



## **NGN/CCNA Webinar March 2022 Video Transcript**

**©2022 National Council of State Boards of Nursing, Inc.**

### **Presenter**

Jason A. Schwartz, MS, Director of Outreach, Marketing & Advocacy, NCSBN

- [Dr. Quinn] Hello, everyone, and welcome. Thank you so much for taking time to join today's webinar. On behalf of the leadership and staff at the Center to Champion Nursing in America, I thank you all for taking time to join us for this important discussion. The Future of Nursing Campaign for Action and the National Council of State Boards of Nursing are happy to bring today's webinar focused on Next-gen National Council Licensure Examination, otherwise known as NCLEX.

For the past several years, the campaign has worked with minority-serving schools of nursing from historically black colleges and universities, Hispanic, and American Indian Alaska Native serving institutions who enhance and/or establish mentoring programs that help students remain in school, graduate, and pass their NCLEX. With the upcoming release of next-gen NCLEX, many of these schools have expressed the need to learn more about the exam to adequately prepare their students.

We are delighted, really just delighted to co-sponsor today's webinar with the National Council of State Boards of Nursing, who so graciously agreed to offer this webinar to support our efforts and your efforts with minority-serving schools, and our overall goal to increase diversity in nursing to help achieve health equity.

Before we go further, I want to mention we are recording today's webinar. If you miss a section or would like to pass it on to a colleague, which we very much encourage you to do, you can find the recording by going to [www.campaignforaction.org/webinars](http://www.campaignforaction.org/webinars). And now I have the honor of introducing today's presenter and expert on the next-gen NCLEX, Mr.

Jason Schwartz, who is the director of Test Development and Examination at the National Council of State Boards of Nursing. So thank you for joining us today Mr. Schwartz. Please, take it away.

- [Jason] Well, thank you very much, Win. Thank you, everybody. It's really an honor for me and a pleasure to be part of such important work and with such distinguished guests and attendees. So we will jump in because I brought a lot of material if that's okay. I am going to talk fast through the things that are nice to know and go slower for the things that you really need to know.

So I call this Countdown to Launch for the Next Generation NCLEX because the next generation NCLEX is now just barely over a year away. April 1st is our launch date. April 1st of 2023 I should clarify. I hope nobody took that as 2022. At any rate, here we go.



on if you could write an essay or a poem. Doesn't mean the teacher didn't care, it meant the teacher was limited by the testing instrument.

Well, that was us. But what we decided to do...and spoiler alert, I am leading into clinical judgment right now. What we decided to do is pretend there were no barriers, pretend that we could test anything we needed to test. And if the technology and test instrument and item types didn't support that, well, maybe we could change those things.

So we began two things. And I'm collapsing about five-ish years of research here into about 5 to 10 minutes in the interest of time. But at any rate, we did two things, a literature review, and a special practice analysis that we called our Strategic Practice Analysis. Let's start with the lit review. And this is information as educators that will not be at all a surprise to you.

Well, even back in 2012, education had already changed, right, to incorporate more clinical judgment, decision making, critical thinking, etc. Education was already there. Our NCLEX wasn't quite where you were, I think, but education was definitely there. But what was going on in practice?

Well, data showed us 50% of new nurses were involved in errors with just about two-thirds connected to clinical decision making and judgment. And only 20% of employers were satisfied with the clinical decision-making skills of their new hires. What does this all add up to?

Well, it means clinical judgment is critical for patient safety and public protection, but there's a key phrase, even at the entry level. Something to note, the NCLEX is not an exam of advanced nursing for very experienced master nurses 10 years in practice. No, no, no, it's a gateway to begin a nursing career. Therefore, if clinical judgment were important for nursing but not yet at the entry-





On the left-hand side, we've got a lot of stuff. But let's start where I put the number two, it's just a one-sentence lead in. It kind of sets the table, right? Maybe it says the setting or gives a very brief description of the client. Okay, 3, 4, 5, 6 go together a little bit. I bet most of you, if not all, are familiar with what we call the exhibit item type on the NCLEX today. Well, this is kind of a carryover from that.

Our case studies use a tabbed format to present information to the test taker. So here we go. Is it always four tabs? No, in fact, you're going to see one, I'm going to show it to you in the one we do together that starts with only one tab, right? Well, if it starts with four tabs, is it four tabs the whole time?

Not necessarily. A fifth













I'm going to get to these questions, I hope all at the end. But for now, we're also going to use the chat to complete this item set in a nice interactive manner. Feel free if Zoom lets you to like or comment on other people's ideas or if not, just use the chat for your own ideas.

Okay, let's go into it. So we have a new scenario, again, in case you're driving or on a small screen, I will read it. The nurse is caring for a 78-year-old female in the emergency department and there's only one tab. I mentioned before we had four tabs. That's not a magic number, could just be one. Okay.

Client was brought to the ED by her daughter due to increased shortness of breath. You're probably thinking COVID already. This was written even before the pandemic. So anyway, but okay, increased shortness of breath this morning. Daughter reports the client has been running a fever for the past few days and has started to cough up greenish-colored mucus and to complain of soreness throughout her body. Client recently hospitalized for issues with afib six days ago.

Client has a history of hypertension. Vitals are 101.1, 92 pulse, 22 respiration, blood pressure 152 over 86, pulse ox 94 with two liters per minute via nasal cannula. Upon assessment, breathing appears slightly labored. Coarse crackles noted in bilateral lung bases.

Skin slightly cool to touch, pale pink in tone. Pulse plus 3 and irregular. Cap refill three seconds. Client alert, oriented person, place, and time. The client's daughter states "Sometimes it seems like my mother is confused." So that's our information. Now, let's recognize cues item together.

Rather than giving you a blank sheet of paper...and by the way, I have a training. We call it our Action Model Training. But it's a long training, it's roughly a half-day training which I'm always willing to do. But the point is, I don't have a half a day for you right in this one. So rather than start you with a blank sheet of paper, pardon me, we are going to start with an item mostly written and we are going to essentially fill in the blanks.

So we got all that information about the 78-year-old female, drag the top four client findings that would require follow-up to the box on the right. So we see an extended drag and drop. And let's now think like an item writer since that's what we're doing, right? Less like a nurse, less like an educator, more like an item writer. Well, we can tell the logic of this item is that we need four correct answers and two that are incorrect.

So we are going to use the chat here. You tell -7re going 7hg -92 pul7(92 pul)792 reW\*(a7f)20e7(goi7m9g 7hg -92

So now find some things in the scenario that don't require follow-up. Do I have some information here that doesn't require follow-up? And be careful. We prefer for it not to be too obvious, right? Example, let me see if I see something here.

Yeah, alert to person, place, and time may be a little bit too obvious, right? That just sounds great. Or if it ever said you know, breathing is normal, that might not be a great answer choice because it's too obvious. But what am I seeing? Cap refill, soreness, yeah, alert, oriented.

I am seeing terrific things. History of hypertension. Beautiful. This group gets it. Okay, here comes the big reveal. But I need to emphasize, when I show you what the item writer came up with, it doesn't mean it's better than yours, right? It definitely doesn't mean it's better.

It might be different, although what you're going to see is that a lot of what you suggested, in fact, is what the item writer went with. So fans of "Family Feud" in the audience depending on your age, I'm either Steve Harvey without the funny jokes or Richard Dawson without the kisses. I am now going to reveal survey says and here's what we got. Vital signs, lung sounds, cap refill, orientation, radial pulse characteristics, and cough characteristics.

That's what the item writer choose. Now, let me emphasize, in case you write one of these yourself ever, right, the way to approach the item logically, I believe, is to write the four right answers, and then write the two wrong answers, right? You know, think logically, right? Break it down into the two parts.

We need some keys, and we need some distractors in testing language. However, in your final form, don't list them in that order or everyone starts to figure out oh, the first ones are right, the last ones are wrong, right, you don't want to do that. So we like to shuffle them. And you can kind of tell looking at the choices here, we've shuffled them from shortest to longest, right? So the correct ones could be anywhere, the incorrect ones could be anywhere.

Great job, this group. Guess what, though I have five more and some of them are even a little bit more complicated. This o

Pneumonia, UTI, and influenza. Congestive heart failure, okay, that's important for me to know. Thank you, Brandy. Okay, so that's half the item is these headings, right? What are some diseases or illnesses that would be interesting to consider against the client findings right? Well, what are some client findings that we'd be interested to bounce up against these conditions, right?

So here, it's a little bit of a free for all, because we've got five things, and there's sort of the notion of a key or

Okay. Deborah, I apologize. Respiratory failure I don't know if that was a key or distractor but I like it as a choice either way. I'm seeing ARDS from Dr. Gina. Anything else as a distractor? What is the client not at risk for or at least at a much lower risk of?

Let's see if we're going to get two more. Okay, love it. Here we go, diabetes. Okay, low risk of UTI. Hypertensive emergency. Love it.

Excellent job. Let's see what the item writer did before we go to the second thing. The item writer went with hypoxia, stroke, dysrhythmias, and pulmonary embolism. Okay, as evidenced by...now, again, this is thinking like an item writer. Be careful here. Well, obviously, we are looking for evidence, right? We think they're at highest risk for a pulmonary embolism because of x, right?

Or maybe it's not pulmonary embolism. But whatever it is, right, we're looking for evidence. However, pretend the answer here were pulmonary embolism. As a non-nurse, I don't know what it is, but pretend it's pulmonary embolism. If all of the findings we list really point hard to pulmonary embolism and don't point at all to anything else, you have now given a big hint, right?

When candidates or students open that second menu, and let's say every single thing has to do with, like, blood clots or something, right? They're going to say, oh, maybe I better change my answer, I thought it was dysrhythmias. But now that I'm looking at the second menu, I bet they want me to say pulmonary embolism. So the point is, as you list your evidence, obviously, you need something to be the right answer, but you don't want everything to point to one place, right?

You don't want to give hints or we call that cueing in the testing world. So let's do it. Whatever condition you thought they were at highest risk for, what's some evidence for that? What's some evidence from the case that made you believe they were at that highest risk? Okay, fever.

Okay. All right, what else? Anything besides fever here, as I'm watching the chat. Okay, the respiratory rate. Excellent. And then the way we would fill out the rest of the menu then is with evidence that perhaps points to something else, right maybe one of the other things on the list.

Okay, I'm seeing a lot of things come in, I think you get the idea. The item writer...and I'm happy to show this because I like what they've done here, the item writer has collapsed a whole bunch of the findings into these larger umbrella headings, vitals, neurologic, respiratory, cardiovascular. That's kind of a clever way to write the item.

I would almost put that menu in my back pocket, right, and use that a lot, right? It's not about I don't have to pick out one little thing. But also sometimes when you think about it, there might have been many things related to respiration that support your highest risk, right? And so if you just list one of them, maybe that's not enough. Maybe it's important (h)2o7port7(7h)20(7(7bd78o[O] TJETTJETQqW\*ñBTg00912 0











And I bet even for all of you, you want to know. Here it is. Okay, come on. How different is the NGN

And we see today's NCLEX 60 to 130 of the items count, NGN 70 to 135. So again, a little more, but not much. Now, let's break down those numbers. Case studies, how many will there be? Three that count. Three that count.

I am giving it to you true for all candidates, all candidates will get three case studies that count, take it to Vegas. Okay. And each case study had six items, again, showing off the math. So that means 18 items are coming from case studies. Here comes some subtraction then, all right, on the NGN what's left? Well, if we take away the 18 that are in case studies we're left with somewhere between 52 and 117.

I wish the numbers were a little more round or something but you get the idea. It is what it is, take away three case studies. Now a difference between today's NCLEX and the NGN is the composition of those items. Today's NCLEX you know what they are multiple-choice, select all that apply, exhibit item, the usual suspects.

NGN, well, you saw bow-tie, you saw trend, but I also told you a whole bunch of these. Most of these are just normal NCLEX items that you know and maybe love today, but certainly know. Ballpark, I think what you'll read in the NGN newsletter is that roughly 10% of this number are kind of like that bow-tie trend, you know, NGN special type stuff, whereas about 90-ish percent of the number is going to be more like today's NCLEX.

So there you go. We mentioned the 15 that don't count. But I want to say a special word about those. Today the 15 items that don't count look just like the rest of the test. Makes sense. Well, for NGN, there's a twist, right? For NGN, they're going to look just like the rest of NGN.

What does that mean? It means in the 15 items that don't count, there could be a trend item, there could be a couple of bow-tie items, maybe, right? There could even be a case study. And if you really think about it, there could even be two case studies and 15 items, right because it's six items per. Wow.

Okay. So, you may have a graduate come back and say, hey, you told me three case studies, I got four, right? We know students, graduates love to, you know, point these things out. And so their test wasn't broken, right. The point is if somebody did come back and say, I got four case studies, you know three of them



if the computer doesn't let you check off all the boxes, then I don't need to build in the penalty. So we call this 0/1 scoring because for each of the responses, you either get a zero or a one, whereas in the previous example, you either got one point or -1 points.

Third and final approach is the one used the least, but I'll share it nonetheless. It is called Rationale Scoring. And the way rationale scoring works is if you look at this question, it's kind of connecting countries to their capitals.

You see four places where a response, drag, and drop response needs to go. You see four things, we don't have to score it as four points because maybe we care less about a country or a city, we care more about a relationship. Example, capital of France is Paris, rather than say, great job, two points, we're going to say you know what the whole point of this item is the relationship and you got this relationship right, therefore, you got a point.

In rationale scoring, we are combining multiple response elements into a single scorable unit. I know that's some testing jargon for you. Let me illustrate with this next example. Capital of Egypt is well, of

And so if we use partial credit scoring, we've now taken the same lin





you whether anything is right or wrong? Scoring method here I am seeing from Aaron a plus. So +/- from Aaron.

Anybody else? Rationale I'm seeing from Don. Okay, I'm seeing rationale again. I'm seeing rationale again. Okay, let's wait for one more answer. Somebody else type in. Oh, a question from Aaron, could I highlight the whole thing?

I could highlight as many things as I want. Yes, Aaron, I could do that. I'm seeing 0/1, I'm seeing plus, and I'm seeing more rationale. So this was kind of a challenging one. We've seen all three suggested. So let me mention...I'll give the correct answer and why I believe it's the case. You could click every statement, therefore we do need to build in a penalty.

Therefore, +/-, not 0/1. Now, sometimes...I think if you're writing rationale, you may be looking at things like the client is refusing to use the spirometer because it causes pain, right? So there's a little bit



know, do something else and go back and hope to change an answer or something like that. It's a one-way street, you can only go forward. Here's the good news.



I would just call it a pull-down menu or a drop-down menu it-



So with that, I thank Jasmine for organizing this. Dr. Brunel Dinwiddie for helping us organize this, and several other folks who met with us with NCSBN a month or so ago.

And I can't remember everybody who was there, but Dr. Tracy Merry, Dr. Adriana Perez, and several other people. So thank you, everybody.