



THE FAIR TESTING IMPERATIVE IN NURSING EDUCATION *A Living Document from the National League for Nursing*

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INTRODUCTION

The National League for Nursing recognizes the pressure faced by nursing schools to maintain high NCLEX™ pass rates: stakeholders are concerned with issues of public safety, reputation, recruitment of qualified students, competition, and accreditation; faculty and students have a mutual obligation to ensure readiness to pass the NCLEX. There is no debate about the need to protect the public through standardized evaluation measures of nursing competence and there is a clear understanding that licensure exams are themselves high-stakes for students, faculty, and schools of nursing. *It is the prevalent use of standardized tests to block graduation or in some other way deny eligibility to take the licensing exam that is most concerning to the NLN.* Using a test to predict individual student NCLEX outcomes and as the principle means for faculty and schools to make decisions about individuals can have serious ramifications for student progression and graduation, hence the term “high stakes.”

To address this issue, the NLN enacted a process to develop national fair testing guidelines to assist nurse faculty and administrators in creating and implementing ethical and evidence-based academic progression and graduation policies.

BACKGROUND AND SIGNIFICANCE

The NLN brought concerns about high stakes tests to the nursing community with its December 2010 *Reflection & Dialogue* which was based on the outcomes of the NLN Presidential Task Force on High-Stakes Testing. Comprising leaders in nursing education, nursing practice, health care, and higher education, the task force began to develop policy guidelines for the use of end-of-program testing, exploring current thinking and making recommendations for policy guidelines and practices in nursing education programs.

Across the United States, an increasing number of schools of nursing are implementing progression policies (Spurlock, 2006). But because there are no universally accepted standards for how predictive tests and related policies should be implemented, individual schools struggle to implement policies and standards on their own.

In an effort to create base-line data on the use of high stakes testing and to influence progression policies, the NLN collected descriptive data alongside the 2011 NLN Annual Survey.

For RN programs, initial findings indicate:

- Approximately one in three schools require pre-licensure RN students to obtain a minimum score on a standardized test in order to progress.
- Twenty percent of schools require a minimum test score to graduate.

- Twelve percent of schools will not forward students' names to state boards for licensure exam registration unless they reach minimum standardized test scores.
- Twelve percent of schools require that students meet minimum score levels at more than one point, or juncture, in the program.

Data also revealed that high-stakes testing is used only slightly less frequently in PN programs:

- Nearly one in four report some use at least once in their curricula.
- Eighteen percent require a minimum test score to graduate.
- Thirteen percent will not forward students' names to state boards for licensure exam registration unless they reach minimum standardized test scores.

Certainly, standardized test results are useful in various ways. They provide students with information about their knowledge compared to other students, using national norms; and they help faculty identify curricular strengths and weaknesses. But requiring a predetermined score for students to graduate and/or take the NCLEX in order to ensure that program pass rates remain at state board-prescribed levels is especially problematic for those who have successfully passed all other components of the nursing program. Students who cannot achieve the predetermined score may be forced to take the exit examination repeatedly until they achieve the score. They may fail the nursing course in which the test is a required component and endanger their standing in the nursing program. They may be denied their degrees or authorization to take the NCLEX. Cases like these can adversely affect the students and their families economically, i.e., while licensing is postponed, full salary potential is in jeopardy.

In an emerging trend, students or groups of students who have suffered negative consequences for performing poorly on standardized tests have filed suit against their nursing programs using a variety of legal bases. Grounds for litigation may include breach of contract, lack of due process, and even educational malpractice, if standardized tests were inappropriately placed in the curriculum and utilized.

High-stakes testing and progression/graduation policies can also distort the intended purpose of NCLEX pass rate requirements. First-time pass rates are viewed by stakeholders as a measure of program quality. Nursing programs that achieve high first-time pass rates by allowing only the highest performing students sit for the licensing exam illustrate the well known effects of selection bias. Such programs may also be intolerant of, or missing opportunities to focus on, pedagogic innovation, curricular revision, or faculty development. As Giddens (2009, p. 124) noted, "Is there really anything to celebrate when a nursing program with only a 50% persistence to graduation rate boasts of a 100% first-time [test taker] NCLEX-RN pass rate?"

The use of fair-testing principles may provide support to faculty as they grapple with these complex issues.

The Literature

Recent literature indicates that most commercially available standardized predictive tests provide individual student scores that are linked to a probability of *passing* the NCLEX-RN. Research has shown that while predictive tests often work well in identifying high-performing students who are likely to pass the NCLEX, they are much less precise in identifying the likelihood of failure (Spurlock, 2006; Spurlock and Hunt, 2008). This distinction in describing the *accuracy* of a test is

especially important when policies that prevent progression or graduation are in place. But as Spurlock has indicated (2006), little or no guidance is available to faculty who wish to set cut, or decision, scores for their progression or graduation policies.

Best practice guidelines indicate that the score a student must achieve to move forward in a program should be chosen 1) after a complete review of the test's psychometric parameters available from the test vendor; 2) after consideration of demographic and cultural issues among the student population; and 3) perhaps most importantly, after an assessment of the ethical and empirical basis for setting the cut score. The rigor and complexity of setting cut scores is more fully outlined by Zieky and Perie (2006); it is a process followed closely in setting the NCLEX-RN passing score (Wendt and Kenny, 2007). Because schools are generally unequipped to undertake such a process, they may make cut score determinations in arbitrary ways. Faculty must be especially guarded in their decision making when little or no evidence exists to guide the setting of cut scores.

There has also been considerable debate about using predictions of student success and failure; specifically, letting a single test determine a student's progression or graduation can have a profound deleterious effect on that individual. Studies have documented how standardized tests themselves show differential functioning for white vs. non-white testers (Stout, 2002; Helms, 2005; Helms, 2006; Solorzano, 2008). The main issue is addressing test-use fairness, e.g., how are data from these tests employed? Using tests outside of their intended purpose negatively affects test takers, especially minority students who may face language difficulties, social bias, stereotype threats, and poorer early academic preparation, etc.

As the use of standardized testing in progression policies has increased, graduates have reported that employers are requesting pre-NCLEX standardized test results and using those results in hiring decisions; this assertion is supported by reports in the literature (Reiter, Young, and Adamson, 2007). The stakes are high for students when their potential employers use tests for unintended purposes or incorrectly, such as comparing candidates who were tested at different times in their programs.

THE NLN'S RESPONSE: FAIR TESTING GUIDELINES

The NLN has developed fair testing guidelines, based on the League's core values of caring, integrity, diversity, and excellence, and on widely accepted testing principles. Fairness, in this context, means that all test-takers are given comparable opportunities to demonstrate what they know and are able to do in the learning area being tested (Code of Fair Testing Practices in Education, 2004).

The [NLN Fair Testing Guidelines](#) for Nursing Education value students' perspectives and backgrounds, and acknowledge the role of faculty in their implementation.

The Guidelines in Brief

- 1) Faculty have an ethical obligation to ensure that both tests and the decisions based on tests are valid, supported by solid evidence, consistent across courses, and fair to all test takers regardless of age, gender, disability, race, ethnicity, national origin, religion, sexual orientation, linguistic background, testing style and ability, or other personal characteristics.

- 2) Faculty have the responsibility to assess students' abilities and assure that they are competent to practice nursing, while recognizing that current approaches to learning assessment are limited and imperfect.
- 3) Multiple sources of evidence are needed to evaluate basic nursing competence. Multiple approaches for assessment of knowledge and clinical abilities are particularly critical when high-stakes decisions (such as progression or graduation) are based on the assessment.
- 4) Tests and other evaluative measures should be used not only to evaluate student achievement, but, as importantly, to support student learning, improve teaching, and guide program improvements.
- 5) Comprehensive testing, administration, and evaluation information must be readily available to faculty before they administer, grade, and distribute results from, or write policies related to, the use of standardized tests. Faculty have the responsibility to review and incorporate these materials in communications to students about standardized testing and its consequences.

RECOMMENDATIONS

Based on the best available evidence on testing practices from nursing and other disciplines, the recommendations have been developed with a keen awareness of the pressure faculty face to meet national standards for public safety and the tremendous obligation they feel to assess student ability and competence. Faculty are aware that evaluative measures should be used not only to evaluate student achievement, but, as importantly, to support student learning, and evaluate and improve teaching and program effectiveness.

The NLN recognizes the immense political, regulatory, and economic pressures placed on faculty and programs to graduate classes with high first-time pass rates; *nurse educators face this pressure more than any other health care discipline*. The NLN has supported research addressing the personal factors that are directly linked to a graduate's success in passing the NCLEX the first time. As a profession, nurse educators are not rewarded for those passing after taking the test at later testing times. Though such factors are beyond the scope of this vision statement, the following recommendations are offered to strengthen academic policies that are formulated and implemented to address high-stakes testing.

Recommendations for Faculty

- In making decisions about using standardized tests, require written comprehensive information about the test, including evidence that the tests under consideration have been developed to minimize cultural bias. Information about norms and norming procedures, reliability, and validity should also be reviewed by faculty before making a decision to use any standardized test.
- In developing a policy based on test results, include the core principle that multiple sources of evidence are fundamental to evaluate basic nursing competence. This is especially true when high-stakes decisions are based on the assessment.
- Teach students about the purpose of the tests, the student factors that can affect the results, and the testing methods used within a program. Ensure that students receive information about precautions to take when potential employers request their standardized test results.

Recommendations for Deans, Directors, Chairs

- Provide appropriate resources for faculty and staff to develop knowledge and skills in using multiple approaches to assessing student learning and nursing competence.
- With faculty, review standardized testing practices and progression policies based on test results to ensure alignment with fair testing practices.
- Provide leadership in creating a climate based on your core values that supports quality improvement using a learning assessment process that includes standardized test results that can be aggregated, trended, and analyzed.

Recommendations for the National League for Nursing

- Promulgate Fair Testing Guidelines for Nursing Education through the NLN's wide dissemination network.
- Offer faculty development programming on the use of these fair testing guidelines in the creation of program testing and progression policies.
- Explore with the National Student Nurses' Association (NSNA) how to best incorporate the fair testing guidelines into the NSNA Code of Ethics.
- Promote research on and development of fair testing practices.
- Promote the development and validation of new approaches to assessment of the knowledge, skills, and competencies essential for quality nursing practice.
- Urge boards of nursing to promote ethical and evidence-based fair-testing practices to assess student learning in nursing education programs.

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