How to Write Standalone Items Bow-ties and Trends

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Disclosures

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Former Dean at Curry College & Faculty at Indiana University
Maternal-Child Nurse
Certified Nurse Educator
Certified Healthcare Simulation Educator
Sigma Theta Tau Experienced Nurse Faculty Leadership Scholar
Researches Nursing Education
Co-editor of Lippincott Q&A 13e
Contact henselnursinged@gmail.com
Learning Objectives

Session Description: In this session, the participant will write bow-tie and trend items.

Session Learning Objectives:
After engaging in this session, the participant will be able to:
1. Determine a topic for a Bow-tie and Trend question.
2. Write a Bow-tie and Trend Question for their own test.

Getting Ready

Session Preparation:
Prior to attending this session, participants should:
1) Review course learning objectives
2) Bring a topic that lends itself to writing a Trend and Bow-tie question, or revising an existing question to these item types.

Readings
NCSBN Clinical Judgment Measurement Model

- Designed to test clinical judgment and decision-making in a largescale, high-stakes setting
- Supports NGN item development
- Can be adapted for teaching

RN and PN NGN Test Plan

- Variable length computer adaptive exam with test length of 85-150 items
  - 15 unscored items in 1st 85 can be a mix of standalone and case study items
- First 70 graded question include:
  - 3 6-item NGN cases (18 questions)- exam does not adapt during a case
  - 52 standalone items
- Additional 65 items (86-150) will be all standalone items
  - 10% will be NGN stand alone items (trend/bow-tie) to test Clinical Judgment
  - Trends can be tested with any NGN item format except bow-tie
  - 90% will be to knowledge items to test Client Needs
    - Knowledge items can be tested with any item format except bow-tie and trend
- Test will be 5 hours
  - Cases are anticipated to take 15 minutes each
- New test plan anticipated April 1, 2023; Beta testing will start in 2022

NCSBN 2021 NCLEX Conference
Standalone Items Used Throughout Test

• *NCSBN NCLEX Conference, 2021*

<table>
<thead>
<tr>
<th>Traditional Items</th>
<th>Extended Multiple response</th>
<th>Extended Drag-and-Drop</th>
<th>Drop-Down</th>
<th>Matrix grid</th>
<th>Highlight (enhanced hot spot)</th>
<th>Clinical judgment standalone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Choice</td>
<td>Select all that apply[SATA ]</td>
<td>Cloze</td>
<td>Cloze</td>
<td>Multiple response</td>
<td>Text</td>
<td>Bow-tie</td>
</tr>
<tr>
<td>Select all that apply[SATA ]</td>
<td>Select N</td>
<td>Rationale</td>
<td>Rationale</td>
<td>Multiple choice</td>
<td>Table (any NGN type except bow-tie)</td>
<td></td>
</tr>
<tr>
<td>Ordered Response</td>
<td>Grouping</td>
<td>Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill-in the blank</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Graphic</td>
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</tr>
<tr>
<td>Exhibit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cases Versus Stand Alone NGN Items

**Cases**

- Has clinical information in an EMR for one or more clients
- Is a group of six items that represents the CJM
- Cueing says case study screen number of 6
- Requires the entry-level nurse to make multiple clinical decisions throughout the spectrum of the clinical judgment model
- Appear only in 1st 85 questions

[https://www.ncsbn.org/NGN_Spring21_Eng.pdf](https://www.ncsbn.org/NGN_Spring21_Eng.pdf)

**Standalones**

- A single question based on information presented in an EMR
- Has a stated diagnosis or an implied diagnosis
- Includes clinical information for a specific client
- Provides components that require the entry-level nurse to make one or more clinical decisions
Elements of NGN Style

- NGN uses military time.
- T,P,R,B/P or T,HR,RR, BP are acceptable abbreviations in text and table. Spell out pulse oximetry.
- Temperature should be given in Celsius and Fahrenheit.
- If weight is given in pounds also add kilograms.
- Terms “physician” or “healthcare provider” are both okay.
- Term “orders” is okay to use, “prescriptions” will mean medications.
- Only use generic names for medications.
- Arrow signals item lead in.

Sample Bow-tie

After reviewing the client’s labs, the nurse prepares the plan of care for the priority concern.

- 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.

<table>
<thead>
<tr>
<th>Actions to take</th>
<th>Potential Conditions</th>
<th>Parameters to monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide nutrition counseling</td>
<td>Iron deficiency</td>
<td>Weight gain</td>
</tr>
<tr>
<td>Schedule vaccinations</td>
<td>Active rubella</td>
<td>Presence of fever</td>
</tr>
<tr>
<td>Begin iron supplementation</td>
<td>Rh incompatibility</td>
<td>Activity tolerance</td>
</tr>
<tr>
<td>Administer Immunoglobulin</td>
<td>Hepatitis B risk</td>
<td>Skin rashes</td>
</tr>
<tr>
<td>Provide disease prevention counseling</td>
<td></td>
<td>Evidence of jaundice</td>
</tr>
</tbody>
</table>
Writing Bow-tie Items

- Bow-tie items address multiple clinical judgment steps in one item.
- Contain one or more EMR tabs on the left
- Drop & drag format with 5 targets
- Item responses fall into 3 categories.
  - Conditions most likely experiencing/potential conditions
  - Actions to take
  - Parameters to monitor
  - Headers may differ in future NCLEX test plans
- 5 options in the left and right wells; 4 options in the middle well.
- All targets must be utilized for the student to move forward.

- 0/1 Scoring rule
- Earn 1 point for each correct response
- Earn 0 points for each incorrect response
- The sum of all correct responses is the total score for a multi-point item
- Max score for a bow tie item is 5 pts

Bow-ties Have One or More EMR Tabs

- Nurses’ Notes
- History and Physical
- Laboratory Results
- Vital Signs
- Admission Notes
- Intake and Output
- Progress Notes
- Medications
- Diagnostic Results
- Flow sheet
Breaking it Down Even More

Potential condition
- 1 multiple choice question

Actions to take
- 1 multiple response question
- 5 options/ 2 correct

Parameters to monitor
- 1 multiple response question
- 5 options/ 2 correct

- NCLEX will color code 3 sections
- Actions and parameters to monitor should align with the potential condition options
  - Don’t put neuro-checks if none of the conditions have a neurologic connection
- Think of this as a care plan
  - Consider writing these with a care plan book close by!

Lead-in

Complete the diagram by dragging from the choices below to specify what condition the client is most likely is experiencing, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client’s progress.
More Bow-ties

The nurse cares for a client admitted for a manic episode on his third day in the inpatient unit.

1430: Client has been taking lithium and olanzapine with good effect. Out of room with limited participation in unit activities. Appetite increased.

1440: Client was observed sitting in the dayroom watching. UAP reported that when she went to take the client’s VS, client was stiff. UAP was unable to move client’s arms. Client was unable to respond coherently to questions. Skin hot and diaphoretic. VS: T 102.4F (39.1 C), HR 110, RR 18, BP: 136/90.

Scoring

The nurse cares for a client admitted for a manic episode on his third day in the inpatient unit.

1430: Client has been taking lithium and olanzapine with good effect. Out of room with limited participation in unit activities. Appetite increased.

1440: Client was observed sitting in the dayroom watching. UAP reported that when she went to take the client’s VS, client was stiff. UAP was unable to move client’s arms. Client was unable to respond coherently to questions. Skin hot and diaphoretic. VS: T 102.4F (39.1 C), HR 110, RR 18, BP: 136/90.

5 points possible
0/1 grading rule applies
2 points awarded

The nurse reviews the client’s assessment data to prepare the 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.

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<tr>
<td>Anaphylaxis</td>
<td>Give antibiotics</td>
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<td>Apply cooling blanket</td>
<td>Breath sounds</td>
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<td>Neuroleptic malignant syndrome</td>
<td>Administer epinephrine</td>
<td>Vital signs</td>
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<tr>
<td>Lithium toxicity</td>
<td>Start IV fluids</td>
<td>Deep tendon reflexes</td>
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<td>Neuroleptic</td>
<td>Administer a neuroleptic</td>
<td>Intracranial pressure</td>
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5 points possible
0/1 grading rule applies
2 points awarded
Where to Begin

Write an entry level case that requires the nurse to form a hypothesis

Write

Identify

Identify the correct answer (condition)

Identify the correct answer

Select

Select 2 important interventions (actions to take)

Select 2 important interventions

Determine

Determine 2 ways to evaluate outcomes (parameters to monitor)

Determine 2 ways to evaluate outcomes

Consider

Consider 3 other conditions that a new nurse might think the client is experiencing based on history or symptoms

Consider 3 other conditions

Write

Write 1 intervention and 1 parameter to monitor for each that would be different than ones for the correct condition

Write

Bow-tie Practice

The nurse cares for 92-year-old female admitted to the medical-surgical unit from home with a urinary tract infection.

The nurse reviews the client’s admission data to begin the 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.

**Admission Note**

The client is accompanied by her daughter who found her at home this morning disoriented, lying in a pool of urine, and unable to get out of bed. Prior to today, the daughter reports that her mother was living independently though her memory was starting to fade, and she cried frequently since her spouse died 6 months ago. The client is incontinent of urine and oriented to person only. She answers questions only by saying yes or no indiscriminately. She is very agitated and appears to be swatting at objects in the air. VS: T102.2°F (39°C), HR 100, RR 20, BP 92/60, pulse oximetry reading 98% in room air.
Possible Options

The nurse reviews the client’s admission data to begin the 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.

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<tr>
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<th>Parameters to monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer antibiotics</td>
<td>Dementia</td>
</tr>
<tr>
<td>Administer antidepressants</td>
<td>Delirium</td>
</tr>
<tr>
<td>Administer antipsychotics</td>
<td>Depression</td>
</tr>
<tr>
<td>Administer lithium</td>
<td>Psychosis</td>
</tr>
<tr>
<td>Administer benzodiazepines</td>
<td></td>
</tr>
</tbody>
</table>

The nurse cares for 92-year-old female admitted to the medical-surgical unit from home with a urinary tract infection.

Admission Note
The client is accompanied by her daughter who found her at home this morning disoriented, lying in a pool of urine, and unable to get out of bed. Prior to today, the daughter reports that her mother was living independently though her memory was starting to fade, and she cried frequently since her spouse died 6 months ago. The client is incontinent of urine and oriented to person only. She answers questions only by saying yes or no indiscriminately. She is very agitated and appears to be sweating at objects in the air: T: 92, 72°F (39°C), HR 100, RR 20, B/P 92/60, pulse oximetry reading 98% in room air.

More Practice

The nurse reviews the client’s admission data to begin the 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.

<table>
<thead>
<tr>
<th>Action to take</th>
<th>Parameters to monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer antibiotics</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Administer a fluid bolus</td>
<td></td>
</tr>
</tbody>
</table>

The nurse cares for 80-year-old client in the emergency department.

1500: The client has a history of type 2 diabetes treated with metformin and glipizide. He was healthy, alert, and active until he developed a pressure ulcer on his right great toe about 5 weeks ago. He was treated at home with moist saline dressings daily, and family thought it was improving. They last visited him 5 days ago. Today, his son found him in bed and confused and brought him to the emergency department. His foot is red and edematous and much worse according to his son. Point of care blood glucose 78mg/dL.
Possible options
The nurse reviews the client’s admission data to begin the 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.

<table>
<thead>
<tr>
<th>Action to take</th>
<th>Parameters to monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition most likely experiencing</td>
<td></td>
</tr>
<tr>
<td>Parameters to monitor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions to Take</th>
<th>Potential Conditions</th>
<th>Parameters to Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer antibiotics</td>
<td>Dehydration</td>
<td>Serum lactate</td>
</tr>
<tr>
<td>Hold metformin</td>
<td>Dementia</td>
<td>Blood glucose</td>
</tr>
<tr>
<td>Administer a fluid bolus</td>
<td>Metformin reaction</td>
<td>Levels of consciousness</td>
</tr>
<tr>
<td>Obtain psych consult</td>
<td>Sepsis</td>
<td>Blood urea nitrogen</td>
</tr>
<tr>
<td>Force PO fluids</td>
<td></td>
<td>Short-term memory</td>
</tr>
</tbody>
</table>

The nurse cares for 80-year-old client in the emergency department.

1500: The client has a history of type 2 diabetes treated with metformin and glipizide. He was healthy, alert, and active until he developed a pressure ulcer on his right great toe about 5 weeks ago. He was treated at home with moist saline dressings daily, and family thought it was improving. They last visited him 5 days ago. Today, his son found him in bed and confused and brought him to the emergency department. His foot is red and edematous and much worse according to his son. Point of care blood glucose 78mg/dL.

### Vital Signs

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>1500</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>100°F/37.8°C</td>
</tr>
<tr>
<td>P</td>
<td>92</td>
</tr>
<tr>
<td>R</td>
<td>28</td>
</tr>
<tr>
<td>B/P</td>
<td>116/64</td>
</tr>
<tr>
<td>Pulse O2ometry</td>
<td>92% on room air</td>
</tr>
</tbody>
</table>

Bow-Tie Workarounds

- If your testing product is not ready to do bow-ties, consider 3 different drop and drag questions
Workaround Question #1

The nurse cares for 92-year-old female admitted to the medical-surgical unit from home with a urinary tract infection.

The nurse reviews the client’s admission data to begin the plan of care.

Complete the sentence by dragging the best option from the word choices.

The client is most likely experiencing

\[ \text{Word Choices} \]
- Dementia
- Delirium
- Depression
- Psychosis

Admission Note

The client is accompanied by her daughter who found her at home this morning disoriented, lying in a pool of urine, and unable to get out of bed. Prior to today, the daughter reports that her mother was living independently though her memory was starting to fade, and she cried frequently since her spouse died 6 months ago. The client is incontinent of urine and oriented to person only. She answers questions only by saying yes or no indiscriminately. She is very agitated and appears to be sweating at objects in the air. VS: T102.2°F (39°C), HR 100, RR 20, BP 92/60, pulse oximetry reading 98% in room air.

Workaround Question #2

The nurse cares for 92-year-old female admitted to the medical-surgical unit from home with a urinary tract infection.

The nurse reviews the client’s admission data to begin the plan of care.

Complete the sentence by dragging the best option from the word choices.

To address the condition the nurse should and

\[ \text{Word Choices} \]
- Administer antibiotics
- Administer antidepressants
- Administer antipsychotics
- Administer lithium
- Administer benzodiazepines

Admission Note

The client is accompanied by her daughter who found her at home this morning disoriented, lying in a pool of urine, and unable to get out of bed. Prior to today, the daughter reports that her mother was living independently though her memory was starting to fade, and she cried frequently since her spouse died 6 months ago. The client is incontinent of urine and oriented to person only. She answers questions only by saying yes or no indiscriminately. She is very agitated and appears to be sweating at objects in the air. VS: T102.2°F (39°C), HR 100, RR 20, BP 92/60, pulse oximetry reading 98% in room air.
Workaround Question #3

The nurse reviews the client’s admission data to begin the plan of care.

Complete the sentence by dragging the best option from the word choices.

To assess the client’s status, the nurse should monitor

<table>
<thead>
<tr>
<th>Word Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term memory</td>
</tr>
<tr>
<td>Attention</td>
</tr>
<tr>
<td>Levels of consciousness</td>
</tr>
<tr>
<td>Mood</td>
</tr>
<tr>
<td>Self-concept</td>
</tr>
</tbody>
</table>

The nurse cares for 92-year-old female admitted to the medical-surgical unit from home with a urinary tract infection.

Questions on Bow-ties?
Standalone Item: Trend

A client has been admitted through the emergency department with alcohol withdrawal.

Introductory sentence

The nurse reviews the last 4 client assessments.

Complete the following sentence by choosing from the list of options.

The first action the nurse should take is to

Select

- contact the health care provider.
- increase the rate of the IV infusion.
- attempt to arouse the client.
- administer magnesium sulfate.

Note: This is drop-down cloze. Questions can be any NGN item type.

Writing Trend Items

- Trend items address multiple steps of clinical judgment model by having the student review information over time.
- EMR data will include multiple time points.
- Trend standalones can feature any NGN item response type.
- Score based on item type selected.
Trends May be any NGN response type

<table>
<thead>
<tr>
<th>Extended Multiple response</th>
<th>Extended Drag-and-Drop</th>
<th>Drop-Down</th>
<th>Matrix/grid</th>
<th>Highlight (enhanced hot spot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select all that apply(SATA)</td>
<td>Cloze</td>
<td>Cloze</td>
<td>Multiple response</td>
<td>Text</td>
</tr>
<tr>
<td>Select N</td>
<td>Rationale</td>
<td>Rationale</td>
<td>Multiple choice</td>
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<td>Grouping</td>
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<td>Table</td>
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<td></td>
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Trends have One EMR Tab

- Nurses’ Notes
- History and Physical
- Laboratory Results
- Vital Signs
- Admission Notes
- Intake and Output
- Progress Notes
- Medications
- Diagnostic Results
- Flow sheet
Use Combined EMR Pages if Needed

Flow Sheets

- Nurses’ notes under vital signs
- Vital signs and I & O
- Labs under progress notes

Diagnostics

- Labs and X-rays

Getting Lead in Sentence Correct

Click: Matrix: For each X, click to specify
- If multiple response Matrix includes statement “Each category may have more than one X.”

Highlighting: Click to highlight

Drop down: Complete the following sentence by choosing from the list of options.

Drag & Drag: Drag & Drag and Drop: Drag from the word choices to fill in the blanks of the following sentence.

Select: Multiple response select N: Select N findings

Select: Multiple response SATA: Select the findings—— Select all that apply
NGN Scoring Rule Summary

<table>
<thead>
<tr>
<th>0/1</th>
<th>+/-</th>
<th>Rationale scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple choice</td>
<td>Highlight text</td>
<td>Drop-down rationale</td>
</tr>
<tr>
<td>Multiple response N</td>
<td>Highlight table</td>
<td>Drag and drop rationale</td>
</tr>
<tr>
<td>Drop-down table</td>
<td>Multiple response SATA</td>
<td></td>
</tr>
<tr>
<td>Drop down cloze</td>
<td>Multiple response grouping</td>
<td></td>
</tr>
<tr>
<td>Drag and drop cloze</td>
<td>Multiple response matrix (by column)</td>
<td></td>
</tr>
<tr>
<td>Matrix multiple choice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is rule NCSBN uses. Programs should use rule that makes sense for them.

More Trend Items

The nurse reviews the client’s growth pattern.

- Complete the sentences from the list of drop-down option.

The nurse determines that the toddler’s weight is

- Select healthy, overweight, obese.

The most appropriate intervention is to

- Select

  - continue routine growth monitoring.
  - discuss healthy eating and activity guidelines.
  - discuss weight loss strategies.

Drop Down Cloze

- 2 points possible
- 0/1 grading applies
Drop-Down Cloze are Great for Trends

- Drop downs cloze have 3 to 5 options.
- Drop downs can be a single sentence or up to 5 sentences.
- Multiple sentences can test different CJM steps.
- Probably the easiest way to convert a multiple-choice question into a technology enhanced NGN item is turning it into a drop-down.
- Three option questions are typically easier to write than 4 option questions.

Multiple Response Trend

The nurse care for a neonate at 8 hours of age.

The nurse reviews the client's assessment data.

- What actions should the nurse take? **Select all that apply**
  - Change the neonate's position.
  - Encourage the baby to cry.
  - Notify the health care provider. 
  - Suction the nose and mouth.
  - Obtain a pulse oximeter reading ✓
  - Obtain blood pressures in all 4 extremities ✓

Multiple response SATA
3 points possible
+/- grading rule
Highlight Trend

The nurse care for a neonate at 8 hours of age.

- Click to highlight the assessment findings that need immediate follow up

### Key

#### Flow Sheet

<table>
<thead>
<tr>
<th>Time</th>
<th>0300</th>
<th>0700</th>
<th>1100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>acrocyanosis</td>
<td>acrocyanosis</td>
<td>central cyanosis</td>
</tr>
<tr>
<td>Respirations</td>
<td>60 breaths/minute, no nasal flaring retractions, or grunting</td>
<td>60 breaths/minute, no nasal flaring retractions, or grunting</td>
<td>90 breaths/minute, no nasal flaring retractions, or grunting</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>120</td>
<td>128</td>
<td>142</td>
</tr>
<tr>
<td>Temperature</td>
<td>97.7°F (36.5°C)</td>
<td>98.9°F (37.3°C)</td>
<td>98.7°F (37.3°C)</td>
</tr>
</tbody>
</table>

Highlight text
2 points possible
+/- grading rule applies

Matrix Trend

The nurse care for a neonate at 8 hours of age.

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</table>

Multiple choice matrix
5 points possible
0/1 grading rule applies
Drag and Drop Trend

The nurse cares for a neonate at 8 hours of age.

The nurse reviews the client’s assessment data.

- Drag from the word choices to fill in the blanks of the following sentence.

The client most likely is displaying symptoms of evidenced by the and the

Drag- and -drop rationale
2 points possible
Rationale rule applies

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>Color changes</td>
</tr>
<tr>
<td>Pneumothorax</td>
<td>Heart rate increase</td>
</tr>
<tr>
<td>Congenital heart</td>
<td>Tachypnea without distress</td>
</tr>
<tr>
<td>Respiratory distress syndrome</td>
<td>Elevated respiratory rate</td>
</tr>
</tbody>
</table>

Practice: What questions might you ask for this trend item?

The nurse cares for a college student in the emergency department with a suspected substance abuse.

The nurse monitors the client after administering two doses of naloxone.

Practice: What questions might you ask for this trend item?
The nurse cares for a college student in the emergency department with a suspected substance abuse.

The nurse monitors the client after administering two doses of naloxone.

- Which findings would indicate the client may be experiencing opiate withdrawal after receiving naloxone? Select all that apply.
  1. Anxiety [x]
  2. Pain [x]
  3. Pupils [x]
  4. Tremors [x]
  5. Heart rate [x]
  6. Blood pressure
  7. Skin

Practice: Possible Answer

Questions about Trends?
Practice

• There are 3 case studies with data at 2 time points
  • Newborn with congenital heart
  • Mental Health client who develops neuroleptic malignant syndrome
  • Young adult with compartment syndrome
• In your group, select 1 case and use the template to write.
  • 1 bow-tie question
  • 1 trend drop-down rationale question

Debrief
References


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