Standardized Exit Exams and Next Generation NCLEX-RN: Examining Policies and Success Outcomes

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ABSTRACT

Background: This study assessed the validity of a widely used standardized exit exam (E2) as a predictor of Next Generation NCLEX (NGN) and examined the relationship between policies governing E2 use in programs and success on the NGN. **Method:** A total of 32 programs across the United States and Canada provided NGN outcome information for 1,753 students who took the E2 in April to December 2023, and 36 programs provided information about their policies. **Results:** Students who achieved an average E2 score of 850 and above had an NGN first-time pass rate (FTPR) of 98%, significantly higher than those with average scores under 850. Policies such as test preparation requirements and remediation for the E2 were associated with significantly higher student E2 benchmark attainment. **Conclusion:** This study presents updated evidence on the validity of the E2 and expands research in the ways specific policies can support student success on the E2 and, by extension, potentially the NGN.

The launch of the Next Generation NCLEX® (NGN) in 2023 has initiated substantial changes in nursing education, emphasizing clinical judgment, introducing novel question formats, and shifting from a predominantly knowledge-based approach to one centered on application and critical thinking (Cline et al., 2024; Sullivan et al., 2024). These changes represent an evolution toward preparing nursing students not just to obtain licensure but also to excel in clinical practice. During this transitional period, providing programs with evidence-based guidance on effective strategies to support student success on the NGN is essential.

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BACKGROUND

For more than 20 years, standardized exit examinations have supported NCLEX-RN® preparation through assessments and remediation resources. Researchers have consistently found a correlation between students' performance on comprehensive exit exams (E2) and their NCLEX-RN first-time pass rate (FTPR) (Kaddoura, et al., 2017; Lauchner et al., 1999; Lauer & Yoho, 2013; Zweighaft, 2013). Furthermore, recent studies have illustrated that students who achieve E2 benchmark scores of 850 or 900 on these standardized assessments have a higher likelihood of passing the NCLEX-RN on their first attempt than students who do not meet the benchmark scores (Shah et al., 2022). Requiring students to meet benchmark scores has therefore become one of several E2 policies that programs use to support student preparation and assess their readiness for NCLEX-RN (Olsen et al., 2022). While these findings are valuable, they were based on the previous NCLEX-RN framework and must be revisited in the context of NGN. In addition, recent work in nursing education research has framed standardized exam use and reporting within the broader context of "continuous quality improvement" (Olsen et al., 2021). As such, this study aims to contribute to this evolving landscape by assessing the validity of the E2 as a predictor of NGN outcomes and exploring the relationship between programs' policies governing E2 use and students' performance on the E2.

In the sections below, we introduce the E2 and briefly describe how it was modified to reflect the NGN blueprint. We review prior research on the validity of E2 and program policies, and then outline the methods, including the sampling criteria, study participants, data sources, and analysis. The results address three research questions:

RQ1: If students achieve a benchmark score of 850 or 900 on the E2, what is the likelihood that they pass the NGN on their first attempt?

RQ2: Which E2 policies are associated with increased likelihood of students passing the NGN on their first attempt?

RQ3: Which E2 policies are associated with increased likelihood of students' attainment of the benchmark scores?

Findings for each research question are discussed in the context of existing literature, with implications for research and practice on advancing students' success on NGN.

Standardized E2

The standardized E2 is a computerized, comprehensive exam that is typically administered during the last semester or term of a nursing program to help determine students' readiness to take the NGN. The content in this exit assessment aligns with the NCLEX-RN test plan for both Client Needs (Safe and Effective Care Environment, Health Promotion and Maintenance, Psychosocial Integrity, and Physiological Adaptation) and Integrated Processes (Nursing Process, Caring, Communication and Documentation, Teaching/Learning, Culture, and Spirituality) (National Council of State Boards of Nursing, 2019). Updated in 2022 to 2023, the E2 now mirrors the NGN blueprint by incorporating new item types and partial-credit scoring, offering a more precise prediction of first-time NCLEX-RN success.

The integrated E2 is a computerized, fixed-form exam with 100 scored items and 30 unscored pilot items to provide a comprehensive assessment of test-taker performance. Pilot items do not contribute to test takers' scores. Test takers are not aware of which items on the exam are pilot items. Items are randomly ordered, with answer choices randomized per test-taker, except in unfolding cases. The E2 can include any of the NGN item types (e.g., bowtie, highlight text, multiple choice, or single answer). Like the NGN, most E2 items are developed at or above the application level of Bloom's taxonomy cognitive domains (Bloom, 1956).

E2 scores, ranging from 300 to 1,200, are calculated based on individual performance and item difficulty. Each item undergoes quality control for standards in grammar, bias, and cultural sensitivity. Additionally, item difficulty, reliability, and discrimination statistics are monitored with each use. Supported by more than 20 years of validity research (Riley & Gouveia, 2022), the E2 score remains a robust predictor, with recent analyses reporting high exam reliability (Rasch decision consistency of .89) (Babcock & Brunnert, 2022).

Prior Research on E2 and E2 Policies

Identifying predictors of NCLEX-RN success has been a long-standing focus in nursing education research (Cosper et al., 2023; Daley et al., 2003; Sanders, 2023; Silvestri et al., 2013). Over two decades of data from more than 50,000 students highlights standardized exit exams (E2) as strong predictors of NCLEX-RN success, with an accuracy ranging from 96% to 99%, depending on the version of the exam and the study (Nibert & Morrison, 2013). Additionally, research shows that higher E2 scores are linked to FTPR on the NCLEX-RN, with an E2 score ≥850 indicating a 95% chance of FTPR and ≥900 correlating with a 97% FTPR (Riley & Gouveia, 2022; Shah et al., 2022). The strong relationship between E2 performance and NCLEX-RN outcomes has prompted further research into the predictors of E2 (Johnson et al., 2017). For instance, Moore and colleagues (2021) examined academic and nonacademic factors associated with improved E2 scores.

Several researchers have extended this inquiry to highlight the critical role of program policies and practices in improving students' E2 performance (Barton et al., 2014; Hirsch, 2024; Stonecypher et al., 2015). Riley and Gouveia (2022) reviewed policies used across prelicensure nursing programs to improve both FTPR on the NCLEX-RN exam. These included E2 preparation (practice tests, adaptive quizzing, and case studies), setting benchmark scores (typically 850 or 900) for course completion, using E2 scores as part of course grades (typically 5% to 20%), requiring remediation, and implementing consequences for low E2 scores (e.g., delayed graduation). Lauer and Yoho (2013) found that schools with remediation policies had higher E2 scores ($p < .01$), while Zweighaft (2013) showed that using specialty exams as final exams improved E2 scores. Moore et al. (2021) also recommended remediation policies for specialty exams, particularly medical-surgical and obstetrics, which were linked to higher E2 performance.

With the recent introduction of the NGN, there is limited research on the validity of E2 in predicting NGN outcomes (Shah et al., 2024). Given existing evidence, it is critical to update the evaluation of the E2's predictive validity for NGN outcomes and explore the role of program policies and practices in improving NGN outcomes.

METHOD

This study employed a correlational descriptive research design to examine the use of E2 in nursing programs, its predictive validity for first-time success on the NGN, and the effect of specific program policies on meeting E2 benchmark scores and achieving first-attempt success on the NGN.

Sampling

Purposive convenience sampling was used to obtain E2 program policy and NGN information from nursing schools across the United States and Canada. Administrators (deans, directors, chairs) of RN programs were invited to participate if they met the following criteria: (a) affiliation with an associate degree in nursing (ADN) or a baccalaureate nursing (BSN) degree at a public or private institution, and (b) administration of the integrated E2 in the program between April and December 2023.

Participants

After receiving approval from the Institutional Review Board, a total of 420 nursing programs were invited via email to participate in the study. Of these, administrators of 51 programs (12.1% response rate) consented to participate, and participants from 32 programs (62.7% of the consenting programs) provided NGN outcome information (see **Table 1**). Participants from 36 programs (70.6% of the consenting programs) completed the E2 Program Policy Survey.

Data Sources

Participants were asked to complete the following data collection activities. First, they provided NGN outcome information for students who took the integrated E2 between April and December 2023, including each student's NGN results (pass, fail, or did not take the exam), attempt date, and any relevant notes (e.g., if a student passed on a subsequent attempt). Participants were asked to de-identify students (i.e., remove students' first and last names) after they matched students' E2 scores with NGN outcomes. They shared de-iden-

tified data files through a password-protected platform. Programs were also de-identified and assigned an arbitrary code before analyses. Second, participants completed a 22-item survey indicating the program policies that guided their use of E2. This survey was originally developed by Shah et al. (2022) to study the relationship between E2 and NCLEX-RN. Survey questions and response options are listed in **Table A** (available in the online version of this article).

Data Analysis

NGN outcome information was obtained for 1,753 students across the U.S. and Canada. To understand the validity of the E2 as a predictor of the NGN, statistical analyses were conducted to evaluate the relationship between students' average E2 scores and their first-time NGN pass or fail outcomes, and also between students' last E2 scores and their first-time NGN pass or fail outcomes. Average E2 scores were selected for analysis as they are the most commonly reported measure of E2 performance (Barton et al., 2014; Zweighaft, 2017). Given that some programs rely on final E2 scores to assess readiness, an analysis of students' last E2 scores also were included (Shah et al., 2022). Chi-squared tests were used to compare the NGN FTPR among students who scored above and below the E2 benchmark. Two E2 benchmark scores (i.e., 850 and 900) were considered to account for differing program standards. The benchmarks of 850 and 900 for the standardized exit exams are commonly used in nursing programs because they are consistently associated with higher first-time NCLEX-RN pass rates (Riley & Gouveia, 2022; Shah et al., 2022). Many programs set 850 as a minimum passing score, while others use 900 as a higher standard for NCLEX-RN readiness. In addition, independent samples *t* tests were conducted to evaluate the differences in E2 scores between students who passed the NGN on the first attempt and students who failed the NGN on the first attempt.

Four common types of E2 policies practiced by programs were analyzed in relation to their students' NGN outcomes: (1) test preparation requirements; (2) remediation activities required; (3) the use of E2 scores within course grades; and (4) minimum E2 score requirements. Chi-square tests, with Benjamini and Hochberg (1995) post-hoc corrections, were conducted to analyze both the difference in NGN FTPR when a program required a certain policy (where applicable) and the difference in NGN FTPR when a program used a specific remediation practice or test preparation policy.

RESULTS

Our sample of 1,753 students had a first-time NGN pass rate of 94.1%. On average, students' Last E2 Score was 891.8 and the average of their Average E2 Score (when students took the E2 multiple times) was 872.9. The sample included 824 ADN students. Of these, 798 ADN students passed the NGN and 26 did not, resulting in a pass rate of 96.8%. ADN students' Last E2 score (mean) was 908.1 and Average E2 score (mean) was 899.7. The sample included 929 BSN students. Of these, 852 BSN students passed the NGN and 77 did not, resulting in a pass rate of 91.7%. BSN students' Last E2 score (mean) was 877.4 and Average E2 score (mean) was 849.2. Due to an apparent difference between ADN and BSN scores, statistical analyses comparing these groups were conducted. Two-sample *t* tests with unequal variances were used to compare E2 scores, as both Last E2 score and Average E2 score showed near-zero skew and kurtosis values. Additionally, a chi-square test was employed to compare pass rates between the groups. Average E2 scores were statistically significantly different between the groups, $t(1751.0) = 8.52$, $p < .001$, as were Last E2 scores, $t(1747.65) = 4.56$, $p < .0001$, and pass rates, $\chi^2(1, N = 1{,}899) = 17.49$, $p < .001$.

TABLE 1
E2 Validity Study Participant Distribution

Variable	*n*
Program type	
ADN	20
BSN	12
Region	
United States	31
Midwest	11
Northeast	4
South	14
West	2
Canada	1
Type of institution	
Public	30
Private	2

Note. ADN = associate degree in nursing; BSN = baccalaureate nursing degree.

The following E2 practices and policies were frequently adopted by programs sampled:

- Timing: students in 42% of programs take their First E2 during the last semester.
- Readiness indicator: 39% of programs use students' Last E2 score as their NCLEX-RN readiness indicator.
- Benchmark scores: 55% of programs set benchmarks at 850 or 900 for E2 scores.
- Attempt limits: 69% of programs permit two E2 attempts.
- Preparation and remediation: top test preparation strategies included NCLEX-RN review courses and books, practice tests, specialty exams, and student-driven learning plans.
- Remediation timing: 56% of programs allowed a 2-week remediation period between E2 attempts.

Findings for the three research questions that illustrate the relationship between E2 performance, policies, and NGN outcomes are reported below.

RQ1: Relationship Between E2 Scores and NGN Outcomes

The first set of tests examined whether higher E2 scores are associated with greater likelihood of passing the NGN on the first attempt. Chi-squared tests revealed that students

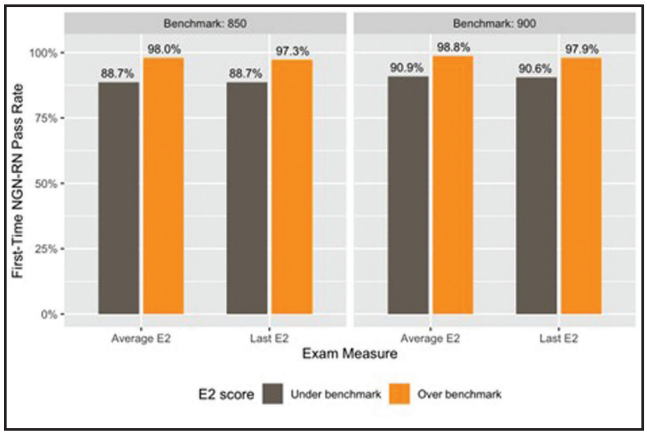

Figure 1. NGN FTPR by average/last HESI score benchmark attainment. NGN = Next Generation NCLEX; FTPR = first-time pass rate; E2 = exit exam.

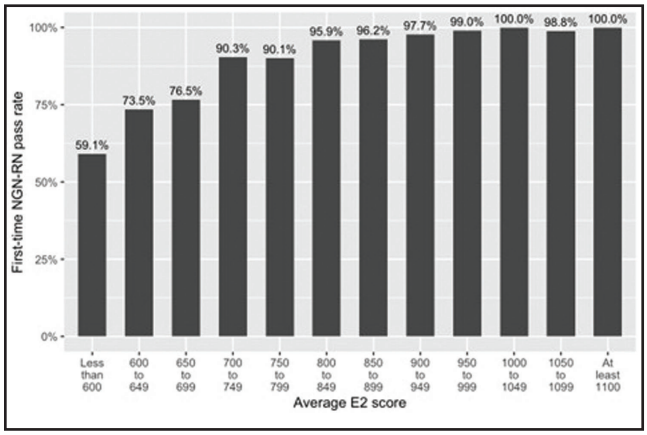

Figure 2. NGN FTPR by average HESI score in 50-point ranges. NGN = Next Generation NCLEX; FTPR = first-time pass rate; E2 = exit exam.

who attain E2 benchmark scores are more likely to pass the NGN on their first attempt. This holds true whether using 850 or 900 as the benchmark score and whether using Average E2 or Last E2 score as the basis for grouping students:

- Average E2 850+: $X = 65.04$, $p < .001$;
- Average E2 900+: $X = 46.30$, $p < .001$;
- Last E2 850+: $X = 49.62$, $p < .001$; and
- Last E2 900+: $X = 29.76$, $p < .001$.

Figure 1 illustrates the NGN FTPR by group, showing a consistent gap of 7 to 10 percentage points separating the NGN FTPR of students who scored over an E2 benchmark compared with the pass rates of students who scored under the E2 benchmark. The NGN FTPR largely increased as Average E2 scores and Last E2 scores increased in our sample, further demonstrating the positive association with passing the NGN (**Figures 2** and **3**).

Similarly, students who went on to pass the NGN on their first attempt performed approximately one standard deviation higher (with an average of 881.2) on their Average E2 compared with students who went on to fail the NGN on their first attempt (with an average of 740.5). This difference was significant ($t[1751] = 11.4$, $p < .0001$). The same held true when comparing students' Last E2 scores; students who went on to pass the NGN on their first attempt performed roughly one standard deviation higher (with an average of 899.8) on their Last E2 compared with students who went on to fail the NGN on their first attempt (with an average of 763.7) ($t[1751] = 9.7$, $p < .0001$).

RQ2: Relationship Between E2 Policies and NGN Outcomes

The second set of tests compared programs with and without specific policies to explore whether students showed a greater likelihood of first-time NGN pass if they were in a program with a certain policy. For each of the 45 policies, students were grouped based on whether their program used the specified policy. Chi-square tests were then performed on the percentages of students who passed the NGN on the first attempt in each group. After Benjamini and Hochberg (1995) post-hoc corrections were applied, no policies were significantly associated with a greater likelihood of FTPR. The test with the smallest p value ($X = 6.06$, $p = .014$) did not clear the critical value threshold (.002), and the same is true of five other tests with $p < .05$.

RQ3: Relationship Between E2 Policies and E2 Benchmark Attainment

The third set of analyses compared programs with and without specific policies to determine whether students had a greater likelihood of attaining an E2 benchmark if they were in a program with a certain policy. Students were grouped on whether their program used a specific policy. Chi-square tests were then performed on the proportions of students who attained an E2 of 850 or higher on their last attempt in each group. Benjamini-Hochberg (1995) post-hoc corrections were applied and did not change the significance of any results. Significant results are listed in **Table 2**.

The findings highlight several policies that are associated with a greater likelihood of students reaching the E2 benchmark score. Requiring a minimum E2 score and allowing students to retake the E2 were associated with a higher chance of achieving the benchmark. Additionally, six different test prep and remediation activities were positively associated with reaching this score. Scheduling the first E2 before the final term and using indicators such as First E2, Highest E2, or "Other" also were associated with greater rates of E2 benchmark attainment. Setting an E2 benchmark score of 850 and allowing more than three E2 attempts showed positive associations with achieving the benchmark. Furthermore, spacing E2 attempts by 1 or 2 weeks increased the likelihood of reaching the E2 target. However, policies such as including E2 in the course grade, requiring test preparation, and mandating remediation for low scores did not show any significant effect on reaching the E2 benchmark score.

DISCUSSION

The introduction of the NGN represents a significant shift in nursing education, emphasizing clinical judgment and criti-

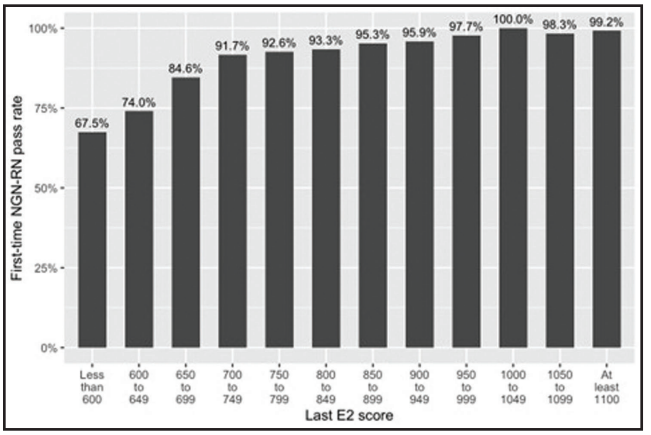

Figure 3. NGN FTPR by last HESI score in 50-point ranges. NGN = Next Generation NCLEX; FTPR = first-time pass rate; E2 = exit exam.

cal thinking over knowledge recall (Cline et al., 2024; Cosper et al., 2023). This study assessed the validity of a standardized exit exam (E2) as a predictor of NGN outcomes and explored the influence of program policies on students' success rates. The findings offer several insights into the evolving landscape of nursing education, particularly in the context of the new NCLEX-RN blueprint.

Consistent with prior research on the traditional NCLEX-RN (Lauer & Yoho, 2013; Nibert & Morrison, 2013; Riley & Gouveia, 2022; Shah et al., 2022), the results of this study confirm that achieving benchmark scores of 850 or 900 on the E2 is strongly associated with higher NGN FTPR. Students who met these benchmarks had pass rates 7 to 10 percentage points higher than those who did not, underscoring the continued predictive validity of the E2 even within the updated exam framework. The finding that students who passed the NGN on their first attempt scored significantly higher on their E2 assessments (both Last and Average scores) than those who did not further reinforces the robustness of the E2 as a readiness indicator.

One of the critical areas of this study was examining the role of various E2-related policies in enhancing students' readiness for the NGN through improving performance on the E2. The findings highlight that certain E2-related policies, such as structured test preparation, remediation, and allowing multiple E2 attempts, were significantly associated with achieving E2 benchmark scores (**Table 2**). Other policies, such as requiring specific test preparation and mandating remediation, were not associated with achieving E2 benchmark scores; overall, the policies that established strict requirements did not seem to have as clear an effect as more voluntary, support-oriented policies. However, E2 policies did not show a statistically significant relationship with NGN FTPR after adjusting for multiple comparisons. Several factors may explain this discrepancy.

First, E2 benchmark attainment and NGN success represent different outcomes along the continuum of student preparation. Policies such as remediation and test preparation are designed to support students in mastering content and test-taking strategies, which directly affect E2 performance. However, the extent to which these interventions sustain knowledge retention and clinical reasoning for the NGN remains uncertain. While achieving a high E2 score is a strong indicator of NCLEX-RN readiness, it does not guarantee long-term retention or the ability to navigate the NGN's complex, adaptive exam format.

TABLE 2
Significant Chi-Square Test Results[a]

Policy Name	Associated With E2 Benchmark (850+)
Minimum E2	$p < .001$ ($X = 12.09$)***
Retake E2	$p < .001$ ($X = 15.43$)***
Test prep: Student-driven learning plan	$p < .001$ ($X = 25.79$)***
Test prep: Faculty-driven learning plan	$p < .001$ ($X = 32.10$)***
Test prep: Specified time in learning activities	$p < .001$ ($X = 34.52$)***
Test prep: Sherpath	$p = .012$ ($X = 6.38$)*
Test prep: Shadow Health	$p < .001$ ($X = 11.11$)***
Test prep: Other test prep activity	$p < .001$ ($X = 24.30$)***
Remediation: Student-driven learning plan	$p < .001$ ($X = 80.11$)***
Remediation: Faculty-driven learning plan	$p < .001$ ($X = 14.15$)***
Remediation: Specified time in learning activities	$p < .001$ ($X = 24.08$)***
Remediation: HESI Remediation	$p = .002$ ($X = 10.05$)**
Remediation: Sherpath	$p < .001$ ($X = 13.19$)***
Remediation: Other remediation activity	$p = .023$ ($X = 5.17$)*
First E2: Other date	$p < .001$ ($X = 11.57$)***
NGN readiness indicator: First E2	$p < .001$ ($X = 22.24$)***
NGN readiness indicator: Highest E2	$p < .001$ ($X = 21.09$)***
NGN readiness indicator: Other	$p < .001$ ($X = 21.92$)***
E2 benchmark score: 850	$p < .001$ ($X = 96.32$)***
Number of E2 attempts allowed: More than three	$p < .001$ ($X = 35.56$)***
Time between attempts: 1 week	$p < .001$ ($X = 15.07$)***
Time between attempts: 2 weeks	$p < .001$ ($X = 14.74$)***

Note. This table used each student's last E2 and a benchmark of 850. NGN = Next Generation NCLEX.
**p < .05. **p < .01. ***p < .001.*

Second, the high FTPR NGN pass rate (94.1%) in our sample suggests a potential ceiling effect, where most students passed regardless of policy differences. This limits the study's statistical power and specifically the ability to detect statistically significant differences in NGN outcomes based on policy variations, as the proportion of students who failed was relatively small (n = 103). Even if certain policies contribute to student success, their effects may not be easily distinguished in a sample where first-time pass rates are already high. This is a general challenge for research on the NGN, as first-time pass rates are typically quite high, in line with the numbers obtained in this study. At a national level, the pass rate for NGN was 92.2% during the months of this study (National Council of State Boards of Nursing, 2024). The pass rate of the NCLEX-RN has varied over time, and it may be useful to repeat this study's data collection and analyses when the pass rate is lower and it is therefore easier to detect the effects associated with different policies.

Third, variability in how programs implement E2-related policies may influence their effectiveness. Programs may differ in the rigor of remediation requirements, the structure of test preparation, and faculty involvement in supporting students. While some institutions may provide extensive, structured, and faculty-led interventions, others may rely on more passive and self-directed remediation approaches, leading to variation in effect. Additionally, student engagement with these policies likely varies; some students may fully participate in remediation efforts, while others may complete requirements with minimal effort, affecting outcomes.

Fourth, other external factors may contribute to NCLEX-RN success beyond program-level E2 policies. For example, faculty interventions, including targeted coaching, individualized study plans, and mentorship, may play a valuable role in student preparedness. Additionally, many students engage in external NCLEX-RN prep courses that provide structured review, adaptive testing, and test-taking strategies, further influencing outcomes. These external supports may influence the direct effect of program-implemented policies on first-time NGN pass rates.

Fifth, the limited data collection period (April–December 2023) may not fully capture long-term trends in NGN performance. The NGN is still in its early implementation phase, and nursing programs are continuously refining their approaches to preparing students for the exam. Future studies examining multiple cohorts over an extended period will provide a more comprehensive understanding of how E2 policies affect long-term NGN outcomes.

Sixth, this study's reliance on self-report from program administrators may have reduced the accuracy of responses, as some program administrators may have interpreted policy definitions differently than others or had incomplete knowledge of their programs, and inaccuracies may have emerged in the entering of information. Further validating these responses would be difficult and could raise the time cost of participating in the study to the degree that the sample might become smaller or less representative.

Finally, the design differences between the E2 and the NGN must be considered. While the E2 is a strong predictor of NCLEX-RN success, it remains a standardized assessment that evaluates students' knowledge and test-taking abilities. The NGN, particularly with its emphasis on clinical judgment and case-based decision making, requires a broader application of skills. It is possible that program-wide curricular strategies, clinical experiences, and broader institutional support play a more significant role in ultimate NCLEX-RN success than the specific E2-related policies examined in this study.

LIMITATIONS

This study has several limitations that warrant consideration. The use of convenience sampling may limit the generalizability of the findings. From 420 nursing programs initially contacted, 51 consented to participate (12.1% response rate), with only 32 programs ultimately providing complete NGN outcome data, most of which were U.S. based public institutions. This relatively low response rate may introduce selection bias, as participating programs voluntarily consented to provide data and may not represent the full spectrum of nursing programs. In particular, these findings may not apply to private colleges and universities, accelerated programs, and institutions in other countries. Additionally, as a correlational and exploratory study, the associations observed between E2 performance, program policies, and NGN outcomes do not imply causality; as discussed above in point four, many other factors beyond what were measured here affect outcomes on the NGN. The reliance on self-reported data from nursing program administrators also may introduce variability in the accuracy of reported policies and practices. Furthermore, this study focused on a specific time period (April to December 2023), which may not fully capture the long-term effects of E2 policies, especially as nursing programs continue to adapt to the NGN and as the exam and student preparation strategies change over time.

IMPLICATIONS AND CONCLUSION

The findings suggest potential strategies for nursing programs to consider when preparing students for the NGN, though further research is needed to establish causal relationships and account for additional contextual factors. The strong predictive validity of the E2 highlights its continued importance as a benchmark for NCLEX-RN preparation. Nursing programs are encouraged to consider policies that emphasize structured, data-informed test preparation, along with opportunities for remediation and multiple attempts at the E2, to enhance student readiness and confidence. Given the evolving landscape of nursing licensure exams, these practices could serve as part of a continuous quality improvement framework that not only supports students' success on their first NGN attempt but also prepares them for the complexities of clinical practice.

However, these exploratory findings remain incompletely confirmed, as a correlational research design was used in this study, and factors such as student motivation, faculty support, and external NCLEX-RN preparation were not tak-

en into account. Therefore, future research should consider experimental/randomized designs and collect a wider range of measures. Furthermore, future research should expand on these findings by exploring the long-term effects of various E2 policies on student outcomes, particularly in the context of the NGN. Investigating additional strategies that address the needs of students who do not pass the NGN on their first attempt also will be critical. Longitudinal studies tracking cohorts over time could provide deeper insights into how nursing programs can best support students in adapting to the NGN's emphasis on clinical judgment. Additionally, as the nursing education field continues to evolve, research into the interplay between exam preparation, educational practices, and real-world nursing competencies will be essential to inform evidence-based practices.

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TABLE A

E2 Program Policy Survey

Item	Response Options
Name	Open-ended text field
Email address	Open-ended text field
Name of institution	Open-ended text field
Location (city, state)	Open-ended text field
RN degree	Select one: ● BSN ● ADN
When do your students take their first HESI Exit Exam?	Select one: ● The term/semester prior to their final term/semester ● At the beginning of their final term/semester ● During their final term/semester ● At the end of their final term/semester ● Other
Which HESI Exit Exam score do you use to indicate NGN readiness?	Select one: ● First Exit Exam ● Last Exit Exam ● Highest Exit Exam ● Average Exit Exam ● Other
Do you require students to achieve a minimum HESI Exit Exam score?	Select one: ● Yes ● No
What is the minimum HESI Exit Exam score students are required to achieve?	Select one: ● 950 ● 900 ● 850 ● 800 ● Other
If students do not achieve the minimum score, are they required to take the HESI Exit Exam more than once?	Select one: ● Yes ● No
How many times are students allowed to take the HESI Exit Exam?	Select one: ● Two

	● Three ● Four ● More than four ● As many times as needed
Is the HESI Exit Exam score included in the course grade?	Select one: ● Yes ● No
What percent of the total course grade is used for the HESI Exit Exam score?	Select one: ● 5% ● 10% ● 15% ● 20% ● Other
Do you have specific test preparation requirements for students for the HESI Exit Exams?	Select one: ● Yes ● No
Which of the following activities do you require for HESI Exit Exam test preparation?	Select yes/no for each of the following: ● Student-driven learning plan ● Faculty-driven learning plan ● Specified time in learning activities ● Review remediation content from HESI Specialty Exams ● Practice test ● HESI Case Studies ● Elsevier's Adaptive Quizzing (EAQ) ● Sherpath ● Shadow Health ● NCLEX Review book ● NCLEX Review course ● Other HESI Exit Exam preparation activity
Do you require remediation?	Select one: ● Yes ● No
If you checked "yes" for any of the HESI Exam preparation activities listed above, please provide additional detail to help us understand your policy.	Open-ended text field
Which of the following activities do you require after HESI Exit Exams for remediation?	Select yes/no for each of the following: ● Student-driven learning plan ● Faculty-driven learning plan ● Specified time in learning activities ● Plan based on student score (e.g., lower score require more activities)

	● HESI Remediation ● HESI Case Studies ● Elsevier's Adaptive Quizzing (EAQ) ● Sherpath ● Shadow Health ● NCLEX Review book ● NCLEX Review course ● Other remediation activity
If you marked "yes" to any HESI Exit Exam remediation activities listed above, please provide additional information so we can better understand your response.	Open-ended text field
How much time do you allow for remediation between two HESI Exit Exam attempts?	Select one: ● Less than 1 week ● 1 week ● 2 weeks ● More than 2 weeks ● Other
How do you obtain information about INDIVIDUAL students' NGN results?	Please select all that apply ● State Board of Nursing report ● Student reported (not validated further) ● Student reported (validated further by faculty)
Is there any other information you would like to share about your program's policies about using HESI Exit Exams for NGN readiness?	Open-ended text field

Note. BSN = Bachelor of Science in Nursing; ADN = associate degree in nursing; NGN = Next Generation NCLEX.