



Education Communiqué

Fall 2019

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ANNUAL REPORTS

The 2018-2019 Annual Report required for nursing education programs is now available online. The report can be accessed until 11:59 pm on October 31st. Detailed instructions were emailed on October 1st. Please make sure your information is complete and accurate. Don't forget to notify us if you do not receive a copy of your completed report.

SAVE THE DATE

The 17th Annual Education Summit will be held March 30, 2020 at the William and Ida Friday Center for Continuing Education in Chapel Hill, North Carolina.

Registration begins January 2020.

Education Summit Presenters

Nancy Spector, PhD, RN, FAAN - *Delphi Study*
Director, Regulatory Innovations
NCSBN

Phil Dickinson, PhD, RN - *The Next Generation NCLEX*
Chief Officer of Operations & Examinations
NCSBN

Crystal Tillman, DNP, RN, NP-BC, FRE - *Clinical Judgment*
Director of Education and Practice
NCBON



Education Program Director Orientation

The Education Program Director Orientation (EPDO) for Board-approved program directors will be held on February 5, 2020. The EPDO is offered twice a year, in February and September. This education offering will provide new program directors with information on the NCBON functions and will assist in maintaining compliance with North Carolina regulation relating to nursing education programs. Contact us at education@ncbon.com or (919) 782-3211, ext. 238 for registration information.

Next Generation NCLEX (NGN) Item Types

Based on the revised Clinical Judgment Measurement Model (a copy provided via email), clinical judgment can now be measured in the Next Generation NCLEX (NGN) prototype case scenarios and questions. The NGN questions will be introduced on the NCLEX examination offered in 2023-2024. The current NCLEX examination has dichotomous scoring, meaning the candidate either gets the question right or wrong. The NGN questions will differ, providing candidates with partial credit for any correct multiple response answers. The scenarios will provide unfolding case studies, followed by five to six questions. Another new feature will provide tabs that identify additional information to the candidate. An important element of clinical judgment will be tested with each NGN questions.

Below are examples of NGN prototype questions:

1. EXTENDED MULTIPLE RESPONSE

Example - The nurse is assessing the client after performing intrauterine resuscitation.

For each finding, click to specify whether the finding indicates the intervention was effective, ineffective or unrelated.

Assessment Finding	Effective	Ineffective	Unrelated
Maternal temperature of 100.4°F (38.0°C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FHR of 145	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absent fetal variability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in bloody show	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early decelerations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal HR of 76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next Generation NCLEX (NGN) Item Types

2. EXTENDED DRAG-AND-DROP

Example - Drag the potential steps the nurse should take to perform intrauterine resuscitation to the box on the right. Choose only the steps that are appropriate:

Potential Steps	Appropriate Steps
Place the client in the left lateral position.	
Increase the infusion of titrated intravenous oxytocin.	
Administer 10 L of oxygen via nonrebreather mask.	
Request that the obstetrician artificially rupture the client's membranes.	
Check the client's cervix for changes in dilatation.	
Increase the maintenance intravenous infusion.	

Example - The client has a temperature of 102.1° F (38.9° C) at this time. The nurse notes that the FHR is 170 with minimal variability and no accelerations present. Contractions are every 7 minutes, and last 50 seconds with moderate intensity. A category II FHR tracing is noted.

Drag words from the choices below to fill in each blank found in the following sentence:

The best outcomes for the client would be to and . To achieve optimal outcomes, the nurse should and .

Word Choices

- Reduce maternal temperature
- Facilitate labor progression
- Improve fetal well-being
- Prepare for cesarean section
- Perform intrauterine resuscitation
- Administer intravenous antibiotics

Next Generation NCLEX (NGN) Item Types

3. Enhanced Hot Spot

Example - Click to highlight the findings that would require follow-up.

Case Study	Nurses' Notes
	<p>The client is receiving titrated intravenous oxytocin for augmentation of labor via the secondary line on an intravenous pump. The client is also receiving maintenance intravenous fluid of lactated Ringer's solution at 125 mL/hr via an intravenous pump. The client has a cervical dilatation of 5 cm and a cervical effacement of 100% with a fetal station of 0 in vertex presentation. Intact amniotic membranes are noted. Category I tracing of fetal heart rate (FHR) of 150 bpm, with moderate variability, and 3 accelerations of 15 bpm over the baseline lasting 15 seconds via external ultrasound. The client is experiencing contractions every 5 minutes, which are lasting 70 seconds with moderate intensity via tocotransducer. Vital Signs: HR of 88, BP of 115/78, RR of 15, T of 100.4°F (38.0°C). Has a continuous epidural infusion of 0.25% bupivacaine with fentanyl running at 10 mL/hr. Pain 0/10 at this time. Client states, "I had postpartum hemorrhage with my last vaginal delivery and I required a blood transfusion." Medical history of hypothyroidism and asthma.</p>

4. CLOZE

Example - Complete the following sentences by choosing from the list of options:

➤ Complete the following sentences by choosing from the list of options:

The nurse should recognize that the fetal heart rate (FHR) may , the maternal temperature may , and the amniotic fluid may be upon rupture of membranes if treatment is delayed.

Infection can cause adverse outcomes for the fetus, such as .

[There is a dropdown list of options in each box]

REFERENCES

Next Generation NCLEX Resources - NCSBN

www.ncsbn.org/ngn-resources.htm

Betts, J., Muntean, W., Kim, D., Jorion, N., & Dickison, P. (2019). Building a Method for Writing Clinical Judgement Items for Entry-Level Nursing Exams. *Journal of Applied Testing Technology*, 20(S2), 21-36.



NCLEX Information

The North Carolina Council of Higher Education in Nursing (NCCHEN) requested Rule 21 NCAC 36. 0320(e) be added to the NCLEX homepage to confirm North Carolina uses the first writing of the NCLEX examination. The rule is now highlighted in blue on the NC BON website (www.ncbon.com).

Statistics/NCLEX

Education ▶ Statistics/NCLEX

Per 21 NCAC 36 .0320 (e) The nursing program shall maintain a three-year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.

Year to Date - 2019

Registered Nurse

▶ [Performance Results for NCLEX-RN](#) - January 1, 2019
- September 30, 2019

Practical Nurse

▶ [Performance Results for NCLEX-PN](#) - January 1, 2019
- September 30, 2019

NCLEX Quarterly Reports

The 3rd quarter pass rates for NCLEX-RN and NCLEX-PN are posted on the NC BON website. [Click Here](#) to view NCLEX statistical information.





Nursing Practice Act Revisions (Effective October 1, 2019)

Updates to the North Carolina Nursing Practice Act (NPA) became effective October 1st, 2019. Self-reports regarding arrests or indictments should now be made to the North Carolina Board of Nursing within 30 days for any of the following: (1) any felony arrest or indictment; (2) any arrest for driving while impaired or driving under the influence; and (3) any arrest or indictment for the possession, use, or sale of any controlled substance. It is also important to note that failure to respond to the Board's inquiries in a reasonable manner or time regarding any matter affecting the license to practice nursing is reason for disciplinary action by the Board (North Carolina Session Law 2019-180, 2019 - PART II). These changes are among several updates to the NPA outlined in legislation passed by the North Carolina General Assembly and signed into law by Governor Cooper. Updates to the NPA are made to reflect the current practice of nursing in an ever-changing health care environment and to ensure that the laws governing the regulation of nursing practice in North Carolina facilitate the work of the Board in its legislated mandate to protect the safety of the public.

The North Carolina General Assembly has not made major updates to the NPA for several years. However, during the 2019-2020 legislative session, Representative Donna McDowell White (a registered nurse) championed legislation to make much-needed changes to the NPA to protect the safety of the public and enhance the operational efficiency of the Board. The updates outlined in Session Law 2019-180 include revision of vague, outdated (pre-HIPAA) language in the NPA, formatting and definition revisions, clarification of the subpoena power and disciplinary authority of the Board, and confidentiality protections for materials gathered by the Board. The Board regulates the practice of nursing for more than 160,000 nurses in North Carolina. Updates to the NPA are made to reflect the current practice of nursing in an ever-changing health care environment and to ensure that the laws governing the regulation of nursing practice in North Carolina facilitate the work of the Board in its legislated mandate to protect the safety of the public.

Specific to Nursing Education Programs

SECTION 10. G.S. 90-171.39 reads as rewritten:

"§ 90-171.39. Approval.

The Board shall designate persons to survey proposed nursing programs, ~~including the clinical facilities.~~ programs. The persons designated by the Board shall submit a written report of the survey to the Board. If in the opinion of the Board the standards for approved nursing education are met, the program shall be given approval."

SECTION 11. G.S. 90-171.40 reads as rewritten:

"§ 90-171.40. Ongoing approval.

The Board shall review all nursing programs in the State at least every ~~eight~~ 10 years or more often as considered necessary. If the Board determines that any approved nursing program does not meet or maintain the standards required by the Board, the Board shall give written notice specifying the deficiencies to the institution responsible for the program. The Board shall ~~withdraw approval from~~ evaluate and take appropriate action, including withdrawing approval, for a program that fails to correct deficiencies within a reasonable time. The Board shall publish ~~annually~~ a list of nursing programs in this State showing their approval status."

Please note each program director will receive an official letter with your new NCBON review date since it has changed from eight to ten years.



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Education and Practice Department

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