



Q: Can I talk with my students about the NCLEX® exam after they have taken it?

Tom O'Neill, PhD, associate director, NCLEX® Examinations, answers this question:

A: Technically, if your students were to discuss the exam with you they would be in violation of the terms of confidentiality they must agree to before they take the exam. These terms include not disclosing the content of the examination items before, during or after the examination. Legal action could be taken against candidates that break the examination confidentiality agreement, including criminal prosecution and civil litigation as well as other administrative disciplinary actions.

If test items are shared, it compromises the integrity of the results of the examination, which obviously places the public at risk of having licensed, yet incompetent, nurses.

Sometimes educators will occasionally and unwittingly cross the line and they must understand that they are putting both the candidate and themselves at risk. If these items are recorded, it violates NCSBN's intellectual property rights and they are putting themselves and their institutions at risk.

Educators can learn what is going to be on the NCLEX by accessing resources available to them via NCSBN's Web site at www.ncsbn.org. Resources include:

- Test Plan for the NCLEX Examination for Registered Nurses and for Practical Nurses
- Detailed Test Plan for the NCLEX Examination for Registered Nurses and for Practical Nurses
- Frequently Asked Questions
- 2006 NCLEX Examination Candidate Bulletin

In addition to these documents that describe the NCLEX specifications, it is also possible to receive candidate performance reports that are specific to your program. Program Directors can subscribe to NCLEX Program Reports by visiting <http://nclex.mountainmeasurement.com>

Another way to get up-to-date information on the NCLEX is to attend the NCLEX Invitational which will next be held on September 11, 2006 in Philadelphia, Pennsylvania.

NCSBN is committed to supporting the boards of nursing in their mission to protect the public through the regulation of nursing and is dedicated to sharing appropriate information about the NCLEX with educators, test review programs and candidates. Please help NCSBN to defend the integrity of nursing licenses in your state by making your students and colleagues aware of these very important issues and reporting violations when they occur. If you have any information about attempts to compromise the NCLEX, please tell us by contacting our tip line at pvtestsecurity@pearson.com.

We invite your questions. Please send your questions to Nancy Spector, DNSc, RN, director of education, at nspector@ncsbn.org

the completion of an associate degree in nursing and eligibility for RN licensure.

A fundamental premise of the OCNE development is that the current focus of the health system is inadequate to meet the needs of the population and the current education of nurses does not fully prepare them for the growing complexity of care or develop the skills needed to provide care to individuals, families and communities at the level of sophistication required for twenty-first century practice.

Today, chronic diseases account for seven out of every 10 deaths in Oregon, a statistic which is similar to national statistics. As the "baby boomer" population ages, the number of those affected by chronic diseases will escalate and significantly impact both the population's health status and resultant health care needs. The fastest growing segment of the population is the "over 85" age group. It is estimated that a minimum of 50% of this group will require help with activities of daily living. In 1950 the "parent-support ratio" was three, which is calculated by dividing the number of persons 50-64 years old by the number of persons 85 years or older, multiplied by 100. By 1993 this ratio had tripled to 10; by 2050 the ratio is projected to almost triple to 29. In short, the family caregiver support for the aging population will be less and less adequate to meet the need. Nursing practice within this context will dramatically change, and so must the educational preparation of nurses.

The health care system in the United States is both large and complex. During the last 15 years, significant reductions in hospital length of stay have produced a cascade of unintended consequences and burden for families in caring for the acutely ill, disabled





