

To: Dr. Philip Dickison (via email)
Chief Officer of Operations and Examinations
National Council of State Boards of Nursing (www.ncsbn.org)
111 E. Wacker Drive, Suite 2900, Chicago, IL 60601-4277

CC: Dr. David Benton (via LinkedIn and U.S. mail)
Chief Executive Officer, NCSBN

From: Rosalinda Alfaro-LeFevre, MSN, ANEF, RN (www.AlfaroTeachSmart.com)

Subject: Clinical Judgment Model (CJM) and NGN Project issues.

This is a summary of serious NGN project issues that have come to light over the past weeks through discussion on the *NCSBN Clinical Judgment Model Facebook Discussion Group* (<https://www.facebook.com/groups/338943946787516/>) and Internet posts by experts (URLs at the end of this letter).

1. We continue to be concerned that there's no data to support use of the NCSBN CJM in clinical practice or education. It seems that the NCSBN hasn't considered the inter-relationships among developing a CJM for testing purposes; applying the model to curricula and pedagogy; and implementing it with new graduates at the point of care in a way that ensures optimum communication and patient safety. Nurses who have contacted the NCSBN about these issues via the NCSBN Web or Facebook Page receive only form letters back. Nurses have stopped trying.
2. The CJM is flawed and needs to be re-examined, as Dr. Patricia Benner, Dr. Susan Boyer, and I noted in internet postings.
3. Since no surveys of clinical and academic educators and leaders were done before, during, or after CJM development, many of them are blind-sided and overwhelmed by having to deal with a model they had no part in developing. Most nurses are still unaware of the coming changes; yet, if the NGN launch continues as planned for 2023, 2019 freshmen will be affected; educators will need to begin to teach the CJM soon.
4. NCLEX candidates who have taken the research section report that they were tired from taking the actual exam; because they were told the research section didn't count, they just clicked through the questions giving random answers simply to finish (calling into question research results).
5. Ethical issues: Since NCSBN communications and publications encourage faculty to integrate the untested theoretical CJM into curricula and testing, faculty will actually become *a part* of the research that should be done before implementation (they'll be gathering data on whether or not the CJM works). Faculty and students should be signing informed consent documents, acknowledging that they are being asked to implement an untested model. They should also be doing this with free will, choosing to opt out if they want (yet, they can't do this if they want passing NGN scores).
6. Another ethical issue: Candidates who take NCLEX report that they haven't been adequately informed that they may choose to decline doing the research section. The NCSBN Web Site states that the research section is voluntary, and perhaps candidates' computers tell them that it's voluntary. However, exam-takers say that they are so nervous about the whole NCLEX process, that they are afraid to decline. It seems that the process for informed consent is flawed. One Facebook Group member posted that asking exam-takers to complete the research section after finishing the *actual* exam —when they're already nervous

about breaking NCLEX rules — may be viewed as coercive by Internal Review Boards. When educators start to adequately inform students of their right to decline the research section, they may rightly choose to decline and leave to celebrate the completion of the most important exam of their lives. The research will be significantly impacted.

7. NCSBN communications stating that the research section shows that CJ is successfully being tested is misleading — not only because of the candidate issues above, but also because they have received communications that the CJM is flawed. Yet, there's been no information forth-coming.

The NCSBN Web page says progress on the NGN project may be halted at any time that there's question about validity. I've sent you the position paper, and I have asked you to pause the project and re-examine CJM development. I also asked you to tell me if I have misunderstood something. I have no responses.

NCSBN research and development must be held to the same research and evidence-based practice standards as the rest of the nursing and healthcare community.

I'm posting a copy of this letter to the Facebook Group. I hope that you'll respond so that I can share your response with them. I also would appreciate receiving any data you have that supports this radical change to a high-stakes test.

Below are links to articles and posts that address CJM and NGN project issues:

- **[Dr. Patricia Benner Post \(If you don't have an ANA account, you can access this easily from Dr. Susan Boyer's FIRST post below\)](#)**

<https://community.ana.org/communities/community-home/digestviewer/viewthread?MessageKey=f858b3c5-4252-463c-a747-0160b14cf22f&CommunityKey=445ea2ae-0f3a-45eb-a8e4-758730def83c&tab=digestviewer&UserKey=f82dd421-ab4b-43ab-845b-e49ad06d8bcd&sKey=0F1B0B44AF114304839F&ssopc=1#bmf858b3c5-4252-463c-a747-0160b14cf22f>

- **[Dr. Susan Boyer Posts:](#)**

<https://www.linkedin.com/pulse/ncsbn-clinical-judgment-model-dr-susan-boyer-dnp-rn-bc>

<https://community.ana.org/communities/community-home/digestviewer/viewthread?MessageKey=f858b3c5-4252-463c-a747-0160b14cf22f&CommunityKey=445ea2ae-0f3a-45eb-a8e4-758730def83c&tab=digestviewer&UserKey=f82dd421-ab4b-43ab-845b-e49ad06d8bcd&sKey=0F1B0B44AF114304839F&ssopc=1#bm448d5333-4da8-4d7e-b20c-436d4d0a3e5d>

- **Rosalinda Alfaro-LeFevre Position Paper** (The National Council of State Boards of Nursing Must Pause the Next Generation NCLEX® Project and Re-examine Phase One (Develop Clinical Judgment Model): <http://www.alfaroteachsmart.com/ngn.html>)

Respectfully,

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