# Tap into NCLEX® success

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**Abstract** This paper describes a triangulated approach for increasing National Council Licensure Examination (NCLEX®) pass rates. Readers will learn how to implement three powerful strategies to promote NCLEX® success.

1) Test: Quickly and effectively transform test items to the application or higher level.
2) Align: Evaluate curricula for alignment with NCLEX® standards. Align didactic and clinical teaching to prepare students for more challenging exams.
3) Prioritize: Make decisions about nice-to-know versus need-to-know content. Critically examine course requirements and assignments to verify student workload.

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Pressure by accrediting agencies, administration, and other stakeholders to increase the percentage of students who pass the National Council Licensure Examination (NCLEX®) on the first attempt is intimidating to new nursing faculty. Testing at the appropriate level, aligning curricula with the NCLEX® standards, and prioritizing assignments are the keys to success. In this article, novice nurse educators will learn how to test, align, and prioritize (TAP) into NCLEX® success in three fundamental ways.

1) Test: Quickly and effectively transform test items to the application or higher level. The National Council of State Boards of Nursing (NCSBN) makes it clear that this is the target reasoning level for the NCLEX® (NCSBN, 2012).
2) Align: Evaluate curricula for alignment with NCLEX® standards. Align didactic and clinical teaching to prepare students for more challenging examinations.
3) Prioritize: Make decisions about nice-to-know versus need-to-know content. Critically examine course requirements and assignments to validate student workload.

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## 1. Testing at the appropriate level

Serving as a nursing education consultant since 2001, the first author reviewed thousands of test items from all curricular areas, and all types of nursing programs (associates, bachelors, and accelerated). Academic nursing institutions employed the author to evaluate examinations from pharmacology, medical–surgical nursing, nursing management, mental health nursing, and many more courses. The author also gained valuable experience evaluating test items by serving in the American Nurses Credentialing Center Content Expert Panel. In this role, the author worked with statisticians and psychometricians to construct test items for board-certifying examinations. Working in these two roles, the author discovered that the majority of items on nursing examinations are knowledge based. Using knowledge-based questions is a missed opportunity to increase students' clinical reasoning. Another opportunity for positive change leading to NCLEX® success is to ensure that questions target entry-level nurses, as opposed to questions that are more applicable for advanced practice nurses.

Cognitively, knowledge-level questions require students to memorize and repeat information found in texts or on

PowerPoint slides (Campbell, 2011; Clifton & Schriner, 2010; Su, Osisek, Montgomery, & Pellar, 2009). There is no thinking or decision making involved. These questions are inadequate for two reasons. First, these test items do not reflect the cognitive level of testing nursing students will experience on the NCLEX®. Second, and a more pertinent point, knowledge is not enough in the real nursing world. Nurses must be able to apply and transfer knowledge to a variety of patient-care situations (Su et al., 2009). The following example is a typical knowledge-based question from a baccalaureate-level pharmacology test.

The nurse recognizes which of the following as a side effect of beta-adrenergic blockers?

a. Bradycardia
b. Hypertension
c. Hyperglycemia
d. Hyperkalemia

Any student, who memorized the side effects of beta-blockers from the textbook, can answer this question. This does not mean that the student can recognize this side effect in the clinical setting (he or she may not know what bradycardia means) or what actions to take if the client experiences the side effect. This question can be "flipped" to a higher cognitive level by incorporating the response from the aforementioned question into the stem of a revised question.

The nurse is managing a client who is being treated with carvedilol (Coreg) and has a heart rate of 62 beats per minute. Which is the next best action by the nurse?

a. Report a blood pressure of 126/82
b. Contact the provider who prescribed the medication
c. Document the finding as normal
d. Review the latest blood glucose value for hypoglycemia

This is a decidedly different question. Now the student must identify that carvedilol is a beta-adrenergic blocker, consider the side effects, and then make a clinical judgment about the data provided.

As illustrated above, it is crucial for test items to be written at the proper cognitive level. In addition, the questions must target the correct nursing role for undergraduate students. When reviewing examinations, the author has noted many questions asking the entry-level student nurse to make decisions that are beyond the scope of practice set forth by nurse practice acts. One concept fraught with this mistake in item writing is diagnostic testing. The example below from an associate's degree level medical–surgical nursing course illustrates a test item that is targeting the wrong level of nursing practice.

Which diagnostic test is best for a client who has gallbladder disease?

a. Computed tomography scan of the abdomen and pelvis
b. Upper gastrointestinal series
c. Hydroxy iminodiacetic acid (HIDA) scan
d. Colonoscopy

Deciding which diagnostic test to order is beyond the scope of practice for the entry-level registered nurse (RN). The item writer is asking the question from the perspective of a physician or advanced practice nurse. It is more vital that the RN can manage a client who is undergoing the diagnostic test. The question above represents a medical model approach and evaluates basic recall of facts. This question can be changed to a higher cognitive level item targeted for entry-level nurses by incorporating the correct response to the question provided above into the stem of a revised question and then asking about diagnostic test management.

The primary care provider has ordered a HIDA scan for a client. Which teaching points should the nurse include when providing instruction to the client about the diagnostic test?

Again, this is a different question from the example provided. Not only do students have to know what a HIDA scan is, they must be able to formulate an accurate teaching plan in order to answer the revised question.

## 2. Align the curriculum with current nursing standards

The second characteristic of the TAP approach to NCLEX® success is to align curricula with current nursing practice standards. Fortunately, the NCSBN conducts a data-driven nurse practice analysis every 3 years providing a useful guide for nursing faculty (NCSBN, 2012). Many faculties hesitate to use the analysis, fearful of the notion of "teaching to the test." What they may not realize is that the NCLEX® is a reflection of what a new graduate nurse will experience in the real world. Activities such as trending data, isolation precautions, and recognition and management of abnormal vital signs are highly ranked in the nurse practice analysis. The graduate nurse must master these activities for safe effective practice.

A second area of alignment is the Quality and Safety Competencies (QSEN) aimed at increasing the knowledge, skills, and attitudes of nurses in relation to safe nursing practice (Cronenwett & Sherwood, 2011). Including the six broad competencies (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) into the alignment analysis provides a complete picture of curriculum strengths and weaknesses.

Willet (2008) found that constructing a curriculum map is a powerful tool for evaluating and revising curricula. Nursing faculty, who participate in curriculum mapping, using the published standards, ensures coverage of key NCLEX® activities throughout the entire program. Appendix A demonstrates one faculty member's evaluation of a pharmacology course mapped against the NCLEX® standards found in the NCSBN Nurse Practice Analysis (NCSBN, 2012). This table is a condensed representation. A complete map