


**Next Generation NCLEX and the New Essentials:
Synergies and Alignment**


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Overview


1. Why is the NCLEX changing?
2. What do the new items measure?
3. What do the new items look like?
4. What else is changing?
5. What are the connections to the New Essentials?
6. NCSBN Resources and Updates
7. Questions



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Why is the NCLEX changing?




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NGN origin story

- **2012 NCLEX Examination Committee--**
"Is the NCLEX measuring the right things?"



- Literature review
- Strategic Practice Analysis



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Literature Review Findings

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

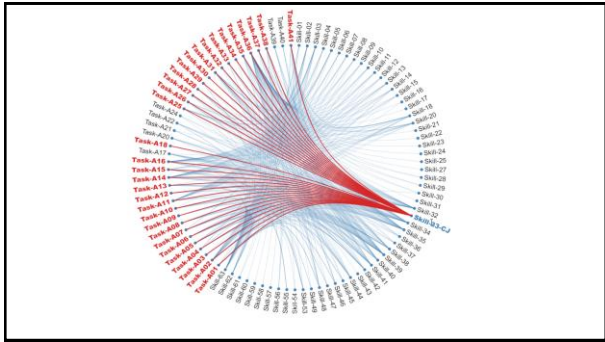
50% novice nurses involved in nursing errors	65% errors attributed to poor clinical decision making	20% employers satisfied with clinical decision making skills of novice nurses
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- Clinical judgment, even at the entry-level, is critical to patient safety and public protection



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Conclusions

- 1 Clinical judgment is an important and necessary skill, even at the entry-level
- 2 The current NCLEX addresses clinical judgment indirectly but is limited by the item types available
- 3 Providing a more direct, evidence-based measure of clinical judgment requires both additional research and the use of new item types

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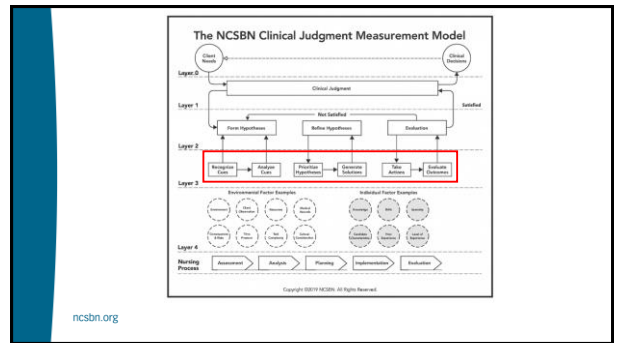
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NGN News - Winter 2019
Topic: The NGN Clinical Judgment Measurement Model
2019 | PUBLICATION

Measuring Clinical Judgment

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What will the new items look like?

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NGN News - Spring 2020
Topic: The NGN Case Study
2020 | PUBLICATION

NGN Case Study

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Sample Case Study

Case Study
Screen 1 of 6

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.

History and Physical **Nurses' Notes** **Vital Signs** **Laboratory Results**

1 2 3 4 5 6 7

1. 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.

2. Patient reports intermittent left shoulder pain.

3. Patient reports feeling lightheaded and has a productive cough.

4. Patient 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.

5. Patient 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.

6. Patient 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.

7. 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 10⁹/L)
- tenderness upon palpation and dullness to percussion over the abdomen


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

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 lightheaded. 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.

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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

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

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/mm ³ (19.0 x 10 ⁹ /L)	5,000–10,000/mm ³ (5–10 x 10 ⁹ /L)

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Extended Multiple Response

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
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Recognize Cues

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

- What information is relevant/irrelevant?
- What information is most important?
- What is of immediate concern?

Do not connect cues with hypotheses just yet.





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Extended Multiple Response

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





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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.

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Pull-Down Menu Item

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 followed by the client's

Select...

abdominal pain

respiratory status

laboratory test results





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Prioritize Hypotheses

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

- Which explanations are most/least likely?
- Which possible explanations are the most serious?

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


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Matrix (Grid) Item

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	<input type="checkbox"/>	<input type="checkbox"/>
intravenous fluids	<input type="checkbox"/>	<input type="checkbox"/>
abdominal ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
preparation for surgery	<input type="checkbox"/>	<input type="checkbox"/>
serum type and screen	<input type="checkbox"/>	<input type="checkbox"/>
chest percussion therapy	<input type="checkbox"/>	<input type="checkbox"/>
insertion of a nasogastric (NG) tube	<input type="checkbox"/>	<input type="checkbox"/>
administration of prescribed pain medication	<input type="checkbox"/>	<input type="checkbox"/>



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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 achieve those outcomes?
- 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.





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Extended Multiple Response

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.





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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) be accomplished (performed, requested, administered, communicated, taught, documented, etc.)?

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


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Highlighting Item

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. Tidal volume 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.



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Evaluate Outcomes

Comparing observed outcomes against expected outcomes.

- What signs point to improving/declining/unchanged status?
- Were the interventions effective?
- Would other interventions have been more effective?


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





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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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More ways to measure clinical judgment




• The case study is the main way but not the only way the NGN will measure clinical judgment

• Two “standalone” item types will also be used

- Trend items
- Bowtie items

NGN News – Spring 2021
Topic: Stand-alone Items
2021 PUBLICATION

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Sample Trend Item

The nurse in the emergency department (ED) is caring for a 10-day-old client who is experiencing projectile vomiting after drinking formula.

Flow Sheet	1000	1400	1800
Intake and Output			
Intake	480 mL of formula over the past 24 hrs	60 mL of formula over the past 4 hours	60 mL of formula over the past 4 hours
Output	3 small yellow stools over the past 24 hrs	40 mL of emesis 30 min after feeding	40 mL of emesis 30 min after feeding

Nurses' Notes

1000: Parent reports that the client has been vomiting after drinking each bottle of formula. Parent estimates the client is vomiting half of each bottle with each feeding. Client irritable. Vital signs: T 97.7° F, HR 92, C, P 124, RR 30.

1400: Client experienced projectile vomiting 30 minutes after drinking 60 mL of formula. Anterior fontanel is soft and flat. Bowel sounds are hyperactive.

1800: Client experienced projectile vomiting 30 minutes after drinking 60 mL of formula. Abdomen is distended. Client is crying and is inconsolable.

The nurse is preparing to speak with the physician about the client's plan of care.

Which of the following diagnostic procedures should the nurse anticipate the physician would order? Select all that apply.

- barium enema
- abdominal x-ray
- abdominal ultrasound
- complete metabolic panel
- esophagogastroduodenoscopy (EGD)

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Sample Bow-tie Item

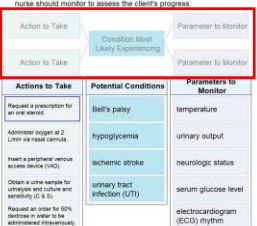
The nurse in the emergency department (ED) is caring for a 78-year-old female client.

Nurses' Notes


1216: Client accompanied to ED by daughter, right-sided ptosis with facial drooping noted. Right-sided hemiparesis and expressive aphasia present. Daughter reports client recently had an influenza infection. Lung sounds are clear, apical pulse is irregular. Bowel sounds are active in all 4 quadrants, skin is warm and dry. Incontinence of urine 2 times in the ED, daughter reports that the client is typically continent of urine. Capillary refill sluggish at 3 seconds. Peripheral pulses palpable. 2+ Vital signs: T 97.8° F, HR 94, C, P 108, RR 16, BP 100/60, pulse oximetry reading 90% on room air. Capillary blood glucose obtained per protocol, 78 mg/dL (4.2 mmol/L). ED physician notified.

The nurse is reviewing the client's assessment data to prepare the client's plan of care.

Complete the diagram by dragging from the choices below to specify what condition the client is most likely experiencing, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client's progress.




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NGN News - Winter 2022
Topic: NGN Test Design
2022 PUBLICATION


What will the test look like?

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How different is the NGN from NCLEX?



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Approved NGN Test Design

Design Specification	NCLEX Today	Next Generation NCLEX (NGN)
Time Allowed	5 hours	5 hours
Delivery method	Variable-length CAT	Variable-length CAT *
Total Items (min – max)	75 – 145	85 – 150
Total Scored Items (min – max)	60 – 130	70 – 135
Case Studies	N/A	3 (18 items)
Standalone items (traditional NCLEX + bowtie + trend, etc.)	60 – 130 (None are bowtie/trend)	52 – 117 (About 10% are bowtie/trend)
Unscored (Pretest) Items	15	15**

* Items within a Case Study are static, not adaptive
 ** May include case studies, bowtie items, trend items

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Scoring Update



NGN News – Summer 2021
 Topic: Scoring Models
 2021 | PUBLICATION

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A new approach to scoring

- NCLEX today – A candidate response to an item is either correct or incorrect
 - Points possible: 0 or 1
- Next Generation NCLEX - A candidate response may be partially correct and receive partial credit
 - Points possible: 0, 1, 2, 3, etc.
- **Three** methods of assigning partial credit on NGN

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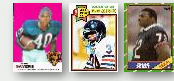
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Method #1: +/- Scoring

- Candidates receive a point for correct responses and **lose a point** for incorrect responses.
- Note that any negative overall scores are "rounded up" to zero.
- Why do we take away points?

Which of these football legends played for the Chicago Bears? **Select all that apply.**

- Tom Brady
- Gale Sayers
- Walter Payton
- Aaron Rodgers
- Refrigerator Perry



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Method #1: +/- Scoring

- Candidates receive a point for correct responses and **lose a point** for incorrect responses.
- Note that any negative overall scores are "rounded up" to zero.
- Why do we take away points?

Which of these football legends played for the Chicago Bears? **Select all that apply.**

- Tom Brady **-1 INCORRECT**
- Gale Sayers **+1 CORRECT**
- Walter Payton **+1 CORRECT**
- Aaron Rodgers
- Refrigerator Perry

Using +/- scoring this candidate earns 2 – 1 = **1 point** out of a maximum of 3 points possible (Sayers, Payton, Perry).

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A Review of the NCLEX and The AACN Essentials

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Worth a Thousand Words

Client History, Intervention, Caring, Data, Documentation, Quality Improvement, Care Setting, Client Teaching, Plan of Care, Accountability, Palliative Care, Nursing, Cues, Culture, Adapt, Evaluation, Take Action, Population Health, Generate Solutions, Self Care, Family, Collaboration, Assessment, Prioritize, Coordinate Care, Wellness, Decision Making, Infection Control, Hypotheses, Clinical Judgment, Anticipate, Advocacy, Scope of Practice.

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NCLEX and ANCC Essentials

Next Generation **NCLEX**® Similarities and Differences

Measures knowledge, skills, and abilities to practice safe, effective entry-level nursing care.

Provides a framework for professional nursing education.

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Entry-Level Practice Foundation

AACN Essentials **Informs** Nursing Education **Results** Entry-Level Nursing Practice

Practice Analysis & NCLEX

Practice Analysis: Analyze Entry-level practice
NCLEX: Assess Entry-level practice

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Takeaways

- Entry-Level practice foundation continuum
 - AACN Essentials
 - Nursing Education
 - Entry-level Nursing Practice
- Development of safe, effective entry-level practice

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NCSBN Resources and Updates

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NGN Newsletters

NGN News - Summer 2022 Topic: Overview of the 2021 PN Practice Analysis 2022 PUBLICATION	NGN News - Spring 2022 Topic: Overview of the 2021 RN Practice Analysis 2022 PUBLICATION	NGN News - Winter 2022 Topic: NCLEX Test Design 2022 PUBLICATION	NGN News - Fall 2021 Topic: NGN Case Study and Stand-alone Comparison 2021 PUBLICATION
NGN News - Summer 2021 Topic: Scoring Models 2021 PUBLICATION	NGN News - Spring 2021 Topic: Stand-alone Items 2021 PUBLICATION	NGN News - Fall 2020 Topic: Licensed Practical/Vocational Nurses 2020 PUBLICATION	NGN News - Summer 2020 Topic: Layer 4 of the NC-RNA 2020 PUBLICATION

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NCLEX
RN Case Study: Splenic Laceration

SAMPLE QUESTIONS

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The Secret to Computer Adaptive Testing
The NCLEX uses computer adaptive testing (CAT) to determine what is the most precise measurement in the fewest number of questions.
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Clinical Judgment Measurement Model
Clinical judgment is critical to nursing. NCSCB developed a model to measure clinical judgment that can also be used as a body of knowledge for testing.
FIND OUT MORE >

Refine Hypotheses

Prioritize Hypotheses

Generate Solutions

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NCSBN Resource Links

- ❑ NGN Newsletters – [All newsletters](#) | [Spring 2020 Newsletter](#) (Case Study)
- ❑ NGN Item Writing – [Volunteer sign-up page](#)
- ❑ NCSBN Sample items and case studies – Available at [NextGenNurses.org](#)
- ❑ NCLEX Test Plans – Will be posted [here](#) once available
- ❑ Questions we don't get to today – jschwartz@ncsbn.org

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Questions

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