CERTIFIED NURSE EDUCATOR (CNE) REVIEW MANUAL

Second Edition

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Maryann Godshall, MS, PhD, CNE, CCRN, CPN
Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE, CHSE, Editors

The only book you need to pass the CNE exam

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The nursing faculty shortage has been accompanied by a heightened awareness of the important role of educators in schools of nursing and clinical settings. This awareness has extended beyond nursing education to the general public, with news reports informing readers about qualified applicants to nursing programs being turned away because of the lack of faculty to teach them. The faculty shortage has occurred for a number of reasons, including fewer graduate students preparing for educator roles to replace the number of faculty who are retiring, difficulties in recruiting clinicians to teach in schools of nursing because of lower salaries compared with health care settings and, until recently, limited numbers of programs to prepare nurse educators. The awareness of the need for nurse educators, combined with the reality of decreasing numbers of faculty, has led to the expansion of master’s, doctoral, and certificate programs to prepare nurse educators; development of comprehensive courses on teaching in nursing for graduate students and nurses transitioning to educator roles; and strategies such as nurse faculty loans to encourage students to consider a career in nursing education.

Accompanying these trends is the recognition that nursing education has a body of knowledge to be learned, and there are core competencies to be developed for the expert teaching of nursing. Nurse educators need an understanding of learning concepts and theories, strategies for promoting clinical reasoning and higher level thinking skills, deliberate practice and its relationship to developing expertise in psychomotor skills, and principles for facilitating learner development and socialization. Teachers guide students in achieving the course outcomes, and they need to understand the relationship of those outcomes and the course in which they teach to the overall curriculum. All nursing faculty should know general concepts of curriculum development and their roles and responsibilities in planning the curriculum and courses within it. Across all settings in which students learn, nurse educators must be skilled in planning instruction for students with varying learning needs and abilities, selecting appropriate teaching methods, presenting information effectively to small and large groups of learners, integrating active learning methods within classes and courses, and demonstrating evidence-based clinical teaching skills. Good teaching in the practice setting is essential to promote learning and development of clinical competencies, and, for that to take place, the teacher creates a supportive learning environment. Nurse educators need a breadth of knowledge and competencies because their roles may include teaching in simulation and skills laboratories, and teaching with innovative instructional methods and technologies.

Educators not only teach, they also are responsible for assessing students’ learning outcomes and clinical competencies. Assessment is the collection of information about student learning and performance and it provides a basis for identifying learning needs and deciding on instructional activities to promote further
learning. Assessment also helps educators to confirm that students have met the
desired outcomes and developed necessary clinical competencies. Evaluation is
the process of making judgments about those outcomes and competencies, based
on the assessment data (Oermann, Yarbrough, Ard, Saewert, & Charasika, 2009;
Oermann & Gaberson, 2014). Nursing faculty members not only assess student
learning and development but also evaluate the program, curriculum, courses,
resources, and other aspects to ensure a high-quality education for students. This
evaluation is done within a quality-improvement framework.

Nurse educators function within institutions and need to understand the
environment in which they teach and its effects on their roles and responsibilities.
The mission and goals of the setting influence the educators’ role. Differences
across schools of nursing in tenure and promotion requirements, criteria for
appointment and advancement in both tenure and nontenure tracks, and expecta-
tions of faculty are striking. To be successful, the teacher needs to understand
those requirements and expectations.

Across all settings, the nurse educator is a leader and change agent, partici-
pating in efforts to improve nursing education, developing educational innova-
tions, and gaining leadership skills. Once prepared as a nurse educator, one’s own
learning and professional development continue. Educators need to expand their
own knowledge and skills and be committed to participating in career develop-
ment activities. As faculty members foster the value of lifelong learning among
students, so too are faculty lifelong learners.

Decisions made about educational practices should be based on sound evi-
dence, generated through research studies that are of high quality. However, much
of the current research in nursing education is done with small samples, in one
setting, and with questionable tools. We cannot identify best practices in nurs-
ing education without high-quality research studies. However, in some areas of
nursing education, there is evidence to guide teaching, but how many educators
routinely check the literature as a basis for their educational decisions? The role of
nurse educators as scholars not only includes conducting research and dissemi-
ning findings but also approaching their teaching by questioning current practices
and searching for evidence to answer those questions (Oermann, 2009).

Many health fields offer certifications to acknowledge expertise in a specialty
area of practice or role. Similar to certifications in clinical specialties, certification
in nursing education is a means for teachers to demonstrate their knowledge
about nursing education and expertise in the educator role. The National League
for Nursing offers certification in nursing education through its Certified Nurse
Educator (CNE®) examination. This examination assesses the teacher’s knowledge
about learning and teaching strategies, learner development and socialization,
assessment and evaluation, curriculum development and evaluation, quality
improvement as a nurse educator, scholarship in nursing education, and the fac-
tulty member’s role within an institutional environment and academic community.
The CNE examination serves as a means of documenting advanced knowledge,
expertise, and competencies in the role of nurse educators.

This book is a valuable resource for nurse educators to prepare themselves to
take and pass the CNE examination and for aspiring teachers of nursing. It includes
valuable information for this purpose and also serves as a review of important
principles for effective teaching in nursing. The book describes the concepts and
principles that define nursing education, describes the core competencies of nurse
educators, and provides the perspective of expert teaching in nursing.
REFERENCES


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The first edition of this book assisted so many nurse educators to become certified that we decided to update and expand the content to keep up with the ever-changing discipline of nursing education. This second edition includes all the information found in the original, and we have added chapters specific to information about online teaching and laboratory and clinical education. A short chapter about service learning is also included because to develop global citizens is an important mission for a nurse educator. This book also incorporates the new National League for Nursing Certified Nurse Educator (NLN CNE) test plan and new practice questions. Other expanded topics that are prominent in the literature today include mentoring, incivility, change theory, and recommendations from important organizations such as the Institute of Medicine, Quality and Safety Education for Nurses, The Joint Commission, and the Agency for Healthcare Research and Quality.

Nurse educators continue to understand that teaching nursing is a rewarding professional career. Witnessing a student or colleague become excited about new information, techniques, or skills is extremely gratifying. The classroom, clinical, and staff development realms all fall within the expertise of a nurse educator. These realms are parts of larger systems that nurse educators navigate successfully to accomplish their goal of knowledge development. In any classroom or clinical setting, facilitating the education of others is not only a rewarding experience, but also a role that greatly impacts the future of health care.

In the past, nurse educators had no special education about teaching. They were content experts who learned the pedagogy by trial and error. Now, nursing education is recognized as a specialty unto itself with a distinct body of knowledge. Like nursing, it is also an applied science. This book highlights areas outlined by the NLN as essential knowledge needed for the nurse educator to excel in the field and pass the CNE® examination.

The competencies for nurse educators from the NLN website are listed in the beginning of each chapter. Competency is best defined by WordNet 3.0. (n.d.) and means “the quality of being adequately or well qualified physically and intellectually.” Competency can be viewed as a minimal skill set or level that must be achieved to pass. Excellence means, “possessing good qualities in high degree” (WordNet 3.0., n.d.) and the CNE publicly confers that distinction upon nurse educators.

The CNE examination was created by nursing leaders to recognize and capture excellence in nursing education. Since the first examination was offered to 174 candidates as a pencil-and-paper test in Baltimore, Maryland, on September 28, 2005,
thousands of nurse educators have passed the examination (NLN, 2012). Those nurse educators proudly display the CNE initials after their names.

To prepare nurse educators for the certification examination, the NLN provides an extensive bibliography, preparation course, and practice tests that can be accessed from its informative website (www.nln.org/facultycertification/index.htm). These are invaluable resources for nurse educators preparing to take the examination. This book is an adjunct to those resources, because many nurse educators have asked how we had prepared for the first examination held in Baltimore in 2005.

This book is a supplement to the materials already available from the NLN. The book developed independently from the NLN in order to further assist nurse educators in gaining confidence in taking the examination. The book is modeled after the NLN’s most recently published test plan. Many of the areas in the test plan overlap. Therefore, you may find instances in this book that have content in several places, and these will be cross referenced. This is the nature of nursing education. It is an interwoven realm of content, context, and process that affect one another. We hope this book captures the essence of information needed for nurse educators to move to a recognized level of excellence. We have put additional references and teaching gems in place for those who would like further explanation and exploration of topics and we encourage you to do so. We have searched out evidence to support our content and have inserted research if applicable into each chapter and clearly designated evidence-based teaching practice (EBTP) boxes to assist the reader to focus on the evidence discovered by fellow educators. We have also provided case studies at the end of each chapter to promote critical thinking and have provided sample test questions that may be similar to those given during the CNE examination.

Chapter 1 covers some of the specifics of the CNE examination, recertification, and review test-taking skills.

Chapter 2 reviews how a nurse educator facilitates learning by assessing the learning needs and skills of the students. It also reviews learner outcomes and teaching strategies and how to adapt them to students’ own experiences. This is important to assess in order to develop an appropriate teaching plan. Another area discussed is how nurse educators serve as role models for students and how they assist them to become motivated and enthusiastic about learning.

Chapter 3 discusses technology in the realm of nursing education. This topic has grown immensely and now has its own chapter. Technology is used to facilitate learning, and this is done by using the Internet and its applications appropriately.

Chapter 4 dedicated to online teaching, an ever-growing medium for facilitating learning, especially for postlicensure nursing learners. Online teaching is just as much an art and science as live classroom teaching is. Nurse educators are, at times, the leaders in their educational organizations when it comes to online learning.

Chapter 5 demonstrates the competencies needed by nurse educators to facilitate learning in the nursing skills laboratory. This is an important area of foundational learning for students that is included in most nursing curricula.

Chapter 6 discusses clinical education and the importance of coaching students in facilitating knowledge of professionalism, skill, and interdisciplinary competencies.

Chapter 7 is devoted to simulation and follows the clinical education chapter because the two methods of facilitating learning are very much intertwined. Best practices in human patient simulator (HPS) simulation as well as standardized patient simulation is discussed.
Chapter 8 is devoted to students’ socialization skills and speaks about the ever-increasing diversity of culture and styles that affect nursing education. Another important aspect of Chapter 8 is the examination of resources for students who are at risk for any number of individual reasons that affect them perceptually, cognitively, physically, or culturally. Incivility is addressed in relation to today’s teaching environment.

Chapter 9 deals with the second NLN competency for nurse educators—socialization of learners—and this is accomplished by describing service learning. Service learning is described and critical information about providing safe experiences is rendered to nurse educators.

Chapter 10 discusses evaluation strategies used by nurse educators and how they balance the aspects of admission, progression, and retention to ensure good program outcomes. Effective evaluation tools are extremely important in the process of student success and public safety.

Chapter 11 addresses the larger institutional considerations of curriculum design and evaluation. How courses are developed within a curriculum and how the curriculum flows are analyzed. This chapter discusses how the curriculum interfaces with the mission of the institution and the community.

Chapter 12 highlights professional development of nurse educators and how educators navigate their role and become mentors to the next generation of nurse educators. Learning for educators is lifelong and has increased in intensity exponentially with the accelerating advancements in information and technology. This chapter provides the nurse educator with ideas on how to keep abreast of the educational field.

Chapter 13 discusses a nurse educator’s role as a leader who interfaces with the larger community of academics and administrators. This chapter examines nursing’s place in larger systems as well as how nurse educators can affect change in those systems.

Chapter 14 analyzes the scholarship needed for nurse educators to stay on top of their game. “Publish or perish” is a phenomenon known to academics and it is also applicable to nurse educators in an academic setting. This chapter discusses types of scholarship and professional plans for nurse educators to become proficient at publishing, and emphasizes the importance of disseminating nursing knowledge.

Chapter 15 discusses interdisciplinary collaboration for nurse educators within an institution. Nursing has a history of being taught and studied in stand-alone schools rather than being part of a larger educational community. Nurse educators have assimilated into the larger academic community as experts in a field that has a unique practice component. The professionalism that we bring to the larger academic community has enhanced the standings of many institutions and colleges. Nursing is a visible professional entity that collaborates and contributes to the overall mission of the institution and society.

We have developed this second edition to assist you in your preparation for the CNE examination, but the reader should know that it only grazes each area that may be evaluated. Our hope is that it is another tool to help you reach your goal of recognized excellence. We applaud your efforts as colleagues in the quest to educate the next generation of nurses. We thank you for your efforts to recognize excellence in our field.
REFERENCES


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— Ruth A. Wittmann-Price

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— Linda Wilson
LEARNING OUTCOMES

- Identify the processes to best prepare for the Certified Nurse Educator (CNE®) examination
- Utilize the tips for success to promote understanding and learning of key concepts
- Demonstrate time-management skills to enhance studying
- Integrate standards from practice into information that is outlined in the CNE test blueprint
- Improve comprehension by eliminating anxiety related to test taking
- Utilize technology to track competencies in preparation for completion of the 5-year recertification activity record

Nurse educator certification comes at a time in history when nursing is actively recruiting advanced practiced nurses into the educational realm. This recruitment process is imperative to offset the current and impending nursing shortage taking place in the United States today. The shortage is actually twofold: There is a lack of nurses and there is a lack of nurse educators. Federal projections indicate the demand for registered nurses (RNs) in hospitals will climb by 26% by 2020. The U.S. Bureau of Labor Statistics (2012) determines that the nursing shortage will expand as health care continues to branch out into community-based primary care and outpatient sites. However, job availability is directly related to the region, number of graduates per year, and the increase in the number of experienced nurses who could have retired but continue to work because of the state of the economy, type of health care facility,
and working conditions. There is an increased demand for nurse practitioners (NPs) in response to the health care movement into the community and the concentration on health promotion and health maintenance as well as on sick-care services.

According to the American Nurses Association, approximately 60% to 80% of primary and preventive care can be performed by NPs. The growing emphasis on prevention and public health will continue to create excellent job opportunities for NPs.

The data from the American Academy of Colleges of Nursing (AACN) show that baccalaureate nursing programs were forced to turn away 51,082 qualified applicants in 2011 because of a shortage of clinical placement sites, educators, and funding. These numbers are likely to increase as budget cuts to state college programs focused on the sciences and health care professions continue (AACN, 2011). The burden in nursing education has also been impacted by the suggestion made by the nation’s Magnet®-designated hospitals that 80% of the workforce have a bachelor’s degree by 2020 (AACN, 2012; Sherman, 2012). It is also suggested in the Future of Nursing report released by the Institute of Medicine (2010) that nurses achieve higher levels of education and be educated in new ways that better prepare them to meet the needs of the population.

WHY BECOME A CNE?

A substantial increase in student nurses is only one factor that summons the urgency for certified nurse educators. Another contributing factor, adding to the faculty shortage, is the demographics of the current teaching faculty. The average age of a master’s-prepared nurse educator is 49, whereas the average age of those holding doctorate degrees is 53. The average age of retirement for nurse educators is 62.5 years (AACN, 2012).

Another factor is the nursing education transformation, which includes developing innovative methods for learner-centered academics, integrating evidence-based practice into nursing education, using information technology, and incorporating strategies to effectively assess and evaluate learners. The CNE also has an in-depth understanding of the need to balance teaching, research/scholarship, and service, which has become an expectation in nursing academia (Wittmann-Price, 2012).

Many colleges and schools of nursing are recruiting expert nurse clinicians and advanced practice RNs to assist in filling their vacant academic and clinical nurse educator roles. This recruitment process has been fostered by state and foundational funds to supplement nurse educator programs on the master’s and doctoral levels.

The role development that many nurse educators undergo involves a difficult process of struggling to evolve from being an expert clinician to being a novice educator. Nursing literature provides ample documentation to demonstrate that being an expert clinician does not provide an educator with the skill set needed to become a successful teacher. Through additional studies that lead to certification in nursing education, expert clinicians can become comfortable in their new role as nurse educators and build their new practice, preparing the next generation of nurses while using proven teaching and learning principles.
Indeed, nurse educators with years of experience can validate their expertise and knowledge by certification. These educators are an invaluable resource to the current system, and certified educators are sorely needed as mentors, role models, and visionaries to assist future nurse educators. Educators who complete the core competencies of a CNE are needed to move the profession forward. The following list outlines just a few ways in which that progression will manifest itself:

• Mentors may assist new educators with preparation for teaching, the development of test questions, grading, and decision making.
• Versatile education styles are necessary for providing quality education for diverse populations of learners.
• The role of an educator expands beyond the discipline of teaching and includes scholarship and service to promote knowledge development within the profession.

REACH FOR ACADEMIC EXCELLENCE, BECOME A CNE

Academic excellence often is encouraged through an atmosphere that influences educators to challenge themselves to reach beyond their normal expectations. Nurse educators who support an atmosphere of excellence can thrive, and their success will raise the bar and academic standards within the discipline. Becoming certified as a nurse educator allows faculty to better understand their multifaceted role. This role includes teaching, communicating with learners and colleagues, using information resources, understanding professional practice within the college of nursing and the university, functioning as a change agent, and engaging in scholarly activities. The role is challenging and encourages educators to be innovative and collaborative in the academic environment.

• Preparing competent nurse educators should result in preparing learners to become safe and effective nurses
• Research and scholarship through publications and presentations will provide a positive impact on pedagogy
• Involvement in service such as professional societies or committees at the program, department, college, or university level will enhance the ability to collaborate and network within the academic community

Your decision to take the CNE certification examination is a challenging one, which will allow you to test your competence as a nurse educator.

If peer review is used in the college or university where you teach, consider this as a positive force that will impact your development as a nurse educator.

Table 1.1 presents the content areas contained within the test blueprint and the percentage of each area in the National League for Nursing CNE examination (NLN, 2012a). The test blueprint is the content area outlined by the NLN derived from core competencies for a nurse educator by Halstead (2012).

Teaching Gem: A great way to display the scholarship of teaching for a mid-level career nurse educator is to create a new nursing elective course that will enhance the curriculum.
The following chapters in this CNE preparation guide present a content review for each of the content areas that appear on the CNE examination.

**PREPARING FOR THE CNE EXAMINATION**

**Setting Up a Study Schedule**

When you create a study schedule, begin prioritizing the order in which you study the content by using the CNE blueprint, as outlined in Table 1.1. Create a chart and divide your total studying time into eight sections and break up the total studying time into the percentages that correlate with the content percentage. The highest percentages of content covered in the examination (and, within parentheses, the related chapters in this book) are as follows (by area):

- Area 1—Facilitate learning (22%) (Chapters 2–7)
- Area 6—Engage in scholarship, service, and leadership (21%), which includes
  - Area 6A—Function as a change agent and leader (Chapter 13)
  - Area 6B—Engage in scholarship of teaching (Chapter 14)
  - Area 6C—Function effectively within the institutional environment and the academic community (Chapter 15)
The next-highest percentages of content covered in the examination are:

• Area 4—Participate in curriculum design and evaluation of program outcomes (17%) (Chapter 11)
• Area 3—Use assessment strategies (17%) (Chapter 10)
• Area 5—Pursue continuous quality improvement in the academic nurse educator role (9%) (Chapter 12)
• Area 2—Facilitate learner development and socialization (14%) (Chapters 8 and 9)

Employing the above strategy will help ensure that you will have time to review the areas that represent the highest percentage of questions on the CNE examination. It is also very helpful to attend a CNE review course either in person or via webcast. The course will provide an overall review of information such as item writing and test development, learning needs of special groups, curriculum development, teaching styles, and evaluation of program outcomes. The course presents an opportunity to practice items with educators who are certified and allows time to ask questions. Taking the course will impact your understanding of the key concepts.

Incorporating Key Topics Into Your Review for the CNE Examination

• Key topics for inclusion in your review include those in Exhibit 1.1.

| EXHIBIT 1.1 |
| Key Topics to Include in Your Review |
| Teaching styles—authoritarian, Socratic, heuristic, and behavioral | Teaching–learning process |
| Active learning | Cooperative learning |
| Cooperative testing | Planning clinical learning experiences |
| Critical thinking activities—classroom and clinical | Characteristics of learners (cultural, traditional, nontraditional, and educationally disadvantaged) |
| Domains—cognitive, psychomotor, and affective | Promotion of professional responsibility by self-assessment and peer review |
| Graduation and retention rates | Academic appeals process |
| Bloom’s taxonomy | Test blueprint |

(continued)
### EXHIBIT 1.1 (continued)

<table>
<thead>
<tr>
<th>Norm and criterion reference</th>
<th>Formative and summative evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test validity</td>
<td>Test reliability</td>
</tr>
<tr>
<td>Item discrimination ratio</td>
<td>Point biserial</td>
</tr>
<tr>
<td>Item difficulty</td>
<td>Program standards—federal laws, state regulations, professional accreditation—the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC)</td>
</tr>
<tr>
<td>Curricular—American Association of Colleges of Nursing (AACN)</td>
<td>Curriculum—mission statement, conceptual framework, level objectives, behavioral objectives, and evaluation of learning outcomes (clinical and theoretical)</td>
</tr>
<tr>
<td>Curriculum evaluation—internal and external</td>
<td>Family Educational Rights and Privacy Act (FERPA)/Buckley Amendment</td>
</tr>
<tr>
<td>Audio conferencing</td>
<td>Video streaming</td>
</tr>
<tr>
<td>Synchronous and asynchronous methods of instruction</td>
<td>Types of leadership</td>
</tr>
<tr>
<td>Scholarship of discovery</td>
<td>Scholarship of teaching</td>
</tr>
<tr>
<td>Scholarship of practice (application)</td>
<td>Scholarship of integration</td>
</tr>
</tbody>
</table>

**EVIDENCE-BASED TEACHING PRACTICE**

Incorporate the use of technology into the classroom as well as into the clinical area. Handheld technology can improve quality of patient care with decreased time using data entry, easy access to clinical data, and access to references for evidence-based practice (Wittmann-Price, Kennedy, & Godwin, 2012).
Planning and Registering for the CNE Examination Using the NLN Website to Establish Your Eligibility

Verify that you meet the eligibility requirements to take the examination. These requirements are listed on the NLN website.

- Access the NLN website: www.nln.org
  - Click on Certification for Nurse Educators
  - Print the following materials from the website:
    - Detailed test blueprint (shows subareas under each of the six content areas)
    - List of recommended references (NLN has reduced this to one page)
- Order the following materials from the website:
  - The Scope of Practice for Academic Nurse Educators (NLN, 2012c). (Note: There is an additional fee for this resource.)
  - Self-assessment examination (SAE)—this 65-item practice examination has multiple-choice questions with available rationales in each area. The test can be taken multiple times over 60 days. The score report is calculated in each of the six areas, so it can be used to focus study within specific areas. (Note: There is a fee for this optional practice test.)
- Register to take the CNE examination:
  - Registration deadlines can be found on the website, so make sure you register in advance, because you will need this confirmation prior to scheduling the test location, date, and time. The notice of eligibility may take up to 4 weeks to arrive after completing the registration.
  - Current fees are available on the NLN website
  - Inquire of your faculty administrator if the test fee is reimbursable

NUTS AND BOLTS OF THE CNE EXAMINATION

Become Familiar With the CNE Examination

- The examination has 150 items; 130 are operational, and 20 are pretest items that do not count toward the score
• Items contain four options of multiple-choice questions that are within the cognitive levels of recall, application, and analysis
• Three hours are allotted to complete the examination, which includes a short tutorial
• This allows approximately 72 seconds for each question
• Avoid rapid guessing on the examination
• Read questions carefully and answer items at a consistent pace
• Use your mouse to highlight important words in the question to improve your focus

Examination Items Requiring Additional Time
• Information about learner grades that require math calculations
• Information about test item analysis that require a comparison of data

Become Familiar With Electronic Testing Advantages
• If you are unsure of an answer, you can bookmark the question and return to it when you have completed the remainder of the examination.
• Use the arrows that allow you to page forward or backward during the examination if you want to change an answer; however, as educators we are aware that the first choice is usually correct.

TIPS FOR SUCCESS
Incorporate Strategies to Ease the Fear of Test Anxiety

It is normal for a nurse educator to feel anxious about taking the CNE examination.

• Anxiety is a natural response to the new challenges in our lives.
• Some anxiety will produce a heightened awareness and may improve test taking, whereas anxiety that is uncontrolled will impede the ability to think critically.
• Everyone who takes tests experiences anxiety; however, recognizing and controlling anxiety is an important key.

Some strategies that can be used to ease test anxiety include the following:

1. Reducing anxiety related to time constraints
   • Schedule the examination when you have a semester that is less stressful
   • Start a study group with other educators and plan to meet once a week for 2 hours
   • Use the detailed test plan to divide assignments
     – Each faculty member can complete an assignment and share notes with the group
     – Faculty members can also share the sources of information recommended by the NLN

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2. Reducing anxiety related to not having recent experience in test taking
   - After reviewing the content for the examination, complete as many test questions as possible, including the practice examination from the NLN
   - Self-evaluation will assist you in refocusing on specific content
   - Practice will increase your confidence

3. Reducing anxiety related to previous experience with testing difficulty
   - Stop negative thoughts that begin with “what if”
   - Strategies such as positive self-talk, daily exercise, yoga, and meditation have all been proven to decrease anxiety.
   - Practice these strategies on a regular basis so that decreasing anxiety becomes easy to achieve
   - Engage in activities that you find relaxing on the evening prior to the examination, such as watching a movie or going to dinner with friends.

**EVIDENCE-BASED TEACHING PRACTICE**

Testing anxious learners who write about their test-related concerns for approximately 8 to 10 minutes prior to testing will result in their scoring closer to their potential (Beilock, 2010).

**UTILIZE LEARNING STRATEGIES**

**Remember by Comparison**

An example of remembering by comparison is determining what information is the same and what is different among a variety of areas of information. This learning strategy focuses on the differences. An example of this learning strategy is illustrated below.

There are four types of scholarship. All types of scholarship are peer reviewed and include research and grant awards. However, there are distinct differences among the four areas.

**Scholarship of Discovery**

The scholarship of discovery is the discovery of new knowledge (Boyer, 1990). It is sometimes looked at as the foundation of the other three aspects of scholarship. A new scientific finding, which is part of the knowledge base, is always integrated into the application and integration process of nursing as well as the teaching aspect. Examples are peer-reviewed publications of research, theory, or philosophical essays and grant awards in support of research or scholarship. Discovery includes primary empirical research, historical research, theory development, and testing. It includes work that receives state, regional, national, and international recognition.

**Scholarship of Teaching**

The scholarship of teaching has transpired into an active learning environment in which the nurse educator uses a variety of teaching methods to provide learners
with the ability to discuss, collaborate, and explore. The curriculum has been developed to reflect a global, diverse population. Examples are peer-reviewed publications of research related to *teaching methodology or learning outcomes* and grant awards in support of teaching and learning. It includes state, regional, national, and international recognition.

**Scholarship of Practice (Application)**

The scholarship of application is the ability to apply theory to practice. This process of critical decision making and intervention results in positive patient outcomes. Examples are peer-reviewed publications of research, case studies, technical applications, or other practice issues, and grant awards in support of practice. It includes state, regional, national, and international recognition.

**Scholarship of Integration**

The scholarship of integration is becoming common practice since it involves working with other disciplines in the health care delivery system to research complex health problems. Because of the dynamics and experience of various disciplines, the result is a comprehensive holistic solution. Examples are peer-reviewed publications of research, policy analysis, case studies, integrative reviews of literature, interdisciplinary grant awards, copyrights, licenses, patents, and products for sale.

Publication of nursing knowledge is an expectation of a nurse educator’s role and can be accomplished through persistence in writing and the mindset that dissemination is a responsibility. Just like all other skills, writing takes practice and mentors and resources for the writing process are an invaluable resource (Oermann & Hays, 2011).

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**Develop Mnemonic Devices**

Develop mnemonics if a memory aid is needed; however, using mnemonics may be less useful in some situations where it may be easier to just remember the facts. For example, when the nurse educator is developing a test, the BOBCAT mnemonic can provide guidance to develop the test appropriately. This mnemonic stands for

- Blueprint
- Outcomes of the course
- Bloom’s taxonomy
- Client needs areas (National Council State Boards of Nursing [NCSBN], 2013)
- Analysis of data
- Test results and changes for the future

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In summary: A blueprint is developed from the outcomes of the course. Bloom’s taxonomy is used to develop questions in higher cognitive levels such as application and analysis. Client needs areas of NCLEX-RN® (NCSBN, 2013) are necessary to guide educators to construct questions in the eight areas, such as management of care, safety and infection control, health promotion and maintenance, and reduction of risk potential, to name a few. Analysis of data is performed, and test results are determined. After the results of the test are reviewed, revisions to items should be completed, so they can be used in the future.

Relate New Information to Be Learned to Information Already Mastered

Learning new information is easier if it can be related to information or facts that are already understood. An example of this learning strategy is illustrated next. Many times test validity and test reliability become confused. If you understand what test validity means, you only need to add to your memory the information about reliability.

- **Validity** means the test is measuring the information it is supposed to measure. It is “valid.” The test blueprint is used to developed questions related to the objectives of the course; this ensures validity.
- **Reliability** refers to the consistency of the test scores. The test’s reliability can be improved by making changes to the items so that they are more discriminating.

Correlate Testing With Practice

Examine your own activities as an educator and relate them to the content in the questions. This will be helpful in developing a complete understanding of the information. You will find that your experience will be very helpful in answering questions. Many examples of how to correlate your own experience with the content to be learned are presented in Exhibit 1.2.

<table>
<thead>
<tr>
<th>EXHIBIT 1.2</th>
<th>Correlating Experience</th>
</tr>
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<tbody>
<tr>
<td><strong>QUESTION CONTENT</strong></td>
<td><strong>EDUCATOR EXPERIENCE</strong></td>
</tr>
<tr>
<td>Create opportunities for the learners to develop their own critical thinking skills</td>
<td>Learners can develop critical thinking skills by participating in the following assignments: writing a teaching plan, developing a concept map, discussing a case study, completing an exercise in delegation or prioritization in the clinical area, or making decisions in the simulation laboratory</td>
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<thead>
<tr>
<th>QUESTION CONTENT</th>
<th>EDUCATOR EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use information technologies to support the teaching–learning process</td>
<td>Specific materials may be taught more effectively by using technology. It may be advantageous for specific learners to use video streaming, soundbites Blackboard™ discussions, synchronous or asynchronous discussions, or web-enhanced classes</td>
</tr>
<tr>
<td>Respond effectively to unexpected events that affect the clinical and/or classroom instruction</td>
<td>Collect all the information, including anecdotal records if the event occurred at the clinical site. Clarify professional behavior as outlined in the Code of Ethics for Nurses with Interpretive Statement and Nursing: Scope and Standards of Practice. Utilize conflict resolution, if indicated. Refer the student to the Student Conduct Committee, if indicated</td>
</tr>
<tr>
<td>Identify learning styles and unique learning needs of students from culturally diverse backgrounds</td>
<td>Many students speak English as a second language (ESL). The development of communication and active learning in the classroom may assist these students with understanding information such as: 1. Discussing cultural beliefs related to a specific disease, since this can impact client care in the clinical setting 2. Answering questions during class in pairs or small groups 3. Reviewing questions using response devices to improve class participation 4. Playing Jeopardy in the classroom</td>
</tr>
<tr>
<td>Provide input for the development of nursing program standards and policies regarding: Admission Progression Graduation</td>
<td>If you have not had the opportunity to work with the admissions, academic progression, or graduation committees in your college of nursing, then request permission to review the minutes or attend meetings. Involvement in these committees promotes a clear understanding of the process Admission criteria are usually posted on the school’s website and include SAT scores, entrance examination scores, GPA, and Test of English as a Foreign Language (TOEFL) requirements for students born in non-English-speaking countries The progression committee determines if a student should be permitted to continue in the program after failure of a course or courses. The committee may overturn a decision if the student had extenuating circumstances</td>
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<tr>
<th>QUESTION CONTENT</th>
<th>EDUCATOR EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide input for the development of nursing program standards and policies (cont.)</td>
<td>circumstances, such as a serious illness or death in the family. The students may also go through the academic appeals process to overturn a grade they believe to be inaccurate. The committee also takes into account the student’s grades in prerequisite and co-requisite courses when making a decision. Graduation occurs when the learner completes the minimum number of credits specified for the degree and his or her GPA is within the program standards. A student must also complete the clinical requirements for courses with a satisfactory rating in the clinical component.</td>
</tr>
<tr>
<td>Participate in curriculum development or revision</td>
<td>Read and compare the mission statements and philosophy statements of the university and the college of nursing. Review the level objectives and the behavioral objectives in the nursing program curriculum. Level objectives are reflective of the progressive competence of the students within the goals and philosophy of the program. Behavioral objectives drive the design for the courses with a focus on learning outcomes. The curriculum is updated as needed and should be reviewed annually to incorporate changes in the student body and the community, the use of technology, and current health care trends. The goal is to improve program outcomes.</td>
</tr>
<tr>
<td>Use feedback gained from self, peer, and learner evaluations to improve role effectiveness</td>
<td>Self-evaluation can assist faculty members in determining their own needs, such as preparation for class, organization, teaching strategy development, and test development. Learners may have a need for the enhancement of information or clinical opportunities that are not recognized by the educator. Student evaluations can be used to improve the course. Peer evaluations can be helpful; however, they can also cause conflict among faculty members. The educator should have specific guidelines designated for the evaluation, and the date of the didactic evaluation should be decided by both faculty members.</td>
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### EXHIBIT 1.2 (continued)

<table>
<thead>
<tr>
<th>QUESTION CONTENT</th>
<th>EDUCATOR EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use legal and ethical principles to influence, design, and implement policies and procedures related to learners, educators, and the educational environment</td>
<td>Legal issues can include: 1. Co-signing documentation in the clinical area 2. Providing care that results in an injury to the client or the learner 3. Completion of an incident report 4. Cheating during an examination 5. Plagiarism on a class assignment 6. Dismissal of a student from the program The college should have policies addressing these issues In addition, students are protected by the U.S. Constitution’s Bill of Rights. The First Amendment protects freedom of religion, press, speech, and the right to assemble. The Fourth Amendment provides protection against unreasonable search and seizure</td>
</tr>
<tr>
<td>Use evidence-based resources to improve and support teaching</td>
<td>Evidenced-based resources can be used in the classroom or clinical setting by 1. Scheduling an assignment in which one group of learners takes a turn discussing a research article related to the content presented in the classroom that week 2. Providing evidence-based articles to learners in the clinical area who have down time. The learner(s) will take time to review the article and present the information during post conference</td>
</tr>
<tr>
<td>Participate in departmental and institutional committees</td>
<td>Examples of committees within the nursing department include faculty affairs, student affairs, scholarship and innovation, educator resources, and technology. Some examples of committees within an institution include faculty and governance, faculty finance, green initiative, and sustainability</td>
</tr>
</tbody>
</table>

### CRITICAL THINKING QUESTION

What should a novice nurse educator look for when searching and interviewing for an academic position?
**HOW TO RECERTIFY AFTER 5 YEARS**

After you pass the CNE examination, you feel elated and are glad you will not need to think about it for another 5 years. However, if you are relaxed about keeping accurate records of your presentations, conferences attended, and involvement in community or professional services it will result in difficulty in completing the activity record for the CNE recertification. The recertification requirement is 50 renewal credits (RCs) that should be distributed over the 5-year period. There is a renewal credit conversion table on their website. Some examples are one clock hour of professional presentations = 1.5 renewal credits, whereas 10 hours of innovative teaching/learning activities = 1 renewal credit. The educator must have submissions in at least three areas.

Simplify the recertification process with three steps:

1. Download the Activity Record Form from the NLN (2012b) website after you pass the examination. Complete the form when you meet any of the competencies. Each competency includes the specific activity, date, renewal credit, and the outcome. It is much easier to complete it immediately instead of trying to locate the information years later.

2. Keep the hard copies of certificates of attendance in a folder. Scan these documents into a folder in your electronic PDF documents so you have an additional copy in case the original copies become lost or damaged within the 5 years. These supporting documents only need to be sent if requested by the Academic Nurse Educator Certification Program (ANECP).

3. Submit the information approximately 8 to 10 weeks before the due date; this information is derived from my own experience. The certification period begins on the date you passed the examination. The date the certification period ends is indicated by the expiration date located on the CNE certificate.

If you fail to satisfy the recertification requirements prior to the conclusion of the cycle, you will be placed on an inactive list and you will receive a suspension notice. Failure to satisfy the requirements within 1 year results in termination of the certification. During the suspension period, faculty who are suspended may not represent themselves as certified by the NLN.

Many faculty have difficulty in determining whether specific activities can be utilized to meet the competencies. Table 1.2 can assist you with determining the activities that meet each competency. Please note that activities for recertification may overlap into more than one competency.

<table>
<thead>
<tr>
<th>TABLE 1.2</th>
<th>Examples of Activities for Each Competency</th>
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</thead>
<tbody>
<tr>
<td>COMPETENCY</td>
<td>ACTIVITIES MAY INCLUDE BUT ARE NOT LIMITED TO</td>
</tr>
</tbody>
</table>
| Facilitate learning         | • Creating innovative teaching–learning activities—Collaborative ventures with community partners  
• Using evidence-based practice or information technology |

(continued)
### TABLE 1.2
Examples of Activities for Each Competency (continued)

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>ACTIVITIES MAY INCLUDE BUT ARE NOT LIMITED TO</th>
</tr>
</thead>
</table>
| Facilitate learner development and socialization | • Assist students to develop as nurses and integrate expected values and behaviors; an example would be development of a simulation experience  
• Identify individual learning styles and needs for culturally diverse, at risk, or physically challenged learners  
• Assist learners to engage in thoughtful constructive self- or peer evaluation |
| Use assessment and evaluation strategies         | • Create appropriate assessment instruments to evaluate learner outcomes  
• Design tools for assessing clinical practice  
• Provide input for the development of program policies regarding admission, progression, or graduation |
| Participate in curriculum design and evaluation of program outcomes | • Design curricula that reflect trends while preparing graduates to function in the health care environment  
• Develop or update courses to reflect the theoretical framework of curricula  
• Support educational goals through community partnership |
| Pursue continuous quality improvement in the nurse educator role | • Develop and maintain competence in the multidimensional role; examples would be attending conferences, seminars, workshops  
• Mentor and support faculty colleagues in the role of academic nurse educators  
• Engage in activities that promote role socialization; an example would be participation in a nursing organization  
• Use feedback from self, peers, learners, administration for improvement |
| Function as a change agent and leader            | • Provide an active service within a nursing service organization, association, or committee  
• Work within a special panel or think tank for an educational issue  
• Represent nursing education within a multidisciplinary work group |
| Engage in scholarship                           | • Develop an area of expertise within the academic educator role  
• Share expertise with colleagues; examples would be publications or presentations |
| Function within the educational environment     | • Collaborate with other disciplines to enhance the academic environment  
• Participate in committee work on the departmental or institutional level |

CASE STUDIES

CASE STUDY 1.1

Olivia is an NP with 4 years’ experience as a clinical educator in women’s health. She recently took a full-time position in a small private college and is responsible for the didactic portion of the women’s health course. She is feeling overwhelmed with preparing information for class and developing questions for examinations. Olivia is concerned because the learners do not agree with the answers on exams. Olivia fears that discussing this information with her mentor will indicate that she is unsuccessful in her new role.

Should Olivia discuss this issue with her mentor?
How should Olivia approach this issue with the learners?
What data should Olivia be viewing to determine if the questions are discriminating?

CASE STUDY 1.2

Mark has 10 years’ experience in critical care nursing and also worked for 3 years in quality improvement. He accepted a position in a mid-sized university and developed some learner-centered activities for class. The program director believes that Mark should lecture to be sure the learners are provided with the information and then use the learner-centered activities if time allows.

How should Mark respond to the program director?
How can Mark evaluate if the learner-centered activities have positive outcomes?

REFERENCES


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