Workgroup for Social Work Licensure Requirements

Date: Jan 30, 2024 **Time**: 9:00 am - 11:00 am

Video call link: https://meet.google.com/hko-wcnc-wpj?hs=122&authuser=0

(US) +1 413-459-0994 PIN: PIN: 473 184 410#

<u>Agenda</u>

I. **Administrative Updates: 9:00AM**

    A. Roll Call

    B. Vote on Meeting Minutes

    C. Update on Meeting Cadence

II. **Discussion | Subgroup Assignments and Expectations: 9:15AM**

    A. Discussion of subgroup assignments and administrative structure

    B. Discussion of subgroup meeting expectations

    C. Discussion of the timeline for reporting requirements

III. **Presentations | NCLEX and ASWB Exams: 9:30AM**

    A. Presentation by Jason Schwartz on The National Council Licensing Examination (NCLEX) exam**: 9:30AM**

    B. Questions and Comments

    C. Presentation by Dr. Hardy Chandler on The Association of Social Work Boards (ASWB) exam: **10:15AM**

    D. Questions and Comments

IV. **Public Comment**

V. **Closing and Next Steps**

Workgroup on Social Worker Licensure Requirements Meeting Jan 30, 2024

SB 871 Report Requirements and Subgroup Expectations

Subgroups

1) **Policy**: Board of Social Work, Disability and Accommodations ,Certification and Requirements **(List of Items not Exhaustive)**

2) **Universities/Schools/Programs of Social Work:** Curriculum, CSWE Requirements **(List of Items not Exhaustive)**

3) **Testing Barriers**: Cost of Preparation, Exam Fees, Testing Locations, Disability and Accommodations **(List of Items not Exhaustive)**

4) **Recommendations on Testing**: The mandate for this group is twofold:
- Recommendations on continuing the use of the ASWB exam for the LBSW and LMSW, whether to establish a temporary license for those who meet the LBSW. LMSW requirements but have not passed the ASWB exam, how supervision could be provided to LBSWs/LMSWs at no cost to the licensees.

- Complete Licensure Examinations as stipulated by SB 871 Section 2, Subsection h (found on page 8 of Senate Bill 871).

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SB 871 Report Mandated and Revised Due Dates

- **Preliminary Report Due Date:** September 1, 2023
  - ➢ Did not meet this date due to late appointment of Workgroup members and the first meeting did not occur until 10/24/23
  - ➢ Workgroup Summary of Activities Report to be submitted by 1/31/24

- **Interim Report Due Date:** December 1, 2023,
  - ➢ Did not meet this date due to late appointment of Workgroup members and the first meeting did not occur until 10/24/23
  - ➢ Now due by 3/31/24 as per Commitment to Senate Finance Committee made on 1/18/24

- **Final Report Due Date:** December 1, 2024

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SB 871 Interim Report Requirements (1)

(i) Whether to continue to use examinations developed by the Association of Social Work Boards as a requirement for a Bachelor Social Worker license or a Master Social Worker license;

(ii) Whether to establish a temporary license for applicants for a Bachelor Social Worker license or a Master Social Worker license who, except for passing an examination required under Title 19, Subtitle 3 of the Health Occupations Article, meet the education and experience requirements for a license to practice Bachelor Social Work or Master Social Work under Title 19 of the Health Occupations Article;

(iii) How supervision may be provided to Bachelor Social Worker licensees and Master Social Worker licensees at no cost to the licensees;

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SB 871 Interim Report Requirements (2)

iv) If the Workgroup determines under item (i) of this item that the examinations developed by the Association of Social Work Boards should not be used or under item (ii) of this item that temporary licenses should be established, whether additional experience or education requirements are necessary;

v) A timeline for phasing in any determinations made under item (i), (ii), (iii), or (iv) of this item; and

vi) An outline and timeline for conducting the study required in subsection (h) of this section; (next slide) (Chair and Staff)

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SB 871 Subsection (h) Study Areas for Final Report Due December 31, 2024 (1)

1) examine each type of license established under Title 19 of the Health Occupations Article by:

(i) conducting a bias analysis of the qualifications for each type of license;

(ii) determining whether each type of license is necessary;

iii) identifying alternatives to examination requirements that may be used to assess an applicant's qualifications for each type of license;

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SB 871 Subsection (h) Study Areas for Final Report Due December 31, 2024 (2)

(iv) considering examination testing options, including the development of a State–based competency examination, minimum requirements for a national examination to be approved for State applicants, utilization of ranges of examination scores, and other policies to ensure a bias–free examination;

v) identifying barriers in addition to the examination that present challenges to licensure in the State; and

(vi) identifying the circumstances under which unlicensed individuals work in State and federal government positions as social workers;

and (ii) recommendations to eliminate bias and make the process for licensing social workers in the State more fair, diverse, and efficient.

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Subgroup Expectations and Timelines

- **2/19/24:** Subgroups to submit their DRAFT Interim Report recommendations to Kathy Guggino and Chair

- **2/23/24:** DRAFT Interim Report to be sent to Workgroup for review prior to 2/27/24 Workgroup Meeting for review

- **2/27/24 Workgroup Meeting:** DRAFT Interim Report will be reviewed & approved by Workgroup

- **3/31/24:** Interim Report to be submitted to Senate Finance Committee and House Health & Government Operations Committee

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Workgroup for Social Work Licensure Requirements Meeting- January 30, 2024
Presenter BIOs

BIO- Jason A. Schwartz, MS

Jason A. Schwartz is the Director of Outreach at National Council of State Boards of Nursing where he shares accurate and timely information with stakeholders regarding NCSBN examinations, services, and other offerings. Prior to joining NCSBN in 2019, Jason spent 10 years with Pearson VUE supporting the NCLEX and other NCSBN programs in various roles at the executive level. Jason brings more than 25 years of experience overall in high stakes testing and holds degrees in mathematics from the University of Oregon and the University of California, Berkeley.

BIO – Stacey Hardy-Chandler

Roughly translated, 'Ubuntu' means, 'I am, only because you are.'

Stacey Hardy-Chandler is a licensed clinical social worker and Chief Executive Officer of the Association of Social Work Boards (ASWB) who centers ubuntu in her leadership philosophy. Although professionally she unequivocally identifies as a social worker, she combines this with her background in clinical psychology (PhD), law (JD) and org leadership (PGDip) to effect strategic and intentional, micro to macro change and transformation.

The three major phases of Dr. Hardy-Chandler's 35+ year career journey have included: direct clinical practice; as an academic faculty member and administrator at both University of Nevada, Las Vegas, and George Mason University; and in human service senior management. Her diverse, and dynamic background has provided the foundation for the fourth phase of her career, serving her beloved profession through support of the social work regulatory community – fulfilling the primary mission of ASWB.

Active in her community, she was previously twice elected president of the National Organization of Forensic Social Work; has served as an appointee to the Fairfax City (VA) Commission for Women; and is an active member of her local chapter of Alpha Kappa Alpha Sorority, Incorporated. She is the editor and contributing author to the Forensic Social Work section of the most recent edition of the Social Workers' Desk Reference (4th edition).

With no fear of stretching comfort zones, she is fulfilling a longtime dream of learning to play bass guitar – particularly '80s funk and R&B.

Dr. Hardy-Chandler is convinced that, paradoxically, the future of leadership in an increasingly complex, nuanced, and ambiguous world requires understanding the ancient wisdom and power of ubuntu: 'togetherness.'

Next Generation NCLEX: An Inside Look

Jason A. Schwartz, MS
Director of Outreach, NCSBN

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Agenda

- Next Generation NCLEX overview

- Exam development process

- Item types and formatting

- Language options

- Accommodations

- Q & A

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Next Generation NCLEX

- The NCLEX-RN and NCLEX-PN exams with various "next gen" updates

  - Expanded focus on clinical judgment

  - Case studies

  - New item types

  - Updated test design

  - Partial credit scoring

- More than 300,000 test takers per year

- Licensure requirement in US plus most Canadians and some Australians

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Exam Development Process

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Foundations

- Practice analysis (job task analysis)

    - What tasks do entry-level nurses perform?

    - How often do they do them? (frequency)

    - How important are they? (criticality)

- Test Plan

    - What "activity statements" will be tested?

    - What percent emphasis will each "client needs" category receive?

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Item writing

- All items written by external SMEs

  - Educators who work with prelicensure students

  - Master's degree requirement for NCLEX-RN

  - Additional requirements at https://www.ncsbn.org/public-files/RExPN_and_NCLEX_Item_Development.pdf

- Writers trained by NCSBN Examinations Department staff

- Typically 3-4 days onsite at NCSBN Chicago office

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Item Review – Part 1

- Items reviewed/edited by NCSBN Examinations content/editorial staff

- Items reviewed by external SME committee for **content**

  - Clinicians who supervise/precept entry-level nurses

  - Additional requirements at https://www.ncsbn.org/public-files/RExPN_and_NCLEX_Item_Development.pdf

- Items reviewed by external SME committee for **bias/sensitivity**

- Items prepared for pretesting (piloting)

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Item Review – Part 2

- Items piloted during live administration of exam as "unscored items"

- Item statistics reviewed by NCSBN psychometric team

  - Some items "pass" as is

  - Some items pass pending DIF review panel

  - Remaining items, if retained, must be revised and re-piloted

- Successful items enter NCLEX "master pool"

- Periodic and ad hoc reviews (internal/external/statistical) of master pool items

Item Types

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Item Types

- Various samples in clinical judgment case study

- Two new "standalone" item types

- Additional item types

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NGN Case Study

Sample Case Study

Case Study Screen 1 of 6

[1]

[2] 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 |

[3] **[4]** **[5]** **[6]**

reports in is left rib being stru mechanically pitched baseball in a batting cage last week. He has significant bruising and feels light-headed. 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.

[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), O_2 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

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 light-headed. 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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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

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.

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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 |

Vital signs:

- BP 90/50

- P 116

- RR 24

- T 97.8° F (36.6° C)

- O_2 saturation 98% on room air

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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➤ 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), O_2 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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➢ 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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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	○	○
intravenous fluids	○	○
abdominal ultrasound	○	○
preparation for surgery	○	○
serum type and screen	○	○
chest percussion therapy	○	○
insertion of a nasogastric (NG) tube	○	○
administration of prescribed pain medication	○	○

➤ 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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Two new "standalone" item types

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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

Intake and Output	1000	1400	1800
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 triaged. Vital signs: T 97.7° F (36.5° 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)

Sample Bow-tie Item

The nurse in the emergency department (ED) is caring for a 79-year-old female client.

Nurses' Notes | **History and Physical**

1215: 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. Incontinent 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 97.5° F (36.4° C), P 126, RR 18, BP 188/90, pulse oximetry reading 90% on room air. Capillary blood glucose obtained per protocol, 76 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.

Action to Take — Condition Most Likely Experiencing — Parameter to Monitor

Action to Take — Parameter to Monitor
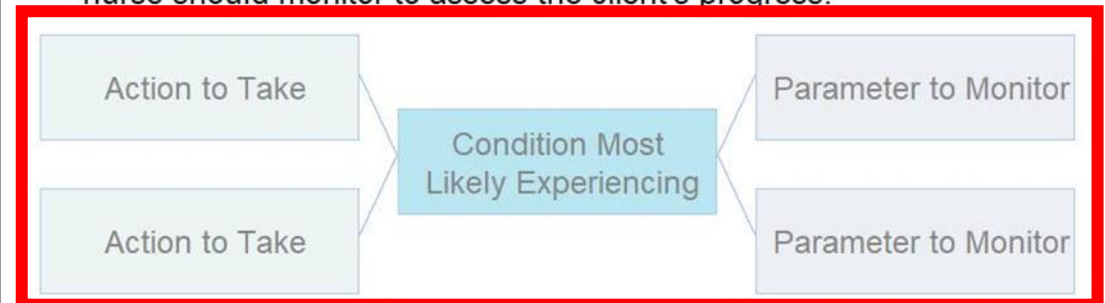
Actions to Take	Potential Conditions	Parameters to Monitor
Request a prescription for an oral steroid.	Bell's palsy	temperature
Administer oxygen at 2 L/min via nasal cannula.	hypoglycemia	urinary output
Insert a peripheral venous access device (VAD).	ischemic stroke	neurologic status
Obtain a urine sample for urinalysis and culture and sensitivity (C & S).	urinary tract infection (UTI)	serum glucose level
Request an order for 50% dextrose in water to be administered intravenously.		electrocardiogram (ECG) rhythm

Other item types

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Other item types

- Multiple choice

- Fill-in-the-blank calculation (FBC)

- Exhibit

- Variations of the main types shown in the case study (e.g., highlighting in a table rather than paragraph)

- Can download "exam preview" packets at nclex.com

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Language Options

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Language Options

- All candidates for U.S. licensure must test in English

- Candidates for Canadian RN licensure have French option

- There is no Braille version of the exam

  - Human or electronic reader offered if approved by Board

    of Nursing

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Accommodations

NCLEX Accommodations

- All requests must be approved by the Board of Nursing

- Examples of accommodations available include—

  - Extra time

  - Separate room

  - Large print

  - Reader

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Live Q&A

Right now!

Anytime Q&A

jschwartz@ncsbn.org

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IN FOCUS

Out of Many, One

Ensuring Integrity, Sensitivity and Rigor in the Development of NCLEX® Items

Out of Many, One

Ensuring Integrity, Sensitivity and Rigor in the Development of NCLEX® Items

NCLEX® Examinations and the traditional motto of the U.S. – E Pluribus Unum, or *Out of Many, One* – have more in common than you might imagine. NCLEX Exams are specifically designed to appear as though one person has written the exam. But an extensive network of candidates, nurses, volunteers and NCSBN staff is involved in the process.

"The reason for making all the items read like a single person wrote them is to make sure that all items are written in a singular voice, language and vocabulary," says Joseph Betts, PhD, MMIS, director, measurement and testing, Examinations. "This helps to standardize the items to ensure a commonality to all the items while imposing standardization to the exam content."

Throughout this article you will learn just how many individuals interact with an NCLEX item and how much care is given to ensure that each candidate experiences a fair and equitable evaluation of their entry-level nursing abilities and competence.

Nursing regulatory bodies are charged with providing regulatory excellence for public health, safety and welfare. To ensure that nurses entering the workforce have the necessary knowledge, education and skills to practice, one of NCSBN's preeminent initiatives is devoted to developing psychometrically sound and legally defensible nurse licensure examinations consistent with current nursing practice.

NCLEX exams are based on current entry-level practice as determined by practice analysis research. In addition, the NCLEX is continually monitored through established processes to determine that the items reflect both fairness and cultural sensitivity, allowing all candidates to demonstrate their competence in an impartial manner.

Table of Contents

Before a candidate ever sees an item during an actual NCLEX exam, it undergoes a meticulous process from inception to administration that is touched by a diverse group of experts, educators, nurses and volunteers. The items are screened to ensure they are evidence-based, free of bias and reflect current nursing practice at the entry level. Even after an item is in rotation on the exam, it is reevaluated and analyzed to assure that various groups of candidates do not perform differently in their responses. At any point in the "lifecycle" of an item it can be removed from further development or deleted from the exam.

NCLEX item development begins first with a practice analysis of entry-level registered nurses (RNs) for the NLCEX-RN® Examination and entry-level licensed practical/vocational nurses for the NCLEX-PN® Examination. These job analyses take place on a regular cycle in order to keep abreast of evolving nursing practice. A panel of subject matter experts (SMEs) are assembled representing geographic areas of the U.S. and in Canadian territories/jurisdictions that use the NCLEX for licensure decisions, all major nursing specialties and varied practice settings. These SMEs create a list of RN or LPN/VN activities and incorporate them into a survey that is sent to a nationally representative sample of newly licensed nurses. Survey respondents determine whether the activities listed in the questionnaire are representative of the work they perform in their practice settings.

"The practice analysis is a scientific, evidence-based study of what entry-level nurses actually do. What items end up on the test aren't based on value judgments or opinions but instead come from data on real-world, entry-level practice," notes Jason Schwartz, MS, director, test development, Examinations.

After the practice analysis is completed, an additional panel of nurses determines the knowledge, skills and abilities (KSAs) needed for safe and effective care. Their conclusions are used to inform the item writers who begin the process of developing new items for the exams using the KSAs. These item writers are recruited from and are selected to represent a diverse group of nurses with various years of experience, specialties, practice settings and geographic locations.

"When we convene any panel, we train the SMEs on the process and discuss the NCLEX test plan and thoroughly review the content areas. Occasionally, we will convene a panel of nurses within a specialty to write or review for a particular content area where we have identified a need for more items," mentions Betts.

After these items are written, expert nurses on staff at NCSBN do another level of review to ensure that the answers to the items are evidence-based, none of the distractors could possibly be a considered correct and can be verified via an independent source. Such sources can include textbooks, peer-reviewed journals and websites such as the Centers for Disease Control and Prevention, among others.

"We also build in reviews by volunteer expert nurses shortly before the publication of each exam pool. This adds another layer of validation and draws on their current expertise rather than what may be written in some of our textbooks," remarks, Latrice Johnson, MSN, RN, test development manager, Examinations.

After validation, items move to the Item Review Panel. This panel evaluates the items in order to safeguard that they are devoid of anything that could negatively impact a candidate's test-taking experience. The panel is comprised of nurse volunteers working in supervisory or precepting capacity with entry-level nurses who provide direct patient care.

At this step in the process, items are also assessed to make sure they are grammatically correct, have appropriate punctuation and accurate spelling. Checks are also done to make certain that the new items have the same appearance as all other items in the exam (i.e., the same font, same size, etc.).

"When a new item passes the review panel it is then ready for inclusion in the exam for pretesting. This is the process of randomly administering the items in an exam without them being used for scoring the candidates results. The statistical functioning of the items will be evaluated based on the candidates' responses. The results of the statistical analysis will determine if items show strong psychometric properties to be used in future exams as scored items that could contribute to a candidate's final

score. If an item doesn't meet the rigorous statistical criteria, it will not be used in future exams," explains Betts.

Two groups, the NCLEX® Sensitivity Panel and the Differential Item Functioning (DIF) Review Panel, work to guarantee that the items do not contain any racial or ethnic stereotypes, elitism, gender or age bias.

"With other exams, the sensitivity or DIF reviews are rolled into the Item Review Panel, even though the reviews are designed to look at different things and the qualifications of the reviewers will not generally be suited to both types of review. What sets the NCLEX apart, is that we maintain the sensitivity and DIF reviews as separate from other item reviews to ensure both the qualifications and the focus of reviewers is targeted to the work required. It is paramount to us that the items are reviewed with the highest integrity and the greatest rigor," states Schwartz.

The Sensitivity Panel looks at items before they enter the pretest pool (those items included on the exam but not part of a candidate's score) and is composed of lay people and one RN holding current licensure. The lay members have no medical background and are diverse with respect to race, ethnicity, age and gender. The RN is included to assist in explaining unfamiliar nursing-specific content or terminology.

Johnson comments, "We work very hard to ensure that these panels reflect diversity, and it is extremely important to us that

every voice is heard. In their orientation, we tell our volunteers that their input is not only welcome but crucial to the integrity of the exam."

All items are reviewed by the Sensitivity Panel to ensure that they exclude information that could be problematic to a particular population, ethnicity or background. Items are edited and phrases are removed if they are found to be insensitive. Among other things, this panel looks at the items for stereotyping, inflammatory material or distracting language.

"Sensitivity Panels take the work they are doing very seriously but there are some fun moments when people from different backgrounds can have a laugh. I have a fond memory of being present during one panel where an item contained mentions of food, such as salami, and to some panelists these were unfamiliar foods and the other half jumped in with an explanation of 'Oh we know what that is we eat it all the time!' As a result of that discussion, the NCLEX does not have any references to salami!" Johnson relates with a chuckle, "It was actually a light-hearted moment, but it speaks to how careful we are to ensure that all candidates have an even playing field in taking the exam."

> "NCLEX is designed to appear to be written as if one individual composed the entire exam, more than 700 NCLEX candidates, nurses, educators and volunteers contribute to the development of an item before it becomes part of an operational pool."

After an item passes through the Sensitivity Panel, it becomes part of the pretesting component of the NCLEX exams. The pretest items are indistinguishable from operational items (i.e., scored items) and are randomly intermixed. During this phase, candidates will experience these items during their exam but will not be scored on how they answer the questions. It is the pretest items that are being tested not the candidate. Statistical data are gathered on each pretested item and all items are evaluated before they can be formally included as a scored question.

While the Sensitivity Panel only looks at items intended for pretesting, the DIF Panel examines both the pretest and operational pool of items. DIF Panels are held twice a year and are composed of lay people from diverse ethnic and racial groups including at least one male member. Additionally, the panel has two nurses, one from the U.S. and one from Canada, along with a professional linguist.

Each NCLEX item should measure only KSAs in nursing and should be fair for all groups taking the exam. Therefore, each item is examined for potential differential item functioning. DIF is a statistical analysis that is conducted for items following a set number of candidate exposures to determine if items might contain bias. This analysis identifies if an item is statistically testing easier or harder for a particular group based on a predetermined control group (which is currently white females – the largest majority of testing candidates), provided that the abilities between the groups are comparable.

An item is considered to be potentially biased when individuals from a different ethnic, cultural or gender group than the majority with the same ability have significantly different probabilities of answering the item correctly.

"We are highly sensitive to ensuring that we detect more items that could potentially fall into this category. We would rather identify items that are 'false positives' than allow items that could contain bias to remain unexamined. The integrity of the test is our paramount concern," comments Betts.

The DIF Panel reviews items that have been statistically flagged as exhibiting possible bias. They determine if the difference in group performance is relevant to nursing and if there is a plausible explanation for the difference. If an item shows DIF, it could mean one of the following: there is an extraneous feature within the item causing it such as wording or unusual terminology; there is a genuine group difference, but nursing concepts require this concept to be tested (e.g., obstetrical items); or, although the statistics were positive for DIF, there is no evidence from the review of the diverse panel members that the item itself exhibits DIF.

Any items that may be problematic are also referred to the NCLEX® Exams Committee for a final decision as to whether or not to retain the item.

So, as you have seen, that although the NCLEX is designed to appear to be written as if one individual composed the entire exam, more than 700 NCLEX candidates, nurses, educators and volunteers contribute to the development of an item before it becomes part of an operational pool. This high number of individuals who see, review and evaluate an item before a candidate encounters it speaks to the care and dedication involved in making the exam experience for all candidates equal and unbiased. That's why the NCLEX is respected worldwide for not only being an exemplar of what nursing licensure exams should be but also a prototype of effective, efficient and fair testing for all candidates regardless of discipline that the exams cover.

Maryland Workgroup Briefing

January 30, 2024

1) The process for developing the exams

ASWB is the nonprofit organization composed of the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces.

Mission: Provide support and services to the social work regulatory community to advance safe, competent, and ethical practices to strengthen public protection.

Vision: All social workers are licensed

"The Public"

64 Regulatory State Boards and Provincial Colleges

ASWB Board of Directors

ASWB

EVERYONE!

ASWB reports to an elected board of directors who represent and serve 64 distinct jurisdictions.

Jurisdictional boards are in turn accountable to the public at large.

ACCOUNTABILITY
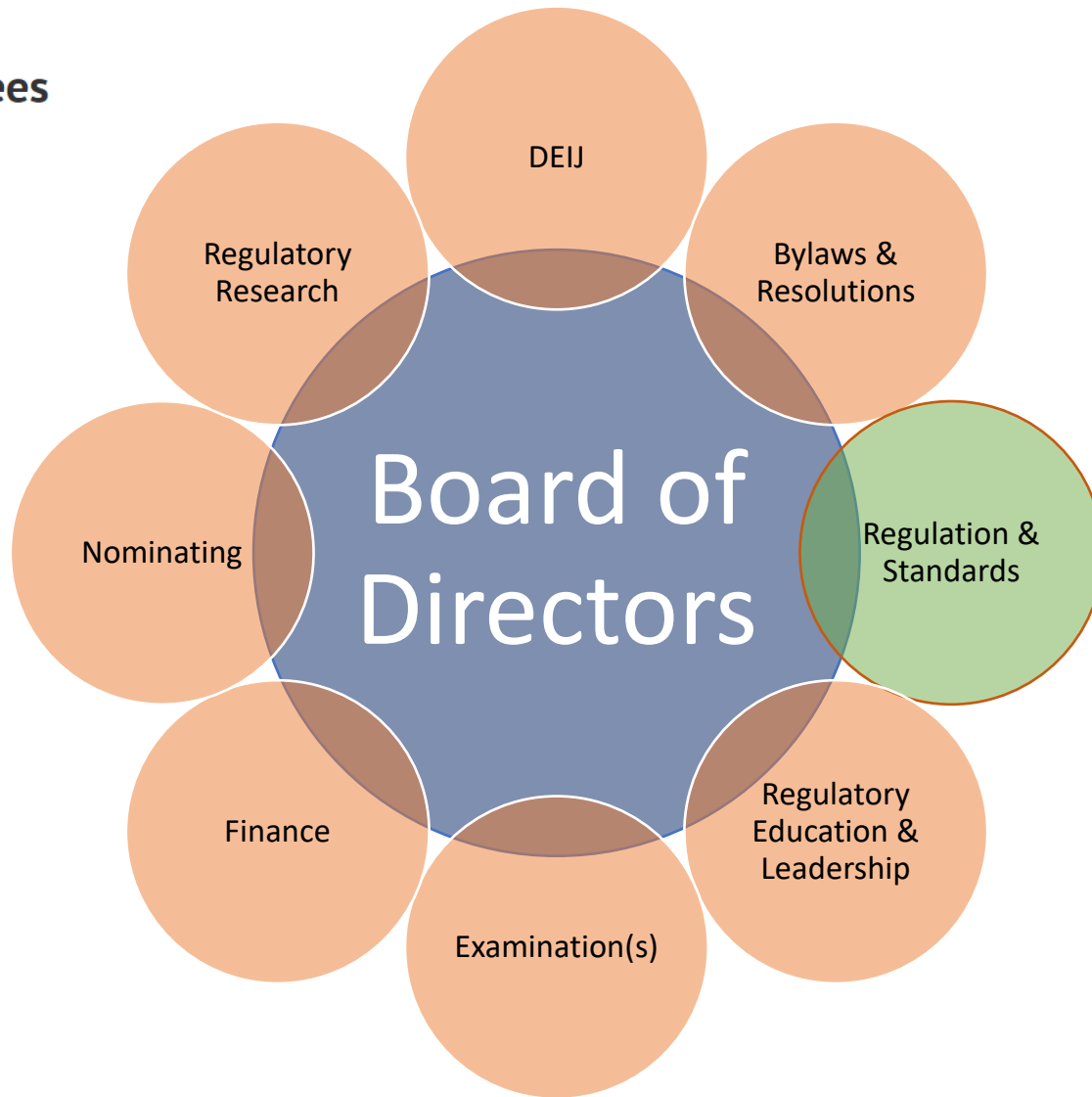
Model Social Work Practice Act

The ASWB Model Social Work Practice Act reflects best practices in social work regulation.

Because professions like social work are regulated at the state and provincial level, licensing requirements vary across jurisdictions. Developed by ASWB members, the Model Social Work Practice Act strives to suggest best practice in social work regulation. This tool can help jurisdictions make practice mobility easier for social workers who want to add a license in a new state or province.

ASWB's Regulation and Standards Committee reviews the model law annually to ensure that the language of the sample statute and regulations keeps pace with changes in social work practice and the regulatory environment. The model law was first adopted by the ASWB Delegate Assembly at the 1997 annual business meeting. Delegates continue to review and affirm updates to the document.

Why social work is licensed

Section 102. Legislative Declaration. The **practice of social work** in the _____ of _____ **is declared a professional practice affecting the public health, safety, and welfare** and is subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of social work, as defined in this Act, merit **and receive the confidence of the public and that only qualified persons be permitted to engage in the practice of social work** in the _____ of _____. This Act shall be liberally construed to carry out these objectives and purposes.

[Model Social Work Practice Act - Association of Social Work Boards (aswb.org)](aswb.org)

Categories of licensure

Social work is licensed in 3 categories defined by scope and title, and each have entry to practice requirements.

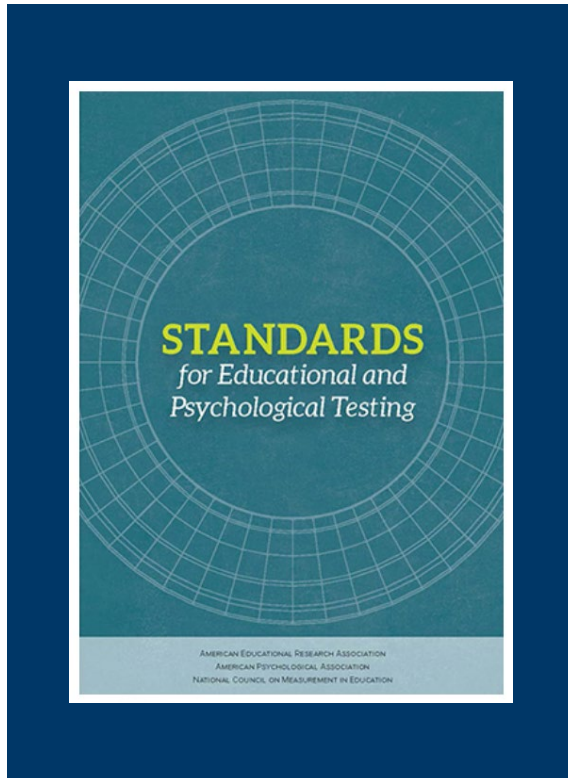| Section 104. Practice of Baccalaureate Social Work	Section 105. Practice of Master's Social Work	Section 106. Practice of Clinical Social Work.
Subject to the limitations set forth in Article III, Section 306, the practice of Baccalaureate Social Work means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Baccalaureate Social Work is generalist practice that includes assessment, planning, intervention, evaluation, Case Management, information and referral, counseling, Supervision, Consultation, education, advocacy, community organization, research, and the development, implementation, and administration of policies, programs, and activities.	Subject to the limitations set forth in Article III, Section 306, the practice of Master's Social Work means the application of social work theory, knowledge, methods and ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Master's Social Work practice includes the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and 6 □ Association of Social Work Boards evaluation, Case Management, information and referral, Counseling, Supervision, Consultation, education, research, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities. Under Supervision as provided in this Act, the practice of Master's Social Work may include the practices reserved to Clinical Social Workers.	The practice of Clinical Social Work is a specialty within the practice of Master's Social Work and requires the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group Counseling and Psychotherapy. The practice of Clinical Social Work may include Private Practice and the provision of Clinical Supervision.

Social work is a profession

A **profession** is a type of job that requires special training or skill, especially one that needs a high level of applied competence of **practice standards**.

A **professional** is one engaged in and qualified for a particular profession with compensation commensurate with their specialized training, education, and practice competence.

Professional regulation protects the public by **verifying minimum competence**, investigating complaints, and upholding professional compliance with state laws and regulations.

Developed jointly and published collaboratively since 1966 by:

- American Educational Research Association (AERA)

- American Psychological Association (APA)

- National Council on Measurement in Education (NCME)

These standards represent the gold standard in guidance on testing in the United States and in many other countries.

The Standards for Educational and Psychological Testing (apa.org)

How are the exams developed?

Personnel

Staff: 20 (4 exam development, 16 exam administration)

Vendors: 4

Item development consultants: 7

Volunteers: 65

Item writers: 90

Total people involved in the program:

almost 200
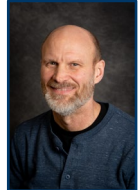
Item writers represent a cross-section of the profession

Item writers are practicing social workers contracted by ASWB to write questions for the social work licensing exams. ASWB works to recruit item writers who are representative of the social work profession.

These charts show the racial/ethnic and gender proportions of active item writers compared to data on social work graduates compiled by the Council on Social Work Education.
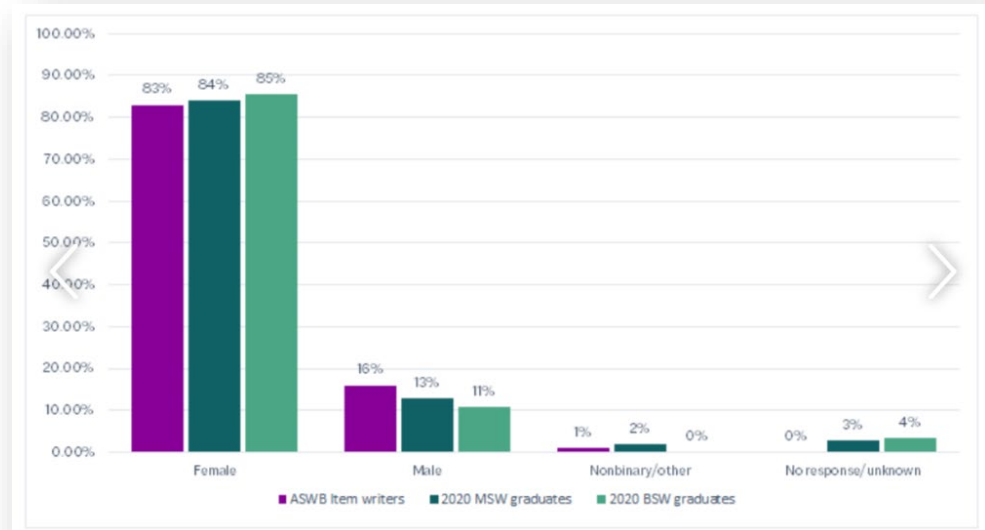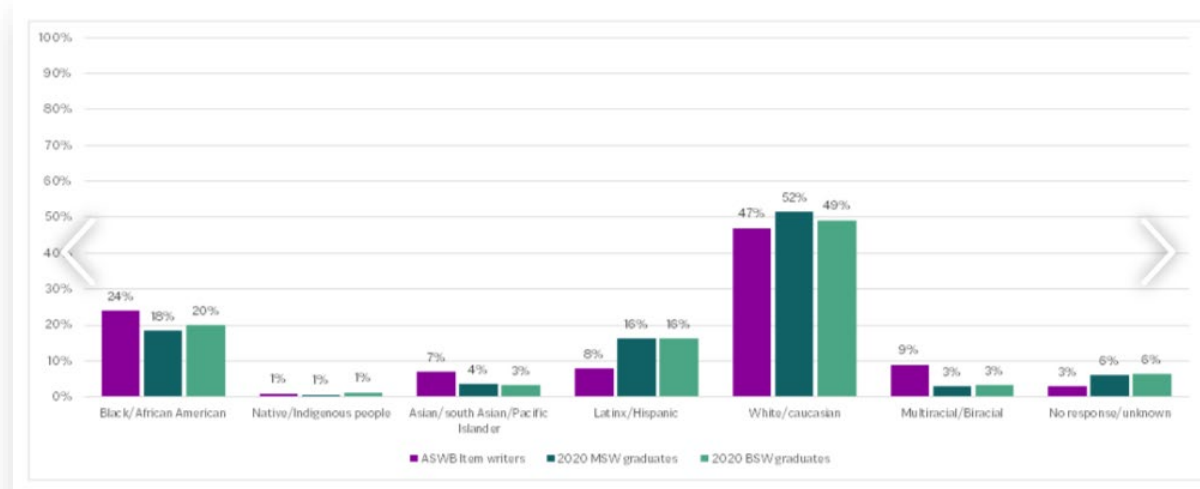
Want a closer look at who is involved?

ASWB Examination Committee
2023

Bachelors exam

Jessica Chatman (IL)

Nikki Barfield (FL)
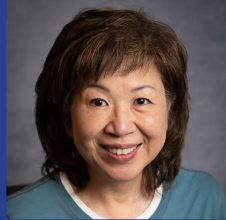
Nelly Chow (AB)

Christine Escobar-Sawicki (IL)

Cole Hooley (UT)

Julia López (MO)

Benjamin Rosenberg (NY)

Masters exam

Stephanie Washington (TX)

Adolpha Bassett (NC)

Rikki Davlin (ID)

Chaundra Randle (MI)

Jodi Schollaardt (AB)

Susanna Sung (MD)

Alejandro Zamora (ID)

Clinical exam

Marcy Shaarda (CA)

Dianna Cooper-Bolinskey (IN)

Lauren Henríquez-Bentiné (NY)

Jean Leong (AB)

Paul Perales (WI)

Kirk Royster (NJ)

Senetra Wallace (NC)

About the exam

170 items (questions) · 150 scored, 20 pretest

Three- or four-option multiple choice · Four-hour time limit
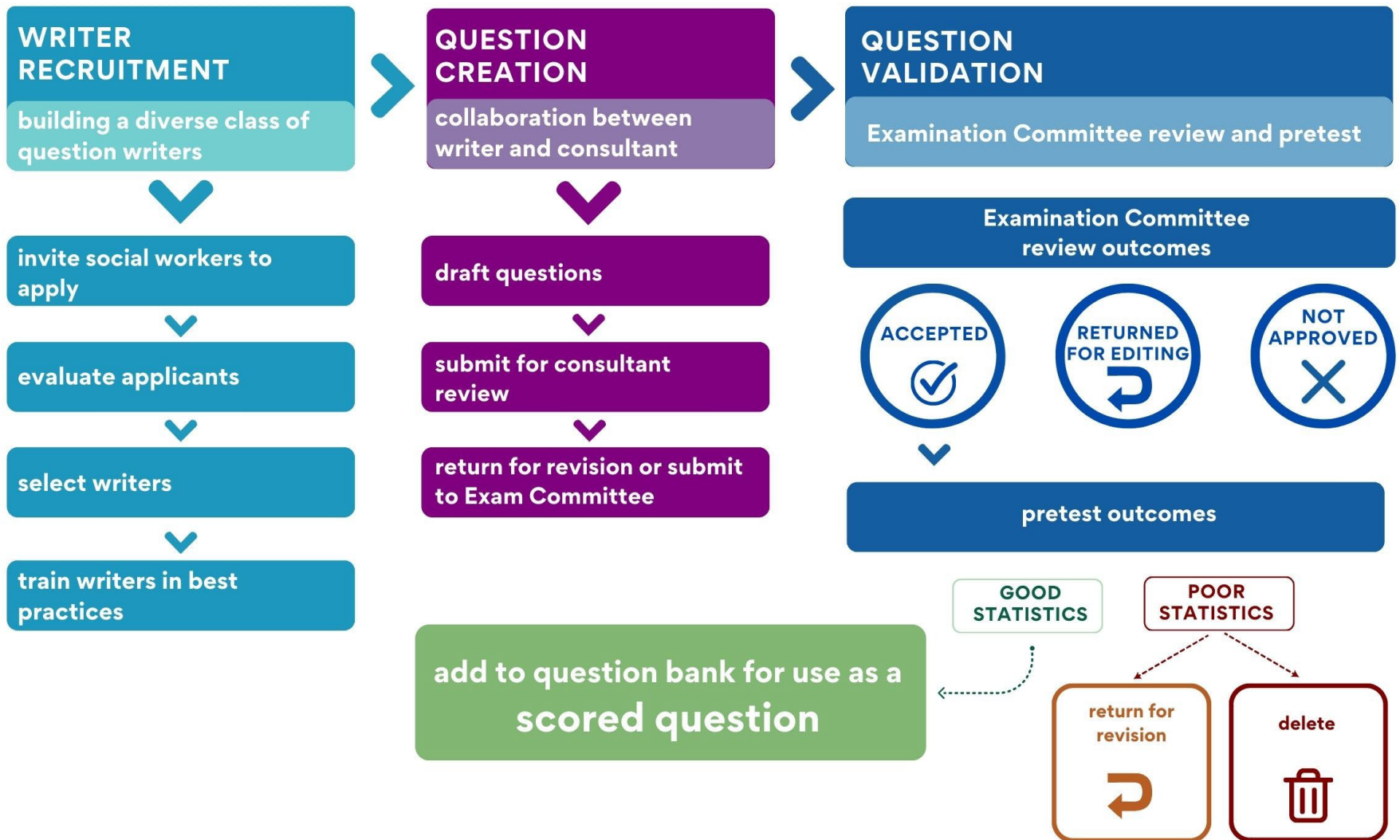
Universal passing score

Items randomly administered

Multiple forms online · Rotated quarterly

Computer-delivered at PSI test centers in the United States and Canada

Standardized administration under equal conditions

ASWB examination question development process

WRITER RECRUITMENT
building a diverse class of question writers

↓

invite social workers to apply

↓

evaluate applicants

↓

select writers

↓

train writers in best practices

QUESTION CREATION
collaboration between writer and consultant

↓

draft questions

↓

submit for consultant review

↓

return for revision or submit to Exam Committee

QUESTION VALIDATION
Examination Committee review and pretest

Examination Committee review outcomes

ACCEPTED ✓

RETURNED FOR EDITING ↩

NOT APPROVED ✗

↓

pretest outcomes

GOOD STATISTICS

POOR STATISTICS

return for revision ↩

delete 🗑

add to question bank for use as a **scored question**

Exam categories

Category	Requirements	Purpose
Associate		For use in jurisdictions that issue licenses to applicants who do not possess a social work degree
Bachelors	Bachelor's degree in social work	Basic generalist practice of baccalaureate social work
Masters	Master's degree in social work	Practice of master's social work including the application of specialized knowledge and advanced practice skills
Advanced Generalist	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in nonclinical settings	Practice of advanced generalist social work that occurs in nonclinical settings and may include macro-level practice
Clinical	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in clinical settings	Practice of clinical social work requiring the application of specialized clinical knowledge and advanced clinical skills

Why measure competence using an exam?

Essential to the regulatory duty to verify minimum competence

Objective component of licensing decisions

Continuously vetted threshold of entry-to-practice competence

The ASWB exams are:

VALID

The exam measures what was intended, as defined by the practice analysis.

RELIABLE

Under similar circumstances, scores are consistent over time.

COMPLIANT

The exams meet testing industry standards and can be defended if challenged.

2) The types of items present on the exams and how they are formatted

Sample question

A social worker meets with a client who is a caregiver for his spouse. The client reports feeling stressed, empty, and physically tired. What should the social worker do **NEXT**?

A. Refer the client to a caregiver support group

B. Suggest that the client obtain home health care services

C. Assess the impact of caregiving on the client <

D. Encourage the client to get a physical exam

3) The differences in the English, English as a second language, and American Sign Language versions of the exam

SW licensing exams are currently only in English

4) Accommodations and processes for those with disabilities

Accommodations & Nonstandard testing arrangements

ADA & state accommodations (required)
- Disability
- Other health conditions

[ASWB Examination Policy](#)

Nonstandard testing arrangements
- English as a second language
- Lactation

In 2023, about 6 percent of candidates received accommodations and nonstandard testing arrangements, a higher rate than observed in other similar examination programs.

Accommodations and nonstandard testing arrangements must be requested and approved **BEFORE** registering for an exam to ensure a correct testing appointment is scheduled.

specialarrangements@aswb.org

Individualized process

Examples of accommodations and nonstandard arrangements
that may be approved

- Extra time

- Private room

- Lactation arrangements

- Braille/Screen reader

- ASL interpreter

- Reader/Recorder

- ESL arrangements (word-to word and/or English dictionary)

Accessibility for Deaf and hard-of-hearing candidates

ASWB is committed to offering **American Sign Language interpretation** as an additional support.

ASWB's ASL policies:

- Adhere to ADA requirements

- Provide an opportunity for Deaf and hard-of hearing candidates to demonstrate their knowledge and competence on the social work licensing examination

- Require assistive personnel to accurately interpret exam questions and candidate responses without further conversation, clarification, or support

A profession-wide matter

a social work journey

FURTHERING THE PROFESSION

COMPETENT PRACTICE

ENTRY TO PRACTICE

SOCIAL WORK EDUCATION

CARRIED THROUGHOUT THE JOURNEY

Licensed social workers per 100K population
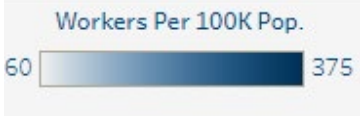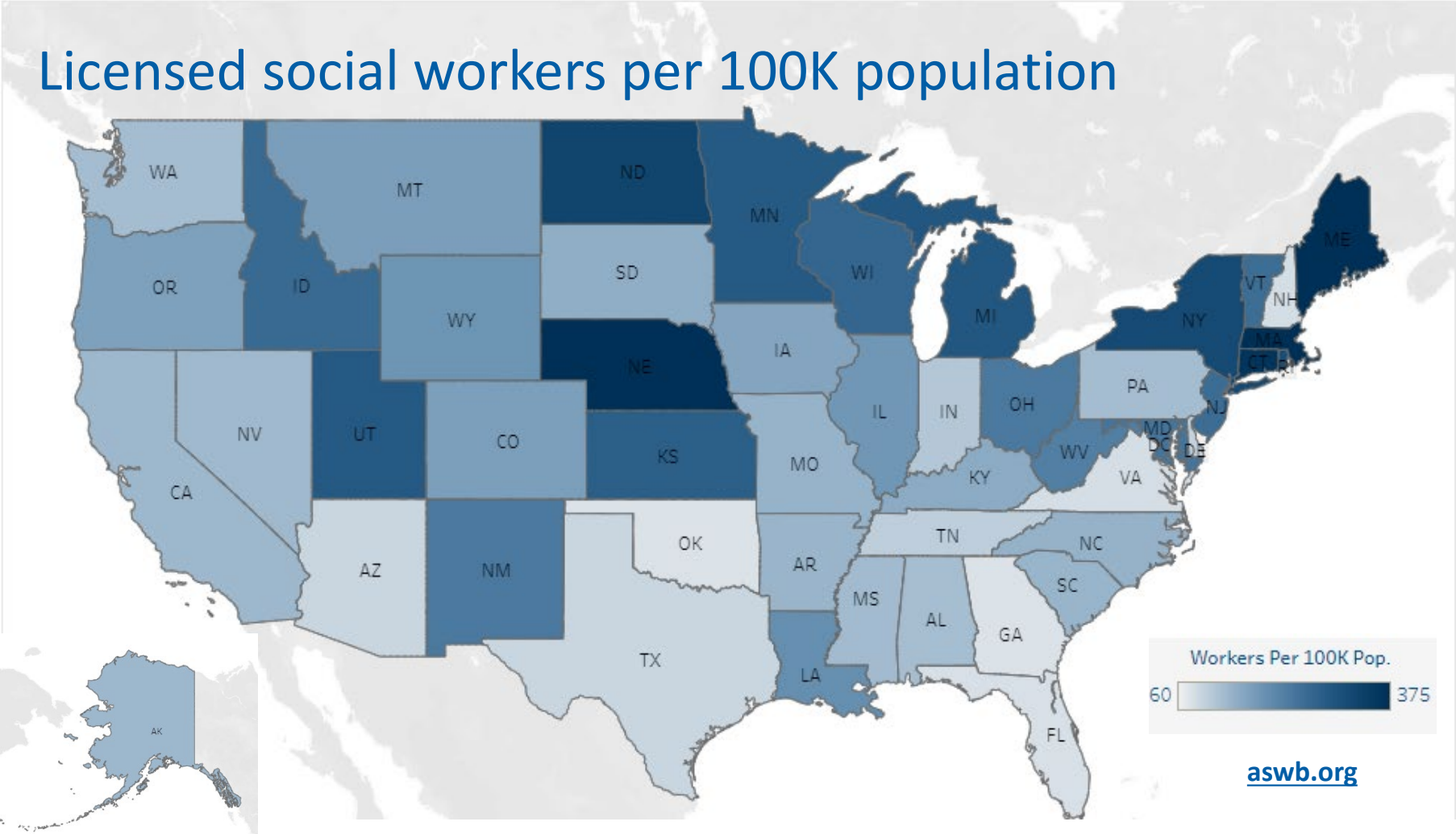
aswb.org

Licensure/Registration requirements

Education

+

Exam

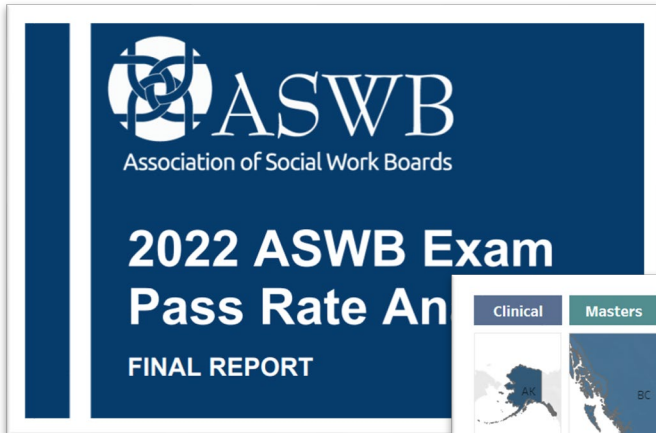**(minimum competence)**

+

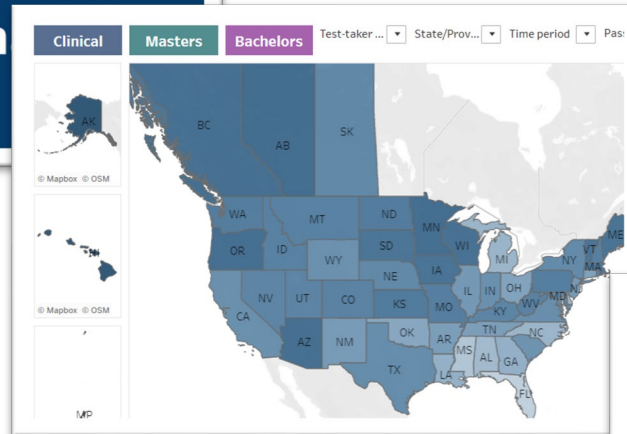Experience

(if required)

+

Moral character

=

Public protection and accountability through licensure

1 Analysis report

2 Interactive map

3 Social work school reports

What ASWB is doing...

...from our section of the professional system

a social work journey

FURTHERING THE PROFESSION

COMPETENT PRACTICE

ENTRY TO PRACTICE

CARRIED THROUGHOUT THE JOURNEY

SOCIAL WORK EDUCATION
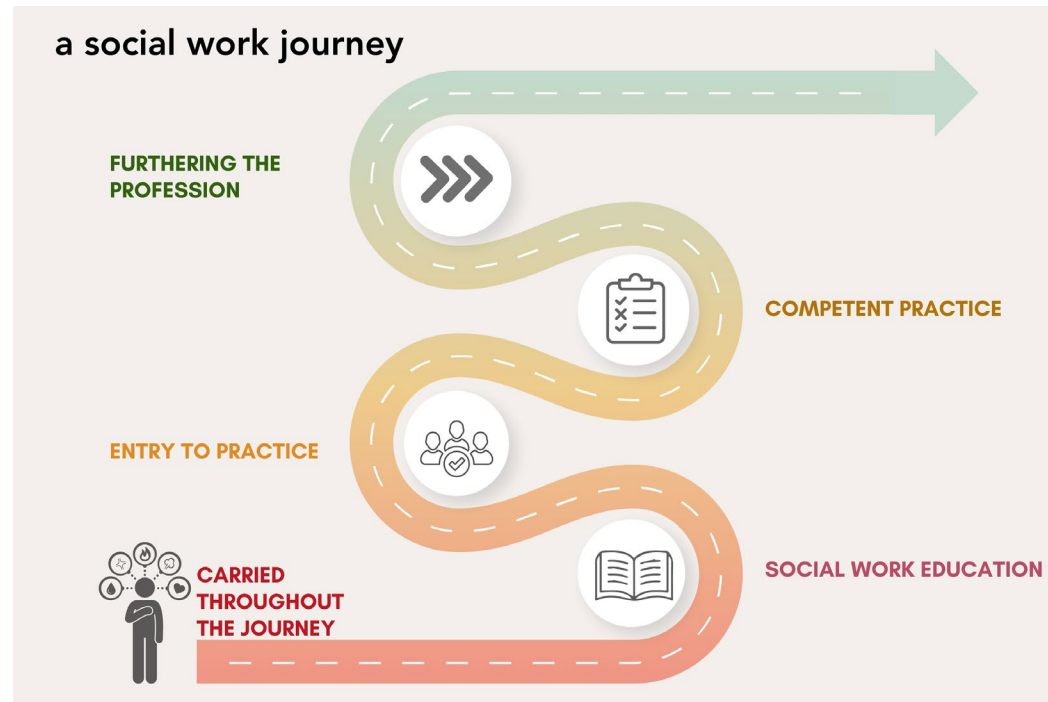
Free exam resources for educators

COMMUNITY **conversations**

reenvisioning
COMPETENCE ASSESSMENT

SOCIAL WORK
Census

research
Association of Social Work Boards

Test mastery mindset support

FifthTheory
Digital Assessments & Surveys

SOCIAL WORK
Workforce Coalition

WEBINAR SERIES
exam education

The Social Work Census

a workforce study:
who social workers are

Led by:
Social Work
Workforce Coalition

Information on:
demographics
education
career
licensure & certification

Published for use by the
profession

SOCIAL WORK
Census

March to May
2024

a practice analysis:
what social workers do

Led by:
Association of
Social Work Boards

Information on:
knowledge and skills
needed to practice
safely and ethically
at entry to practice

Analyzed to develop valid
competence assessments
for social work licensure

SOCIAL WORK
Workforce Coalition

Established 2022

- Baccalaureate Program Directors
- Canadian Association of Social Workers
- Canadian Association for Social Work Education
- Canadian Council of Social Work Regulators
- Clinical Social Work Association
- Council on Social Work Education
- Howard University
- Latino Social Workers Organization
- National Association of Black Social Workers
- National Association of Deans and Directors of Schools of Social Work
- National Association of Social Workers
- U.S. Department of Veterans Affairs
- Association of Social Work Boards

2022-2024 Practice Analysis Task Force

December 7, 2022
Helping students be prepared to show competence on the social work licensing exams

February 22, 2023
The art and science of exam development: Exploring best practices for building reliable, valid, and fair exams

June 28, 2023
The testing experience: How ASWB's examination practices support access and equity

February 15, 2024
Social work journeys: Qualitative research through Community Conversations

Video recordings are available.

WEBINAR SERIES
exam education

Regulatory and assessment research

Regulatory research:

- **Understanding the Impact Licensing Policies have on Scaling-up the Social Work Workforce and Mitigating Harm**
- **The Effects of Social Work Regulatory Rules on Public Safety and Social Workers' Earnings**
- **Identifying Opportunities to Enhance Equitable Paths to Social Work Licensure**

Assessment research:

- **Community Conversations**
- **Test Mastery Inclusion**
- **Pass/fail summary reports**
- **Exam pass rate analysis**
- **Determinants of pass/fail of social work licensure examinations**
- **Howard/HBCU research**

research

Association of Social Work Boards

reenvisioning
COMPETENCE ASSESSMENT

2024 initiatives

PSI exam administration begins

Social Work Workforce Coalition launches Social Work Census

Secure, remote online proctoring option begins

Practice Analysis Task Force builds exam content outlines for 2026 competence assessments

2024

Other 2024 initiatives

- Expand assessment research and analysis of exam pass rates
- Establish scholarship program for repeat test-takers
- Explore additional assessment models

March to May 2024

swcensus.org

Thank you!

ASWB.org