, KY  
 Julie Gould, GA-RN  
 Linda Murphey, AR  
 Judie Ritter, FL  
 Louise Waddill, TX-RN

### Resolutions Committee Action

Recommendation: Adoption.

The Fiscal Impact Statement for this resolution follows on pages 9 and 10.



NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
FISCAL IMPACT STATEMENT--DESCRIPTION

TITLE OF PROPOSAL: Resolution on Study of Standards for Licensure of Foreign Nurses

Proposed by: Area III

April 26, 1990 Date

Will this proposal generate revenue? No Please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES

1. Does this proposal require a committee? Yes

How many members are anticipated including the chairperson? 6

How often would the committee meet? 1

2. How many mailings would this proposal require? 1

To whom? All jurisdictions

3. Printing (surveys, special reports, etc.) Please describe: Survey and report to 1991 Delegate Assembly

4. Other than committee meetings, is travel required? None

Please describe: Committee chair will attend 1991 Delegate Assembly.

5. What type of consultation is required (i.e., legal, computer, etc.)? None

6. Other. Please describe: \_\_\_\_\_

7. Projected beginning date: September 1990

Projected completion date: March 1991

Resolution on Study of Standards for Licensure of Foreign Nurses  
 TITLE OF PROPOSAL

FISCAL IMPACT-SUMMARY

REVENUE

\_\_\_\_\_ \$ None  
 \_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES

A. DIRECT COST

1. Committee Meetings

\$675 per member airfare x 6 (# of members) x 1 (# of meetings) = \$ 4,050  
 \$175 per day per diem x 6 (# of members) x 2 (# of days) = \$ 2,100  
 \$200 per telephone conference x \_\_\_\_\_ (# of Telephone Conferences) = \$ \_\_\_\_\_

2. Mailings

\$0.25 per letter x 1 (# of mailings) x 60 (# mailed) = \$ 15  
 \$2.00 per 9 x 12 manila envelope (First Class) x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
 \$8.75 per Overnight Mail x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

3. Printing and Copying

A. \_\_\_\_\_ (# of reports) x \_\_\_\_\_ (# of pages) = Total pages  
 B. \_\_\_\_\_ (total # of pages) x \$0.05 = \$ \_\_\_\_\_

4. Other Travel

\$675 per person airfare x 1 (# of persons) x 1 (# of meetings) = \$ 675  
 \$175 per day per diem x 1 (# of persons) x 1 (# of days) = \$ 175

5. Consultation

A. Legal Fees

\$175 per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

B. Other Consultation

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

6. Other

\$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

B. INDIRECT COST

1. Professional and support time required:

Total 240 hours = \$ 8,400

---

Total Revenue: \$ None  
 Total Expenses: \$ 7,015  
 Net: \$ -7,015  
 Indirect Cost: \$ 8,400

## **Resolution on Ethnic Group Representation on National Council Committees**

- WHEREAS** the National Council is an organization of state boards of nursing, and
- WHEREAS** the National Council provides guidance and services to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs, and
- WHEREAS** the nursing population of each jurisdiction is composed of individuals from various ethnic groups who may have cultural differences, and
- WHEREAS** the concerns of various ethnic groups may be better represented by their participation on National Council committees, therefore be it
- RESOLVED** that the National Council be directed to adopt and implement an affirmative action policy in matters that relate to the appointment of representatives of ethnic groups to committees.

**Submitted by**  
Michigan Board of Nursing

### **Resolutions Committee Action**

**Recommendation:** Do not adopt.  
**Rationale:** Too restrictive in focus.

The Fiscal Impact Statement for this resolution follows on pages 12 and 13.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC.  
FISCAL IMPACT STATEMENT-DESCRIPTION

TITLE OF PROPOSAL: Resolution on Ethnic Groups Representation on National Council Committees

Proposed by: Michigan Board of Nursing

April 27, 1990 Date

Will this proposal generate revenue? No Please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPENSES

1. Does this proposal require a committee? No

How many members are anticipated including the chairperson? \_\_\_\_\_

How often would the committee meet? \_\_\_\_\_

2. How many mailings would this proposal require? None

To whom? \_\_\_\_\_  
\_\_\_\_\_

3. Printing (surveys, special reports, etc.) Please describe: \_\_\_\_\_  
\_\_\_\_\_

4. Other than committee meetings, is travel required? No

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What type of consultation is required (i.e., legal, computer, etc.)? Legal consultation  
\_\_\_\_\_  
\_\_\_\_\_

6. Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Projected beginning date: August 1991

Projected completion date: October 1991

TITLE OF PROPOSAL: Resolution on Ethnic Groups Representation on National Council Committees  
FISCAL IMPACT--SUMMARY

REVENUE

\_\_\_\_\_ \$ None  
\_\_\_\_\_ \$ \_\_\_\_\_

EXPENSES

A. DIRECT COST

1. Committee Meetings

\$675 per member airfare x \_\_\_\_\_ (# of members) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_  
\$175 per day per diem x \_\_\_\_\_ (# of members) x \_\_\_\_\_ (# of days) = \$ \_\_\_\_\_  
\$200 per telephone conference x \_\_\_\_\_ (# of Telephone Conferences) = \$ \_\_\_\_\_

2. Mailings

\$0.25 per letter x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$2.00 per 9 x 12 manila envelope (First Class) x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_  
\$8.75 per Overnight Mail x \_\_\_\_\_ (# of mailings) x \_\_\_\_\_ (# mailed) = \$ \_\_\_\_\_

3. Printing and Copying

A. \_\_\_\_\_ (# of reports) x \_\_\_\_\_ (# of pages) = Total pages  
B. \_\_\_\_\_ (total # of pages) x \$0.05 = \$ \_\_\_\_\_

4. Other Travel

\$675 per person airfare x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_  
\$175 per day per diem x \_\_\_\_\_ (# of persons) x \_\_\_\_\_ (# of days) = \$ \_\_\_\_\_

5. Consultation

A. Legal Fees

\$175 per hour x 3 (# of hours) x \_\_\_\_\_ (# of meetings) = \$ 525

B. Other Consultation

\$ \_\_\_\_\_ per hour x \_\_\_\_\_ (# of hours) x \_\_\_\_\_ (# of meetings) = \$ \_\_\_\_\_

6. Other

\$ \_\_\_\_\_ per \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

B. INDIRECT COST

1. Professional and support time required:

Total 5 hours = \$ 175

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Total Revenue: \$ None  
Total Expenses: \$ 525  
Net: \$ -525  
Indirect Cost: \$ 175

## **Resolution on Administration of NCLEX-PN in Germany**

- WHEREAS** Big Bend Community College has conducted educational courses including vocational programs in Germany for seventeen years, and
- WHEREAS** Big Bend Community College and the U.S. Army are planning to enter into a five-year contract to educate persons in the service using the Big Bend Practical Nurse educational program approved by the Washington State Board of Practical Nursing, and
- WHEREAS** the U.S. Army estimates there are almost five hundred enlisted personnel needing testing or requiring program completion before testing, and
- WHEREAS** the U.S. Army plans to sponsor an additional twenty-five beginning practical nurse student per year in the Big Bend European Health Occupations Program, and
- WHEREAS** the licensure examination has been successfully administered in Germany from October 1987 through April 1990 by the Delaware Board of Nursing, and
- WHEREAS** the Washington State Board of Practical Nursing and the U.S. Army are committed to licensure of all practical nurses, and
- WHEREAS** the U.S. Army Practical Nurse (MOS 91C) is viewed as an important component of the U.S. military forces, therefore be it
- RESOLVED** that the Washington State Board of Practical Nursing be authorized to administer NCLEX-PN in Germany to qualified applicants, and be it further
- RESOLVED** that the Washington State Board of Practical Nursing be authorized to administer the examination in Germany for the five-year period of the Big Bend/U.S. Army contract, beginning in April 1991 and ending after the April 1996 examination administration.

**Submitted by**  
Washington State Board of Practical Nursing

**Resolutions Committee Action**  
Submitted without recommendation.

There is no fiscal impact associated with this resolution.

# Resolutions Committee—Operating Policies and Procedures

## **Description**

The Resolutions Committee is a committee appointed by the president to serve the Delegate Assembly.

## **Purpose**

To expedite the work of the Delegate Assembly.

## **Functions**

1. Receive and review all resolutions submitted to it, without changing intent. This process shall consist of:
  - a. determination of consistency with National Council philosophy, mission, goals, objectives, and policies;
  - b. determination of relationship to ongoing programs and priorities;
  - c. assessment for duplication;
  - d. appropriateness of language;
  - e. editing, rewriting, and/or combining resolutions, if deemed appropriate;
  - f. assessment of financial impact and potential legal implications.
2. Initiate resolutions.
3. Present oral and written reports of resolutions. The report for each resolution shall include one of the following actions by the Resolutions Committee:
  - a. recommendation for adoption;
  - b. recommendation for adoption after amendments are made (amendments being specifically identified);
  - c. recommendation for not adopting (with the rationale being identified);
  - d. submission without recommendation;
  - e. recommendation for referral to a specified committee for further study.

## **Procedure**

Resolutions may be submitted by a delegate(s), structural unit or jurisdiction. A fiscal impact statement must accompany the resolution.

Resolutions may be submitted to the Resolutions Committee until the committee convenes its meeting at the Delegate Assembly. Thereafter, the submitter shall present the resolution directly to the Delegate Assembly as new business.

Submitters are encouraged to submit resolutions prior to the deadline for the *Book of Reports*, as identified below, to allow time for the committee and the submitter to work together on format, wording, clarity, etc. should that be needed, and to have the resolution included in the *Book of Reports*.

Courtesy resolutions are proposed by the Resolutions Committee.

#### **Resolutions for Publication in the *Book of Reports***

1. Resolutions must be submitted by the deadline published in the National Council *Newsletter* in order to be reviewed by the Resolutions Committee and published in the Delegate Assembly *Book of Reports*.
2. The Resolutions Committee will meet after the submission date and prior to the deadline for receipt of materials for the *Book of Reports*. The committee will review all resolutions and work with submitter should editing, rewriting, or combining of resolutions be necessary. All submitters will be advised of the committee action on their resolutions. No resolutions will be amended or revised after committee action and until the report is presented at the Delegate Assembly.
3. Resolutions printed in the *Book of Reports* will be presented at the Resolutions Forum.

#### **Resolutions Received After the Publication of the *Book of Reports***

1. The deadline for receipt of resolutions at the Delegate Assembly shall appear in the Rules of Conduct for the Delegate Assembly.
2. A meeting of the Resolutions Committee will be scheduled at the Delegate Assembly to review resolutions received after the publication of the *Book of Reports*.
3. The person(s) submitting a resolution should attend the committee meeting and be prepared to speak to the resolution.
4. The committee will go into executive session to prepare the resolution(s) for submission to the Delegate Assembly.
5. Resolutions received after the publication of the *Book of Reports*, but prior to the meeting of the Resolutions Committee at the Delegate Assembly, will be presented at the Resolutions Forum.

#### **Other New Business**

1. A resolution not received before the Resolutions Committee meeting at the Delegate Assembly shall be presented directly to the Delegate Assembly as new business, with approval of a majority vote of the Delegate Assembly. (Rule of the Delegate Assembly)
2. The submitter is responsible for duplication of the resolution for distribution to members of the Delegate Assembly.
3. Each resolution must be accompanied by a Fiscal Impact statement.

Approved by Board of Directors May 1990



National Council of State Boards of Nursing, Inc.

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**Orientation Manual**

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**Purpose**

The purpose of the Orientation Manual is to provide information about the functions and operations of the National Council. It is hoped that this manual will facilitate the active participation of all Delegate Assembly participants as well as Board and Committee members.

Following a brief discussion of the National Council's history, this manual will describe the organizational structure, functions, policies, and procedures. Committee-specific policies, procedures, and forms may be found in the green and white National Council Manual. Each Member Board has its own copy of the National Council Manual which is periodically updated.

**History**

The concept of an organization such as the National Council had its roots as far back as August 1912 when a special conference on state registration laws was held during the American Nurses' Association (ANA) convention. At that time, participants voted to create a committee that would arrange an annual conference for persons involved with state boards of nursing to meet during the ANA convention. It soon became evident that the committee required a stronger structure to deal with the scope of its concerns. However, for various reasons, the committee decided to remain within the ANA.

Boards of Nursing also worked with the National League for Nursing Education (NLNE) which, in 1932, became the ANA's Department of Education. In 1933, by agreement with the ANA, the NLNE accepted responsibility for advisory services to the State Boards of Nurse Examiners (SBNE) in all education and examination-related matters. Through its Committee on Education, the NLNE set up a subcommittee that would address, over the following decade, state board examination issues and problems. In 1937, NLNE published A Curriculum Guide for Schools of Nursing. Two years later, the NLNE initiated the first testing service through its Committee on Nursing Tests.

Soon after the beginning of World War II, nurse examiners began to face mounting pressures to hasten licensing and to schedule examinations more frequently. In response, participants at a 1942 NLNE conference suggested a "pooling of tests" whereby each state would prepare and contribute examinations in one or more subjects that could provide a reservoir of test items. They recommended that the Committee on Nursing Tests, in consultation with representative nurse examiners, compile the tests in machine scorable form. In 1943, the NLNE Board endorsed the action and authorized its Committee on Nursing Tests to operate a pooling of licensing tests for interested states (the "State Board Test Pool Examination" or SBTPE). This effort soon demonstrated the need for a clearinghouse whereby state boards could obtain information needed to produce their test items. Shortly thereafter, a Bureau of State Boards of Nursing began operating out of ANA headquarters.

The bureau was incorporated into the ANA bylaws and became an official body within that organization in 1945. Two years later, the ANA Board appointed the Committee for the Bureau of State Boards of Nurse Examiners which was comprised of full-time professional employees of state boards.

In 1961, after reviewing the structure and function of the ANA and its relation to state boards of nursing, the committee recommended that it be replaced by a council. Although council status was achieved, many persons continued to be concerned about potential conflicts of interest and recognized the often heard criticism that professional boards serve primarily the interests of the profession they purport to regulate.

In 1970, following a period of financial crisis for the ANA, a council member recommended that a free-standing federation of state boards be established. After a year of study by the state boards, this proposal was overwhelmingly defeated when the council adopted a resolution to remain with the ANA. However, an ad hoc committee was appointed later to examine the feasibility of the council becoming a self-governing incorporated body.

At the council's 1977 meeting, a task force was elected and charged with the responsibility of proposing a specific plan for the formation of a new independent organization. On June 5, 1978, the Delegate Assembly of the ANA's Council of State Boards of Nursing voted 83 to 8 to withdraw from the ANA to form the National Council of State Boards of Nursing.

Today, the National Council consists of 61 Member Boards including those from the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. An organizational chart depicting the relationship between the National Council and the Member Boards is attached (Appendix A).

### **Organizational Mission, Objectives, and Goals**

The mission of the National Council of State Boards of Nursing is to promote public policy related to the safe and effective practice of nursing in the interest of public welfare. It strives to accomplish this mission by acting in accordance with the decisions of its Member Boards of nursing on matters of common interest and concern affecting public health, safety and welfare. To accomplish its aims, the National Council provides services and guidance to its members in performing their functions which regulate entry to nursing practice, continuing safe nursing practice and nursing education programs.

The National Council has several objectives, one of which is to develop and establish policy and procedure regarding the use of licensing examinations in nursing. Another is to identify and promote desirable uniformity in standards and expected outcomes in nursing education and practice as they relate to the public interest. The National Council also seeks to assess trends and issues that affect nursing, disseminate data relating to nurse licensure, and promote continued competence in nursing. To achieve these objectives, it plans and promotes educational programs; it provides consultative services for Member Boards and others; and conducts research that addresses education, practice, and policy-related issues. Strategies for achieving these goals are developed in accordance with organizational objectives and reflect the National Council's mission. The National Council's operational plan adds short-term activities and resources designed to accomplish the long-range goals, objectives and strategies. Activities to implement goals are developed, assessed, and refined each fiscal year and provide the organization with a flexible plan within a disciplined focus. Annually, the Board of Directors and committees participate in evaluating the accomplishment of goals and objectives and the directives of the Delegate Assembly.

### **Organizational Structure and Function**

#### ***Membership***

Membership in the National Council is extended to those boards of nursing that agree to use, under specified terms and conditions, one or more types of licensing examinations developed by the National Council. At the present time, there are 61 Member Boards including those from the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Boards of nursing may become Member Boards upon approval of the Delegate Assembly, payment of the required fees, and execution of a contract for using NCLEX-RN and/or NCLEX-PN.

Member Boards maintain their good standing through remittance of fees and compliance with all contract provisions and bylaws. In return, they receive the privilege of participating in the development and use of the National Council's licensing examinations. Member Boards also receive information services, public policy analyses, and research services. Member Boards who fail to adhere to the conditions of membership may have delinquent fees assessed or their membership terminated by the Board of Directors. They may then choose to appeal the Board's decision to the Delegate Assembly.

#### ***Areas***

The National Council's membership is presently divided into four geographic areas. The purpose of this division is to facilitate communication, encourage regional dialogue on relevant issues, and provide diversity of board and committee representation. Area Directors are elected by delegates from their respective areas through a majority vote of the Delegate Assembly. In addition, there is a Director-at-Large who is elected by all delegates voting at convention. (See Glossary for list of jurisdictions by area.)

#### ***Delegate Assembly***

The Delegate Assembly is the major policy-making body of the National Council that comprises delegates designated by the Member Boards. Each Member Board has two votes and may name two delegates and alternates.

The Delegate Assembly meets at the National Council's annual convention, traditionally in August. Special sessions can be called under certain circumstances. Regularly scheduled sessions take place in Chicago during the odd years. Even year sessions are held in other cities on a rotation basis among areas.

At the annual meeting, delegates elect officers and members of the Committee on Nominations by majority and plurality vote respectively. They also receive and respond to reports from officers and committees and approve the annual audit report. They may revise and amend the bylaws by a two-thirds vote, providing the proposed changes have been submitted at least 45 days before the session. In addition, the Delegate Assembly approves most test-related decisions, including changes in examination fees and test plans.

### **Officers**

Officers of the National Council include the president, vice president, secretary, treasurer, area directors, and director-at-large. Only members or staff of Member Boards may hold office, subject to exclusion from holding office if other professional obligations result in an actual or perceived conflict of interest.

No person may hold more than one elected office at the same time. The president shall have served at least one year on the Board of Directors prior to being elected to office. An officer shall serve no more than six consecutive years on the Board of Directors in addition to filling an unexpired term.

The president, vice president, secretary, and treasurer shall be elected for a term of two years or until their successors are elected. The president and vice president are elected in even-numbered years. The secretary and treasurer are elected in odd-numbered years.

The directors are elected for a term of two years or until their successors are elected. Directors from odd-numbered areas are elected in odd-numbered years. Directors from even-numbered areas and the director-at-large are elected in even-numbered years.

Officers are elected by ballot during the annual session of the Delegate Assembly. Area directors are elected by delegates from their respective areas.

Election is by a majority vote. When a majority is not established by an initial ballot, re-balloting takes place between the two nominees with the highest number of votes. In case of a tie on the re-balloting, the choice is determined by lot.

Officers assume their duties at the close of the session at which they were elected. A vacancy in the office of president is filled by the vice-president. Other officer vacancies are filled by Board appointees until the term expires.

### **Board of Directors**

The Board of Directors, the administrative body of the National Council, consists of the nine elected officers. Its primary function is to conduct the business of the National Council between sessions of the Delegate Assembly. The Board authorizes the signing of all contracts including those between the National Council and its Member Boards. It also engages the services of legal counsel, approves and adopts an annual budget, reviews membership status of noncompliant Member Boards, and renders opinions, when needed, about actual or perceived conflicts of interest.

Additional duties include the adoption of personnel policies for all staff, appointment of committees, monitoring of committee progress, approval of studies and research pertinent to the National Council's purpose, and provision for the establishment and maintenance of the administrative offices.

The work of the Board is currently organized into three committees: Coordinating, Personnel, and an ad hoc committee to study the feasibility of a third annual NCLEX administration.

The purposes of the Coordinating Committee are to plan for efficient organization of Board business, advise and counsel the President and Executive Director on corporate matters, approve contracts, and serve as a review body for

urgent issues requiring National Council response. The Personnel Committee reviews personnel policies and proposals for staff changes.

### ***Meetings of the Board of Directors***

Meeting dates for the year are scheduled by the Board of Directors during its post-convention Board meeting. All Board meetings are held in Chicago with the exception of the pre- and post-convention Board meetings in the even years.

Board members are asked to submit reports and other materials for the meeting at least three weeks prior to each meeting so that they can be copied and distributed with other meeting materials. The call to meeting, agenda and related materials are mailed to Board members two weeks before the meeting. The agenda is prepared by the Coordinating Committee.

Activities and materials generated during the two week interval before the meeting are reported or distributed at the next meeting. This limits the flood of last minute paper to be read and considered during the Board meeting.

The agenda is generally organized around committee and staff reports in the various program areas. Items for Board discussion and action are accompanied by a memo or report which describes the item's background and indicates the Board action needed. Motion papers are available during the meeting and are used so that an accurate record will result. Staff take minutes of the meeting and later draft a complete set in conjunction with the secretary. A summary of the Board's major decisions is also prepared, reviewed by the Secretary, and mailed to Member Boards for their information prior to the release of approved minutes following the next Board meeting.

Resource materials are available to each Board member for use during Board meetings. These materials, which are updated periodically throughout the year, are kept at the National Council offices and include copies of the articles of incorporation and bylaws, policies and procedures, contracts, operational plans, budget, test plan, committee rosters, minutes, and personnel manual.

### ***Communications with the Board of Directors***

Communication between Board meetings takes place in several different ways. The Executive Director communicates weekly with the President, regarding major activities and confers as needed with the Treasurer about financial matters. The Executive Director and Treasurer also discuss the budget on a quarterly basis after the accountant has had the opportunity to compile the necessary financial data. Monthly reports of major activities are prepared by the Executive Director and mailed to Board members.

In most instances, the Executive Director is the person responsible for communicating with National Council consultants about legal, financial, and accounting concerns. This practice was adopted primarily as a way to monitor and control the costs of consultant services.

Conference calls can be scheduled, if so desired by the President. Written materials are generally forwarded to Board members in advance of the call. These materials include staff memos detailing the issue's background as well as Board action required. Staff prepare minutes of the call to assist the Secretary who submits them at the next regularly scheduled Board meeting.

Board members use the National Council letterhead when communicating as offices of the National Council.

### ***Committee on Nominations***

National Council delegates elect representatives to the Committee on Nominations. The Committee consists of four persons, one from each area, who may be either Member Board staff or Board members. Committee members are elected to one year terms and may not serve more than two consecutive terms. They are elected by ballot with a plurality vote. The chairperson is that person who receives the highest number of votes.

The Committee on Nominations' function is to consider the qualifications of all candidates for Board of Director office and for the committee itself. The committee then prepares a slate with the names of at least two persons for each position to be filled. At Delegate Assembly additional nominations can be received from the floor.

### **Committees**

Most of the National Council's objectives are accomplished through the committee process. Every year, the committees report on their activities and make recommendations to the Delegate Assembly. At the present time, the National Council has seven standing committees: Examination, Administration of Examination, Finance, Bylaws, Nursing Practice and Education, Communications, and Long Range Planning.

Ad hoc committees or task forces are appointed by either the Delegate Assembly or the Board of Directors and to address special issues and concerns. Examples include the Nurse Aide Competency Evaluation Program Committee, the Special Projects Committee, and the Nurse Information System Committee.

Committees are governed by specific policies and procedures which may be found in the National Council Manual. The manual is updated, whenever necessary, through mailings from the National Council to Member Boards. Committee membership is extended to all current members and staff of Member Boards. An effort is made to achieve balanced representation whenever possible, including Area, staff and Board members, registered and practical nurses, and consumers. Consultants provide outside expertise to committees as needed, on a one-time or ongoing basis.

No individual may serve more than six consecutive years on the same committee. Vacancies, including those resulting from a failure to attend two consecutive meetings, may be filled by the Board of Directors upon recommendation by the committee chairperson.

A National Council staff member is assigned to serve each committee. Staff work closely with the committee chairpersons to facilitate committee work and provide support and expertise to committee members, but they have no formal decision-making role. Agendas for the committee meetings are established by the chairperson. With staff assistance, the chairperson prepares the agenda, the call to meeting, and any other documents that must be reviewed prior to committee meetings. Staff supervise the mailing of these materials, which are sent to committee members no less than two weeks before the committee meeting.

At the request of committee members, staff will analyze issues and make recommendations in accordance with committee objectives and assumptions.

### ***Finance Committee***

The Finance Committee consists of at least three persons. One of the three is the Treasurer who serves as the committee chair. The committee's primary purpose is to supervise National Council finances, subject to the Board of Directors' approval. It also reviews financial status on a quarterly basis and provides the Board with a proposed annual budget prior to each new fiscal year.

### ***Examination Committee***

The Examination Committee consists of at least six persons. One of these persons must represent a separate board for practical/vocational nursing. The committee chair must have served on the committee prior to being appointed chairperson.

The purpose of the Examination Committee is to develop the licensure examinations and evaluate procedures needed to produce the licensure examinations. Toward this end, it recommends test plans to the Delegate Assembly and suggests research important to the development of licensure examinations.

The Examination Committee is responsible for directing all aspects of examination development. Other duties include the selection of appropriate item writers, test service evaluation, and preparation of written information about the

examinations for Member Boards and other interested parties. The committee also evaluates the licensing examinations following their administration through means of item analysis, person-fit analysis, and test and candidate statistics.

One of the National Council's major objectives is to provide psychometrically sound and legally defensible nursing licensure examinations to Member Boards. Establishing examination validity is key to this objective. Users of examinations have certain expectations about what an examination measures and what its results mean; a valid examination is simply one that legitimately fulfills these expectations.

Validating a licensure examination is an evidence-gathering process to determine two things: 1) whether the examination actually measures competencies required for safe and effective job performance, and 2) whether it can distinguish between candidates who do and do not possess those competencies. An analysis of the job for which the license is given is essential to validation. There are several methods for analyzing jobs, including compilation of job descriptions, opinions of experts, and surveys of job incumbents. Regardless of the method used, the outcome of the job analysis is a description of those tasks that are most important for safe and effective practice.

The results of the job analysis can be used to devise a framework describing the job, which can then be used as a basis for a test plan and for a set of instructions for item writers. The test plan is the blueprint for assembling forms of the test, and usually specifies major content or process dimensions and percentages of questions that will be allotted to each category within the dimension. The instructions for item writers may take the form of a detailed set of knowledge, skills, and abilities (KSA) statements or competency statements which the writers will use as the basis for developing individual test items. By way of the test plan and KSA statements, the examination is closely linked to the important job functions revealed through the job analysis. This fulfills the first validation criterion: a test that measures important job-related competencies.

The second criterion, related to the examination's ability to distinguish between candidates who do and do not possess the important competencies, is most frequently addressed in licensure examinations through a criterion-referenced standard setting process. Such a process involves the selection of a cut score to determine which candidates pass and which fail. Expert judges with first-hand knowledge of what constitutes safe and effective practice for entry-level nurses are selected for this process. They are trained in conceptualizing the minimally competent candidate (performing at the lowest acceptable level), and they go through a structured process of judging success rates on each individual item of the test. Their pooled judgments result in identification of a cut score. Taking this outcome along with other data relevant to identification of the level of minimum competence, the Board of Directors sets a passing standard which distinguishes between candidates who do and do not possess the essential competencies, thus fulfilling the second validation criterion.

Having validation evidence based on job analysis and criterion-referenced standard setting processes is the best legal defense available for licensing examinations. For most of the possible challenges that candidates might bring against an examination, if the test demonstrably measures the possession of important job-related skills, its use in the licensure process is likely to be upheld in a court of law.

### ***Administration of Examination Committee***

The Administration of Examination Committee consists of at least six persons. Its purpose is to recommend criteria and procedures needed to maintain examination security and evaluate Member Board and Test Service compliance with the established criteria and procedures. It is the committee's duty to report security-related violations of contracts between the National Council and its Member Boards to the Board of Directors. The committee recommends dates for the administration of examinations to the Delegate Assembly. The committee chair is contacted in regard to crisis management plan implementation and investigation of security breaks. The committee also reviews National Council staff authorizations for handicapped NCLEX candidates and examination reviews.

### ***Nursing Practice and Education Committee***

The Nursing Practice and Education Committee consists of at least six persons. The committee's purpose is to provide data regarding aspects of nursing regulation to Member Boards. It periodically reviews and revises the Model Nursing

Practice Act and the Model Administrative Rules, and prepares other position statements and guidelines occasionally for presentation to the Delegate Assembly. It also prepares written information about the legal definitions and standards of nursing practice and education which it disseminates to Member Boards and other interested parties.

### ***Bylaws Committee***

The Bylaws Committee consists of at least three members. Its primary duties are to receive, edit, and correlate proposed amendments to the articles of incorporation and bylaws. Such amendments may be originated in the Bylaws Committee or submitted by Member Boards, the Board of Directors, or committees. Following the Bylaws Committee's review, the proposed amendments are submitted by the Committee to the Delegate Assembly together with the committee's recommendation for action.

### ***Long Range Planning Committee***

The Long Range Planning Committee consists of at least five members. Its purpose is to review the structure of the National Council and its effectiveness in meeting the National Council's purpose; review the mission statement, goals, and objectives and propose revisions, if necessary; and prepare information about the National Council goals, objectives, and strategies for dissemination.

### ***Communications Committee***

The Communications Committee consists of at least five members. Its purpose is to provide recommendations regarding National Council publications; coordinate planning for computer-based information systems; monitor the effectiveness of publications and information systems; plan the annual Convention and administer an awards program; and coordinate conferences as authorized by the Delegate Assembly or the Board of Directors.

### ***National Council Staff***

National Council staff members are hired by the Executive Director to whom they report. Their primary role is to implement the Delegate Assembly's policy directives and provide assistance to the Board of Directors and committees.

The National Council staff is organized into departments for the purpose of meeting the organizational objectives. The Testing Services Department exists to accomplish the National Council's primary objective which is to develop and establish examination-related policy and procedure. Several staff members are assigned to this department. Other staff members are assigned to the Departments of Research Services, Communications, Public Policy, Nursing Practice and Education; and Administrative Services to assist the National Council to meet its other objectives. Attached is an organizational chart depicting the relationships between the various departments (Appendix B). A list of staff and their respective responsibilities is also attached (Appendix C).

### ***General Delegate Assembly Information***

Agendas for each session are prepared by the President in consultation with the Board of Directors and Executive Director and approved by the Board of Directors. At least 45 days before the annual convention, Member Boards are sent copies of the Book of Reports. This document contains annual reports and recommendations from the standing and ad hoc committees, Board of Directors, officers, and Executive Director as well as new business submitted by any member or the Board. It also contains the agenda and operating budget, as well as proposed rules for the conduct of Delegate Assembly business.

Prior to the annual session of the Delegate Assembly, the President appoints the Rules, Registration, Election, and Resolutions Committees as well as the Committee to Approve Minutes. Prior to any special session, the President appoints at least the Rules and Registration Committees. In either case, the President must also appoint a timekeeper, a parliamentarian, and pages.



The purpose of the Rules Committee is to draft, in consultation with the parliamentarian, rules for the conduct of the specific Delegate Assembly. The Registration Committee's function is to accept registration fees and provide delegates and alternates with identification bearing the number of votes to which the individual is entitled. It also presents oral and written reports at the opening session of the Delegate Assembly and immediately preceding the election of officers and Committee on Nominations.

The Elections Committee conducts all elections that are decided by ballot in accordance with the bylaws and standing rules. The Resolutions Committee initiates resolutions if deemed necessary and receives, edits, and evaluates all others in terms of their relationship to council goals and fiscal impact. At a time designated by the President, it reports its recommendations to the Delegate Assembly.

Minutes of the Delegate Assembly are kept by the Secretary, with the support of National Council staff. These minutes are then reviewed by the Committee to Approve Minutes. Discrepancies are resolved by reviewing the Delegate Assembly transcript and arriving at a consensus.

The duties of the Delegate Assembly are to:

- approve new National Council memberships
- elect officers and members of the Committee on Nominations
- receive reports of officers and committees and take action as appropriate
- approve any examination fee to be charged by the National Council
- approve the auditor's report
- approve policy and position statements and strategies that give direction to the National Council
- approve the substance of all contracts between the National Council and Member Boards and the Council and test services
- establish the criteria for and select the test service to be utilized by the National Council unless the National Council provides such services itself
- adopt test plans to be used for the development of licensing examinations in nursing
- transact any other business as may come before it

## **General Committee Information**

### ***Committee Appointments***

The appointment of representatives of Member Boards to committees of the National Council is a responsibility delegated to the Board of Directors by the bylaws. In order to facilitate this process and to ensure a wide representation of Member Boards, board staff and board members, the following procedure is used.

Each Spring, Member Boards are requested to submit the names and curriculum vitae of individuals who wish to be considered for appointment to a National Council committee. This information, along with information about the number of positions available on each committee, is forwarded to the respective Area Director for recommendations for appointment or reappointment. Concurrently, committee chairpersons are asked to provide input as to whether individuals currently serving on committees should be reappointed.

Immediately following Delegate Assembly, the Board of Directors evaluates the qualifications of existing and potential committee chairpersons and makes the appropriate appointments. In early September, the Area Directors appoint/reappoint individuals to vacant committee positions. The Area Directors' decisions are based on input received from committee chairpersons, as well as information obtained from the individuals' curriculum vitae. At this time, appointments are also made to any additional subcommittees, special committees, and task forces required to accomplish the directives of the Delegate Assembly.

### ***Committee Minutes***

Minutes are taken at every committee meeting including telephone conferences. Minute-taking is an extremely important responsibility because minutes serve as records of what took place at the meeting. Although minutes can be opposed by oral testimony, they are, in the vast majority of cases, legally binding once they have been adopted and certified. Thus, it is critical that they accurately reflect the committee's process and outcomes.

Committee minutes are taken by committee members or staff. If no one volunteers to take the minutes, the committee chair may appoint someone to serve as secretary. Whoever takes the minutes should remember to:

- record the date, place, and time of the meeting
- include a statement that the meeting was duly called
- indicate the presiding officer, chair, or committee member
- indicate who served as secretary
- record names of persons present and quorum statistics
- record the reading, correction, and adoption of minutes from the previous meeting
- record the adjournment time
- keep them clear and concise
- not include every routine document
- make amendments to the minutes only with the committee's approval
- initial any amendments

Minutes from National Council Board and committee meetings follow a specific format. With rare exception, they should reflect the topic discussed and the comments and/or actions that followed.

On the advice of legal counsel, the minutes of the discussion should not be laden with unnecessary detail or use a "he said/she said" approach. In other words, it is not desirable for the secretary to transcribe verbatim statements. Only in special circumstances is it necessary to identify individual speakers since the minutes should reflect committee discussion as well as committee action.

Whenever possible, the secretary should leave a handwritten copy of the minutes with the staff person assigned to the committee meeting. The staff person will then have the minutes typed and forwarded to the committee members with the next meeting's agenda. This procedure not only relieves the committee member of an additional burden; it also safeguards the minutes from loss. It also provides the committee chair with information to prepare the next meeting's agenda. In the event that the minutes cannot be left with the staff person, they should be forwarded to the National Council offices within two weeks.

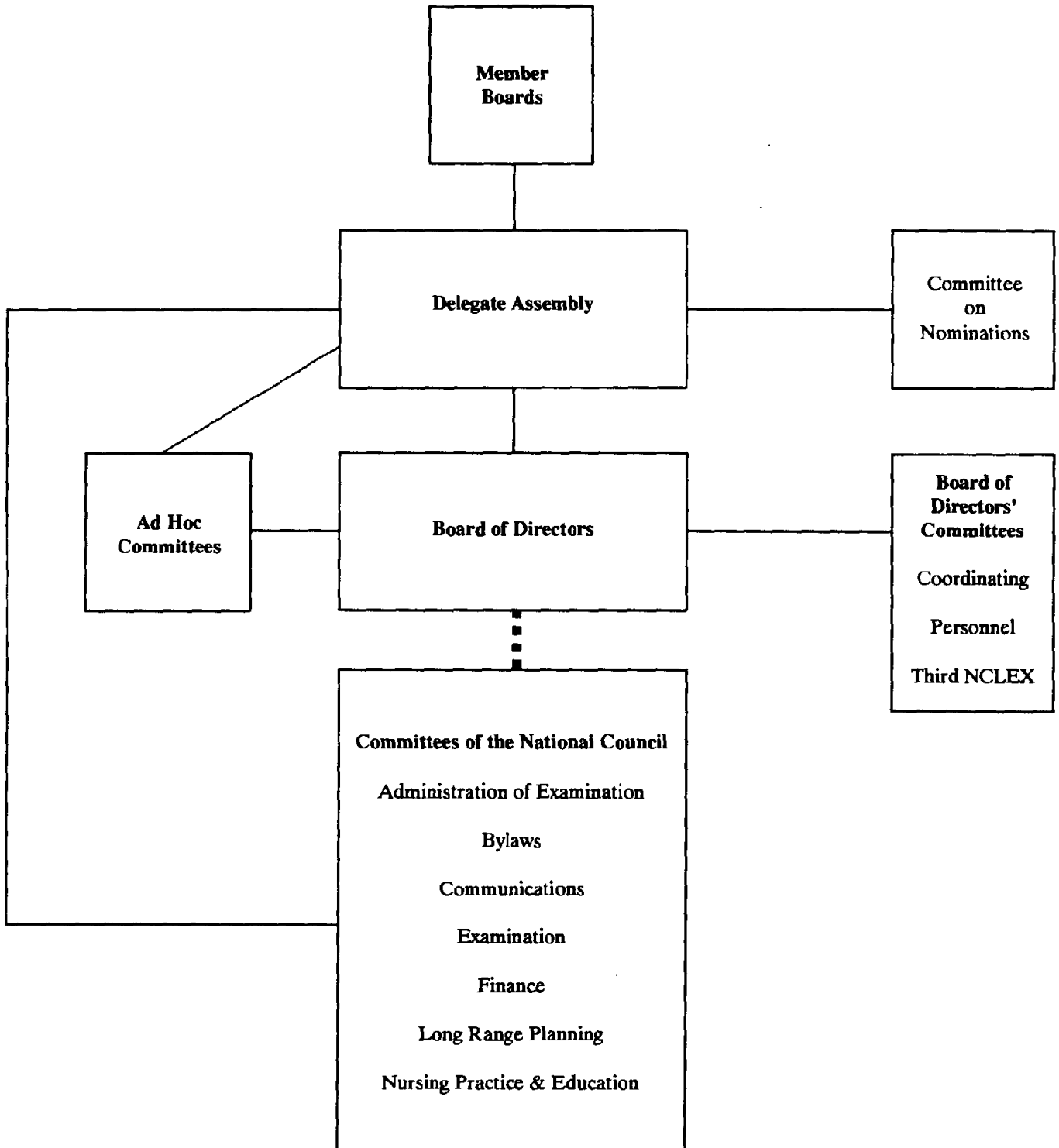
***Committee Reports***

Committee reports are sent to the National Council offices no later than three weeks prior to each Board of Directors' meeting. The reports are written by the committee chairperson who is assisted by the committee staff person. Staff process the reports and supervise their mailing.

The first page of the report contains an abstract of the report, followed by any committee recommendation(s). Subsequent pages document the committee's activities in either narrative or outline format. Background and rationale for the committee's recommendation(s) should be clearly stated. The report concludes with a reiteration of the committee's recommendation(s).

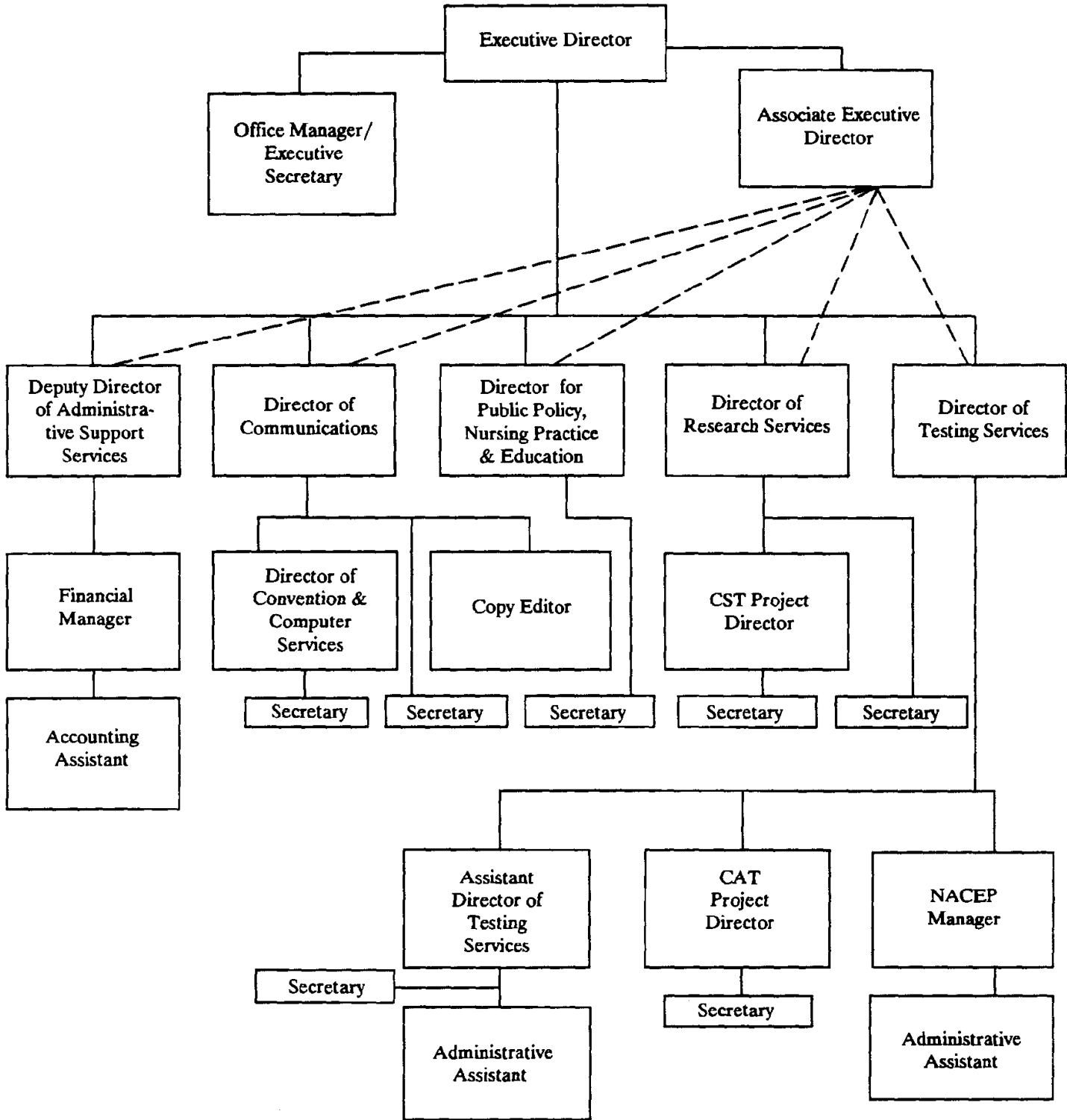
Organization  
As of May 1, 1990

Appendix A



**National Council of State Boards of Nursing, Inc.  
Staff Organization  
As of May 1, 1990**

**Appendix B**



## **Staff Responsibilities**

### **Administration**

#### **Executive Director, Jennifer Bosma**

Chief executive officer responsible for directing the operations of the National Council. Major responsibilities include organizational management, management of programs and services, planning, and public relations.

#### **Associate Executive Director, Doris E. Nay**

Coordinates administrative aspects of National Council programs; assists the Executive Director in providing specific organizational services related to planning, reporting, and liaison activities.

#### **Deputy Director for Administrative Support Services, William Lauf**

Responsible for all administrative support services. Major activities include data processing, management of support staff and physical plant, capital acquisitions, and payroll administration.

#### **Financial Manager, Kathleen Hayden**

Responsible for annual operating budget, quarterly financial reports, and financial forecast; supervises all activities related to accounts receivable and payable.

#### **Office Manager, Ann Watkins**

Supervises secretarial staff and provides secretarial services to the Executive Director.

### **Nursing Practice and Education**

#### **Director of Public Policy, Nursing Practice and Education, Vickie R. Sheets**

Monitors trends and issues in nursing practice and education; serves as a resource to Member Boards regarding the practice of nursing; provides policy analysis of state and federal legislation; monitors disciplinary data.

### **Testing**

#### **Director of Testing Services, Matthew Schulz**

Supervises and performs activities related to test production, test administration, and security; monitors compliance with test services; serves as consultant on testing data and liaison to research staff.

#### **Assistant Director of Testing Services, Nancy Miller**

Performs staff services and provides nursing input related to test development and administration; supervises review of examination items and dissemination of information regarding the examinations.

#### **Director of Special Projects (Computerized Adaptive Testing-CAT), Anthony Zara**

Responsible for all staff activities related to the computerized adaptive testing feasibility study; coordinates activities with external resources and manages communications about the project.

#### **Program Manager, Nurse Aide Competency Evaluation Program-NACEP), Barbara Schroeder-Halsey**

Responsible for administering the nurse aide competency evaluation program; coordinates committee and test service activities and promotes program through communications and marketing activities.

#### **Administrative Assistant (Testing), Debra Tomsky**

Assists testing staff in the above activities.

## **Research**

### **Director of Research Services, Carolyn Yocom**

Supervises and conducts research related to education, practice, test development, and administration, including the computerized clinical simulation testing (CST) project and the job analysis studies.

### **Project Director, Computerized Clinical Simulation Testing, CST Project, Anna Berskey**

Responsible for implementing the computerized clinical simulation testing project, a three year project funded by the W.K. Kellogg Foundation.

## **Communications**

### **Director of Communications, Susan Woodward**

Responsible for all publications produced by the National Council; serves as liaison to the media and provides public relations services as needed.

### **Copy Editor, Kerry Nowicki**

Edits *State Nursing Legislation Quarterly (SNLQ)*, edits bi-weekly *Newsletter*, assists staff with publication production.

### **Director of Computer and Convention Services, Burleigh Angle**

Coordinates the annual convention and other meetings; manages electronic mail system and computer operations.

# Glossary

## **AACN**

American Association of Colleges of Nursing.

## **ABOS**

American Board of Orthopaedic Surgery.

## **ACT Study**

1986 and 1988 Job Analysis Studies as performed by the American College Testing Program, Iowa City, Iowa.

## **AEC**

Administration of Examination Committee.

## **ANA**

American Nurses' Association.

## **AONE**

American Organization of Nurse Executives.

## **Area**

Designated regions of National Council Member Boards.

### Area I

Alaska  
American Samoa  
Arizona  
California  
Colorado  
Guam  
Hawaii  
Idaho  
Montana  
Nevada  
New Mexico  
N. Mariana Islands  
Oregon  
Utah  
Washington  
Wyoming

### Area II

Illinois  
Indiana  
Iowa  
Kansas  
Michigan  
Minnesota  
Missouri  
Nebraska  
North Dakota  
Ohio  
South Dakota  
West Virginia  
Wisconsin

### Area III

Alabama  
Arkansas  
Florida  
Georgia  
Kentucky  
Louisiana  
Mississippi  
North Carolina  
Oklahoma  
South Carolina  
Tennessee  
Texas  
Virginia

### Area IV

Connecticut  
Delaware  
District of Columbia  
Maine  
Maryland  
Massachusetts  
New Hampshire  
New Jersey  
New York  
Vermont  
Pennsylvania  
Rhode Island  
Virgin Islands

## **ASCP**

American Society of Clinical Pathologists.

## **Batch Processing**

A method of submitting candidate applications for NCLEX. Applications are submitted directly to the Board of Nursing, then forwarded to the Data Center on a regular basis with the appropriate funds.



**Blueprint**

The organizing framework for NACEP which includes the percentage of items allocated to various categories.

**Board Member**

An individual who serves on a board of directors (national level) or a board of nursing (state level).

**Board Processing**

A method of submitting candidate applications for NCLEX. Applications are submitted directly to the Board of Nursing, then forwarded to the Data Center on a regular basis without money. The Board is billed for the total number of processed applications at a later date.

**BOD**

Board of Directors of the National Council of State Boards of Nursing.

**Bylaws**

The laws which govern the internal affairs of an organization.

**Case Development Committee**

A committee of twelve (12) clinical experts which has the responsibility of developing cases for the Computerized Clinical Simulation Testing (CST) project.

**CAT**

Computerized Adaptive Testing.

**CGFNS**

The Commission on Graduates of Foreign Nursing Schools.

**CLEAR**

National Clearinghouse on Licensure, Enforcement and Regulation (an organization of regulatory boards and agencies).

**CMP**

See Crisis Management Plan.

**CNATS**

Canadian Nurses Association Testing Service.

**Competency Statements**

Statements of future-oriented nursing competencies synthesized by the Task Force on Examinations for the Future in 1988 and the Subcommittee on PN/VN Competencies in 1989.

**Crisis Management Plan (formerly Disaster Plan)**

A plan developed for NCLEX administration to be implemented in the event of emergency or natural disaster.

**CSP**

Committee for Special Projects (CAT Committee).

**CST**

Computerized Clinical Simulation Testing.

**CTB Macmillan/McGraw-Hill**

The National Council's test service for NCLEX.

**Data Center**

The unit at CTB which receives and processes direct NCLEX applications.

**Delegate Assembly**

The policy-making body of the National Council comprises 61 Member Boards. Each Member Board is entitled to two (2) votes.

**Diagnostic Profile**

The document sent to failing candidates reflecting their performance on various aspects of the NCLEX test plan.

**Direct Application**

A method of submitting candidate applications for NCLEX. Applications are submitted by candidates, with appropriate fee, directly to the Data Center.

**Disciplinary Data Bank**

A National Council data management system that serves as a conduit and resource for disciplinary actions from Member Boards.

**EC**

Examination Committee.

**Experimental Items**

Newly written test questions placed into examinations for the purpose of gathering statistics. Experimental items or "tryouts" are not used in determining the pass/fail result.

**FARB**

Federation of Associations of Regulatory Boards.

**Fiscal Year**

July 1 through June 30 at the National Council. Under a current Bylaws amendment proposal, the dates would be October 1 to September 30.

**FY**

See Fiscal Year.

**HCFA**

Health Care Financing Administration.

**ICONS**

The Interagency Conference on Nursing Statistics.

**Issues**

A bimonthly newsletter published and nationally distributed by the National Council.

**Item**

A test question.

**Item Writers**

Individuals who write test questions for NCLEX RN/PN and NACEP examinations.

**KSA**

Knowledge, Skill and Ability Statements.

**MAR**

Model Administrative Rules.

**Member Board**

A jurisdiction having a contract with the National Council to administer NCLEX-RN and/or NCLEX-PN.

**MNPA**

Model Nurse Practice Act.

**NACEP**

Nurse Aide Competency Evaluation Program (also a committee of the National Council's Delegate Assembly).

**NAPNES**

The National Association for Practical Nurse Education and Service.

**National Council Operational Plan**

Goals, objectives and strategies of the National Council's long range plan as adopted by the Delegate Assembly. The plan includes activities and funding sources for current and future years as planned by the Board of Directors and committees.

**NBME**

National Board of Medical Examiners. NBME programmed the National Council's Computerized Adaptive Testing (CAT) software and is currently modifying its computerized clinical simulation testing (CST) software for application to nursing.

**NC or NCSBN**

Abbreviated form of National Council of State Boards of Nursing, Inc.

**NCLEX-RN/PN**

National Council Licensure Examination-Registered Nurse/Practical Nurse. Test dates are designated by month and year. NCLEX-RN is administered in February and July (e.g. 289 and 789). NCLEX-PN is administered in April and October (e.g. 489 and 089).

**NCNET**

National Council's electronic mail network, available to each Member Board and used by subscription.

**NCNIP**

National Commission on Nursing Implementation Project.

**Newsletter**

A biweekly publication produced by the National Council staff and distributed to each Member Board. Items included on a regular basis: committee reports; Board of Directors agendas, major actions and minutes; Disciplinary Data Bank reports; analyses of federal legislation; examination statistics; notice of upcoming events; updates to the National Council Manual; and solicitations for persons to serve in various capacities.

**NFLPN**

National Federation of Licensed Practical Nurses.

**NIMH**

National Institute of Mental Health.

**NIS**

Nurse Information System (a committee of the National Council Board of Directors).

**NLN**

National League for Nursing.

**NP&E**

Nursing Practice and Education (a committee of the National Council's Delegate Assembly).

**NPDB**

National Practitioner Data Bank. A federally-mandated program for collecting disciplinary data regarding health-care practitioners. Mandatory reporting for physicians and dentists is projected to begin in fall 1990; reporting for other providers, including nurses, is expected to begin in 1991.

**OBRA 1987**

Omnibus Budget Reconciliation Act of 1987 (contains requirements for nurse aide training and competency evaluation).

**Panel of Content Experts**

Individuals who review newly written items developed for NCLEX-RN/PN.

**PCE**

See Panel of Content Experts.

**PL 100-203**

A public law which institutes the Nursing Home Reform Act and is part of the Omnibus Budget Reconciliation Act (OBRA) of 1987.

**PL 99-660**

A public law which institutes the Health Care Quality Assurance Act and establishes a national practitioners databank (See NPDB).

**Psych Corp**

The Psychological Corporation. The Psychological Corporation is the test service contracted by the National Council and guided by the Nurse Aide Competency Evaluation Program (NACEP) Committee to develop and maintain an evaluation for nurse aide competency as mandated by federal legislation (OBRA).

**Psychometrics**

The scientific field concerned with all aspects of psychological measurement (or testing), specifically achievement, aptitude, and mastery as measured by testing instruments.

**Reliability**

A test statistic that indicates the expected consistency of a person's test scores across different administrations or test forms. Reliability indicates the extent to which a test score is repeatable over time. That is, it reflects the degree to which a test score reflects the examinee's true standing on the trait being measured. The National Council uses the Kuder-Richardson Formula 20 (KR20) statistic to measure the reliability of NCLEX and NACEP.

**RFP**

Request for Proposals.

**SNLQ**

*State Nursing Legislation Quarterly.* A quarterly journal publication reviewing nursing legislation throughout the country. The journal is published by the National Council and mailed by subscription.

**Standard Setting**

The process used to set the passing standard for an examination. The passing standard is the performance level (in terms of number of correct answers) at and above which examinees are classified as passing the examination and below which they are classified as failing. For the National Council, the standard setting sessions are used to determine the minimum level of entry-level nursing knowledge, skills and abilities that candidates must demonstrate to pass. The National Council uses a criterion-referenced procedure for standard setting and conducts a standard setting session every time the NCLEX test plan or NACEP blueprint changes.

**State Summary Profiles**

A prototype of state-level examination performance data that were developed for discussion at the spring 1990 Area meetings. The proposed reports were designed in the format of the summary reports ("green sheets") and included performance information related to areas of the test plan by school and by program type.

**Summary Profiles**

Published by CTB, the NCLEX Summary Profiles are a concise report of the performance of a nursing program's graduates on the National Council Licensure Examination. A subscription to this service provides a nursing program with percent of candidates passing, test plan profiles, diagnostic profiles, and content dimension reports that may help program administrators and educators to monitor the effectiveness of the curriculum and identify areas of strength and weakness.

**Summary Reports**

After all phases of a scoring cycle have been completed for an administration, CTB prepares a set of summary reports for each state or jurisdiction. The reports include a variety of data summarizing the test performance of all candidates. The reports also include summaries of test performance for candidates who were educated in that state.

**TAA**

Test Administration Agency. The organization contracted by a Member Board to administer the NCLEX or NACEP examination.

**Tape States**

A method of submitting candidate applications for NCLEX. The states develop their own applications, enter the information on to a computer tape, and forward that tape to the Data Center following the examination.

**Test Plan**

The organizing framework for NCLEX-RN/PN which includes the percentage of items allocated to various categories.

**Test Service**

The organization which provides test services to the National Council, including test scoring and reporting. CTB is the test service for NCLEX, and The Psychological Corporation is the test service for NACEP.

**Validity**

The extent to which inferences made using test scores are appropriate and justified by evidence; an indication that the test is measuring what it purports to measure. The National Council assures the validity of its examinations by basing each test strictly on the appropriate test plan (RN or PN) or blueprint (NACEP). Each test plan or blueprint is developed from a current job analysis of entry-level practitioners.