Next Generation NCLEX® (NGN) Project
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RN Test Development Associate
Objectives

• Discuss NCSBN Clinical Judgment research
• Define Clinical Judgment Model
• Review NGN item prototypes
• Identify FAQs and NGN resources
The Beginnings

NEC* 2012: Is the NCLEX® measuring the right things?

2015: Strategic Practice Analysis Pilot Study
Evaluation of Current Item Types

Item Formats
- Multiple choice
- Multiple response
- Drag and drop
- Hot spot
- Audio
- Graphics
- Exhibit

Clinical Judgment Skills
- Cue recognition
- Hypothesis generation
- Communication
- Consequences/risks
- Task complexity
- Time pressure
- Distractions/interruptions
## Current NCLEX® Item Bank: Clinical Judgment Domain Distribution

<table>
<thead>
<tr>
<th></th>
<th>Cue Recognition</th>
<th>Hypothesis Generation</th>
<th>Communication</th>
<th>Consequences and Risk</th>
<th>Task Complexity</th>
<th>Time Pressure</th>
<th>Distractions and Interruption</th>
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<td><strong>Multiple Choice</strong></td>
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<td><strong>Exhibit</strong></td>
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Clinical judgment is a necessary skill for the novice nurse

Client care and nurse errors can be improved by enhancing clinical judgment skills in novice nurses

Clear need for a direct, extensive, and explicit assessment of this construct in entry-level nurses

Assessing clinical judgment is a critical component of the overall goal of NCLEX ascertaining minimum competency

Clinical judgment currently is indirectly tested in a limited manner through integration across activity statements
Clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.
Development of Clinical Judgment Model


NCSBN Clinical Judgment Model
Layers 2 and 3
Definitions of Layer 3

- **Recognize Cues** - Filtering information from different sources (e.g., signs, symptoms, medical history)

- **Analyze Cues** - Organizing and linking the recognized cues from previous step to the client’s clinical presentation. Candidates should establish probable client needs, concerns, or problems

- **Prioritize Hypothesis** - Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.)

- **Generate Solutions** - Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcome

- **Take Action** - Implementing the solution(s) that addresses the highest priorities. Important to recognize that sometimes no action is an action itself

- **Evaluate Outcomes** - Comparing observed outcomes against expected outcomes
Layer 4
Current NGN Item Prototypes
The nurse is caring for a 28-year-old client who is gravida 4, para 2, is at 40 weeks gestation and is in active labor.

Nurses’ Notes

The client is receiving titrated intravenous oxytocin for augmentation of labor via the secondary line on an intravenous pump. The client is also receiving maintenance intravenous fluid of lactated Ringer’s solution at 125 mL/hr via an intravenous pump. The client has a cervical dilatation of 5 cm and a cervical effacement of 100% with a fetal station of 0 in vertex presentation. Intact amniotic membranes are noted. Category I tracing of fetal heart rate (FHR) of 150 bpm, with moderate variability, and 3 accelerations of 15 bpm over the baseline lasting 15 seconds via external ultrasound. The client is experiencing contractions every 5 minutes, which are lasting 70 seconds with moderate intensity via tocotransducer. Vital Signs: HR of 88, BP of 115/78, RR of 15, T of 100.4°F (38.0°C). Has a continuous epidural infusion of 0.25% bupivacaine with fentanyl running at 10 mL/hr. Pain 0/10 at this time. Client states, “I had postpartum hemorrhage with my last vaginal delivery and I required a blood transfusion.” Medical history of hypothyroidism and asthma.
The client is receiving titrated intravenous oxytocin for augmentation of labor via the secondary line on an intravenous pump. The client is also receiving maintenance intravenous fluid of lactated Ringer’s solution at 125 mL/hr via an intravenous pump. The client has a cervical dilatation of 5 cm and a cervical effacement of 100% with a fetal station of 0 in vertex presentation. Intact amniotic membranes are noted. Category I tracing of fetal heart rate (FHR) of 150 bpm, with moderate variability, and 3 accelerations of 15 bpm over the baseline lasting 15 seconds via external ultrasound. The client is experiencing contractions every 5 minutes, which are lasting 70 seconds with moderate intensity via tocotransducer. Vital Signs: HR of 88, BP of 115/78, RR of 15, T of 100.4°F (38.0°C). Has a continuous epidural infusion of 0.25% bupivacaine with fentanyl running at 10 mL/hr. Pain 0/10 at this time. Client states, “I had postpartum hemorrhage with my last vaginal delivery and I required a blood transfusion.” Medical history of hypothyroidism and asthma.
Complete the following sentences by choosing from the list of options:

The nurse should recognize that the fetal heart rate (FHR) may __________, the maternal temperature may __________, and the amniotic fluid may be __________ upon rupture of membranes if treatment is delayed.

Infection can cause adverse outcomes for the fetus, such as __________.

[There is a dropdown list of options in each box]
The client has a temperature of 102.1°F (38.9°C) at this time. The nurse notes that the FHR is 170 with minimal variability and no accelerations present. Contractions are every 7 minutes, and last 50 seconds with moderate intensity. A category II FHR tracing is noted.

Drag words from the choices below to fill in each blank found in the following sentence:

The best outcomes for the client would be to _______ and _______. To achieve optimal outcomes, the nurse should _______ and _______.

<table>
<thead>
<tr>
<th>Word Choices</th>
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<tbody>
<tr>
<td>Reduce maternal temperature</td>
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<tr>
<td>Facilitate labor progression</td>
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<tr>
<td>Improve fetal well-being</td>
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<tr>
<td>Prepare for cesarean section</td>
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<tr>
<td>Perform intrauterine resuscitation</td>
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<tr>
<td>Administer intravenous antibiotics</td>
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<tr>
<td>Discontinue intravenous oxytocin</td>
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</table>
Drag the potential steps the nurse should take to perform intrauterine resuscitation to the box on the right. Choose only the steps that are appropriate:

<table>
<thead>
<tr>
<th>Potential Steps</th>
<th>Appropriate Steps</th>
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</thead>
<tbody>
<tr>
<td>Place the client in the left lateral position.</td>
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<tr>
<td>Increase the infusion of titrated intravenous oxytocin.</td>
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<td>Administer 10 L of oxygen via nonrebreather mask.</td>
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<td>Request that the obstetrician artificially rupture the client’s membranes.</td>
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<td>Check the client’s cervix for changes in dilatation.</td>
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<tr>
<td>Increase the maintenance intravenous infusion.</td>
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</tbody>
</table>
The nurse is assessing the client after performing intrauterine resuscitation.

For each finding, click to specify whether the finding indicates the intervention was effective, ineffective or unrelated:

<table>
<thead>
<tr>
<th>Assessment Finding</th>
<th>Effective</th>
<th>Ineffective</th>
<th>Unrelated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal temperature of 100.4°F (38.0°C)</td>
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<td>☐</td>
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<tr>
<td>FHR of 145</td>
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<td>Absent fetal variability</td>
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<td>Increase in bloody show</td>
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<td>Early decelerations</td>
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<td>Maternal HR of 76</td>
<td>☐</td>
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New NGN Item Types: Clinical Judgement Model Domain Distribution

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<td>Enhanced Hot Spot</td>
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<td>Extended Multiple Response</td>
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<td>Extended Drag and Drop</td>
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<td>SBAR</td>
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<td>Cloze Items</td>
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<td>Constructed Response</td>
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<td>Rich Media Scenarios</td>
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<td>Dynamic Exhibits</td>
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Special NGN Research Section

Current item types being piloted in the research section:

- Extended Multiple Response
- Extended Drag and Drop
- CLOZE
- Enhanced Hot Spot
- Dynamic Exhibit
- Constructed Response
Common FAQs
What does the special research section look like?

Once a candidate finishes their exam, an introductory screen will indicate the beginning of the Special Research Section. This section will also continue to be numbered in accordance with the completed exam – for example, if a candidate's exam ended with question 153, the first question on the Special Research Section will be numbered 154. Despite the consecutive numbering, these new questions will have no impact on NCLEX scoring or results.

What information will be collected?

The special research section collects data for developing scoring rules, provide evidence of item characteristics and determine how much time candidates spend on each item.
How should students prepare for the special research section?

As the new items included in the special research section are for research purposes only, no additional preparation is necessary. The special research section is testing the new item types’ functionality, not the candidates’ ability.

Can educators see the special research section?

All questions on the NCLEX-RN and the special research section are confidential, and are not available to anyone outside of the testing environment.
Which candidates are selected for the special research section?

Only NCLEX-RN candidates are selected to participate in the special research section. A number of factors determine whether or not a candidate will be given the special research section (e.g., the time remaining in their NCLEX appointment).

How will the items be scored?

The special research section items will not be scored. One of the purposes of the special research section is to gather the data needed to determine scoring methods for the new item types.
Is there a penalty if a candidate refuses to participate?

No. The special research section is optional and will not count towards the NCLEX result.

Will more information about the special research section come out soon?

Yes. Language informing candidates about the special research section is included in the regular correspondence to NCLEX candidates, on the NCSBN and Pearson VUE websites and provided via the NCSBN social media sites.
NGN Information on NCSBN Website

Next Generation NCLEX Project

The 2013-2014 NCSBN Strategic Practice Analysis highlighted the increasingly complex decisions newly licensed nurses make during the course of patient care. NCSBN is conducting research to determine whether clinical judgment and decision making in nursing practice can be reliably assessed through the use of innovative item types. This objective is the Next Generation NCLEX project, or NGN.

Overview

The NGN consists of several phases of research, which are delineated in the model below. If the evidence during any individual step indicates that potential innovations will not support the rigor and quality of the NCLEX, the project will be reexamined at all levels.
NGN Resources

- Quarterly Newsletter

Next Generation NCLEX Project: 
https://www.ncsbn.org/next-generation-nclex.htm

Next Generation NCLEX FAQs: 
https://www.ncsbn.org/11449.htm

*Measuring the Right Things*, In Focus article: 
https://www.ncsbn.org/12021.htm
Thank you!

For additional questions please email:
nclexinfo@ncsbn.org