Incorporating the NCLEX® Throughout the Curriculum

Presented by:
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Hurst Review Services

What do we know about the NCLEX®?
RN Practice Analysis - Linking the NCLEX-RN® examination to practice.

What information does the NCSBN release regarding the NCLEX®?
Very Little . . .

Panel of Subject Matter Experts (SME)
- 9 - 12 Members
- Worked with or supervised the practice of RNs within their first 6 months of practice
- or were new RNs themselves
- Represent all geographic areas of the country and now Canada
- All major nursing specialties and varied practice settings

Objective 1: Examine the periodic process of practice analysis studies that validate the NCLEX® test plan.

NCLEX® Drill Down
How does the NCLEX® Practice Analysis process begin? Select all that Apply

1. Entry level RN job descriptions
2. Phone an expert friend
3. Interviewing all state boards of nursing
4. Daily logs of entry level nurses
5. Review of Literature

The Practice Analysis items are determined by NCSBN “Subject Matter Experts” and are approved by whom?

1. All Boards of Nursing
2. CCRN Council
3. SREB Nursing Council Deans and Directors
4. NLN Council

What the Panel of Subject Matter Experts (SME) have to ask?

“How important is the possession of this knowledge by the brand-new nurse for safe and effective professional practice, regardless of specific practice area?”

NCLEX® Reality

Candidates will not be asked to practice outside of their scope of practice.
What are the survey participants asked to do?

Participants are asked to rank every statement for:

- How frequently they do the task
- How important they think the task is to their practice as it relates to the performance of safe entry level nursing and decreasing client complications.

NCLEX® Reality

The Practice Analysis tells us what is going on in the brand-new nurse’s world.

New RNs who participated in the 2014 Practice Analysis had practiced an average of:

1. 2 months
2. 3 months
3. 7 months
4. 9 months

2011 Practice Analysis

Top 5 Countdown by average group importance:

- 5. Protect client from injury
- 4. Provide care within the legal scope of practice
- 3. Apply principles of infection control
- 2. Ensure proper identification of client when providing care
- 1. Prepare and administer medications using rights of medication administration

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3. 7 months
4. 9 months

2014 Practice Analysis

Top 5 Countdown by average group importance:

- 5. Protect client from injury
- 4.  Provide care within legal scope of practice
- 3.  Prepare and administer meds
- 2.  Ensure proper ID of client when providing care
- 1.  Applying principles of infection control
What did the 2014 Practice Analysis Results Show?

- NCSBN stated that “on average, there was no significant difference in entry level responder rating between the 2011 and the 2014 NCLEX-RN® Practice Analysis.”
- Client health conditions were similar as well.

NCLEX® Integrated Processes

- Nursing Process
- Caring
- Communication and Documentation
- Teaching and Learning
- *Culture and Spirituality*

2016 NCLEX-RN® Test Plan

Client Need Category Percentages *will not change* from the 2013 test plan percentages.

<table>
<thead>
<tr>
<th>Plan Categories / Subcategories</th>
<th>Percentage of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>Management of Care</td>
<td>17 - 23%</td>
</tr>
<tr>
<td>Safety and Infection Control</td>
<td>9 - 13%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>6 - 12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>6 - 12%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>Basic Care and Comfort</td>
<td>6 - 12%</td>
</tr>
<tr>
<td>Pharmacological and Parenteral Therapies</td>
<td>12 - 18%</td>
</tr>
<tr>
<td>Reduction of Risk Potential</td>
<td>9 - 13%</td>
</tr>
<tr>
<td>Physiological Adaptation</td>
<td>11 - 17%</td>
</tr>
</tbody>
</table>

NCLEX-RN® Test Plan Category Changes

**2016 Content Addition**

- *Management of Care Organ Donation*
NCSBN Board of Directors (BOD) Voted to Uphold the Passing Standard for the NCLEX-RN® Examination at its Meeting on January 5, 2016

Standard of Passing Defined As:

- To ensure a consistent standard of competence in nursing practice, NCSBN uses a criterion reference standard, which means that passing or failing depends solely upon a candidate’s level of performance in relation to the established point that represents safe entry level competence.


NCLEX PN®

<table>
<thead>
<tr>
<th>Year</th>
<th>From</th>
<th>To</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>-0.37 logs</td>
<td>-0.27 logs</td>
<td>0.07 logs</td>
</tr>
<tr>
<td>2014</td>
<td>-0.27 logs</td>
<td>-0.21 logs</td>
<td>0.06 logs</td>
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</table>

NCLEX RN®

<table>
<thead>
<tr>
<th>Year</th>
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<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>-0.21 logs</td>
<td>-0.16 logs</td>
<td>0.05 logs</td>
</tr>
<tr>
<td>2013</td>
<td>-0.16 logs</td>
<td>-0.00 logs</td>
<td>0.16 logs</td>
</tr>
</tbody>
</table>

Passing Standard increases for past years and affect on Pass Rates:

- **2004 Passing Standard Increase**
  - From: -0.35 logits
  - To: -0.28 logits
  - Change: 0.07 logits

<table>
<thead>
<tr>
<th>Year</th>
<th>First Time Takers</th>
<th>All Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>87.05%</td>
<td>71.1%</td>
</tr>
<tr>
<td>2004</td>
<td>85.3%</td>
<td>70.2%</td>
</tr>
</tbody>
</table>

- **2007 Passing Standard Increase**
  - From: -0.28 logits
  - To: -0.21 logits
  - Change: 0.07 logits

<table>
<thead>
<tr>
<th>Year</th>
<th>First Time Takers</th>
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<tbody>
<tr>
<td>2006</td>
<td>88.1%</td>
<td>73.8%</td>
</tr>
<tr>
<td>2007</td>
<td>85.5%</td>
<td>69.4%</td>
</tr>
</tbody>
</table>

- **2010 Passing Standard Increase**
  - From: -0.21 logits
  - To: -0.16 logits
  - Change: 0.05 logits

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<tr>
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<tr>
<td>2009</td>
<td>88.42%</td>
<td>73.18%</td>
</tr>
<tr>
<td>2010</td>
<td>87.41%</td>
<td>74.18%</td>
</tr>
</tbody>
</table>
Passing Standard increases for past years and effect on Pass Rates:

<table>
<thead>
<tr>
<th>2013 Passing Standard Increase</th>
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<th>To</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-0.16 logits</td>
<td>0.00 logits</td>
<td>0.16 logits</td>
</tr>
<tr>
<td>2012 First Time Takers</td>
<td>90.34%</td>
<td>83.04%</td>
<td>81.78%</td>
</tr>
<tr>
<td>All Candidates</td>
<td>79.51%</td>
<td>71.12%</td>
<td>68.95%</td>
</tr>
</tbody>
</table>

Objective 2: Analyze the NCLEX® Practice Analysis Process to Determine Strategies Essential to NCLEX® Success.

Statistics of 2013 Test

- Average test length: 127
- % Taking Minimum Number: 46%
- % Taking Maximum Number: 16.9%
- Average Testing Time: 2 hrs. 28 min
- % Taking Maximum Time: 1.6%

How does the “NCLEX Lady” think and what does she want?

What is the purpose of NCSBN?

1. Assure nursing school graduates have adequate knowledge.
2. Assure that only the best graduates practice.
3. Protect the public from unsafe practitioners.
4. Protect the public from graduates that performed poorly in nursing school.

NCLEX® Reality

- The 2013 NCLEX® exam is based on data collected in 2011.
- So don’t focus on journals and new research for NCLEX®
- Coast to coast established nursing practice
- The exceptions are:
  - anything that results in a change in standards of care (AHA, CDC, TJC)
  - a life threatening protocol
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Hurst NCLEX® Assumptions

▸ Fix the Problem!!

▸ Don’t be a “killer nurse” - we are about keeping patients alive!

Hurst NCLEX® Assumptions

▸ The NCLEX® hospital is perfect
▸ The client you have on the screen is the only one you are assigned
▸ You have all the equipment that you need and an order for every option
▸ Stay with the client is a favorite choice for the NCLEX® lady
▸ Be overcautious. Pick up a problem before it is a problem. . . Assume the worse

Hurst NCLEX® Assumptions

▸ We want them to WORRY!!
▸ Assume the worst!
▸ There are no happy NCLEX® questions.

Hurst NCLEX® Assumptions

▸ Testing
▸ Should students be aware of the 2016 categories and statements?
▸ What course do students learn the information in the first 5 important statements?
▸ When teaching interventions, what could you include?
▸ Always include the safety points in lecture...
  ◦ What would you report?
  ◦ What would require follow-up?

Let’s brainstorm about the classroom!
What about the test blueprint?

- Can you include in your test blueprint the NCLEX® categories and percentages?
- Can you start coding your questions according to the NCLEX® categories, as well as Bloom’s and question format?
- What percentage breakdown should you have of application questions as the courses progress?

Let’s brainstorm about clinical!

- Are there any documents on the unit that would reinforce learning?
- What opportunities are there to teach management and delegation?
- Pharmacology and lab values?
- Do students understand why?

NCSBN Curriculum Statement

- NCSBN states, “Since nursing practice is a continually evolving discipline and practice analyses are conducted every three years, it may not be practical to revise curriculum based on the minor changes in the 2013 RN NCLEX Test Plan. The test plan, however, may be a useful product for nursing programs to consider when reviewing a curriculum because the test plan is based upon the knowledge, skills and abilities that are needed to practice nursing safely and effectively at the entry level.”