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Nationally Certified School Nurse (NCSN) Review Course



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National Board for Certification
of School Nurses

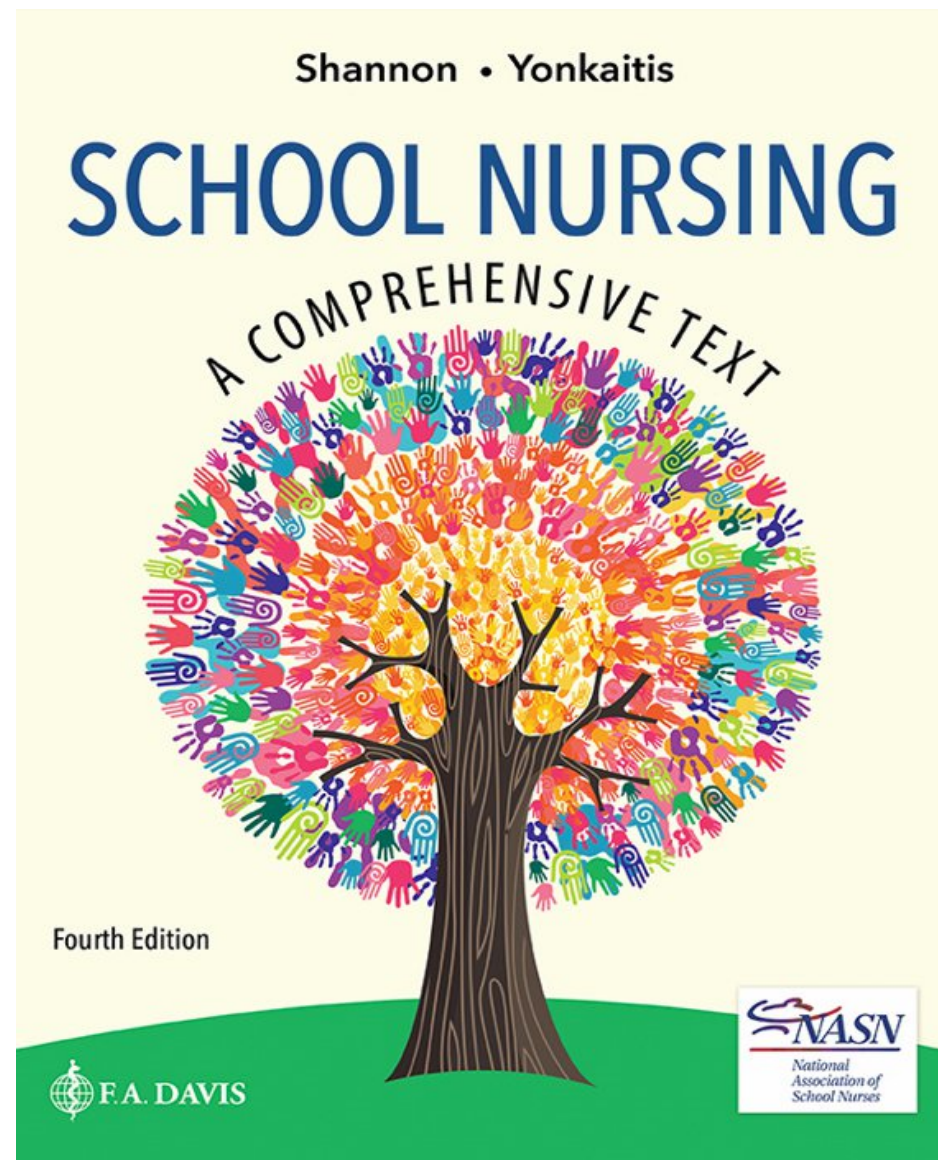
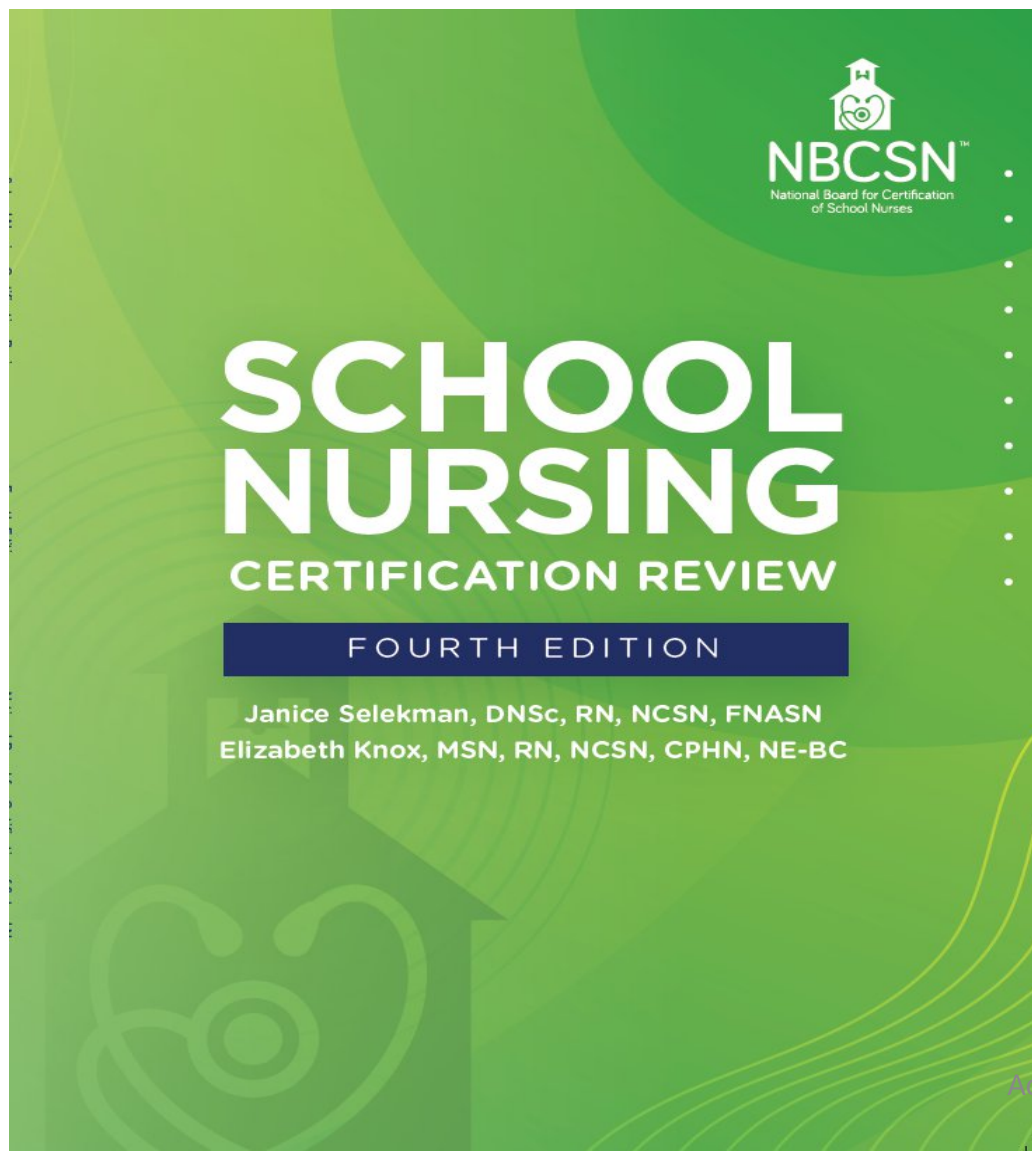


**NURSE
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Disclosures

- I am not an employee of NBCSN; I have never written their questions and I am not on their board, but I have taken the exam. They hired me to write the Revision of the Certification Review Book
- I am not an employee of NASN; they hired me to develop and write the first 3 editions of the textbook as well as the original certification review book.
- The content in this course is exclusively mine. There is NO input from NBCSN regarding content or the test beyond what is publicly available.

Current School Nurse Certification Resources



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Session 1a: Exam Overview



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National Board for Certification of School Nurses

- NBCSN
 - Writes, administers, and scores exam; awards certification
 - www.nbcsn.com
 - Address all questions about registration and issues to nbcsn
- NASN (your professional organization)
 - No conflict of interest
 - **The textbook belongs to NASN; the certification review book now belongs to NBCSN**
- The content in the review book is mine!
 - I did not write the 4th edition of the text, but I have read it to assure no conflicts

Exam

- Eligibility
 - Bachelor's degree in nursing (BSN) and valid RN license
 - 3 years of experience suggested – but one year required (1000 hours)
- NBCSN says certification should be voluntary
- Given 3 times per year (about **4 weeks each**)
 - Specific dates for registration and exam dates are updated continuously on the NBCSN website in the Certification Handbook
- There is a REGISTRATION WINDOW approximately 6-9 weeks before the exam; it ends one month before the exam

Testing Window - 2026/2027

| Registration window | Testing window |
|---------------------|---------------------|
| Closed | 7/9/26 - 8/16/26 |
| 8/17/26 - 9/22/26 | 10/22/26 - 11/22/26 |
| 11/23/26 - 2/1/27 | 3/1/27 - 4/4/27 |
| 4/5/27 - 6/6/27 | 7/6/27 - 8/8/27 |
| 8/9/27 - 9/28/27 | 10/21/27 - 11/21/27 |

Exam

- Questions are based on a test plan/ blue print
 - Based on a job and task analysis (role delineation study) ☾ blueprint
- **Questions are national in scope**
- 200 multiple choice, objective questions; 175 are scorable
 - 25 DO NOT COUNT
- 4 hours
- No penalty for guessing – **answer all questions**
- Passing score is approximately 620
- **Unofficial exam results are available immediately after the exam.**
- National pass rate – approximately 75% - 84%

Test Plan

- Health Appraisal and Nursing Process 30% [52 questions]
- Health Promotion/ Disease Prevention 23% [41 questions]
- School Health Practice Considerations 18% [32 questions]
- Professional Responsibility 29% [50 questions]

PSI

- A company called PSI administers the test
- Multiple testing centers
- Computer based test
 - You can go back; you can change answers
 - No answers are submitted until you designate SUBMIT on last screen
- Simple calculators allowed – but not on your phone
 - One is provided on the computer screen if needed

Testing day

- Come early
- Bring ID (driver's license, passport, military ID)
 - Must be same name as registration info

Study tips

- Study groups
- Practice Questions
 - UNDERSTAND RATIONALES
- Most states have a Liaison with NBCSN who may have tips for you.
- Resources – as per NBCSN [Textbook and Review Book]
- **Ages 3-22**

THINK NATIONALLY – not your state

FOCUS ON THE PRACTICING SCHOOL NURSE

REVIEW growth and development and physical assessment

Know what is normal and what is not

Understand educational law and its implications

Look at NBCSN content outline and tasks

Test-taking strategies

- Answer EVERY question: there is NO penalty for guessing
- Look for KEY WORDS: first, best, most appropriate, next step, best response, physiologic need
- What part of the NURSING PROCESS is being asked?
 - Assess, evaluate care, plan
- Watch for NEGATIVES: “all of the following except”
- Watch for ABSOLUTES: all, should always, never
- Think chronological (or mental) age, condition, and environment
- Read the entire question; don’t subtract or add info; don’t ask “what if”, or say “but I had a student who....”

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Session 1b: Foundations of School Nursing Practice



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National Certification

- Purpose: reflects excellence/ competency and professionalism in a specialty area beyond entry level
- National Nursing Certification recognizes one's knowledge and competence beyond meeting basic state requirements

Differentiate Licensure, State Certification, National Certification and Accreditation

- Licensed as an RN – **legal credential** – **purpose is to protect the public**
- States may have requirements for you to be a School Nurse
 - Some states have programs; some nothing
- National Certification denotes mastery
 - Attainment of core body of knowledge to enhance practice and improve the quality of care
 - Career milestone; professional recognition
 - Sign of distinction and competence
 - Bragging rights for hiring body
 - Good for 5 years
- Accreditation is “certification” of programs, not individuals

Definition of School Nursing

- School nursing, a specialized practice of nursing, protects and promotes **student health**, facilitates optimal **development**, and advances academic success. School nurses, grounded in **ethical** and **evidence-based** practice, are the leaders who **bridge health care and education**, provide **care coordination**, **advocate** for quality student-centered care, and **collaborate** to design systems that allow individuals and communities to develop their full potential (NASN, 2017).

Purpose of School Nursing

- Support student success by providing health care through assessment, intervention, and follow-up for all children within the **school** setting.
- Address the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.
- Bridge health care and education
- Help keep children healthy, safe and ready to learn; have students in their learning environment in their optimal state of health

Nursing Process

- **Assessment – collect comprehensive and pertinent data
 - **Subjective data – what patient says; chief complaint**
 - **Objective data – what is seen, heard, felt, smelled; known medical diagnoses**
- **Diagnosis – interpretation of data – hypothesis
- Identify expected outcomes
- Planning
- Implementation
- Evaluation
- Follow-up

- **Cannot be delegated to a non-nurse

Standards of Practice

- Agreed-upon levels of practice developed by the profession to characterize, measure, and provide guidance for achieving excellence
 - **GOAL: improve quality of care**
- Professional expectations
- In a court of law – what a reasonably prudent school nurse would do
 - **NOT law (but it is Best Practice)**
- Scope = who, what, why, when, and where practice occurs
- Standards of Practice and Standards of Professional Performance – 18
- Competencies articulate specific skills and knowledge parameters to ensure critical thinking and sound decision-making

Standards of Practice and Professional Performance

- Standards of Practice

- 1. Assessment
- 2. Diagnosis
- 3. Outcomes Identification
- 4. Planning
- 5. Implementation
 - 5a. Coordination of Care
 - 5b. Health Teaching and Health Promotion
- 6. Evaluation

- Standards of Professional Performance

- 7. Ethics
- 8. **Advocacy**
- 9. **Respectful and Equitable Practice**
- 10. Communication
- 11. Collaboration
- 12. Leadership
- 13. Education
- 14. **Scholarly Inquiry**
- 15. Quality of Practice
- 16. Professional Practice Evaluation
- 17. Resource **Stewardship**
- 18. Environmental Health

History and Public Health Framework

- Henry Street Settlement – New York – 1902 – Lillian Wald
- 4 week experiment – Lena Rogers
 - Focus on decreasing absenteeism
 - Identify and treat infectious disease – and then get them back to school
 - Outcomes
 - Introduced policy of cure and policy of prevention
 - Collected data
 - Aware of impact of social determinants of health

Principles of Public Health

- Focuses on community/group – not individual
 - Do the greatest good for the greatest number of people
- Uses Health Continuum (wellness to illness)
 - Goal is to function at greatest level of wellness and improve health of society
 - Disease is not synonymous with illness
 - Health is impacted by the Social Determinants of Health
- Health promotion, disease prevention, health services
- Principles of disease prevention, surveillance, screening
 - Use the nursing process to gather data to assess the health of the population (epidemiology)

Health promotion

- Nutrition
- Activity
- Sleep
- Personal hygiene
- Bike/car seat safety/ helmets
- Decrease stress
- Dental

Disease Prevention Levels (of populations)

- **Primary Prevention** – promote health of all – to maximize human potential and well being to decrease disease prevalence and change patterns of behavior to more positive ones; promote self responsibility for health; immunizations (herd immunity), health promotion (eating, sleeping, seat belts, dental)
- **Secondary Prevention** – Catch problems early - Screening of high risk groups to decrease **morbidity** [early case finding]
- **Tertiary Prevention** – Prevent complications and exacerbations of conditions that already exist, including pap smears and self exams for staff; preventing repeat pregnancy or resuming risk behaviors

NASN Framework Principles

- **Care Coordination**

- Case management, direct care, delegation, collaborative teams, and developing and implementing plans of care

- **Leadership**

- Advocacy, being a change agent, and policy development

- **Quality Improvement**

- Documentation and data collection, performance appraisal, and making decisions using evidence-based findings

- **Community/Public Health**

- Access to care, cultural competency, population health, disease prevention, health education and promotion, and assessing the impact of social determinants of health

- The student is at the center of the framework (in the context of family, school, and community; the focus is on the student's health, achievement and well-being)

State law

- All laws related to health and education are state laws
 - With exceptions
- This is a national exam – think beyond your state
- **State Nurse Practice Act states what qualifications are needed to be a (school) nurse and what the nurse IS and IS NOT allowed to do**
 - The goal is to protect the public

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Session 2:

Children and Their Families



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Growth and Development

- Development = physical, cognitive, and psychosocial
 - Includes communication/ language skills
 - Development implies maturation
 - **Your Goal: Promote development**
- Growth and Development occurs:
 - Cephalocaudal (head to toe)
 - Proximodistal (core to extremities; gross motor to fine motor)
- **Affected by genetics, environment (social determinants of health), and health/ nutrition**
- **Developmental assessment** is determined by comparing physical, cognitive and psychosocial markers of what child is expected to do

Growth and Development

- Your role requires that you are able to do a developmental assessment
 - Early identification allows for early intervention ☾ decreases **morbidity**
- Observe in structured and unstructured environment
- Chronological age vs. Mental age
 - Bone age for short stature
- Refer to children as “typical” rather than “normal”
- You can NOT diagnose
 - “The next time you take your child to the doctor you may want to ask....”

Use your knowledge of G & D to:

- Knowing the stages of physical and mental development guides school nurse communication with children, lessons taught, assessment of what is normal, development of plans of action and interventions, especially related to health and illness
- Impact screening tools and directions
- Critique policies and recommend change
- Recommend playground equipment
- Recommend timing for bathroom use, hydration needs, snack times, cognitive level of directions, play activities
- Help parents understand what is expected/ normal

Developmental Theories

- Sequential nature of development
- COGNITIVE – Piaget
 - Cognitive development occurs through interaction with the environment; impacts on how material is taught
- PSYCHOSOCIAL – Erickson
 - Interaction with others and awareness of self
- ~~MORAL – Kohlberg~~

Piaget – Cognitive only

- *Preoperational – 2-7
 - **Egocentric** – only see things from their own perspective
 - **Magical thinking** – may result in fears and misunderstanding of cause
 - Non-logical thought; non-reversible
 - **Focuses on one object at a time**; does not see big picture
 - ROLE PLAY is the best way to teach
- *Concrete – 7-11
 - Logical thought, inductive reasoning, **concrete facts**
 - Concepts of conservation, reversibility, nesting, parts/whole
 - COLLECTIONS, SORTING
 - Can consider another's point of view
 - Health teaching with visual aids – **hands on learning**
- Formal – 11+ (abstract thought/ deductive reasoning)

Erickson – Psychosocial only

- Core conflicts
- [Trust vs. Mistrust – 0-1
 - Respond and meet needs consistently results in trust]
 - [Involving teen dads in baby's care benefits the social-emotional development of baby]
- Autonomy vs. Shame and Doubt – 1-3
 - Toilet training, self-dressing and feeding
 - Increased independence with praise
- * Initiative vs. Guilt – 3-6
 - Begins to develop conscience
 - Begins to develop a sense of initiative
 - ROLE PLAY to learn about the world
 - Encourage exploration, mastering their bodies, interactions with others
 - Repeat actions to decrease anxiety; establish health routines
 - Tolerates separation from parents

Erickson

- *Industry vs. Inferiority – 6-12 (school age)
 - Achievement/ projects ☾ self esteem, self confidence
 - Cooperation/ competition
 - Learn rules
 - Social relationships; have a friend
 - [nurse's office = respite from pressure]
- *Identity vs. Role confusion – 12-19 (adolescent)
 - Self concept as body changes, roles in society, peers (acceptance)
 - Concerned with how others perceive them
 - Sense of worth (must develop a sense of who they are and how they fit into the world)
 - Test limits (high risk behaviors)

Moral Development

- Internally knowing right from wrong – avoid getting caught
- AGE 9
- Adolescents develop own set of moral principles

Preschool Developmental Tasks – Ages 3-5

- Balance (skip, hop, jump); tricycle, walk down steps alternating feet
- Dress self, toilet trained (some accidents), brush teeth
- Copy circle and cross; use scissors; develop hand dominance
- Starting awareness of others' feelings; learns to take turns
- Begins to understand rules
- Possible imaginary playmate (to deal with fears and loneliness)
- Takes pride in accomplishments
- Begins to communicate feelings
- Should have 20 deciduous/primary teeth
- Beginning concept of time
- Leading cause of death - accidents

Preschool Developmental Tasks

- Concrete thinkers – one idea at a time; can follow 2-step directions
 - Give short honest explanations
 - Promote role play with equipment
- Understand simple concepts (biggest/ now)
- Learn about colors [test color vision]
- Beginning to know racial and sexual differences
- Develop body image
 - Respect privacy and modesty
- DIET: 3 meals and 2 snacks (don't mix food together)
- DISCIPLINE (1 minute per year; tell when time is up)
 - OR help with self regulation by refocusing and identifying alternatives
 - **NO CONCEPT OF TIME**
- Begin concept of causality – but still have magical thinking
- Teach hand washing, dental care, water/fire safety, healthy food

School Age Developmental Tasks - Ages 6-12

- Tie shoes, 2-wheel bike, play instrument/sport/swim/tasks
- Printing/writing/spelling/reading/math
- Concept of cause/effect
- Understands time
- **Loss of first teeth (6) - all permanent teeth in by 12**
- Vision matures around age 7
- Peers - most important
 - Cooperative play, games, first true friend
 - Self concept via peers; sexual identity;
- Moral development - around age 9
- Fantasy play/ daydreaming
- Phobias/ psychosomatic concerns
- Leading cause of death - accidents; second is suicide; 3 = cancer; 4th is homicide

School age Developmental Tasks

- Ask consent before nursing interventions
 - Ask ASSENT for research participation from age 7
- Involve child in care
- Beginning puberty; provide privacy; active listening
- Give concrete explanations
- Be consistent in responses and discipline
- Stranger danger, sex education, good nutrition and physical activity
 - Assure calcium, phosphate and Vitamin D to provide adequate bone density before adulthood
- Should understand the consequences of their actions
- Encourage independence

Precocious Puberty

- Development of secondary sex characteristics
 - Under age 8 for Caucasian females
 - Under age 7 for African American females
 - Under age 9 for males
- Interact with them based on their cognitive/mental age and not based on their physical development

Adolescent Developmental Tasks

- Secondary sex characteristics
 - Puberty = physical changes – hormones
 - LH ☾ testicular growth and testosterone
 - First sign of male puberty = 11; sperm around 13; before pubic hair and growth spurt
 - Nocturnal emissions/ wet dreams; misinterpreted as enuresis
 - FSH ☾ seminiferous tubules ☾ sperm
 - ☾ development of ovaries and estrogen production
 - ☾ all secondary sex characteristics in female except pubic and axillary hair
 - **First sign of female puberty = breast buds** (around age 10 [7-13])
 - **First sign of male puberty = testicular enlargement**
 - Tanner scale – pubertal development
 - Earlier in African-American
 - Males may have breast tissue (gynecomastia) due to estrogen
 - **Menses – 2-3 years after bud stage** (end of growth; [males grow until 20])
 - Dysmenorrhea = painful periods
 - Delayed puberty >13 in females and >14 in males (due to decreased nutrition/eating disorders, chronic conditions, endocrine dysfunction, or genetics)

Tanner Scale



| | Female | Both | Male |
|--------------|-----------------------------------------|-----------------------------------|----------------------------------------------------------------|
| Stage | Breast | Pubic hair | Genitalia |
| I | Preadolescent | None | Childhood size |
| II | Breast bud | Sparse, long, straight | Enlargement of scrotum/testes |
| III | Areolar diameter enlarges | Darker, curling, increased amount | Penis grows in length; testes continue to enlarge |
| IV | Secondary mound; separation of contours | Coarse, curly, adult type | Penis grows in length/breadth; scrotum darkens, testes enlarge |
| V | Mature female | Adult, extends to thighs | Adult shape/size |

Adolescent Developmental Tasks

- Height: when growth stops, so will any continued development of scoliosis
 - Height stops with closing of epiphyseal plates in long bones
 - Nutrition: Promote IRON AND CALCIUM
 - If on progesterone birth control – increase B vitamins (leafy green vegetables), calcium, magnesium and folate
- Increased muscle mass
- Girls develop fatty tissue on thighs, hips, and breasts; therefore females have a higher percentage of fat tissue compared to males
 - Menarche needs about 17% body fat to start and 22% to maintain
- Apocrine sweat glands ☾ body odor
- Sebaceous glands ☾ increased sebum ☾ acne

Adolescent

- Leading causes of death: accidents, **homicide, suicide**
- Cognitive development: abstract thought
- Identity vs role confusion: who and what am I?
 - Identify strengths/limitations
 - Dating? Importance of peers? Planning for separation from parents

Gender Identity/ Sexual Orientation

- Gender identity – the gender with which you identify and feel most comfortable regardless of your biologic sex (male/transgender/female)
 - **Cis-gender** is when one’s biologic sex and gender identity match
 - Be sensitive to pronouns
 - NOTE: Children may be aware they “are not in the right body” as young as 3
 - Nonbinary – either a mix or neither
- Sexual orientation – the sex to which one is sexually attracted
 - Opposite sex, same sex or both (Lesbian/Gay/Bisexual)
- Gender-affirming care

Communication

- Use open-ended questions rather than 'yes/no' questions
- Active listening
- Non-judgmental
- **Respond to their issue**
- **Privacy....EXCEPT**
 - Hurt self
 - Hurt others
 - Someone is hurting them
- NURSES ARE MANDATED REPORTERS

Family

- Child and family are a unit
- Multiple family constellations
 - Make forms non-judgmental
 - Child going between homes (impact on notes/meds/consistency)
 - Grandparents/ guardians – check who has custody to pick up child
- Angry parent – let them vent; don't yell back; refocus conversation; be safe; be respectful; refer to someone who can help them
 - Assure your own safety
- Non-compliant parent – Find out what their issues are and help them overcome barriers (preferred term is now NONADHERENT)
- Latchkey kids – give parents list of resources to keep kids safe

Family

- Homeless – health issues, hunger, sleep
 - **McKinney-Vento Act** – full access to school; LEA must help get school requirements met (immunization records). [a Federal Statute]
- Immigrant – language barriers must be addressed
 - Be aware of endemic diseases
- Poverty
 - Federal breakfast and lunch programs
 - Lack health insurance
 - Social Determinants of Health

Types of parenting

- Authoritative parent has best outcomes
 - Provides clear guidelines and supportive discipline, fosters communication, cultivates nurturing relationships
- Authoritarian
 - Strict rules and one way conversations
- Permissive
- Uninvolved

- In Loco Parentis - in place of parents

Social Determinants of Health

(non-medical factors that affect quality of life and risks and influence health outcomes)

- Socioeconomic status (poverty/ food insecurity) [Economic Stability]
- Education/ literacy
- Social and community context/ discrimination/ participation
- Race or ethnicity
- Sex
- Sexual identity
- Age
- Health and Health care/ Disability/ health insurance
- Neighborhood: safety, crime, access to food, housing, lack of transportation can limit a child's access to care

School nurses can mitigate effects by advocacy and accessing services

ACES – Adverse Childhood Experiences

- **STRESS**

- Traumatic experiences in childhood that impact health and well-being
 - Abuse, neglect, mental illness or substance abuse in the family, separation/divorce/prison
 - Lead to alcohol or drug abuse, depression, ischemic heart disease, poor quality of life, financial stress, unintended pregnancy, suicide attempts, poor academic achievement
 - Teach resilience, family communication, respect, coping, trust, CONNECTEDNESS
- Trauma-Informed Care ☾ safe environment to rebuild control and empowerment; peer support (empathy, validation, treat as equal)
 - Shifts reaction from “what’s wrong with them” to “what happened to them”
 - Acknowledges that feelings and behavior are normal
 - Connectedness is vital when working with traumatized students

Whole School, Whole Community, Whole Child Model

- Aligns education, public health and school health to improve each child's cognitive, physical, social and emotional development
- Consists of 10 components, of which school nurse is part of health services. Other components are health education; physical education and activity; nutrition services; counseling, psychological, and social services; school climate; physical environment; employee wellness; family engagement; and community involvement

Culture

- Culture – an integrated pattern of learned beliefs and behaviors that can be shared among groups
- Cultural sensitivity ☾ cultural competence ☾ cultural congruence
 - Cultural sensitivity – aware of your attitude to a culture and not offending
 - Cultural competence – taking action based on knowledge and respecting their values and practices
 - Cultural congruence – apply evidence-based nursing that is in agreement with the preferred cultural values/practices of the healthcare consumer
 - Cultural humility – world view and inclusive of health disparities and inequalities
- **Do not assume** their practices, beliefs or values: ASK
 - What is important to the family

Culture

- Respect
- Communication:
 - Are they silent because they understand (but really don't) and they are just being respectful?
 - What words are being used?
 - Language (translators – think FERPA)
 - Behavioral Response Patterns (how do they handle pain)
 - Eye contact
 - Who can make decisions; who speaks for the family
- Disease prevention
 - Internal or external locus of control?
 - Who is responsible for disease prevention?
- Privacy
 - Who can examine and what can be examined
- Nutrition/ Dress/ Practices
 - Food: fasting for Ramadan, kosher, vegetarian
 - Practices: coining and cupping, non-traditional medicine
 - Dress (hijab, yarmulke, long sleeves)