

Next Generation NCLEX What's New? What's Next?

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Overview

- What's old? ☺
- What's new?
- What's next?



NGN Quick Recap



Next Generation NCLEX highlights

- Expanded focus on clinical judgment
- Case studies
- New item types
- Updated test design
- Partial credit scoring



Next Generation NCLEX highlights

Expanded focus on clinical judgment THE WHAT

Case studies

- New item types

- Updated test design

Partial credit scoring

al credit scoring

THE HOW

What about the WHY?



Literature Review Findings (2012)

• Education regarding critical thinking, clinical decision making, and clinical judgment has already become a standard part of nursing curricula

50%

novice nurses involved in nursing errors

65%

errors
attributed to
poor clinical
decision making

20%

employers satisfied with clinical decision making skills of novice nurses

 Clinical judgment, even at the entry-level, is critical to patient safety and public protection



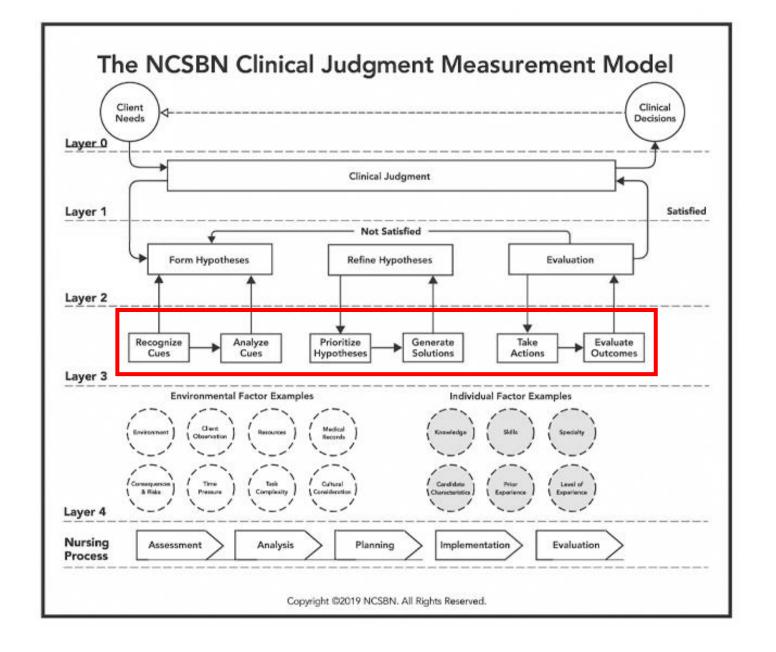
NGN News - Winter 2019

Topic: The NGN Clinical Judgment Measurement Model

2019 | PUBLICATION

Measuring Clinical Judgment









NGN News - Spring 2020

Topic: The NGN Case

Study

2020 | PUBLICATION

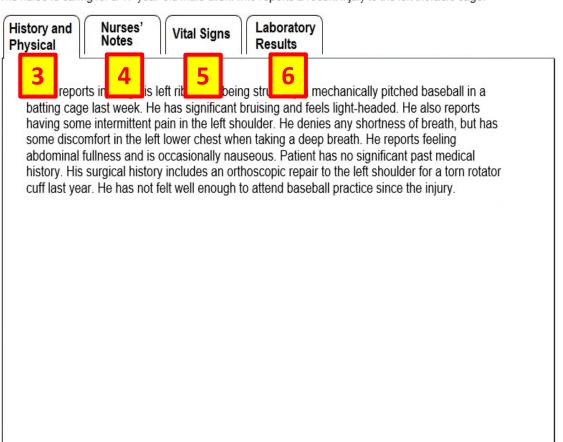


Sample Case Study

Case Study Screen 1 of 6

1

The nurse is caring for a 17-year-old male client who reports a recent injury to the left thoracic cage.



Which of the following assessment findings require immediate follow-up? Select all that apply.

□ productive cough
□ BP 90/50, P 116, RR 24
□ intermittent left shoulder pain
□ ECG showing normal sinus rhythm
□ slightly diminished breath sounds on the left
□ T 97.8° F (36.6° C), O₂ saturation 98% on room air
□ Hgb 9 g/dL (90 g/L), HCT 27% (0.27), WBC 19,000/mm³ (19.0 x 10°/L)
□ tenderness upon palpation and dullness to percussion over the abdomen

History and Physical

Nurses' Notes

Vital Signs

Laboratory Results

Client reports injuring his left ribs after being struck by a mechanically pitched baseball in a batting cage last week. He has significant bruising and feels light-headed. He also reports having some intermittent pain in the left shoulder. He denies any shortness of breath, but has some discomfort in the left lower chest when taking a deep breath. He reports feeling abdominal fullness and is occasionally nauseous. Patient has no significant past medical history. His surgical history includes an orthoscopic repair to the left shoulder for a torn rotator cuff last year. He has not felt well enough to attend baseball practice since the injury.



History and Physical Nurses' Notes

Vital Signs

Laboratory Results

Patient appears pale and slightly diaphoretic. Large amount of bruising noted along the left torso and over the left upper quadrant (LUQ) of the abdomen. Patient is guarded and there is tenderness upon palpation and dullness to percussion over the abdomen. Slightly diminished breath sounds on the left, productive cough noted. Electrocardiogram (ECG) shows normal sinus rhythm.



History and Physical Nurses' Notes

Vital Signs

Laboratory Results

Vital signs:

- BP 90/50
- P 116
- RR 24
- T 97.8° F (36.6° C)
- O₂ saturation 98% on room air



History and Physical Nurses' Notes

Vital Signs

Laboratory Results

Laboratory Test	Result	Reference Range				
Hemoglobin (Hgb)	9g/dL (90 g/L)	Male: 13.2–17.3 g/dL (132–173 g/L) Female: 11.7–15.5 g/dL (117–155 g/L)				
Hematocrit (HCT)	27% (0.27)	Male: 39%-50% (0.39-0.50) Female: 35%-47% (0.35-0.47)				
White blood cell count (WBC)	19,000/mm³ (19.0 x 109/L)	5,000-10,000/mm³ (5-10 x 109/L)				



>	Which of the following assessment findings require immediate follow-up? Select all that apply.
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Recognize Cues

Identify relevant and important information from different sources (e.g., medical history, vital signs).

• What informa What matters most right now?

What information is most important?

What is of immediate concern?

Do not connect cues with hypotheses just yet.





Which of the following potential issues is the client at risk for developing? Select all that apply.
stroke
hemothorax
□ bowel perforation
splenic laceration
☐ pulmonary embolism
□ abdominal aortic aneurysm



Analyze Cues

Organizing and linking the recognized cues to the client's clinical presentation.

 What client conditions are consistent with the cues?

 Are there cues that support or contraindicate a particular condition?

 Why is a particular cue or subset of cues of concern?

 What other information would help establish the significance of a cue or set of cues?

Consider multiple things that could be happening. Narrowing things down comes at the next step.





The nurse is initiating the client's plan of care.

Complete the following sentence by using the list of options.

The nurse should first address the client's

Select ▼	
----------	--

abdominal pain	followed by the client's
Select	
abdominal pain	
respiratory status	
laboratory test results	



Prioritize Hypotheses

Evaluating and ranking hypotheses according to priority (urgency, likelihood risk, difficulty, time, etc.).

Which explanations are most react intory.

 Which possible explanations most serious?

Where do I start?

Item development should focus on ranking the potential issues and should use phrases such as "most likely."





The nurse is speaking with the physician regarding the treatment plan for the client who was just diagnosed with a splenic laceration and a left-sided hemothorax.

For each potential order, click to specify whether the potential order is anticipated or contraindicated for the client.

Potential Order	Anticipated	Contraindicated
echocardiogram		
intravenous fluids		
abdominal ultrasound		
preparation for surgery		
serum type and screen		
chest percussion therapy		
insertion of a nasogastric (NG) tube		
administration of prescribed pain medication		

Generate Solutions

Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.

What are the desirable outcomes?

 What interventions can achioutcomes?

What should be avoided?

Focus on goals and multiple potential interventions—not just the best one—that connect to those goals. Potential solutions could include collecting additional information.





- The nurse has been asked to prepare the client for immediate surgery. Which of the following actions should the nurse take? Select all that apply.
 - Mark the surgical site.
 - Provide the client with ice chips.
 - Obtain surgical consent from the client.
 - Perform a medication reconciliation.
 - Insert a peripheral venous access device (VAD).
 - Inform the client about the risks and benefits of the surgery.
 - Assess the client's previous experience with surgery and anesthesia.
 - Ask the client's parents to wait in the waiting room while you discuss the plan of care with the client.



Take Action

Implementing the solution(s) that addresses the highest priorities.

 Which intervention or combination of interventions is most appropriate?

 How should the intervention(s) What do I do? accomplished (performed, required) administered, communicated, taught, documented, etc.)?

For "how" questions, ensure that How do I do it? elements from the scenario are what determines approach. Avoid memorized or "textbook" procedures. The item stem and/or the responses should include action verbs.





Click to highlight the findings below that would indicate the client is not progressing as expected.

Progress Notes

Client is post-op day #3 after a splenectomy and is able to ambulate in the corridor 3 to 4 times daily with minimal assistance. The client has clear breath sounds with a left chest tube in place attached to a closed-chest drainage system. Tidaling of the water chamber noted with deep inspiration. The client is refusing to use the incentive spirometer stating it causes left-sided chest pain. The client is utilizing prescribed patient-controlled analgesia (PCA) device maximally every hour and continues to have intermittent nausea with some vomiting. Adequate urine output. Abdominal surgical incision site with dressing is clean, dry, and intact with no erythema, edema or drainage noted to site.



Evaluate Outcomes

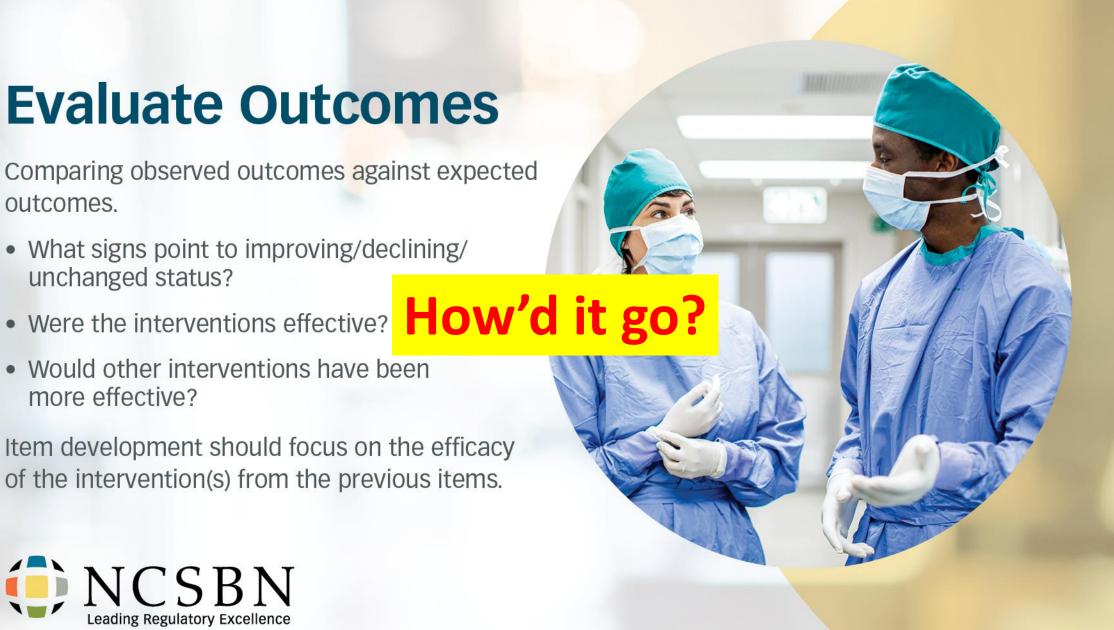
Comparing observed outcomes against expected outcomes.

 What signs point to improving/declining/ unchanged status?

 Would other interventions have been more effective?

Item development should focus on the efficacy of the intervention(s) from the previous items.





Case Study – Summary

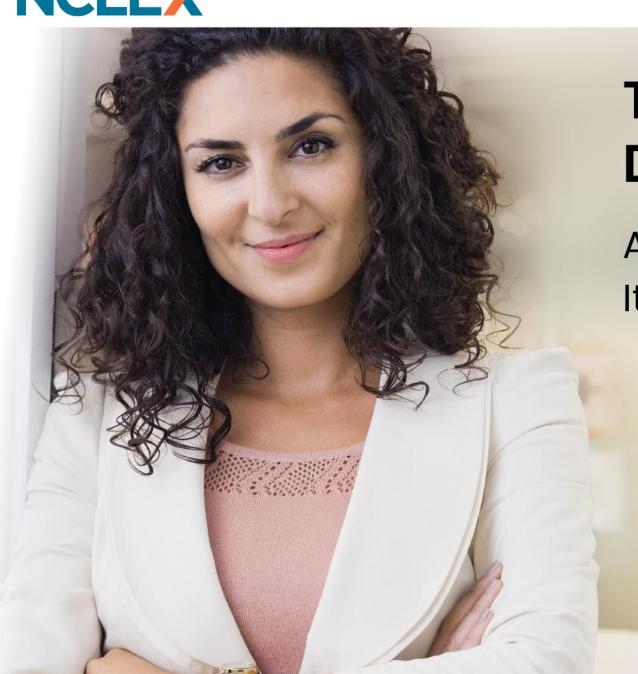
- Real-world nursing scenario
- Six items with clinical judgment focus (in order):



- Setting Wherever entry-level nurses are
- Eligible content Anything in the Test Plan







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What's New?



Results





2023 NCLEX-RN Pass Rates

RN'	Jan. – March		April – June		July – Sept.		Oct. – Dec.		YTD Total	
Type of Candidate	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
First-time, U.Seducated										
Diploma	631	78.45%	651	94.93%	666	93.24%			1,948	89.01%
Baccalaureate Degree	29,444	83.26%	31,608	95.34%	28,968	91.50%			90,020	90.16%
Associate Degree	26,193	79.14%	28,252	93.94%	21,381	90.08%			75,826	87.74%
Invalid or Special Program Codes	704	15.63%	333	27.93%	209	32.54%			1,246	21.75%
Total First-time, U.Seducated	56,972	80.48%	60,844	94.32%	51,224	90.69%			169,040	88.55%
Repeat, U.Seducated	24,041	40.66%	12,773	62.15%	12,074	56.61%			48,888	50.21%
First-time, Internationally Educated	21,978	39.86%	11,612	57.69%	15,608	58.37%			49,198	49.94%
Repeat, Internationally Educated	16,806	28.85%	8,134	51.33%	11,248	50.03%			36,188	40.48%
All Candidates	119,797	57.79%	93,363	81.61%	90,154	75.46%			303,314	70.38%



NCLEX-RN by Year/Quarter (FT-US)



NCLEX-RN by Year/Quarter (FT-US)



NCLEX-RN by Year/Quarter (FT-US)

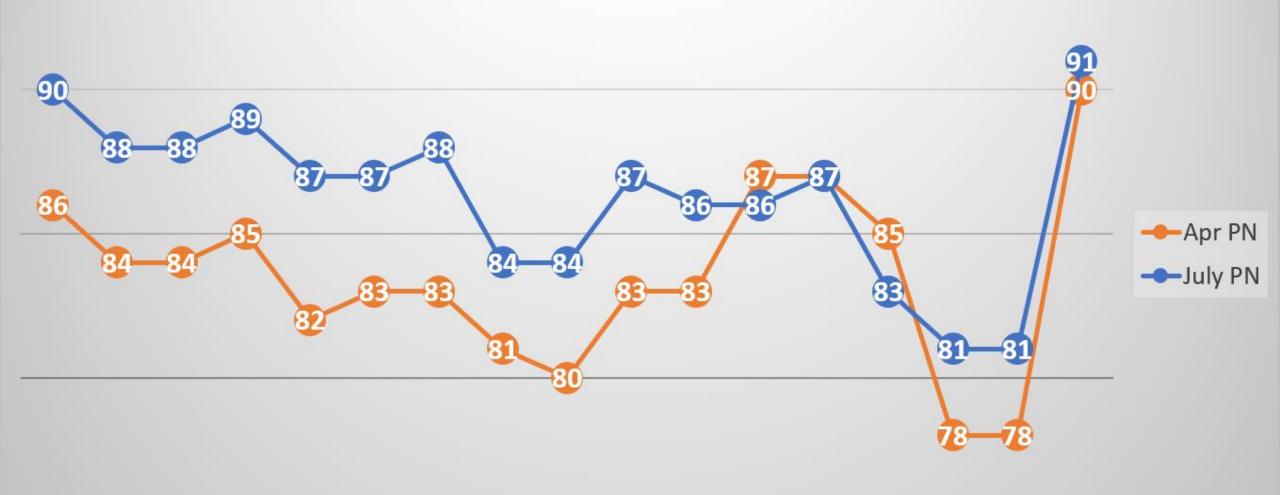


2023 NCLEX-PN Pass Rates

PN ²	Jan.	– March	Apri	l – June	July – Sept.		
Type of Candidate	Count	Percentage	Count	Percentage	Count	Percentage	
First-time, U.Seducated	13,970	79.56%	8,818	8,818 90.07%		90.65%	
Repeat, U.Seducated	6,693 37.83%		3,625	3,625 49.88%		43.11%	
First-time, Internationally Educated	137	47.45%	77	63.64%	87	50.57%	
Repeat, Internationally Educated	201	25.87%	100	33.00%	96	29.17%	
All Candidates	21,001	65.53%	12,620	77.91%	18,883	81.44%	



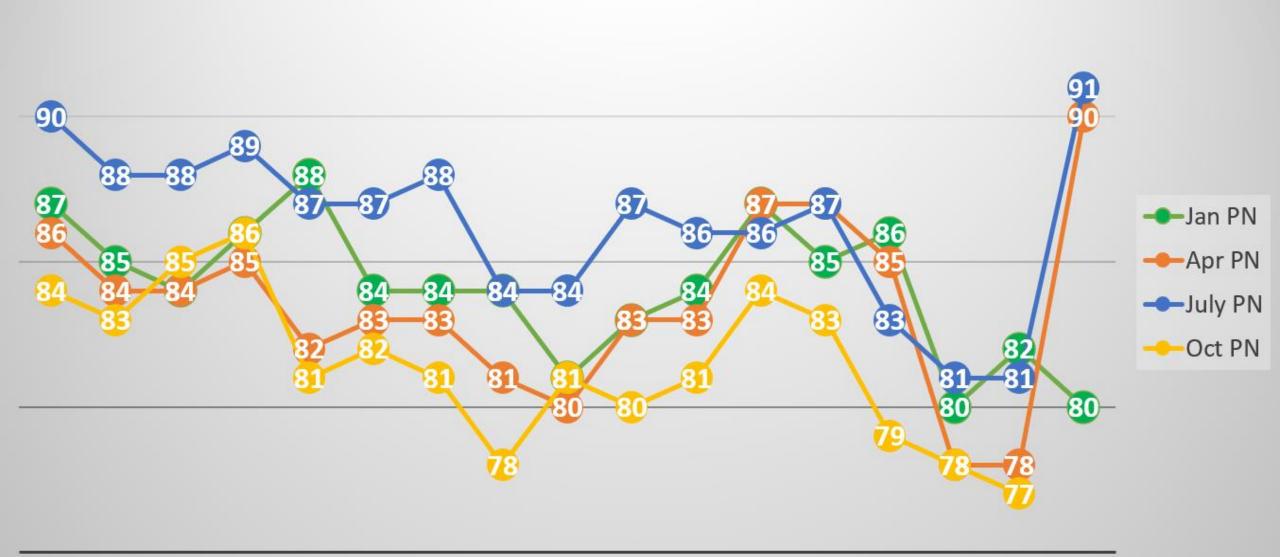
NCLEX-PN by Year/Quarter (FT-US)



NCLEX-PN by Year/Quarter (FT-US)



NCLEX-PN by Year/Quarter (FT-US)



Breakdowns by school

- Not published by NCSBN, but published by some states/jurisdictions
- Example: <u>Virginia Board of Nursing</u>

VA - HAMPTON UNIVERSITY - BS (US28505400)

NCLEX-RN

NCSBN	NCSBN		01/01/2023 - 03/31/2023				04/01/2023 - 06/30/2023				07/01/2023 - 09/30/2023				Total			
Education Educ	Education Program City	NCSBN Graduation Date	Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
VA - HAMPTON UNIVERSIT Y - BS	HAMPT ON	05/2022	2	1	1	50.00%	0	0	0	0.00%	0	0	0	0.00%	2	1	1	50.00%
		05/2023	0	0	0	0.00%	1	1	0	100.00%	10	9	1	90.00%	11	10	1	90.91%
(US2850540 0)	Total		2	1	1	50.00%	1	1	0	100.00%	10	9	1	90.00%	13	11	2	84.62%

VA - NORFOLK STATE UNIVERSITY - TRADITIONAL BS PROGRAM (US28510100)

NCLEX-RN

NCSBN	NCSBN Education Program City	NCSBN Graduation Date	04/01/2023 - 06/30/2023				07/01/2023 - 09/30/2023				Total			
Education Program			Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate	Total Delivered	Total Passed	Total Failed	% Pass Rate
VA - NORFOLK STATE UNIVERSIT Y - TRADITION AL BS	NORFO LK	05/2023	2	1	1	50.00%	8	7	1	87.50%	10	8	2	80.00%
		07/2023	0	0	0	0.00%	2	2	0	100.00%	2	2	0	100.00%
PROGRAM (US2851010 0)	Total		2	1	1	50.00%	10	9	1	90.00%	12	10	2	83.33%

Average NGN test length (since April 1)

Min	RN	Max		
•				
70	102	135		
(85)	(117)	(150)		



Average NGN test length (since April 1)

Min	PN	Max		
70	101	135		
(85)	(116)	(150)		



Partial Credit Scoring and CAT



Which of the following potential issues is the client at risk for developing? Select all that apply.
stroke
hemothorax
□ bowel perforation
splenic laceration
☐ pulmonary embolism
☐ abdominal aortic aneurysm



- Which of the following potential issues is the client at risk for developing? Select all that apply.
- stroke
- hemothorax
- bowel perforation
- ★ splenic laceration
- pulmonary embolism
 - abdominal aortic aneurysm

This item uses **+/- scoring** since candidates can select as many responses as they like.

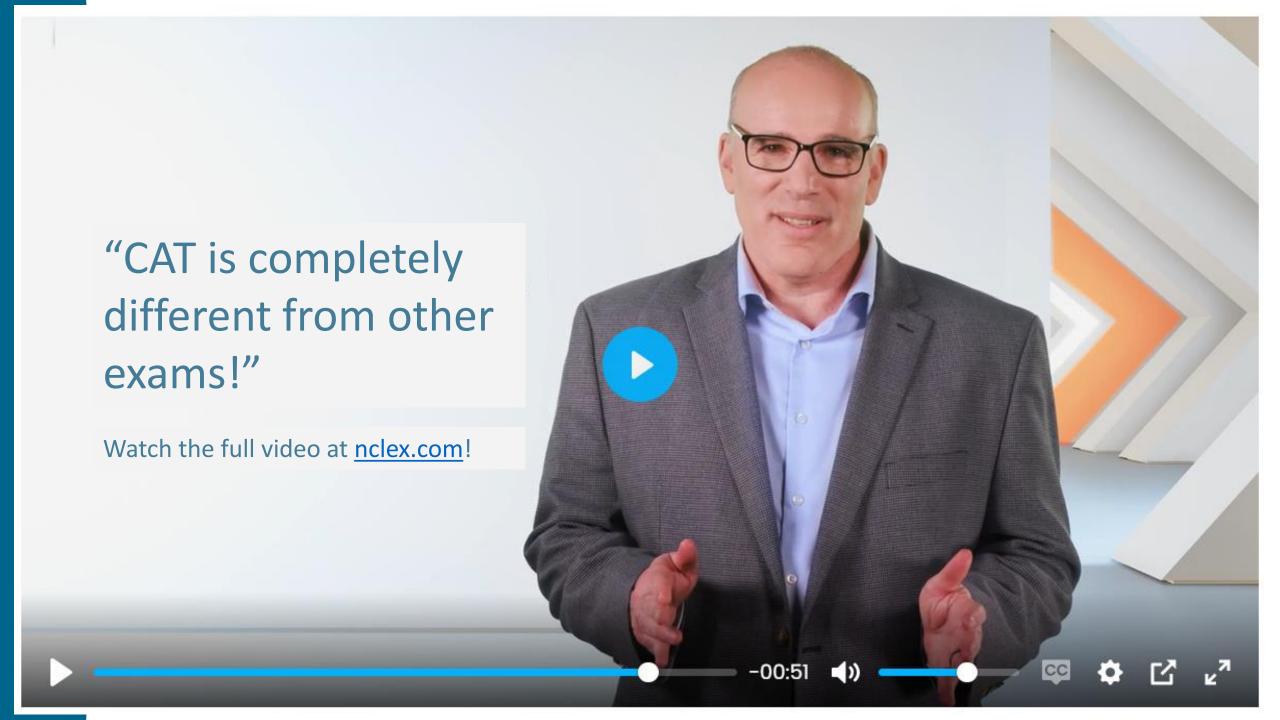
$$3 - 2 = 1$$



But how does it really work?

- "Is a 3-point question worth three times as much as multiple-choice?
- "Are partial credit items easier or harder than multiplechoice items?
- "How many points are needed on a partial credit item to "pass" the item?
- Etc.



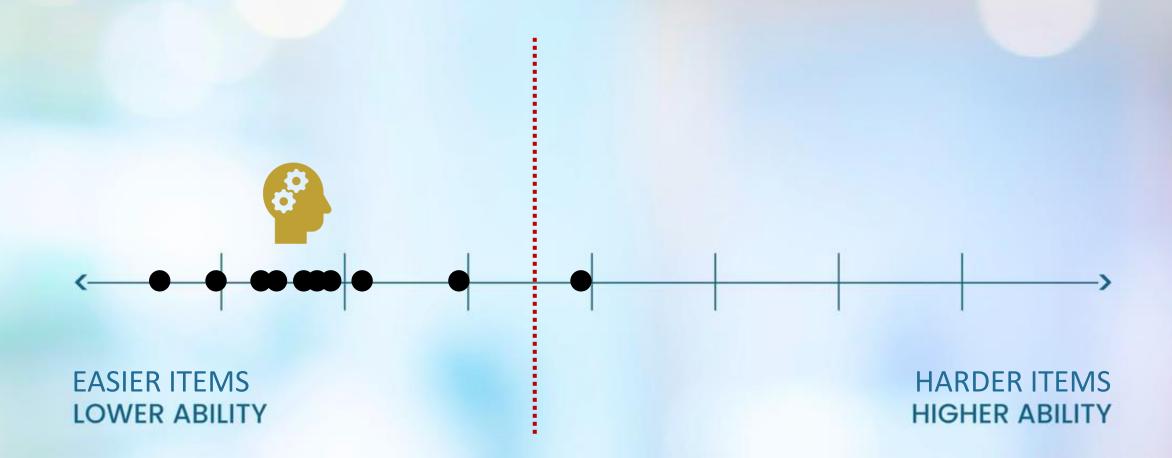


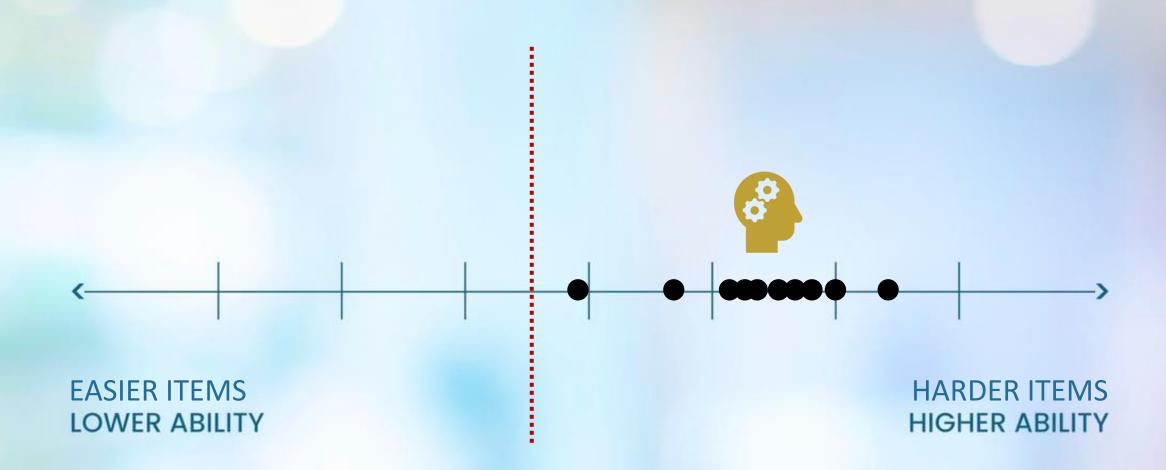
Typical Test

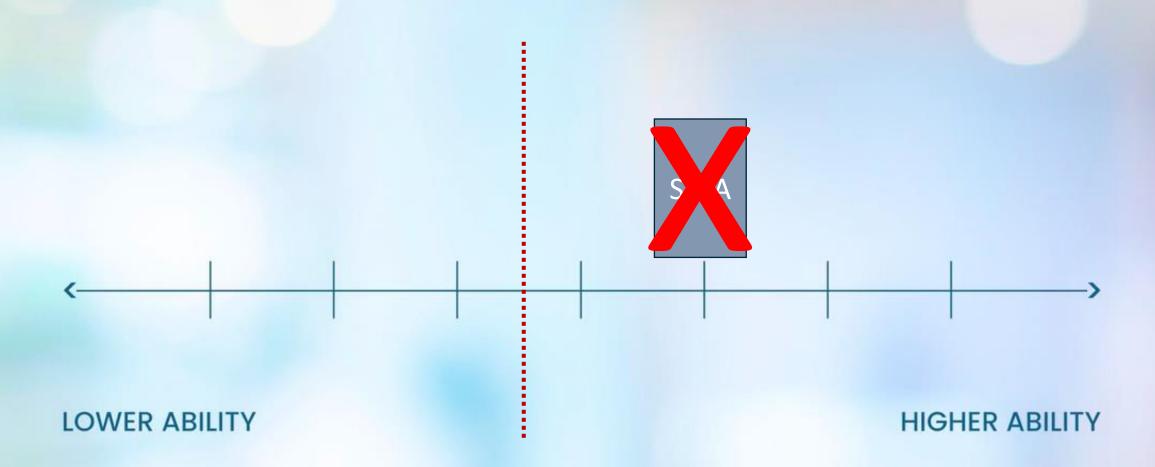
- Points are earned as questions are answered
- An easy question is worth the same as a hard question
- How many points did the examinee earn?
- How many points are needed to pass?

- Examinee ability is estimated as questions are answered
- Easy and hard questions have very different impacts on ability estimates
- What is final examinee ability estimate?
- What is the passing standard?















Summary – Partial Credit Scoring

- With CAT it's all about the ability estimate
- Before partial credit, each item had a single difficulty
- Now the partial credit items have multiple difficulty levels, one for each score point
- This leads to more precise ability estimates



What's Next?



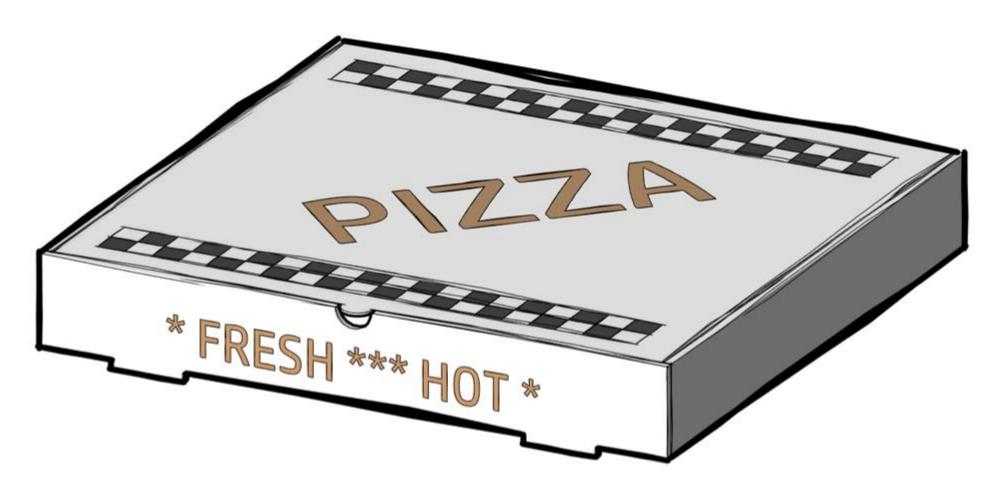


Classic NCLEX



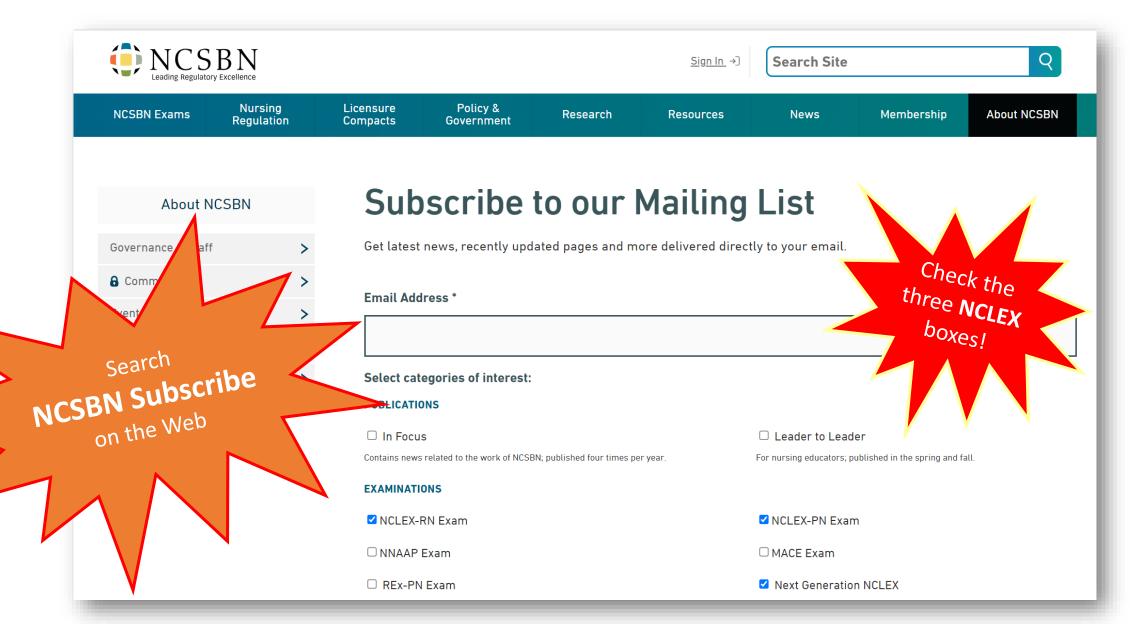
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