

**National Council of State Boards of Nursing Request for Board Feedback on LPN/VN  
2011 Test Plan**

**Summary:**

Based on the recent practice analysis, the NCSBN Examination Committee is recommending a proposed revised 2011 NCLEX-PN® Test Plan. Feedback from Member Boards is being sought by February 1, 2010.

**Process:**

The cover letter found in Attachment A includes a summary of the NCSBN Examination Committee's changes to the proposed Test Plan. Board members are asked to review the attachments which also include: a draft Executive Summary of the Report of Findings from the *2009 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* (Attachment C), the track changes document demonstrating the changes to the current test plan (Attachment D), the Proposed Timeline for Implementation (Attachment E), and the Feedback Form (Attachment B).

At the Board meeting, members will be able to share any feedback and staff will prepare the Feedback Form to send to NCSBN should the Board have any concerns/questions/input to share with the Committee.

The NCSBN Examination Committee will meet in April 2010 to consider the feedback from Member Boards and it is anticipated that a recommendation regarding the Test Plan will be brought to the 2010 Delegate Assembly for approval.

**Recommendation:**

Should the Board have feedback, it will vote on this feedback at the Board meeting following discussion. If there is no feedback from the Board, no action is necessary.

December 30, 2009

Dear Executive Director,

At its October 2009 meeting, the NCLEX Examination Committee (NEC) received the results of the practice analysis study entitled *Report of Findings from the 2009 LPNVN Practice Analysis: Linking the NCLEX-PN<sup>®</sup> Examination to Practice*. Based on the empirical results of the practice analysis, the expert judgment of the NCLEX Examination Committee, NCSBN and test service staff, the committee is recommending a proposed revised *2011 NCLEX-PN<sup>®</sup> Test Plan for the National Council Licensure Examination for Licensed Practical/Vocational Nurses*.

This letter and the documents outlined below are being sent to you by FedEx. Please note that the documents are Confidential/Draft documents and are not available for public dissemination at this time.

Boards of Nursing which license practical/vocational nurses are asked to:

- Review the draft Executive Summary of the *Report of Findings from the 2009 LPNVN Practice Analysis: Linking the NCLEX-PN<sup>®</sup> Examination to Practice* (Attachment A)
- Review and compare the proposed *2011 NCLEX-PN<sup>®</sup> Test Plan* to the *2008 NCLEX-PN<sup>®</sup> Test Plan* using the track changes version (Attachment B)
- Review the Proposed Timeline for Implementation of the *2011 NCLEX-PN<sup>®</sup> Test* (Attachment C)
- Submit the Member Board Feedback Form (Attachment D) to NCSBN by *February 1, 2010*. If your board does not meet before this deadline please let us know.

The NEC will review the information received from member boards at its April 2010 meeting. It is anticipated that a recommendation regarding the test plan will be brought to the 2010 Delegate Assembly for approval.

The track changes document shows where the proposed test plan differs from the current test plan. The proposed additions are shaded and underlined. Deletions are indicated by ~~strikethroughs~~.

#### NCLEX Examination Committee Recommendations

Based upon empirical data from the practice analysis, the NEC is recommending a revised *2011 NCLEX-PN<sup>®</sup> Test Plan*. [A draft copy of the Executive Summary of the *Report of Findings from the 2009 LPNVN Practice Analysis: Linking the NCLEX-PN Examination to Practice* is included in this packet. A draft copy of the full report should be available by December 15, 2009.] The rationale for each of the recommendations is outlined below:

1. The “Client Needs” structure is retained as the framework for the *2011 NCLEX-PN<sup>®</sup> Test Plan*.  
Rationale: *The “Client Needs” structure provides a common framework that is easily understood by candidates and other stakeholders. This structure also allows for updating content without a test plan change and facilitates reliable item coding.*
2. The percentage of test items allocated to each “Client Needs” category and subcategory has been revised as illustrated in the chart below. Rationale: *The category/subcategory weights are based upon empirical data from the practice analysis study as well as psychometric considerations regarding the minimum number of test items that are necessary to reliably sample a content category.*

2008 PN TEST PLAN		PROPOSED 2011 PN TEST PLAN	
Client Needs Categories/Subcategories	Percentage of Items	Client Needs Categories/Subcategories	Percentage of Items
<b>Safe and Effective Care Environment</b>		<b>Safe and Effective Care Environment</b>	
▪ Coordinated Care	12-18%	▪ Coordinated Care	13-19%
▪ Safety and Infection Control	8-14%	▪ Safety and Infection Control	11-17%
<b>Health Promotion and Maintenance</b>	7-13%	<b>Health Promotion and Maintenance</b>	7-13%
<b>Psychosocial Integrity</b>	8-14%	<b>Psychosocial Integrity</b>	7-13%
<b>Physiological Integrity</b>		<b>Physiological Integrity</b>	
▪ Basic Care and Comfort	11-17%	▪ Basic Care and Comfort	9-15%
▪ Pharmacological Therapies	9-15%	▪ Pharmacological Therapies	11-17%
▪ Reduction of Risk Potential	10-16%	▪ Reduction of Risk Potential	9-15%
▪ Physiological Adaptation	11-17%	▪ Physiological Adaptation	9-15%

3. Some of the content listings (bulleted concepts) within each of the proposed test plan categories/subcategories are revised and new content listings are added (see Attachment B).  
Rationale: *These changes are necessary based upon committee review and assignment of each of the 2009 practice analysis task statements to a subcategory of the "Client Needs" structure. Other revisions are necessary for reasons of conceptual clarity, currency, and correction of redundancy.*

Member Board review of the proposed 2011 NCLEX-PN® Test Plan is very important to the NCLEX Examination Committee. The Boards of Nursing are asked to send comments to NCSBN by e-mail, fax, or direct mail. The committee needs feedback by February 1, 2010 in order to make appropriate revisions at the April 2010 committee meeting.

Please use one of the following methods to submit your comments to the NCLEX Examination Committee. Fax: Attention Lisa Schultz (312.279.1036); electronic ([nclexcontent@ncsbn.org](mailto:nclexcontent@ncsbn.org)), or mail: Lisa Schultz, NCSBN, 111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277.

On behalf of the NCLEX Examination Committee, I want to thank you in advance for your feedback on the proposed 2011 NCLEX-PN® Test Plan.

Sincerely,



Lisa Schultz, MSN, RN  
NCLEX® Content Associate

- Attachment A: Draft Executive Summary of the *Report of Findings from the 2009 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice*
- Attachment B: Track Changes Comparison of the Proposed 2011 NCLEX-PN® Test Plan to the 2008 NCLEX-PN®
- Attachment C: Proposed Timelines for the Implementation of the Proposed 2011 NCLEX-PN® Test Plan
- Attachment D: Member Board Feedback Form

**Attachment B**

**MB FEEDBACK FORM: Review of the Proposed 2011 NCLEX-PN® Test Plan**

The proposed test plan document has been reviewed by: \_\_\_\_\_

(Name & Title):

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Board of Nursing)

\_\_\_\_\_  
(Date)

Please provide the relevant line numbers of the document when commenting on proposed changes to the test plan sections outlined below:

1. "Introduction" section:
  
2. "Beliefs" section:
  
3. "Classification of Cognitive Levels" section:
  
4. Test Plan Structure
  
5. "Client Needs" section:
  
6. "Integrated Processes" section:
  
7. "Distribution of Content" section:
  
8. "Overview of Content" section:
  
9. "Administration of the NCLEX-RN® Examination" section:
  
10. Proposed Timelines for Implementation:
  
11. Other comments or suggestions:

**Please use one of the following methods to submit your comments by February 1, 2010 to Lisa Schultz: electronic ([nclexcontent@ncsbn.org](mailto:nclexcontent@ncsbn.org)), fax (312 279 1036), or mail: 111 E. Wacker, Suite 2900, Chicago, IL 60601-4277.**

NCSBN Research Brief:

Report of Findings from the  
2009 LPN/VN Practice Analysis:  
Linking the NCLEX-PN<sup>®</sup> Examination to Practice

National Council of State Boards of Nursing, Inc. (NCSBN<sup>®</sup>)

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National Council of State Boards of Nursing  
111 East Wacker Drive  
Suite 2900  
Chicago, Illinois 60601  
<http://www.ncsbn.org>

## **Acknowledgments**

This study would not have been possible without the participation of a large number of newly licensed nurses. The authors gratefully acknowledge the time and attention these nurses gave to complete the survey. The survey data collected provided a clear picture of work performed by entry-level licensed practical and vocational nurses in the United States and its territories, as well as practice characteristics of these nurses.

L.K. and A.W.

## **Executive Summary**

The National Council of State Boards of Nursing (NCSBN®) is responsible to its members, the boards of nursing in the United States and its member board territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. Because changes can occur in licensed practical or vocational nurse (LPN/VN) practice, practice analysis studies are conducted on a three-year cycle.

A number of steps were necessary for the completion of this practice analysis. A panel of subject matter experts was assembled, a list of LPN/VN activities was created and incorporated into a questionnaire that was sent to a large randomly drawn sample of newly licensed practical and vocational nurses, and data were collected and analyzed.

### **Panel of Subject Matter Experts (SMEs)**

A panel of 11 subject matter experts (SMEs) was assembled to assist with the practice analysis. Ten members on the panel worked with, supervised and/or taught practical/vocational nurses who were within their first six months of practice; and one panel member was newly licensed and represented entry-level LPN/VNs.

The panel members created a category structure describing the types of activities performed by LPN/VNs and developed LPN/VN activities performed within each category of the structure.

### **Questionnaire Development**

A total of 150 activity statements were incorporated into the practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographic information. Half of the sample of newly licensed LPN/VNs received a paper version of the survey. Two forms of the paper survey were created to decrease the number of activity statements contained on each survey. The other half of the sample received one of four Web-based (Web) versions of the survey. Four forms of the Web survey were created to reduce the number of activity statements on each survey.

Twenty of the nursing activity statements were included on all survey forms. For the paper survey, each survey form contained 85 activity statements, 65 unique and 20 shared activity statements. Two of the Web versions of the survey contained 53 activity statements (33 unique and 20 shared) and the other two contained 52 activity statements (32 unique and 20 shared). Except for the activity statements unique to each survey form, the surveys were identical.

## **Survey Process**

### **Sample Selection**

Sample of the current study was selected among NCLEX-PN® candidates that passed the examination from January 1 to April 13, 2009. This was to ensure that no respondent would have been licensed for more than six months by the start of the survey process. This was consistent with the intention of sampling only newly licensed nurses.

In addition, candidates were excluded from the sample if their mailing address was not within the jurisdiction in which they were seeking licensure. This was done to minimize the number of invalid addresses to which the survey would be sent. Of the available candidate pool, a sample of 12,000 LPN/VN candidates was randomly selected for either the paper or Web survey forms after being stratified by jurisdiction.

### **Representativeness**

The sample reflected the 2009 population of NCLEX-PN candidates as stratified by their jurisdiction of licensure. In general, the percent of respondents was similar to the percent in the sample.

### **Mailing Procedure**

The paper survey was sent to 6,000 newly licensed nurses LPN/VNs (half receiving Form 1 and the other half receiving Form 2). The Web survey was sent to another 6,000 newly licensed LPN/VNs; the four versions of the Web survey were distributed evenly among the sample.

A seven-stage mailing process was used to engage participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses. The survey was conducted June through August, 2009.

### **Return Rates**

In May 2009, contact information of 12,000 LPN/VNs was sent to a mailing house to be distributed. Of the 12,000 total surveys sent, 262 paper and 249 Web surveys were returned due to incorrect addresses. A total of 2,431 surveys (1,627 for paper, 804 for Web) were completed and returned for adjusted return rates of 28.4% for paper and 14.0% for Web. Among individuals who responded to the surveys, a total of 1,016 (613 paper, 403 Web) did not qualify for survey ratings based upon one of the following reasons: (a) they did not indicate having a LPN/VN license; (b) they were not currently working in the U.S.; and/or (c) they were working less than 20 hours per week providing direct care to clients as an LPN/VN. After adjusting for incorrect addresses and removals, the analyzable response rates were 17.7% for paper and 7.0% for Web.

## **Demographics, Experiences and Practice Environments of Participants**

### **Demographics/Past Experiences**

The majority (87.9%) of survey respondents reported being female. The average age of respondent nurses was 33.06 years (SD = 9.32). Over half (59.7%) of the respondents reported being White/Non-Hispanic; 4.3% were Asian; 20.0% were African American; and 7.7% were Latino or Hispanic.

Respondents reported working an average of 4.3 months as an LPN/VN. On average, respondents of the present study were 8.7 months post graduation.

Most (86.2%) of the respondents were graduates of diploma LPN/VN programs. Among all respondents, 10.7% graduated from associate degree LPN/VN programs and 1.9% graduated from registered nurse (RN) programs. Approximately 0.5% of survey respondents were educated outside of the U.S. An average of 4.9 years of work as a nurse aide was reported by 56.0% of survey respondents.

### **Orientation**

Most of the respondents to the current study reported receiving some kind of orientation. Only 7.6% of respondents indicated that they did not receive formal orientation. Among respondents that had orientation, 2.6% reported having only classroom instruction or skills lab work for their orientation. The majority (66.6%) reported working with an assigned mentor or preceptor for an average of about 2.7 weeks and 16.3% reported performing supervised work with clients for an average of 2.2 weeks. Close to 3.6% reported having a formal internship; and spent an average of 3.0 weeks in orientation.

### **Certifications Earned**

About 39% of current respondents reported that they had not earned certification or completed additional coursework. For the remaining 61% of the respondents, basic life support (41.5%), intravenous therapy (26.0%) and phlebotomy (10.9%) were the most frequently reported certifications earned.

### **Facilities**

The majority of newly licensed LPN/VNs in this study reported working in long-term care facilities (56.9%) or Community-based facilities (19.8%). About 16.8% reported working in hospitals. The numbers of beds reported in employing facilities were mostly distributed among 100-299 beds (38.3%), less than 100 beds (28.9%) and 300-499 beds (5.5%). Respondents were equally split between urban (37.1%) and suburban (37.4%) areas. About a quarter of the respondents worked in rural areas.

### **Practice Settings**

Overall, respondents reported working the most in nursing homes (52.1%) and long-term care (11.6%) settings. Medical-surgical settings were reported by 10.2% of respondents, assisted living by 8.6% and 6.9% reported working in home health settings.

## **Types and Ages of Clients**

The newly licensed practical and vocational nurses reported caring most frequently for clients with stable, chronic illnesses (50.6%), clients with acute conditions (40.9%), clients with behavioral or emotional conditions (32.4%) and clients at end of life (30.7%). The majority of respondents reported caring for adult clients aged 65 to 85 (72.0%), clients aged 31 to 64 (47.2%) and clients over the age of 85 (37.6%).

## **Shifts Worked**

The shifts most commonly worked by newly licensed LPN/VNs continued to be days (41.9%), nights (26.6%) and evenings (20.5%). A very small percentage of responders (1.7%) indicated they worked “other” types of shifts.

## **Time Spent in Different Categories of Nursing Activities**

The newly licensed LPN/VNs reported spending the greatest amount of time on activities necessary for safe medication administration (14.9%), activities related to safety and infection control (13.3%), activities related to basic care and comfort (12.8%), activities related physiological adaptation (12.8%) and activities related to psychosocial integrity (12.5%). The least amount of time (9.5%) was spent on activities related to coordinated care.

## **Administrative Responsibilities/Primary Administrative Position**

Respondents were asked to select, from a pre-determined list, the specific administrative roles they performed within their current nursing position. One or more administrative roles were reported by 47.2% of the respondents. LPN/VNs working in long-term care were much more likely to report performing one or more administrative roles (66.3% in long-term care, 22.8% working in community-based settings and 14.3% working in hospitals). Charge nurse was the most frequently reported administrative role (by 33.4% of all respondents and 52.8% of long-term care respondents) followed by team leader (12.8% of all respondents and 16.1% of long-term care respondents). Respondents were also asked to report the approximate percentages of time spent in administrative roles. Overall, 17.2% reported spending 80-100% of their work time in administrative roles; this included 26.0% of those working in long-term care.

## **Enrollment in RN Educational Programs**

Respondents were asked about enrollment in further nursing education. Approximately 25.6% of respondents reported enrollment in an RN education program and 19.2% reported that they had applied to such a program but were not currently enrolled. Of those currently enrolled, 80.5% were in associate degree programs, 4.9% in diploma and 13.7% in baccalaureate programs. Of those who had applied but were not enrolled, 47.5% were completing prerequisite courses, 23.6% were on waiting lists, 21.7% could not afford the tuition, 12.9% were turned away because classes were full, and only 4.2% failed to meet

the program requirements. About 26.1% of respondents reported holding non-nursing college degrees.

## **Activity Performance Findings**

### **Applicability of Activities to Practice Setting**

Respondents indicated whether each of the activities was applicable to his or her work setting. The activities ranged from 11.9% applicability (11.9% of the respondents reported that the activity was performed within their work settings) to 99.5% (99.5% of the respondents reported the activity was performed within their work setting).

### **Frequency of Activity Performance**

Respondents were asked to rate the daily frequency of performance of all activities that were applicable to their work settings on a six-point scale: “0 times” to “5 times or more.” Average frequency statistics were calculated in two ways: setting-specific frequency of activity performance and total group frequency. Average setting-specific frequency ratings ranged from 0.74 to 4.80. Average total group frequency ratings ranged from 0.17 to 4.75.

### **Importance of Activity Performance**

The importance of performing each nursing activity was rated by participants with respect to the maintenance of client safety and/or threat of complications or distress. Importance ratings were recorded using a 5-point scale: “1” (not important) to “5” (critically important). Average importance statistics were calculated in two ways: setting-specific importance of activity and total group importance. Average setting-specific importance ratings ranged from 3.57 to 4.90. Average total group importance ratings ranged from 3.21 to 4.89.

## **Summary**

A non-experimental, descriptive study was conducted to explore the importance and frequency of activities performed by entry level LPN/VNs. More than 2,400 LPN/VNs responded. In general, findings indicate that activities listed in the survey were representative of the work performed in LPN/VNs’ practice settings.

## **Conclusion**

(1) When compared to the 2006 LPN/VN Practice Analysis results, there was an increase in the number of newly licensed LPN/VNs working in long-term care and community-based settings rather than hospital settings.

(2) Approximately 47% of the newly licensed LPN/VNs reported performing administrative roles. LPN/VNs working in long-term care were more likely to perform two or more of the administrative roles.

## Comparison of 2008 to the proposed 2011 NCLEX-PN® Test Plan

(Track Changes: Strikethroughs represent deletions; underscore represents additions)

# NCLEX-PN® Test Plan ~~2008~~2011

## National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination)

### Introduction

Entry into the practice of nursing ~~in the United States and its territories is regulated by the licensing authorities within each jurisdiction~~ is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN) member board jurisdictions (state, commonwealth, and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level practical/vocational nurse. ~~The National Council of State Boards of Nursing, Inc. (NCSBN), NCSBN~~ develops a licensure examination, the National Council Licensure Examination for Practical/Vocational Nurses (NCLEX-PN® Examination), which is used by ~~state, commonwealth and territorial boards of nursing~~ member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the *NCLEX-PN® Test Plan*. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level practical/vocational nurses (*Report of Findings from the ~~2006-2009~~ LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice* [NCSBN, ~~2006-2009~~]). Newly licensed practical/vocational nurses are asked about the frequency and priority of performing ~~more than 147150~~ nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes that are fundamental to the practice of nursing. The next step is the development of the *NCLEX-PN® Test Plan*, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan.

The *NCLEX-PN® Test Plan* provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. ~~Each NCLEX-PN examination is based on the test plan.~~ Each examination assesses the knowledge, skills and abilities that are essential for the entry-level practical/vocational nurse to use in order to meet the needs of clients ~~who require~~ requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination, and specific components of the *NCLEX-PN® Test Plan*.

### Beliefs

Beliefs about people and nursing influence the *NCLEX-PN® Test Plan*. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living that reflect their values, cultures, motives and lifestyles. Additionally, people have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients (individuals, families and significant others) achieve an optimal level of health in a variety of settings.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. ~~The nature of nursing is continually evolving. Nursing practice is founded on a professional body of knowledge that integrates concepts from the biological, behavioral and social sciences.~~ Nursing is a dynamic, continually evolving discipline that employs critical thinking to integrate increasingly complex knowledge, skills, technologies, and client care activities into evidence-based nursing practice.

47 The goal of nursing ~~is to promote comfort and quality health care. The nurse assists individuals throughout their life spans to~~  
 48 ~~attain optimal levels of functioning by responding to the needs, conditions and events that result from actual or potential health~~  
 49 ~~problems for client care in any setting is preventing illness; alleviating suffering; protecting, promoting, and restoring health; and~~  
 50 ~~promoting dignity in dying.~~

51 The practical/vocational nurse uses “specialized knowledge and skills which meet the health needs of people in a variety of  
 52 settings under the direction of qualified health professionals” (NFLPN, 2003). The practical/vocational nurse uses a clinical  
 53 problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the  
 54 health needs/problems throughout the client’s life span and contribute to the interdisciplinary team in a variety of settings. The  
 55 entry-level practical/vocational nurse demonstrates the essential competencies needed to care for clients with commonly  
 56 occurring health problems that have predictable outcomes. “Professional behaviors, within the scope of nursing practice for a  
 57 practical/vocational nurse, are characterized by adherence to standards of care, accountability of one’s own actions and  
 58 behaviors, and use of legal and ethical principles in nursing practice” (NAPNES, 2007).

59 ~~–“Competency implies knowledge, understanding, and skills that transcend specific tasks and is guided by a commitment to~~  
 60 ~~ethical/legal principles” (NAPNES, 2004).~~

## 61 Classification of Cognitive Levels

62 ~~The examination consists of items that use~~ Bloom’s taxonomy for the cognitive domain ~~is used~~ as a basis for writing and coding  
 63 items ~~for the examination~~ (Bloom et al., 1956; Anderson & Krathwohl, 2001). ~~The~~ ~~Since the~~ practice of practical/vocational  
 64 nursing requires ~~the~~ application of ~~all levels of cognitive ability. The majority of items are written at the application or higher~~  
 65 ~~levels of cognitive abilities. knowledge, skills and abilities, the majority of items are written at the application or higher levels of~~  
 66 ~~cognitive ability.~~

## 67 Test Plan Structure

68 The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and  
 69 competencies for a variety of clients across all settings and is congruent with state laws/ rules.

## 70 Client Needs

71 The content of the *NCLEX-PN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are  
 72 ~~further~~ divided into ~~a total of six~~ subcategories:

- 73
- 74 Safe and Effective Care Environment
    - 75 ■ Coordinated Care
    - 76 ■ Safety and Infection Control
  - 77
  - 78 Health Promotion and Maintenance
  - 79
  - 80 Psychosocial Integrity
  - 81
  - 82 Physiological Integrity
    - 83 ■ Basic Care and Comfort
    - 84 ■ Pharmacological Therapies
    - 85 ■ Reduction of Risk Potential
    - 86 ■ Physiological Adaptation

## 87 Integrated Processes

88 The following processes fundamental to the practice of practical/vocational nursing are integrated throughout the Client Needs  
 89 categories and subcategories:

- 90
- 91 ■ *Clinical Problem-Solving Process (Nursing Process)* – a scientific approach to client care that includes data collection,  
 92 planning, implementation and evaluation.
- 93

- 94 | ■ *Caring* – interaction of the practical/vocational nurse and clients, ~~families, and significant others~~, in an atmosphere of
- 95 | mutual respect and trust. In this collaborative environment, the practical/vocational nurse provides support and
- 96 | compassion to help achieve desired therapeutic outcomes.
- 97 |
- 98 | ■ *Communication and Documentation* – verbal and nonverbal interactions between the practical/vocational nurse and the
- 99 | clients, ~~families, significant others and, as well as other~~ members of the health care team. Events and activities
- 100 | associated with client care are validated in written and/or electronic records that reflect standards of practice and
- 101 | accountability in the provision of care.
- 102 |
- 103 | ■ *Teaching and Learning* – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting ~~positive~~
- 104 | ~~changes~~ a change in behavior.

105 **Distribution of Content**

106 The percentage of test items assigned to each Client Needs category and subcategory in the *NCLEX-PN® Test Plan* is based on

107 the results of the study entitled *Report of Findings from the ~~2006-2009~~ LPN/VN Practice Analysis: Linking the NCLEX-PN®*

108 *Examination to Practice* (NCSBN, ~~2006-2009~~), and expert judgment provided by members of the NCSBN-NCLEX® Examination

109 Committee.

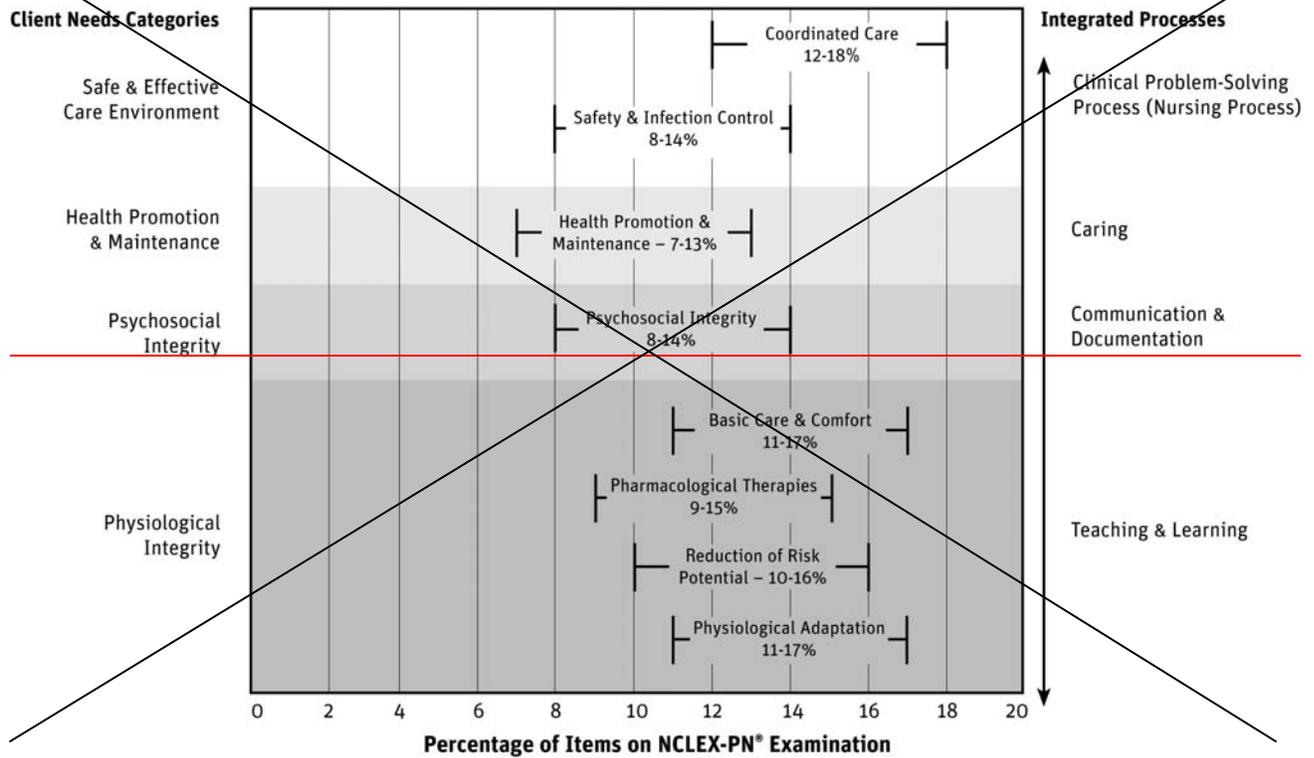
110

**Client Needs** **Percentage of Items from each Category/Subcategory**

Safe and Effective Care Environment	
■ Coordinated Care	<del>12-18%</del> <u>13-19%</u>
■ Safety and Infection Control	<del>8-14%</del> <u>11-17%</u>
Health Promotion and Maintenance	<del>7-13%</del> <u>7-13%</u>
Psychosocial Integrity	<del>8-14%</del> <u>7-13%</u>
Physiological Integrity	
■ Basic Care and Comfort	<del>11-17%</del> <u>9-15%</u>
■ Pharmacological Therapies	<del>9-15%</del> <u>11-17%</u>
■ Reduction of Risk Potential	<del>10-16%</del> <u>9-15%</u>
■ Physiological Adaptation	<del>11-17%</del> <u>9-15%</u>

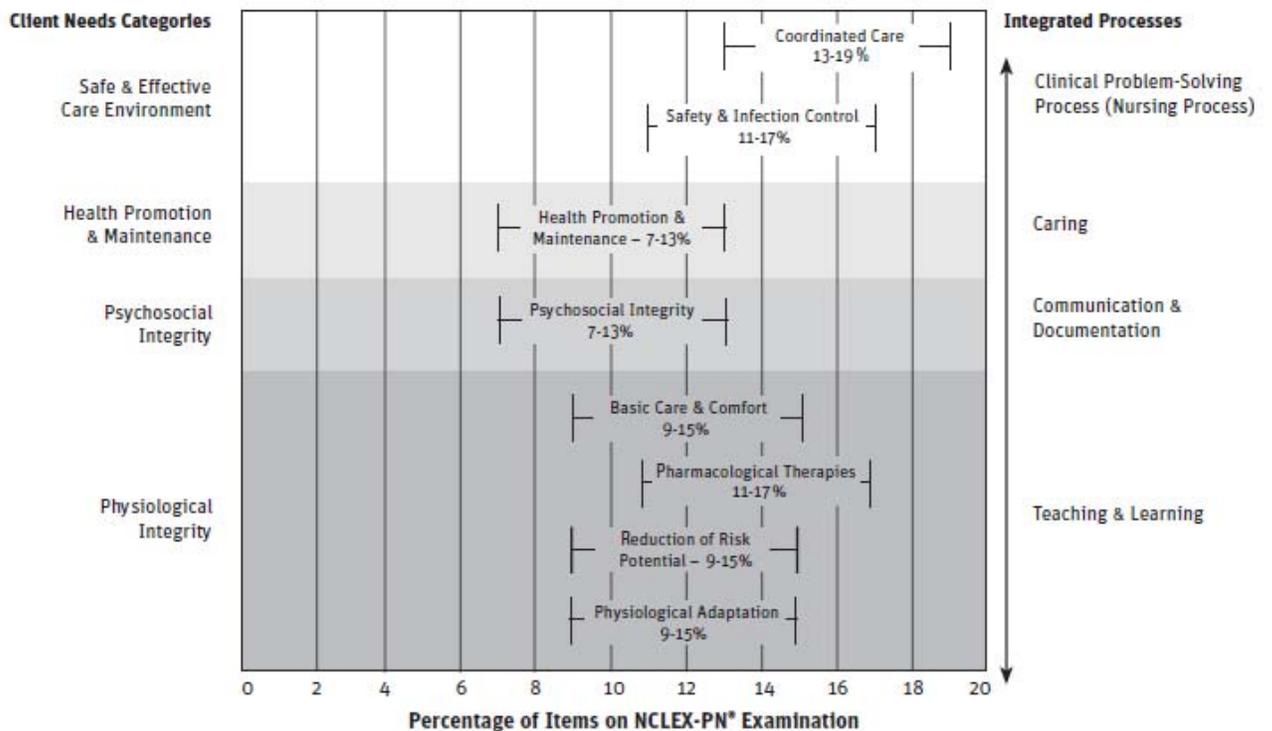
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### Distribution of Content for the NCLEX-PN® Test Plan



112  
113

### Distribution of Content for the NCLEX-PN® Test Plan



114

## 115 Overview of Content

116 All content categories and subcategories reflect client needs across the life span in a variety of settings.

117

## 118 Safe and Effective Care Environment

119 The practical/vocational nurse provides nursing care that contributes to the enhancement of the health care delivery setting and  
120 protects clients\* and health care personnel.

121

122

123

- 124 ■ *Coordinated Care* – The practical/vocational nurse collaborates with health care team members to facilitate effective client care

125

126

127

Related content includes but is **not limited to**:

- Advance Directives
- Advocacy
- Client Care Assignments
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management and Supervision
- Confidentiality/Information Security
- Continuity of Care
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Responsibilities
- Performance Improvement (Quality Improvement)
- Referral Process
- Resource Management
- ~~Staff Education~~

128

129

130

131

132

133

- 134 ■ *Safety and Infection Control* – The practical/vocational nurse contributes to the protection of clients and health care personnel from health and environmental hazards.

Related content includes but is **not limited to**:

- Accident/Error/Injury Prevention
- ~~Emergency Response Plan~~
- Ergonomic Principles
- Handling Hazardous and Infectious Materials
- Home Safety
- ~~Internal and External Disaster Plans~~
- ~~Medical and Surgical Asepsis~~
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Restraints and Safety Devices
- Safe Use of Equipment
- Security Plan
- Standard ~~Precautions/Transmission-Based Precautions/Other Precautions~~ Surgical Asepsis

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## 136 Health Promotion and Maintenance

137 The practical/vocational nurse provides nursing care for clients that incorporates the knowledge of expected stages of growth and development and prevention and/or early detection of health problems.

Related content includes but is **not limited to**:

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Data Collection Techniques
- Developmental Stages and Transitions
- ~~Disease Prevention~~
- ~~Expected Body Image Changes~~
- ~~Family Planning~~
- Health Promotion/~~Screening Programs~~ Disease Prevention
- High Risk Behaviors
- ~~Human Sexuality~~
- ~~Immunizations~~
- Lifestyle Choices
- Self-Care

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### Psychosocial Integrity

The practical/vocational nurse provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

Related content includes but is **not limited to**:

- Abuse or Neglect
- Behavioral Management
- Chemical and other dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Awareness
- End of Life Concepts
- Grief and Loss
- Mental Health/Illness\_ Concepts
- Religious or-and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Substance Related Disorders
- Suicide/Violence Precautions
- Support Systems
- Therapeutic Communication
- Therapeutic Environment
- Unexpected Body Image Changes

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### Physiological Integrity

The practical/vocational nurse assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

- *Basic Care and Comfort* – The practical/vocational nurse provides comfort to clients and assistance in the performance of their activities of daily living.

Related content includes but is **not limited to**:

- Assistive Devices
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

- *Pharmacological Therapies* – The practical/vocational nurse provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Related content includes but is **not limited to**:

- Adverse Effects/Contraindications/Side Effects/Interactions
- Contraindications and Compatibilities
- Dosage Calculations
- Expected Effects/Actions/Outcomes
- Medication Administration
- Pharmacological Actions
- Pharmacological Agents
- Pharmacological Pain Management
- Side Effects

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- *Reduction of Risk Potential*– The practical/vocational nurse reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Related content includes but is **not limited to**:

- Changes/Abnormalities in Vital Signs
- Diagnostic Tests
- Laboratory Values
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures/Surgery or Health Alterations
- Potential for Complications from Surgical Procedures and Health Alterations
- Therapeutic Procedures
- Vital Signs

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- *Physiological Adaptation* – The practical/vocational nurse participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Related content includes but is **not limited to**:

- Alterations in Body Systems
- Basic Pathophysiology
- Fluid and Electrolyte Imbalances
- Medical Emergencies
- Radiation Therapy
- Unexpected Response to Therapies

## 179 Administration of the NCLEX-PN® Examination

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The *NCLEX-PN® Examination* is administered to candidates by Computerized Adaptive Testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. ~~An extensive multi-step process is followed in the development of items. Examination items are primarily four option and multiple choice. Other types of item formats include multiple response, fill-in-the-blank hotspot, drag and drop and chart/exhibits. All item formats, including standard multiple choice, may have charts, tables or graphic images. For current information about alternate items access NCSBN's website <http://www.ncsbn.org>~~

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With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate's ability ~~level~~. The items, which are stored in a large item pool, have been classified by test plan ~~area category~~ and level of difficulty. After ~~an item is answered~~ the candidate answers an item, the computer calculates an ability estimate based on all of the ~~candidate's previous answers~~ previous answers the candidate selected. ~~An item determined to measure the candidate's ability most precisely in the appropriate test plan area is selected and presented on the computer screen. The next item is then chosen that measures the candidate's ability most precisely in the appropriate test plan category.~~ This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all *NCLEX-PN® Test Plan* requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

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All practical/vocational nurse candidates must answer a minimum of 85 items. The maximum number of items that a practical/vocational nurse candidate may answer is 205 during ~~a the allotted~~ five-hour ~~maximum testing time~~ period. The maximum five-hour time limit to complete the examination includes the tutorial, sample questions and all breaks. ~~Candidates may be administered multiple choice items as well as items written in alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank calculation, drag and drop, and/or hot spots. All item types may include multimedia such as charts, tables, graphics, sound and video. All items go through an extensive review process before being used as items on the examination.~~

More information about the NCLEX® examination, including CAT methodology, ~~items, the candidate bulletin and web tutorials~~, is listed on the NCSBN Web site: <http://www.ncsbn.org>.

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## 209 Examination Security and Confidentiality

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Any candidate that violates test center regulations or rules, or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, exam results may be withheld or cancelled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin for more information.

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Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends, family, or others.

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## Timeline for Implementation of the 2011 *NCLEX PN® Test Plan*

October 2009	NCLEX Examination Committee reviews PN practice analysis results and makes recommendations for the test plan
November 2009	Proposed test plan is sent to Member Boards for feedback
March 2010	NCLEX Examination Committee presents the proposed test plan at the NCSBN Mid-Year Meeting.
April 2010	NCLEX Examination Committee reviews feedback on the test plan and submits recommendations to the Delegate Assembly
August 2010	Delegate Assembly action is provided
September 2010	PN test plan is published and placed on the NCSBN website
October 2010	Panel of Judges meets to recommend the passing standard
December 2010	NCSBN Board of Directors evaluates the passing standard
April 2011	Implementation of the test plan and passing standard