Which quality and safety competencies describe what it means to be a respected nurse? What teaching strategies will prepare graduates with the knowledge, skills and attitudes (KSAs) to continuously improve the quality and safety of the health care systems in which they work? Does this challenge mean for nursing education? What quality and safety competencies describe what it means to be a respected nurse? What teaching strategies will prepare graduates with the knowledge, skills and attitudes (KSAs) to continuously improve the quality and safety of the health care systems in which they work?

When nursing educators hear “quality, safety and patient-centered care,” they consider these values “the heart of nursing and nursing education.” Yet nurses work in systems that are increasingly complex, with diffusion of accountability across multiple professionals and assistive personnel, and massive proliferation of technologies and medications. Sadly, quality, safety and patient-centered care are not key features of the lived experiences of most patients and families.1-3

In 2003 the Institute of Medicine report on Health Professions Education issued a call for change, specifically to alter learning experiences that form the basis for professional identity formation so that graduates are educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.4 The Quality and Safety Education for Nurses (QSEN) project, funded by the Robert Wood Johnson Foundation (RWJF), is working on behalf of nursing to answer the questions: What does this challenge mean for nursing education? What quality and safety competencies describe what it means to be a respected nurse? What teaching strategies will prepare graduates with the knowledge, skills and attitudes (KSAs) to continuously improve the quality and safety of the health care systems in which they work?

QSEN faculty and advisory board members (quality and safety thought leaders and representatives of professional organizations involved in nursing licensure, certification and accreditation of nursing programs) have been busy this past year. Six competency definitions were developed: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. Feedback was sought using survey methods and in person at national AACN and NLN meetings. QSEN faculty also drafted statements about the KSAs that should be developed for each competency during prelicensure education.

The competency definitions and KSAs will be published in the May/June 2007 issue of Nursing Regulation & Education Together. Thanks to the support of the National Council of State Boards of Nursing (NCSBN®) and RWJF, every nursing education dean and director in the country will receive a copy of this issue. The goal is to generate conversation and consensus about definitions that can serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs, and as frameworks for the quality and safety of the health care systems in which they work.

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NCSBN’s 2004 PN Focus Group: A Stimulus for Action
… and more

Q. How can we smooth the NCLEX® process?
A. One of the best things we can do is assist candidates in understanding the differences/roles between NCSBN and the boards of nursing. NCSBN develops and administers the NCLEX examinations on behalf of its member boards that are the state and territorial boards of nursing. Candidates receive an authorization to test from the boards of nursing where they apply for licensure.

Q. How can candidates use the Web site to help them?
A. The NCSBN Web site (www.ncsbn.org) is a fantastic resource for students and should be promoted as such. For example, the Candidate Basic Info page contains the NCLEX Candidate Bulletin, an overview of the exam process and an NCLEX candidate tutorial.

Q. What other site is important to remind candidates about?

Q. Is there a comprehensive brochure to guide students through the NCLEX® process?
A. NCLEX Candidate Bulletin — the most important resource document, covers all aspects of the NCLEX exam process.

Q. What else should educators remind students about?
A. Encourage candidates to use an e-mail address when registering for the NCLEX. This allows for faster and more efficient communication between the candidates and the test service. Additionally, candidates should keep their demographic information updated with their board of nursing and the test service, which ensures correct and efficient correspondence. It also avoids identification on the day of the exam.

Q. What is the Workforce Exception Program?
A. The Workforce Exception Program is for schools, social agencies, government agencies or other groups who assist with payment of a candidate, or group of candidates exams. Details are provided in the NCLEX Candidate Bulletin.

We invite your questions. Please send your inquiries to Nancy Spector, director of education, at nspector@ncsbn.org.
that can be used by regulatory bodies that set standards for licensure, certification and accreditation of nursing education programs.

As we engaged in conversations with faculty at multiple schools and meetings, the consistent plea was to “tell us how to teach” the KSAs that are not embedded in current curricula. By April 2007, the QSEN Web site (www.qsen.org) will go live and faculty everywhere will be able to access annotated references and a beginning set of teaching strategies for classroom, skills/simulation lab and clinical site teaching.

QSEN: Phase II begins April 2007, and the work will be extended through two parallel initiatives. In one, organizational representatives from groups that establish standards for the education, licensure and certification of advanced practice nurses will join QSEN faculty in drafting KSAs that would be appropriate for graduate education. In the other, faculty and schools involved in prelicensure education will be invited to help us learn about how to teach the quality and safety competencies in one of three ways:

Option A: Every faculty member in the country can participate in QSEN initiatives by reading about the competencies and KSAs for prelicensure education through links to Elsevier at www.qsen.org. Because many of the KSAs can be taught by role modeling and reflection or by adjusting an objective in a course assignment, every faculty member can contribute to quality and safety education in their current courses. Anyone can use the annotated references and teaching strategies on the Web site and contribute to QSEN by letting us know what we could do to make the Web site a more valuable resource for teaching.

Option B: The initial teaching strategies and assessment ideas on the QSEN Web site have been submitted by QSEN faculty and advisory board members. We want to spread these hundreds of ideas from faculty around the world. Faculty can join us by sharing their own teaching strategies through an electronic submission process launched through www.qsen.org. Learning what does and doesn’t work will be equally valuable, and we hope to create a virtual faculty that can build on the innovations of others. We don’t all have to “reinvent the wheel.”

Option C: Some schools will choose to seek program-level participation in QSEN by submitting an application to be a member of the QSEN Pilot School Learning Collaborative. Given the limited exposure to quality and safety education in the health professions to date, we simply do not know how difficult it will be to integrate the teaching of the KSAs into all types of prelicensure nursing education programs. Will it be sufficient to direct faculty to a Web site for resources or will a more comprehensive approach to faculty development be required? Fifteen nursing education programs will be selected to join the QSEN faculty and advisory board on a journey to answer these questions. Information about this learning collaborative will be mailed to schools in March and will also be available on the Web site.

We are grateful to the Robert Wood Johnson Foundation for its commitment to changing health professions education by supporting this work in quality and safety education. They have given us the opportunity. Now it’s up to all of us to do the work.

References

By April 2007, the QSEN Web site (www.qsen.org) will go live.
The NCLEX-RN® Test Plan for 2007
Anne Wendt, PhD, RN, CAE
Director, NCLEX® Examinations

The evidence to substantiate changes in entry-level nursing practice is collected by NCBSN on a three-year cycle through the performance of a practice analysis. The results of this analysis assist NCBSN in evaluating the test plan that delineates the content of the examination.

A practice analysis addresses the knowledge, skills and abilities that are needed by a nurse to practice safely and effectively in providing care and supports the validity of the examination. There are various practice analysis methods; the primary method used for the Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice is a task analysis. Additional procedures used to support the practice analysis consist of content experts’ review of job orientations, policies and procedures, performance evaluations and job descriptions, daily activity logs submitted by entry-level RNs in a variety of practice settings that serve as a proxy for direct observation of the nurses, and various competencies from specialty nursing practice areas and prior practice analyses.

The most recent RN practice analysis, Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, was completed in 2005 with results reported to the NCSBN Examination Committee in October 2005. The results were used by the committee to evaluate the 2004 NCLEX-RN® Test Plan and determine if changes were needed. The committee’s recommendation of only minor changes to the test plan was distributed to NCBSN’s member boards for feedback. The 2007 NCLEX-RN® Test Plan was approved at NCBSN’s Annual Meeting in August 2006 with an implementation date of April 2007. In accordance with a three-year cycle, another RN practice analysis will be conducted in 2008 in order to ensure that the NCLEX-RN examination is reflecting current entry-level RN practice in each member board jurisdiction.

NCBSN’s ongoing research assists in keeping the NCLEX examination current and adaptive. For example, NCBSN is investigating a continuous computer-based practice analysis along with the traditional mail-based practice analysis. If results of the two methodologies are comparable, it will be possible for NCBSN to continuously monitor for practice changes—thus keeping the NCLEX even more current.

Nursing faculty are encouraged to generate their students to complete the practice analysis surveys that they receive in order to provide a richer description of entry-level practice. Faculty are invited to access the NCBSN Web site to receive current information about the ongoing investigation into alternate items, and also are encouraged to participate on item development panels. You can download a copy of the application for participation on panels as well as the 2007 NCLEX-RN® Test Plan at www.ncsbn.org.

Setting the Passing Standard for the NCLEX-RN® Examination
Anne Wendt, PhD, RN, CAE
Director, NCLEX® Examinations

The NCBSN Board of Directors voted at its Dec. 5–7, 2006, meeting to raise the passing standard for the NCLEX-RN® examination. The new passing standard is 0.2100 logits on the NCLEX-RN® logistic scale, 0.070 logits higher than the previous standard of -0.2800. The new passing standard will take effect on April 1, 2007, in conjunction with the 2007 NCLEX-RN® Test Plan.

After consideration of all available information, the NCBSN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills and abilities than was required in 2004, when NCBSN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

NCBSN uses a criterion-referenced method (a modified Angoff procedure) rather than a norm-referenced method for determining a passing standard because it provides information on the specific level of knowledge and skills necessary to perform safely and not the proportion of candidates passing the test.

The NCBSN Board of Directors uses multiple, independent sources of data to inform its decision regarding a passing standard including: information from the 2006 RN Standard Setting Workshop, historical data on pass rates and passing standards, results of a standard-setting survey of employers and educators, and the educational readiness of high school graduates who express an interest in nursing. As part of this process, NCBSN convened an expert panel of 11 nurses to perform a criterion-referenced standard setting procedure. The panel’s findings supported the need to raise the passing standard to a criterion-referenced standard setting procedure. The panel’s findings supported the need to raise the passing standard to a criterion-referenced standard setting procedure.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCBSN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCBSN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice.

To assist nursing educators prepare their students, the 2007 NCLEX-RN® Test Plan can be downloaded at www.ncsbn.org. New this year is a detailed test plan free of charge.
Once the standards are adopted, a committee will be tasked to develop national curricula...

One very exciting initiative that arose from discussions at the PN Focus Group is that the National Association for Practical Nurse Education Service (NAPNES) has begun to develop a national PN curriculum. Patrick Mahan, the executive director of NAPNES, spearheaded this initiative, and he says they hope to ratify the new national education standards at their national convention (May 4–8, 2007). Once the standards are adopted, a committee will be tasked to develop national curricula for each type of PN school.

NAPNES will notify every school in the U.S. and its territories that new standards have been developed, and these standards and curricula will be available via the Web site and at the NAPNES office. Additionally, a copy will be sent to every state board of nursing, NCSBN, NLNAC, ANA and other key stakeholders.

The original draft was written by Ruth Davidozich, FAAN, DNS, ARNP-BC, RN, and the review process began at the NAPNES PN Educator Workshop in Newport News. At that workshop, 78 educators from 11 states participated. NAPNES also called for reviewers from the Journal of Practical Nursing and via their Web site, asking for PN educators to participate as reviewers. PN educator groups participated in the review process. Additionally, NAPNES sent an invitation to every state board of nursing inviting them to participate in the review process. Finally, they invited employers to participate in the process.

Another opportunity for comment will be offered at the PN Educator Workshop in May 2007 and the final draft will be presented to the membership for adoption. In the end, hundreds of educators, regulators and/or employers will have been involved in the review process. Mahan says that they “have used the best available information in the creation of these standards, including IOM Standards, EBNER, historical documents, state regulations, NCSBN model regulation, and the needs of employers.” (EBNER is the Evidence-Based Nursing Education for Regulation document that NCSBN released in 2006.) Mahan further states that the standards were not written with any one state in mind, but will provide a very broad education and practice perspective. He adds that similar to NAPNES’s work in the 1950s to get pharmacology as part of the national curriculum for PN education, they will once again seek to expand the basic education offered by practical nurse programs to account for new technologies and to meet the needs of the communities that LPNs/VNs serve.