Q. How does NCSBN assure cultural sensitivity in NCLEX® examinations?

A. NCLEX® is a high-stakes examination that assesses the knowledge, skills and abilities of entry-level nurses in order to protect the public from unsafe practitioners. An examination of this caliber must not only identify current nursing practice, but also undergo a development process that ensures fairness to all candidates. The NCLEX examination development process assures that essential content is presented in a fair and sensitive manner without bias.

Recognizing that the nursing student population becomes more culturally diverse every year, NCSBN has historically reviewed NCLEX examinations and items for cultural sensitivity. Each item on the examination is reviewed for both fairness and sensitivity. The purpose of a fairness review is to identify and remove any construct-irrelevant factors that might interfere with an examinee’s ability to respond appropriately to an item.

All examination items undergo a thorough review process where items are looked at critically to assure that they do not unnecessarily increase the candidate reading load. Following the review process, items are determined to be written correctly (appropriate for current entry-level practice) and free from grammatical errors before being pretested. All pretest items are reviewed for sensitivity, which is designed to eliminate item wording and content that could be considered elitist or stereotypical, have different meanings for different ethnic, gender or geographic groups, or have inappropriate tone. A panel is convened to perform a sensitivity review of pretest items. The panel itself must have at least three members from ethnic focal groups of NCLEX examinees, including African American, Asian Indian, Asian other than Indian, Hispanic, Native American, and/or Pacific Islander. Composition of the panel must also include at least one male and one panelist representing Americans with disabilities or English as a second language (ESL) students. Panel members are not required to have a background in nursing since their focus is not related to the content of the items.

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Model for APRN Regulation

The NCSBN Board of Directors endorsed the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education paper at their September 2008 meeting. The NCSBN Delegate Assembly adopted revised Advanced Practice Registered Nurse (APRN) Model Act and Rules to parallel this model in August 2008.

As health care has evolved over the last few decades, APRNs have become a vital and integral part of patient care and management; however, because of a lack of uniformity across the nation, APRNs cannot easily move from state to state to practice. Each state independently determines the APRN legal scope of practice; the roles that are recognized; the criteria for entry into advanced practice; and the certification examinations accepted for entry-level competence.

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The result of a multi-year collaboration between NCSBN and the APRN Consensus Process Work Group, the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education document presents an APRN regulatory model created by APRN educators, accreditors, certifiers and licensure bodies, which establishes a set of standards that protect the public, improves mobility and expands access to safe, quality APRN care.

The paper defines APRN practice, describes the APRN regulatory model and presents strategies for implementation. The model recommends independent APRN practice; licensure at the role (certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists and certified nurse practitioners) and population foci level (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health); and allows for the emergence of new APRN roles and population foci.

The complete text of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education is posted at: www.ncsbn.org/23_08_Consenise_AP RN_Final.pdf. The APRN legislative language which parallels the Consensus Model can be found at: www.ncsbn.org/APRN_leg_language_approved_8_08.pdf.

NCLEX® Regional – On the Road Again

Lorraine Kenny, MS, RN
Content Manager, NCLEX® Examinations

NCSBN is committed to sharing information about the NCLEX® examinations with nursing educators and candidates. As part of its strategic initiative, the NCLEX® Examinations department seeks to provide this information to nursing educators while developing programs to facilitate preparation of students for successfully passing the NCLEX examination. One way that this is accomplished is through the NCLEX® Regional Workshop for Educators.

The NCLEX® Regional Workshop is a full-day conference designed specifically for nurse educators, which is held in conjunction with a board of nursing. There is an extensive agenda, with topics such as preparing nursing students to take the NCLEX, identifying the practice analysis process, applying the results to keep the examination current, interpreting the steps of the item development process and reviewing alternate item formats. Also presented is an overview of the basic principles of computer adaptive testing (CAT) and standard setting in addition to understanding how to interpret candidate performance records.

Highlights of the program include a hands-on item writing demonstration to show the audience how to apply principles of item writing in the NCLEX style to their writing goals. There is also a discussion on the use of NCLEX® Program Reports to determine a school’s strengths and weaknesses along with a description of the Candidate Performance Reports to help faculty work with students who have failed the exam.

On Oct. 17, 2008, the Kansas State Board of Nursing sponsored the most recent NCLEX® Regional Workshop in Wichita, Kansas. There were more than 100 attendees representing various nursing programs across Kansas and the surrounding region.

Nursing programs interested in organizing an NCLEX® Regional Workshop should contact their local state board of nursing. NCSBN, as requested by a member board, will provide speakers free of charge. The NCLEX® Regional Workshop can be hosted in any of the three areas not hosting the NCLEX® Invitational that same year, based on staff availability.

To request an application to host a workshop, please e-mail Jen Gallagher at jgallagher@ncsbn.org.
North Dakota Board of Nursing
Nurse Faculty Intern Pilot Study
Linda Shanta, PhD, RN
Constance B. Kalanek, PhD, RN, FRE
Patricia Moulton, PhD

Background
Although national health care news highlights the nursing shortage, there is another looming shortage that will compound the problem many times over: the nationwide shortage of nursing faculty (Arias, 2006, NLN, 2006). North Dakota, like most states, has been experiencing the shortage and misdistribution of nurses. Moreover, in the last few years nursing education programs in North Dakota have begun to struggle to recruit and retain qualified faculty. In the last five years, the state of North Dakota has increased its efforts to satisfy the need for nurses through a “grow-your-own” process by expanding nursing education programs in community colleges and distance sites in rural communities. However the shortage of qualified faculty threatens to derail the process. The trend of utilization of faculty with less than a master’s degree continues. For example, this past year 26 percent of all faculty in BSN programs (including Nurse Faculty Intern [NFI] participants) held less than a master’s degree in nursing.

Problem Statement
Qualified applicants are becoming turned away from nursing education programs by the thousands, in part because of a shortage of qualified educators to teach them (AACN, 2003). The shortage of nurses cannot be addressed unless there are qualified educators to guide future nurse professionals (AACN, 2003). Economics plays a large part in the problem. As nurses choose to advance their education, many choose to follow an educational path that leads to becoming a nurse practitioner or nurse anesthetist because of the salary benefit compared to that of a nurse educator (AACN, 2005; AACN, 2003). Furthermore, in many instances staff nurses have higher salaries than nurse educators. Consequently, there is increased dependence on clinical instructors and part-time faculty to cover the shortage (Riner & Billings, 1999).

Nurses often do not become faculty through deliberate intention; rather they enter the role because of circumstance (James, 2004). Nurse faculty members are usually skilled members of the profession that emerge from practice (AACN, 2003, James, 2004). While they may be expert baccalaureate level practitioners, they are often not prepared for the faculty roles (Sweitzer, 2003). Many teach as they were taught or learn to teach through trial and error (James, 2004). In the same light, possession of exceptional clinical skills does not guarantee an excellent teacher. Unlike traditional preparation for nursing practice, which requires clinical education, the role of nurse teacher often has no systematic preparation (Sweitzer, 2003).

Purpose
The purpose of the NFI Pilot Study was to investigate the role development of nurse educators and expand the general knowledge about the mechanism in which nursing graduate students gain competencies related to teaching and learning through practical experience while working closely with seasoned mentors in their employing nursing education programs.

Conceptual Framework
The conceptual framework which emerged from the literature identifies key components, which naturally fall into three distinct themes that interact in the role development of the NFI. The NFI is the central component of the conceptual framework, representing an individual who is interested in entering the academic arena as a nurse faculty member. However, at the time of entry, the individual has not completed the process to receive appropriate credentials for education, specifically a graduate degree in nursing. In addition, although the NFI might be a skilled clinician, the preparation for clinical practice often does not prepare one to be an educator (Sweitzer, 2003). As such, when an individual enters academic without preparation, it is as a novice educator. This novice educator is influenced by the formal academic preparation. For the purposes of this study, the theme of formal academic preparation was represented by an academic consultant. Conceptually, the academic consultant was positioned to provide theoretical insight to the NFI related to pedagogy. This individual held an earned doctorate and ideally was employed by the graduate program in which the NFI was enrolled. The third component of the study was a mentor who was assigned to the NFI by the employing institution. Conceptually, this individual provided collegiate support and coaching, as well as providing supervision for the pedagogical activities.

Study Design and Implementation
This study is funded by the North Dakota Board of Nursing and NCSBN. The study design was constructed in collaboration between the North Dakota Board of Nursing, the North Dakota College and continued from page 1
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Sensitivity panel sessions begin with training on the NCLEX sensitivity guidelines, along with clear examples of materials that violate these guidelines. Sensitivity issues are presented as concrete illustrative examples, not abstract possibilities. The items are presented in batches and each batch is reviewed by a trained sensitivity reviewer for inappropriate terminology, stereotypes, underlying assumptions, ethnocentrism and elitism, tone of language, or inflammatory materials. Once individual reviewers identify sensitivity issues, a generative discussion is held among all reviewers and staff to identify the sensitivity issue. Any item that is identified for sensitivity issues does not continue on to operational status but is forwarded to the NCLEX® Examination Committee (NEC) for review and action. In addition to the aforementioned sensitivity review of pretest items, each pretest and operational pool of items is examined for potential differential item functioning (DIF). DIF is a statistical analysis that is conducted for items following a prescribed number of exposures to determine if items contain bias. Briefly, this analysis identifies if an item is statistically testing easier or harder for a particular group based on a predetermined control group, provided that the abilities between the two groups are comparable. For the sensitivity panels, panelists represent the same ethnic groups and gender; however, for DIF review, the items are first reviewed by the group as a whole, not individually.

Items (with keys and distracters) are shown with the relevant reference and/or focal groups that showed DIF. Additional information, such as frequent options chosen by reference and focal groups, along with rationale statements, are also provided. This information helps panelists understand how the items might be functioning differently for different groups. Any items that may be problematic are also referred to the NEC for a final decision as to whether or not to retain the item.

The NCLEX examination is based on current entry-level practice as determined by scheduled practice analysis research. In addition, the NCLEX is continually monitored through established processes to determine that the items reflect both fairness and cultural sensitivity, allowing all candidates to demonstrate their competence. For more information, please visit the research and technical briefs associated with the NCLEX examination at www.ncsbn.org/1232.htm.
NCSBN’s Faculty Qualifications Recommendations

Background

Boards of nursing reported that some nursing programs were struggling to maintain their faculty standards because of the current faculty shortage. Programs were having problems attracting qualified faculty and in some states, lawmakers were calling for a lowering of faculty standards so that more nursing students could graduate. Boards of nursing asked, was lowering standards the answer? The Institute of Medicine (Greiner and Knebel, 2003) has called for an “overhaul” of health care education, stating that health professionals aren’t adequately prepared to address the ever-changing demands of health care. Similarly, the Carnegie study of nursing education has found that nursing education classroom teaching suffers from a lack of adequate teaching in the areas of natural sciences, social sciences and humanities (Dr. Patricia Benner, personal communication, April, 2008). In this complex health care environment where medical errors are a major concern (Kohn, Corrigan and Donaldson, 1999), neither the boards of nursing, whose mission is public protection, nor educators thought the answer was to lower standards. Therefore, the NCSBN Board of Directors charged the 2007–08 Faculty Qualifications Committee with reviewing and presenting recommendations for future faculty qualifications and roles.

Data Collection

The Faculty Qualifications Committee members comprehensively reviewed the literature and other evidence before making their recommendations. The following include some of the data they reviewed:

- Input from a collaborative conference call with representatives from the American Association of Colleges of Nursing (AACN), the Commission on Collegiate Nursing Education (CCNE), the National Association for Practical Nurse Education and Service (NAPNES), the National League for Nursing (NLN), and the National League for Nursing Accrediting Commission (NLN-AC).
- More than 35 evidence-based articles and/or consensus statements by experts in nursing education.
- Input from the speakers and participants of the “Faculty Shortage: Implications for Regulation” conference held by the committee members on March 26, 2008.

- Reports developed by 2006–07 Practice, Regulation and Education (PR&E) Committee members, including the “Faculty Shortage Survey” and the “Comparison of Faculty Qualifications in National Documents” reports.
- Minutes from NCSBN’s Education Consultant Network calls.
- Relevant surveys from the Education Consultant Network.

Recommendations to the Boards of Nursing

The following recommendations were adopted by the boards of nursing at the NCSBN Annual Meeting in August 2008 and NCSBN’s model education rules have been revised accordingly (available on www.ncsbn.org). NCSBN’s model rules are guidelines for the boards of nursing when they promulgate their own rules and regulations.

1) For RN programs, other supportive faculty with graduate degrees in related fields may participate on a nursing faculty team to enrich and augment nursing education. Similarly, for PN programs, other faculty, such as BSN prepared, may participate on a nursing faculty team to enrich and augment nursing education.

2) When boards of nursing evaluate the preparation of nursing faculty members, it is essential to consider the three roles of faculty: collaborator, director of learning and role modeling. See the NCSBN Faculty Qualifications Report for more details of these roles (NCSBN, 2008).

3) When boards of nursing evaluate the preparation of nursing faculty members, they should assess processes of faculty orientation. All part-time faculty members, adjunct faculty members, preceptors, novice faculty members and others should be oriented to the nursing program’s curriculum and engaged in formal mentorships and faculty development.

4) Boards of nursing are encouraged to collaborate with educators to foster innovation in nursing education.

Because of the last recommendation addressing innovation in nursing education, NCSBN’s Board of Directors charged a new committee, the Innovations in Education Regulation Committee, with the following:

- Identify real and perceived regulatory barriers for educators;
- Develop a regulatory model for innovative education proposals.

In 2008–09, the Innovations in Education Regulation Committee will hold a collaborative conference call with representatives from nursing education organizations to discuss real and perceived barriers that are posed by boards of nursing. In addition, they will develop some model rules for boards of nursing to adopt related to fostering innovations in nursing education. The Innovations in Education Regulation Committee is seeking input from educators on real or perceived barriers that limit innovations in nursing education.

The Innovations in Education Regulation Committee is seeking your input on real or perceived regulatory barriers …

References


NCSBN. (2008). Faculty Qualifications report. (NCSBN, 2008) presents a comprehensive discussion of the evidence that supports the recommendations that were made to the boards of nursing. Please email Nancy Spector, PhD, RN, at nspector@ncsbn.org if you have any input for the committee.

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Toward an Evidence-Based Regulatory Model for Transitioning New Nurses to Practice

NCSBN is developing an evidence-based regulatory model for transitioning new nurses to practice. Several factors have inspired this inquiry, most notably, the Institute of Medicine’s reports of medical errors and the need to transform health care education. In addition, there is an increased complexity of care for sicker patients with multiple conditions, a continued need for systems thinking and an exponential growth of technologic advances. Furthermore, the shortage of nurses and nursing faculty is expected to continue into the future, thus affecting the transition of new nurses to practice.

Therefore, we have seen several calls for a formal transition program for new nursing graduates, including from the Joint Commission (Joint Commission White Paper, 2002), the draft of the Carnegie study of nursing education recommendations and in a synthesis of national reports (Hoffler, 2008). Several standardized transition programs around the country have been very successful and worldwide transition programs are being designed (NCSBN, 2008a). Additionally, the Commission on Collegiate Nursing Education (CCNE) has developed an accreditation process for residency programs.

Last year NCSBN’s Transition to Practice Committee identified the evidence that supports a transition regulatory model (see model below). Committee members will continue to work this year to refine the model, making it feasible for boards of nursing to implement and develop consensus for the model across regulation, education, and practice. (Please refer to the Transition Evidence Grid [NCSBN, 2008a] and the NCSBN Transition to Practice Report [NCSBN, 2008b] for an explanation of the available evidence supporting the NCSBN’s transition regulatory model.)

NCSBN’s transition regulatory model will be implemented through regulation, though collaboration across education, regulation and practice will be essential for this model to be successful. Educators are the experts in curriculum design and evaluation and will be able to assist with the design of transition modules. Practice provides a crucial link that will equip new graduates with planned, precepted practice experiences. Regulators provide new graduates with information on their scope of practice, the Nurse Practice Act and maintenance of their license throughout their careers.

Regulation will enforce the transition program through licensure. This is an inclusive model, which would take place in all health care settings that hire newly graduated nurses at all educational levels of nursing, including practical nurse, associate degree, diploma, baccalaureate and other entry-level graduates. It is also intended to be flexible so that many of the current standardized transition programs will meet the requirements of this model.

The new graduate must first take and pass the NCLEX®, obtain employment and then enter the transition program. The preceptors in this model will be trained to work one-on-one with newly graduated nurses. A preceptor will work with the same graduate throughout the six-month transition program. This program is designed to support new graduates during their progression from the concept of transitioning new nurses to practice, which is defined as a formal program required before entering the transition program. Therefore, orientation, according to this model, is separate from the concept of transition to practice, which is defined as a formal program designed to support new graduates during their progression into practice.

The eight transition modules supported in the literature (NCSBN, 2008a; NCSBN, 2008b) for this model include: delegating/ supervising, role socialization, utilization of research; prioritizing/ organizing, clinical reasoning, safety, communication; and specialty content. These modules could be presented at the institution where the new nurse works, in a collaborative program with other institutions or via the Internet. The Transition to Practice Committee envisions the development of a Web site with online learning modules, as well as a way to connect new nurses to preceptors in those settings or regions of the country where preceptors are in short supply.

The time period for this Transition Regulatory Model will be six months, though it is expected that newly graduated nurses will have ongoing support for an additional six months. At the end of the year, the new nurse is expected to have met the Quality and Safety Education for Nurses (QSEN) competencies. The QSEN competencies, developed by experts across the health care disciplines, were based on the IOM competencies and include: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. Lastly, feedback and reflection are essential parts of this model and must be integrated throughout the entire transition program. This should be built into the preceptor–nurse relationship, while also being maintained after the six-month transition period is complete.

It is the vision of this model that new nurses will be required to provide their board of nursing with evidence of completing all the requirements of this standardized transition program in order to maintain their license after their first year in practice. This model will be voted on at the NCSBN Annual Meeting in 2009. If this regulatory transition model is adopted, each jurisdiction will decide whether or not to implement it or to adapt it to meet the particular needs of their state or territory.

Please contact Nancy Spector, PhD, RN, at nspector@ncsbn.org for further information.

REFERENCES


NCSBN’s transition regulatory model will be implemented through regulation, though collaboration across education, regulation and practice will be essential for this model to be successful.
North Dakota Board of Nursing … continued from page 3

University Nurse Administrators, and the University of North Dakota Center for Rural Health. The study is currently under the approval and ongoing regulation of the University of North Dakota Institution- al Review Board (IRB).

An exploratory design of mixed methods was utilized to study the relationships described by the conceptual framework. Specifi- cally, a sequential explanatory strategy was applied for ongoing data analysis. The researchers modified the Nurse Faculty Development Survey tool by Riner and Billings (1999) and used it to measure NFI’s perceived competence development for effective teaching of nursing students through self-perception and through the eyes of the NFI mentor. The survey was adapted for each version (self- perception and mentor’s perception) with permission from Riner and Billings (1999). Other variables, such as satisfaction with the faculty role, the field of graduate nursing study, salary, and method of orientation and supervision, were solicited through the application process. Qualitative data was collected through focus groups of NFIs and mentors.

Data Collection
Data collection is accomplished through various methods and begins with the application process, which not only serves to document the informed consent signatures for all participants, but also solicits the following information:
- Years of nursing practice for the NFI;
- Type of graduate education (educator versus advanced practice);
- Salary paid to the NFI; and
- Type of orientation and supervision planned for the NFI.

Further data is gathered through annual employer evaluations of the NFI that also summarize student satisfaction with the work of the NFI. Additionally, an annual focus group of NFIs and mentors has been conducted.

Preliminary Findings
Some of the preliminary findings are that the NFIs and their mentors identified areas of developmental needs of new faculty members. The areas of develop- mental needs are listed below from greatest need to the area of least need:
- Teaching, evaluation and curriculum;
- Role development;
- Learning resources and technology; and
- Teaching in a changing environment.

The pilot study is now progressing into year three of four and analysis of year two data is in process. For more information on this innovative faculty model, please contact Dr. Linda Shanta at lschant@ndbn.org.

REFERENCES