Pencils Down, Booklets Closed

The Evolution of the NCLEX®: 20 Years as a Computer Adaptive Exam
Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Copyright ©2014 National Council of State Boards of Nursing. Inc. (NCSBN) All rights reserved. This document may not be used, reproduced or disseminated to any third party without written permission from NCSBN.

Address inquiries in writing to NCSBN Permissions, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277. 312.525.3600 | www.ncsbn.org | infocus@ncsbn.org

In This Issue

3. Bridging the Online Divide
   Catching Up with the Distance Learning Education Committee

4. Lead, Follow or Get Out of the Way
   An Observation in Leadership
   By: Mark Majek, MA, PHR
   Director, Operations, Texas Board of Nursing

6. Seeing Things Differently
   By: Ruby Jason, MSN, RN, NEA-BC,
   Executive Director, Oregon State Board of Nursing
   Twila McInnis, MS, MPA, RN
   Director, Rhode Island Board of Nurse Registration and Nursing Education

10. Pencils Down, Booklets Closed
    The Evolution of the NCLEX®: 20 Years as a Computer Adaptive Exam

17. Kentucky Board of Nursing Celebrates its Centennial

18. A Global Perspective: Nursing Regulation in British Columbia, Canada
    By: Cynthia Johansen, MAL
    Registrar/CEO, College of Registered Nurses of British Columbia

21. Speed Round
21. Going Global
24. News & Notes
Faculty
Test Development and Item Writing
Confidently write, administer and evaluate tests that give an accurate assessment of growth.

Assessment of Critical Thinking
Integrate the assessment of critical thinking into course design. Participants learn to convert test questions to assess higher-level thinking.

Understanding the NCLEX®—A Guide for Nursing Educators
Develop a clear understanding of the NCLEX examination. Learn about the history, the processes involved in developing the exam and how the exam is scored. The knowledge gained from the course helps nursing educators prepare students for the testing experience.

Most courses include:
- Built-In Glossary
- Comprehensive Reference List
- Interactive Quizzes
- Downloadable Workbook
- Continuing Education Credit
- Syllabus/Study Guide

NCSBN members can access the courses for free at courses.ncsbn.org.

Students
NCLEX® Prep Courses
Students can dig into NCLEX-PN and NCLEX-RN review courses with nursing content organized according to the latest NCLEX test plans. Courses contain comprehensive content, NCLEX-style practice questions and many other interactive tools designed to build confidence. There are four different subscription lengths and group discounts* are available when signing up for more students.

Nurses
Continuing Education Courses
Whatever setting nurses practice in, the key to long-term growth is professional development. Build skills and knowledge that empower nurses to establish and prolong their careers. Our nursing CE courses are written by renowned nursing experts.

Since 1998, the Learning Extension has reached over 325,000 nurses in more than 120 countries!

All courses can be found online at learningext.com.

To start learning in just a few easy steps:
- Go to learningext.com.
- Click “enter online campus.”
- Create your user profile by clicking “Create an Account.”
- Complete the form and “Submit.”
- Go to the Course Catalog to select and purchase courses.

Bridging the Online Divide:
The Distance Learning Education Committee

All of NCSBN’s committees tackle complex and sometimes difficult issues, but for the last two years the Distance Learning Education Committee (DLEC) has grappled with a particularly modern issue that didn’t even exist before the advent of the Internet. It is the thorny problem of addressing nursing educators’ perception that boards of nursing (BONS) are arbitrarily throwing up regulatory roadblocks and on the other side of the coin, addressing the challenges BONS face in ensuring the education that online students receive is on par with students in traditional classroom and clinical settings that the DLEC has been tasked with since its formation in 2012.

Today, an unprecedented 6.7 million students are taking at least one online course; 32 percent of all students in higher education are taking at least one online course and nursing students are no exception to using this technology to receive college credit (Allen & Seaman, 2013).

It is these issues coupled with the exponential growth in the number of nursing students using distance education that the committee, composed of a diverse group of nursing professionals, has tackled with good humor, mutual respect, a deep dive into available research and futuristic solutions to existing obstacles. The committee members, most of whom are new to serving on an NCSBN committee, are not new to sharing their expertise and providing expert guidance on issues regarding nursing and nursing education. Reflecting on his tenure as DLEC Chair, Bobby Lowery, PhD, RN, FNP-BC, FAANP, assistant professor, East Carolina University, College of Nursing, and board member, North Carolina Board of Nursing, observed, “We came together as leaders in our respective areas and brought a wide range of thoughts and ideas to the table. Our differing opinions on the issues involved could have pulled us apart but instead the overarching goal of trying to find the best way to ensure public protection pulled us together and made us stronger.”

Charged at its inception by the NCSBN Board of Directors to identify regulatory issues regarding distance education and to propose model education rules, the DLEC finished its initial charges in 2013, but based on outstanding issues identified by BONS, it asked for a second year to continue to refine and expand upon its already completed foundational work. Throughout the 2013-14 fiscal year, the committee wrote a white paper, Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs, presenting the regulatory perspective of prelicensure distance education programs from a variety of viewpoints. The committee also developed prelicensure regulatory guidelines, and proposed model education rule and act revisions. “As the board liaison, I was very impressed with how serious and dedicated this committee was to its charges and goals,” said NCSBN BOD Director-at-Large Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing.

Trying to find solutions that would work for all jurisdictions found committee members having to put aside notions of “we do it this way in my state” in order to find solutions that would best fit the demands of nursing distance learning education in the 21st century and into the future. “I am proud of the fact that we were able to work cooperatively through occasional frustrations to come up with innovative solutions,” said NCSBN BOD Chair Ann Hundley, JD, RN, president, Indiana Board of Nursing.

Today, an unprecedented 6.7 million students are taking at least one online course…

Charged at its inception by the NCSBN Board of Directors to identify regulatory issues regarding distance education and to propose model education rules, the DLEC finished its initial charges in 2013, but based on outstanding issues identified by BONS, it asked for a second year to continue to refine and expand upon its already completed foundational work. Throughout the 2013-14 fiscal year, the committee wrote a white paper, Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs, presenting the regulatory perspective of prelicensure distance education programs from a variety of viewpoints. The committee also developed prelicensure regulatory guidelines, and proposed model education rule and act revisions. “As the board liaison, I was very impressed with how serious and dedicated this committee was to its charges and goals,” said NCSBN BOD Director-at-Large Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing.

Trying to find solutions that would work for all jurisdictions found committee members having to put aside notions of “we do it this way in my state” in order to find solutions that would best fit the demands of nursing distance learning education in the 21st century and into the future. “I am proud of the fact that we were able to work cooperatively through occasional frustrations to come up with innovative solutions,” said NCSBN BOD Chair Ann Hundley, JD, RN, president, Indiana Board of Nursing.

Today, an unprecedented 6.7 million students are taking at least one online course…

Charged at its inception by the NCSBN Board of Directors to identify regulatory issues regarding distance education and to propose model education rules, the DLEC finished its initial charges in 2013, but based on outstanding issues identified by BONS, it asked for a second year to continue to refine and expand upon its already completed foundational work. Throughout the 2013-14 fiscal year, the committee wrote a white paper, Nursing Regulation Recommendations for Distance Education in Prelicensure Nursing Programs, presenting the regulatory perspective of prelicensure distance education programs from a variety of viewpoints. The committee also developed prelicensure regulatory guidelines, and proposed model education rule and act revisions. “As the board liaison, I was very impressed with how serious and dedicated this committee was to its charges and goals,” said NCSBN BOD Director-at-Large Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing.

Trying to find solutions that would work for all jurisdictions found committee members having to put aside notions of “we do it this way in my state” in order to find solutions that would best fit the demands of nursing distance learning education in the 21st century and into the future. “I am proud of the fact that we were able to work cooperatively through occasional frustrations to come up with innovative solutions,” said NCSBN BOD Chair Ann Hundley, JD, RN, president, Indiana Board of Nursing.
An Observation of Leadership

There is ongoing debate as to the author of this quote that titles this article, but to this day, it is one of the most used phrases in leadership. Some believe that this phrase is terse, rude or even overly blunt and should be relegated to a bumper sticker or quietly whispered among those in “the know.”

By: Mark Majek, MA, PHR
Director, Operations
Texas Board of Nursing

From my perspective, it is a distinct leadership style used by astute leaders who recognize that traditional management styles no longer meet our regulatory needs, with tight budgets and changing generational expectations. While we cling to old style management, younger workers are demanding a different approach. What will be our succession plan for the future?

I have been fortunate to observe many different leadership styles in the past 26 years as a staff member with the Texas Board of Nursing, working with NCSBN and currently serving on the NCSBN Leadership Succession Committee (LSC). In these groups, three common leadership themes emerged: knowing when to step forward, knowing when to defer to an expert and knowing when to get out of the way of someone who has a better idea. I am not suggesting abdicating leadership, but instead, sharing it with those around you who can offer a different perspective, who can be constructive with their actions and who can follow up with their original ideas. As leaders, we are tasked with accountability whether we lead, follow or get out of the way. All three are vital and important.

Lead
The most effective leaders I’ve observed have led with confidence and humility. When faced with a new committee leader, executive officer or board president, I quickly pick up on their leadership style and adapt to that perception. The most effective leaders adapt their leadership style to the group which fosters trust and open communication within the team. They are firm in their convictions, but also honest with themselves and can admit that they do not have all the answers.

Follow
When you have a team of high performers without direction, chaos can ensue. The most effective leaders I observed could facilitate the topic, back off and listen, then allow the group to come to consensus on its own. Members of a group can be leaders in their own right, contributing from their fields of expertise and bring that knowledge to the table. In the end, after following through on the ideas of others, the effective leader helps synthesize the thoughts, seeks clarification and then retakes the lead.

Get Out of the Way
This is the most difficult concept for most leaders to incorporate. Some view this tactic as the absence of leadership. I, however, see this as allowing your group to totally engage in the process and move through the “forming, storming, norming and performing” model, as created by psychologist Bruce Tuckman. If members of a group openly engage in a process, it allows the organization to identify both informal and formal leaders, and thus begin to embark on succession planning.

What might seem to be obvious sometimes escapes us as leaders while we try to anticipate our challenges. As a staff member at a board of nursing and a member of the LSC, I have had the opportunity to observe great leaders facing difficult situations and, unfortunately, see other leaders struggle in similar situations. In my observation, the leadership qualities cited above can be highly successful when fully implemented and used. It is up to us to decide if we want to lead, follow or get out of the way and move our organization forward and allow future leaders to emerge.

There are many leadership paths and opportunities for members of NCSBN to support professional development. Learn more through the NCSBN Leadership Development Program (ncsbn.org username and password required).
In March, the 2014 NCSBN Midyear Meeting took members to Kansas City, Mo. to network, receive updates on NCSBN committee work and discuss issues affecting nursing regulation, specifically focused on the future of nursing and telemedicine. To get a better idea of what goes on at this meeting, we invited two executive officers new to their role to tell us about their first Midyear Meeting experience, including who they met, what they learned and why attending this meeting is so important to their job.

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

After a 30-year career in acute care, 25 years as a manager/director, I have entered the world of board of nursing regulatory enforcement. A world with new vocabulary (how many acronyms can you squeeze into a process?), strange and different hours of operation (what? No one is here at night and on weekends! We closed for a snow day?) and having to read all of the Oregon Nurse Practice Act that I used to be able to skip (administrative chapter? Fee schedule?). Having been an expert in my area of practice (administration), I now felt like a novice and, at my age, being a novice is an unfamiliar place.

In the office of my predecessor I found much material that seemed to come from an organization called NCSBN. Since the acronym was unknown to me (and there certainly seemed lots of materials, files, books and fliers with this unknown alphabet jumble), I decided that this information was probably something I needed to know about…soon, after I attended to other “more important” information that I needed to learn about this brave new world I had entered.

Day one on the job, I was informed that not only that I was expected to attend an NCSBN meeting in Kansas City, but that my chief financial officer had resigned. Day three on the job, the licensing manager also resigned and on day four the chief investigator resigned too (with everyone’s assurance that it “was not about you”). In my previous life I could step into a manager role and hold everything together until a new manager was hired…what was I to do here? I couldn’t even figure out the acronyms, let alone what I was actually supposed to be doing and what the work of the agency truly had to be, and I certainly could not be expected to attend a meeting 30 days into the job!

Off to Kansas City I went and thanks to the great staff here at the Oregon Board of Nursing, I felt I was gaining some momentum. I was very concerned that attending a meeting was going to break my stride and be something that would be a hindrance rather than substantive (after all, I had been attending meetings for 30 years…what more could yet another meeting teach me?).

Well, I am happy to report that I was wrong, wrong, wrong!

It takes a village to raise a child…it takes NCSBN to calm down a new executive officer.

Finally…context! Connections! Resources!

The first day of meeting was a leadership day for executive officers. The information regarding “Governance as Leadership” gave me a different view of leadership that I had not appreciated prior. The area meeting allowed me to connect with the collective consciousness of other executive officers, their ideas, their issues and their solutions. The group was welcoming and quickly inclusive. Offers of “call me if you ever need anything” was the mantra of the day and gave me a sense of community that I really needed (and that I had missed; all my other contacts are hospital administrators).

As I moved through the sessions I realized that I was now on the other side of many issues. The increasing issue of telehealth and the effect on licensure is a side of the telehealth conversation I had not previously attended to. The same was true for legislative updates, APRN consensus and the APRN compact -- an issue that very much affected my previous practice as the
manager of various APRNs, but had not really accept-
ed as something I really needed to know. The various
committee reports helped me see the depth of
NCSBN’s involvement in influencing regulatory over-
sight and shaping the future of our profession.

Lunches with representatives from Canada
encouraged conversation about similarities and differences. Time spent with my board president
solidified the context of my role and hers. After
25 years in a hospital and with a distant (if any)
relationship to the “hospital board” to now
performing work that supports the board in the
regulation of nursing practice is a leap that seemed
much larger before I attended the meeting.

Not sure if everyone had the same experience
during their first NCSBN meeting… this was mine.
I am grateful for the welcome and humbled by the
incredible work of NCSBN and the member boards.
The NCSBN staff went out of their way to make sure
I was connected and could find my way.

I was and am a very experienced nursing
administrator and those skills will always serve me
well. The NCSBN Midyear Meeting has given me
the context for this new role that I have accepted.
Together with the support and resources available to
me through NCSBN and my previous experience, I
am feeling that wherever this new role takes me, I do
not have to go down the road alone.

Twila McInnis, MS, MPA, RN
Director, Rhode Island Board of
Nurse Registration and
Nursing Education

I had the pleasure of attending this conference with our board
president, Peggy Matteson. NCSBN also assigned me a
mentor, Jay Douglas, the executive officer from
Virginia, who I was thrilled to meet at Midyear
Meeting. Upon arrival, I met Peggy at the airport and
we took a cab to the Kansas City Marriott Country
Club Plaza. The accommodations were delightful.
Peggy and I had several enjoyable opportunities to
walk around Kansas City to shop and dine with other
attendees.

On Sunday, I attended the NLCA Midyear Meeting.
The organizational efforts of NCSBN are impressive.
A binder was mailed to my office prior to the
meeting, which contained valuable informational
resources. The biggest take-away from this day for me
was learning about “rap-back” from Mark Majek of
the Texas Board of Nursing. Rap-Back is a system that
allows state law enforcement to notify the board of
nursing of recent arrests of licensees.

Cathy Trower, president of Trower and Trower, Inc., led
the NCSBN Executive Officer and Membership Board
President Leadership Forum, presenting “Building High
Performance Regulatory Boards.” I was the gracious
Governance as Leadership,” which is a phenomenal
resource. I enjoyed meeting Cathy and found we have
many things in common, including living near one
another, knowing some of the same people at Harvard
involved in leadership and also at Wheaton College,
where she serves on the governing board.

I thoroughly enjoyed learning more about the APRN
Compact from Kathy Thomas of the Texas Board of
Nursing. I was able to share this information with
the Rhode Island Advanced Practice Nurse Advisory
Committee upon my return. I also learned a great deal
during the “Strategic Use of Media” presentation by
Patricia Clark. The networking reception that evening
was a fabulous way to connect with other NCSBN
members and listen to beautiful music.

It was very interesting to receive the Institute
of Medicine Future of Nursing Report from Sue
Hassmiller of the Robert Wood Johnson Foundation.
The Telehealth and Telemedicine presentations given
by Jill Winters of Columbia College of Nursing
and Gary Capistrant of the American Telemedicine
Association were also very informative. The discussion
by Myra Broadway on deciding on a licensure model
was the perfect inspirational closing to the meeting.
I am very grateful to have the opportunity to meet
some of the exemplary leaders at NCSBN. This
organization is an invaluable resource.

The 2015 Midyear Meeting will be held March 16-19, in
Louisville, Ky. at the Hyatt Regency Louisville.

Subscribing to the Journal of Nursing Regulation (JNR) informs you about regulations
affecting nursing practice and education. Articles about transition to practice, changes
in laws and rules, continuing education, as well as case studies keep you abreast of all
the issues where practice and regulation intersect.

NCSBN Subscription Rates

<table>
<thead>
<tr>
<th>Domestic</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution</td>
<td>$150</td>
</tr>
<tr>
<td>Individual</td>
<td>$75</td>
</tr>
</tbody>
</table>

JNR is the perfect publication for anyone studying or working in nursing
regulation, education or administration. You will receive four issues
annually, each packed with peer-reviewed articles covering such topics
as nursing practice, research, education, discipline, investigations and the
NCLEX® examinations.
The Superdome in New Orleans is huge. For a football game, it can hold more than 75,000 fans. Since it opened in 1975, it has hosted baseball games, gymnastics events and even a Republican National Convention. Today, it’s the home of the New Orleans Saints football team. Believe it or not, if you were a nurse taking the NCLEX® before 1994, the Superdome was your test center. Before computers changed the way we pretty much do everything, the NCLEX was a paper-and-pencil test, administered twice a year in locations like the Superdome that could accommodate hundreds, if not thousands of nursing students. Not only were you limited to when and where you took NCLEX, it took weeks, if not months, to get your results.

It wasn’t easy for the boards of nursing (BONs) that had to proctor the NCLEX either. Testing materials had to be ordered up to six months beforehand, teams of retired nurses had to be hired to administer the exam, and once it was over, the test booklets had to be returned to the test vendor (shipped in a very, very specific way! See page 13 for a diagram) for grading. No wonder the NCLEX was only offered twice a year – it was a lot of work! But in 1994, that all changed. Computerized adaptive testing (CAT) was a breakthrough in licensure assessment and nursing was among the field’s pioneers.

In the Beginning

Remember taking a test in high school with your No. 2 pencil? Everyone had the same exam and was tested on the same exact things. Afterward, you’d meet with your friends to discuss the questions and figure out who got #3 wrong and if anyone else put “c” for #20. You compared notes the best you could remember to determine which you got right and which you got wrong. When it came to grading, the teacher had one answer key that he/she would use to grade everyone’s test. This type of exam is called a conventional test: all examinees are administered and graded on the same set of items (Weiss, 1985). Was this the best way to measure one’s scope of knowledge though? Psychologist Alfred Binet didn’t think so. In the early 1900s, he developed a scale that indicated intelligence by requiring the examiner to adapt the administration of the exam to the characteristics of the examinee (Weiss & Betz, 1973). This type of testing was determined to be a better mechanism for measuring knowledge as the difficulty of the questions changed based on the responder’s answers. Binet’s IQ test was the first application of adaptive testing.

With adaptive testing, instead of everyone having the same test, different sets of test questions (also known as items) are administered to different examinees. Each item is automatically selected from an item pool based on the examinee’s correct or incorrect response to the previous item (Weiss, 1985). Get the item correct and your next question will be a little harder. Get the item wrong and your next question will be easier. The exam is adapted to the examinee’s performance in order to properly estimate his or her ability (Weiss, 2004). It sounds like a simple enough concept, but in reality, adaptive testing is incredibly challenging to implement. Because of this, further development in the field waned during World War I, while conventional tests in the form of paper-and-pencil dominated the testing field as a quick and inexpensive way to screen a large number of individuals. For more than 50 years, adaptive testing survived only in Binet’s IQ tests (Weiss, 2004). That is, until computers changed the game all together.

In the 1960s, the idea of removing a human proctor and replacing him/her with a machine as the administrator of the exam was beginning to take flight. Researchers realized early on that it was difficult to administer an adaptive test via paper-and-pencil, so they turned to technology. Testing machines were developed, but had too many issues that compromised the reliability of the results (Weiss & Betz, 1973). Not the computer though. The computer had numerous advantages: it could determine how to begin a test, select an item based on the response and knew when to terminate the test once a pass or fail decision was reached (Weiss, 2004). This was the breakthrough testing researchers were waiting for and by the 1970s, it was clear that computers were going to be a game changer.

Nurse Licensure Exams Before CAT

Before the NCLEX, there was what nurses used to call the “boards.” The “boards” was the unofficial term for the SBTPE, or State Board Test Pool Examinations, which was the national nurse licensure exam from 1941 to 1982. By 1950, nursing, being the trailblazing profession (and only one at the time) where all BONs in the U.S. used one uniform exam for the purpose of domestic nurse licensure (Dorsey & Schowalter, 2008). The SBTPE was first...
developed by the National League for Nursing and then the American Nurses Association. When NCSBN was established in 1978, it took ownership of the SBTPE and renamed the exam the NCLEX (National Council Licensure Examination) in 1982.

While there was a new name for the licensure exam, the administration of the test was exactly the same as it always was. Candidates applied for licensure from the BON in the state where they would practice (just as they do today). They were mailed an admission card, similar to that of today's Authorization to Test email, and were required to bring it with them on testing day. Instead of applying to take the NCLEX immediately after graduation, however, the exam was only offered in May and October. It wasn't uncommon for candidates to graduate in May and then have to wait five or six months to take their exam. Based on how many candidates registered for the NCLEX, BONs would determine the number of students that would be tested. Once the number of students was determined, the administration of the exam would begin. The first NCLEX-RN® was administered in February and November over the course of two days; for the NCLEX-PN®, it was a one-day exam in April and October. It was a daunting process, not just for candidates, but for proctors: one proctor for every 35 students. Once the exam was completed, the test booklets were sent to the test vendor to be scored. Eight to 12 weeks later, nervous candidates received their results in the mail (48 hours for unofficial results don’t sound so bad now does it?). For years, this was the way it was done. It was a daunting process, not just for candidates, but for BONs too. There had to be a better way.

### Implementing CAT for Nurse Licensure

While it was still a paper-and-pencil exam, NCSBN recognized the evolution of testing technology and in 1982, started developing a proposal to test a new electronic system that would be used to administer the NCLEX (Dorsey & Schowalter, 2008). During the 1980s, testing researchers found that CAT built upon and improved Binet’s adaptive theory scale by replacing human proctors with a computer program. Instead of a person, the computer would select items based on the examinee’s responses and thus determine if the examinee passed or failed (Weiss, 2004). Not only was the technology available, but it was also a reliable way to test a student’s entry-level knowledge as a nurse. There were also several other advantages to implementing CAT: examination by appointment, instead of twice a year; immediate scoring instead of waiting months; and a reduction in the time nurse candidates could legally practice (at the time, nurse candidates worked on temporary permits until they passed the licensure exam). For BONs, the responsibility of administering the exam would shift to an external testing vendor: Doing so would enhance public protection by allowing BONs to quickly identify candidates who were not ready to enter practice (Zara, 1999).

In 1991, the NCSBN Delegate Assembly voted for CAT to be the examination method for the NCLEX. Former NCSBN Board of Directors President Carolyn Hutcherson, who was then the executive officer of the Georgia Board of Nursing, said, “Consistent with the organizational goal adopted by the membership, to develop, promote, and produce relevant and innovative services, the National Council is demonstrating initiative in creating an environment to make nursing regulation the best it can be!” (Dorsey & Schowalter, 2008, p. 213). Joyce Showalter, one of the founding members of NCSBN and then the executive director of the Minnesota Board of Nursing, realized the importance of the vote when she asked the Delegate Assembly “… to take a moment to reflect on the ‘momentousness’ of the decision to move from a paper-and-pencil testing modality to CAT” (Dorsey & Schowalter, 2008, p. 213). It was a bold step forward that would forever change the way nurses’ entry-level knowledge was measured.

### Licensure Exams After CAT

Between 1986 and 1994 NCSBN conducted numerous pilot studies, field tests and legal analyses to make sure the NCLEX was psychometrically sound, valid and legal. The first NCLEX administered via CAT took place on April 1, 1994. By the end of that year, more than 155,000 nurse candidates took the NCLEX via CAT, and that number has risen steadily ever since.

Gone were the Superdome-sized testing centers. Retired nurse educators could stay retired. No. 2 pencils were put away. CAT ushered in a new way for candidates to test: on their own time, at their own pace and with cutting-edge technology. For BONs, CAT offered enhanced security. A computerized NCLEX was difficult to cheat on, candidates not ready to practice were identified sooner and the mechanism for determining entry-level knowledge was improved. CAT helped BONs continue their mission of public protection.

In 2011, NCSBN announced that the NCLEX-RN would be used as a licensure requirement in Canada starting in 2015. Canadian RN regulators were looking for a new exam that employed the latest advances in testing technology, offered enhanced security, increased accessibility, provided timely results and allowed for precise assessment of a candidate’s performance. Just like NCSBN did in the 1980s, Canadian regulators were looking for a better way to measure entry-level nursing knowledge. And just like NCSBN found, the NCLEX via CAT was the answer they were looking for.

### References


NCSBN was a pioneer in utilizing CAT for its licensure exam; in 1994, no other health care organization was using such a progressive method to test entry-level knowledge. Today, several professions across a variety of fields utilize the technology, from paramedics studying for the National Registry of Emergency Medical Technicians to business students taking the GMAT to get into graduate school, CAT has become the norm. We’ve come a long way from No. 2 pencils and booklets haven’t we!
When I first became a faculty member at Loyola University in Chicago in 1990, I vividly remember the enormous amount of time I'd spend developing my exams. I taught undergraduate lecture courses in pharmacology, research and junior and senior medical-surgical nursing. My undergraduate exams were developed using, for the most part, multiple choice questions. During a seven-week course, I'd generally have four exams, three with 50 questions, and the final with 100 questions. Developing these exams was a nightmare. While I had a computer, most of us didn't use the word processing program to develop our exams. We wrote them out, by hand, on legal paper and using pencil for the many changes. Then someone in the secretary pool would type them, give them back to us, we'd make corrections, give them back to them, and on and on it would go. Of course you had to get the drafts prepared much in advance of the exam because of all the back and forth. By the mid-1990s I was doing my own exams, using Word Perfect, and what a difference!

Nancy Spector, PhD, RN, FAAN
Director, Regulatory Innovations, NCSBN

I Remember... as a nurse educator, writing my test questions by hand

In every class there are those who want to compare the answer they put on a test question with what everyone else answered. If their answers are different then their anxiety becomes everyone else's anxiety. To avoid the drama of the well-known classmates whose drama regarding test taking has plagued us for two years, four of us went in June 1984 to Ft. Worth, Texas instead of taking the NCLEX with our classmates in Austin. 2 days, an auditorium filled with several hundred candidates, proctors and pencils. The experience bonded the four of us into lifetime friendships and given the feedback from those who did go to Austin, we did not judge our anxiety riddled classmates incorrectly.

Ruby Jason, MSN, RN, NEA-BC
Executive Director, Oregon State Board of Nursing

I Remember... taking the NCLEX as a paper-and-pencil exam

I remember when the NCLEX exam was administered as a paper-and-pencil test. We went for two whole days and sat in a huge room at the University of Delaware. There were six separate sections to the overall exam that were each timed. Five of the six exams were actually scored and you had to pass each exam separately. The five sections were Medical, Surgical, Pediatric, Maternity and Psychiatric. Back then the exams were only given twice a year - in February and July - and you waited about six weeks for your results that arrived by mail.

Pamela C. Zickafoose, EdD, MSN, RN
Executive Director, Delaware Board of Nursing

To relive my days of the paper-and-pencil nursing exam, we must roll back time to 1969, 45 years!! Prior to taking the exam, our nursing instructors had instructed one last time what our demeanor should be during the exam: “Keep your head down; only look straight up or straight ahead, neither to the right nor the left.” During the exam I followed the instructions to the letter. I was returning to my seat after a break (we did the five exams in two days) and one of the proctors tapped my shoulder. I was mortified! I knew I had followed the instructions to the letter; my mind was racing as to what I could have possibly done. She politely complimented my handmade sweater and sent me on into the room! With weak knees I returned to my table to finish my exam.

Francine Kirby-Chittum, MSN, RN
Board President, West Virginia Board of Examiners for Licensed Practical Nurses
2014 marks the centennial celebration for the Kentucky Board of Nursing (KYBON)! On April 9, as part of its celebration, the KYBON held an informative educational conference focusing on the Affordable Care Act (ACA) and its impact upon the regulation of nurses, nursing education and practice. Nancy Ridenour, PhD, APRN, RN, BC, FAAN, dean of the University of New Mexico School of Nursing, and Myra Broadway, JD, MS, RN, NCSBN Board of Directors president and executive officer of the Maine State Board of Nursing, served as the keynote speakers. Ridenour addressed the ACA and nursing regulation implications, while Broadway described the evolution of nursing regulation from a historical, current and futuristic perspective, in addition to sharing current activities of NCSBN.

Following the conference, the Centennial Reception was held at the Founders Union Building at the University of Louisville. The KYBON was honored to receive from Governor Steven Beshear a proclamation proclaiming that the year 2014 be recognized statewide as the KYBON’s centennial anniversary. Tori Murden McClure, president, Spalding College, was the Centennial Banquet speaker. McClure, recognized nationally and internationally for her many achievements, was the first woman to row a boat alone, without assistance, across the Atlantic Ocean. She was also one of two women and one of six Americans to travel over land to the South Pole, skiing 750 miles from the ice shelf to the pole. McClure’s speech focused on the history and evolution of women in nursing and challenged banquet attendees to identify with each other as achievers and heroes, and to exercise compassion for ourselves so that we may exercise compassion for others.

The KYBON also recognized two noteworthy individuals. The first was Hazel Arnold, a nurse who has held an active nursing license since 1947, the longest period of time a nurse has held an active license in the Commonwealth of Kentucky. Arnold is still a practicing nurse and does so on a part-time basis. The KYBON also honored Martin Glazer, retired assistant attorney general, who served as the KYBON’s general counsel and hearing officer during the 1970s and into the 1990s. Glazer’s legal guidance and advice to the KYBON during this time promoted sound governance and legally defensible nursing regulation.

“Both the day and evening were a joyous celebration recognizing the contributions made in the interest of public protection by so many nurses from 1914 to present,” said KYBON Executive Director Paula S. Schenk, MPH, RN. “A very special demonstration of this work was the original licensure book and board meeting minutes from 1914 that we carefully removed from the board’s safe to be on display at the Centennial Reception. They are both historical documents which evoke such professional pride!”
Like any country’s nursing regulation, Canada has its own unique practices, approaches, and legislative and regulatory frameworks. What makes Canada stand apart from others is the diversity of nursing regulation practices within its borders.

There are 10 provinces and three territories within Canada, and each have a provincial or territorial legislative framework for regulating health professionals. Some, like British Columbia, have “umbrella legislation” that establishes regulatory Colleges for each identified health professional group. Others have their own unique legislation for nursing regulation separate and distinct from other professions. Also somewhat unique to Canada is the fact that some nurse regulators are also professional associations. With the exception of Ontario, each province and territory has separate regulators for registered nursing and practical nursing. In the case of the western provinces, there are separate regulators for psychiatric nursing. In all, there are 22 different nursing regulators across Canada setting standards, licensing and registering applicants, and investigating complaints and concerns about nursing professionals.

Over the past two decades all nursing regulators in Canada have become more focused on the desire and commitment to improve the mobility of nurses between provinces. This has enabled important efforts such as a national approach to entry-level examinations and work to develop a National Nursing Assessment Service (www.nnas.ca). This effort to share and align practices is also happening within my jurisdiction, British Columbia (BC).

In BC, the history of nursing regulation goes back more than a century. In 1912, a group of nurses gathered together and identified a need to set standards for the profession. By 1918 legislation was in place providing a framework for title protection for registered nurses (RNs) and other foundational laws to enable safety of the public. The body responsible for enacting the requirements was essentially a professional association, charged with everything from labour negotiations to investigating complaints about nurses.

By the 1980s, things were changing - labour negotiations became a separate function and mandatory registration with the professional association was required to work as a RN. A similar pattern occurred for psychiatric nursing and practical nursing. Legislation recognizing psychiatric nurses and practical nurses as self-regulating professionals was passed in 1951.

By the 1990s unique regulatory colleges for practical nursing and psychiatric nursing were established and in 2005, the registered nurses’ professional association transitioned into a regulatory college and all three nursing regulators (the College of Licensed Practical Nurses of BC, the College of Registered Psychiatric Nurses of BC and the College of Registered Nurses of BC) were aligned under the same umbrella legislation (Health Professions Act).

When I reflect on the focus of British Columbia’s three nursing regulators over the past two years, I see evidence of a strong commitment to collaborate. Using a common sense approach, we have recognized that the nursing professionals we regulate are in fact all nurses caring for the same public. So, finding ways to share, partner, collaborate and synchronize our regulatory responsibilities and approaches has been a given. In my opinion, this is one of the most important successes for all three organizations. By working together, the three regulators are living the very same interprofessional collaboration we expect from all nurses – RNs, LPNs, RPNs and NPs. And these efforts are being mirrored at a national level as well.

The National Nursing Assessment Service has involved all 22 Canadian nurse regulators in establishing a common portal for international nurses looking for registration in Canada. Launching in August 2014, this service will provide a coordinated and consistent approach to credential review and recognition, streamlining the process for applicants and furthering the regulators’ commitment to reducing unnecessary barriers between provinces.

In the same vein, RN regulators have used the same national entry-to-practice examinations for RNs for decades and in
The exam is accessible and offered in both English and French.

The exam is available throughout the year.

The exam results are available in a timely manner.

The exam costs are reasonable to both the regulator and exam candidates.

In January 2015, Canadian RN exam candidates will be writing the NCLEX in Canada for the first time. This change has required a significant amount of communicating to key stakeholders, including nurse educators and students who were concerned about the impact of the change on everything from exam preparatory approaches and curriculum, to the potential cultural impacts of an exam developed in another country.

Overall, the compelling reasons for moving towards a CAT format and the inclusion of Canadian nurse educators, clinicians, and regulators in the development and maintenance of the exam has helped manage people’s reservations about the change. As a nurse regulator, I am excited about this next chapter in our province’s nursing history and look forward to the successes and challenges ahead as we align our business processes and policies to incorporate the NCLEX.

Glynis Johansen joined the CRNBC in 2006 and was appointed registrar/CEO in 2012. CRNBC is responsible for the regulation of more than 36,000 registered nurses and nurse practitioners in British Columbia. Johansen is committed to working with government, the public and stakeholders on improving professional practice standards and health profession regulation.
Coming Soon: New Professional Boundaries Video

After more than 15 years as NCSBN’s #1 educational video, “Crossing the Line,” is finally getting a makeover! Everything from the content to the graphics will be updated for today’s audiences.

The new professional boundaries video, which will be renamed “Professional Boundaries in Nursing,” will be available online in May 2014. Join the NCSBN mailing list or follow NCSBN on Facebook to be notified when the new video is released.

Now Available: Substance Use Disorder (SUD) Brochures

SUD is rarely discussed on nursing units. Nurses have a legal and ethical responsibility to report a colleague’s suspected drug use; learn how to recognize the warning signs and what to do to get a colleague help. Nurses that educate themselves about SUD help not only their colleagues, but they also protect patients. Brochures are available for nurses and nurse managers.

Electronic and hard copies are available, free of charge.

Reference:

For the first time, every requirement boards of nursing have for distance education programs is available in one convenient location…on the NCSBN website.

You can search by jurisdiction to learn specific board of nursing distance education rules and regulations, and how to comply with them.*

This information is available at www.ncsbn.org/208.htm.

*Note: This webpage will not include other state requirements, such as those from the Board of Higher Education, which can be found at SHEEO.org.

2014 NCLEX® Conference
MONDAY, SEPT. 29, 2014 | CHARLOTTE, NC

REGISTRATION NOW OPEN

NCSBN is pleased to present its annual NCLEX® Conference. This one-day educational conference provides the most current NCLEX program updates offered by the experts that develop and administer the examinations.

REGISTER NOW

Spring 2014 | 23
NCSBN Educational Program Code Enhancement

Each nursing program approved by a board of nursing is identified by a unique code assigned by NCSBN. Currently, this code is five characters in length with the first two digits representing the state in which the program is located. The third digit represents the program type, and the fourth and fifth digits represent the specific program. For example, program code 70483 is the code assigned to the Daytona State College Associates Degree program in Daytona Beach, Fla.

The existing format has led to constraints in jurisdictions with more than 100 approved programs of one type. NCSBN was able to circumvent this constraint temporarily by adding additional identifiers, but some jurisdictions will begin to outgrow even those identifiers in the near future.

In order to support the expansion of new nursing programs within existing jurisdictions, as well as to accommodate the addition of the nursing programs in Canada, NCSBN is lengthening the program codes to 10 characters.

The new program code for the example (Figure 2) will look like this: US70408300.

The information from the existing 5-character code remains intact while the code has been lengthened to provide more information specific to the program code. The cutover date for this change went into effect April 1, 2014.

Pearson VUE Testing Center Updates

Annually, Pearson VUE, the NCLEX testing vendor, participates in an evaluation process to ensure that necessary capacity at the Pearson Professional Testing Centers (PPCs) is available to accommodate anticipated testing volume.

The enhancements expected in 2014 include the addition of seats at current testing centers and the development of new PPCs. As individual sites near completion, NCSBN will send updates to the member boards, identifying the test center locations and seating capacity of each new or enhanced site, and dates when appointments and test activities will begin. See the list below for the projected 2014 additions to PPCs.

Test Center Additions:
- Jersey City, N.J.
- San Juan, Puerto Rico
- Sugarland (Houston), Texas
- Western Massachusetts

Expansions:
- Montgomery, Ala.
- Salisbury, Md.
- Ann Arbor, Mich.
- Horsham, Pa.

Relocations:
- PPC Brooklyn, N.Y.
- PPC Lower Manhattan, N.Y.
- PPC Rego Park (Queens), N.Y.

NLCA Drafts New Strategic Plan

The NLCA Executive Committee approved its 2014-2017 strategic plan on May 13, 2014. The ambitious plan consists of four core strategic initiatives, in order to achieve tactical short- and long-term goals for the Nurse Licensure Compact (NLC):
1. Establish the NLC as the preferred health professional’s regulatory model that facilitates access to health care while advancing public safety;
2. Enforce NLC state compliance with compact provisions, rules and policies;
3. Enhance communication, collaboration and cooperation among stakeholders; and
4. Ensure resources necessary for sustainability of NLC operations and initiatives.

Among the key tactics included in the strategic plan are an initiative to grow the member states of the NLC, a comprehensive plan to promote and market the NLC, the development of significant strategic relationships with other entities, and the establishment of financial viability for the future of the NLC.

APRN Compact Update

After putting the finishing touches on the proposed amendments to the APRN Compact and Rules at its April 2014 meeting, the APRN Compact Working Group, led by Katherine Thomas, MN, RN, executive director, Texas Board of Nursing, made a request to the NCSBN Board of Directors to recommend that the proposed APRN Compact be adopted by the NCSBN Delegate Assembly in August 2014. The APRN Compact Working Group has worked since 2011 to create this APRN Compact, which would offer states the mechanism for mutually recognizing APRN licenses/authority to practice across state lines.

NLC Garners Additional Endorsements

In November 2013, the American Association of Colleges of Nursing (AACN) Board of Directors announced in a letter to NCSBN their intention to formally endorse the multistate compact model. In February 2014, the American Nephrology Nurses Association (ANNA) also sent a letter lending “strong support” for the NLC and in March, the ANNA posted a “Position Statement on Nurse Licensure Compact.” The AACN and ANNA join a growing list of NLC supporter, which includes the American Organization of Nurse Executives, American Telemedicine Association, the Case Management Society of America and the U.S. Department of Commerce, to name a few.
Opening the Archives

NCSBN Annual Meeting, 1987
Ever wonder what a computer looked like 27 years ago? This cutting-edge technology was used to demonstrate the new computerized adaptive testing software.