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Appendices

Appendix A—The Performance of Nursing Candidates From Iowa

Appendix B—Nursing Faculty Survey Results

Appendix C—Institutional Survey

Appendix D—List of Program/Faculty Factors Impacting NCLEX Results
RN NCLEX TASK FORCE APPOINTED MEMBERS

Ann Aulwes-Allison, RN, EdS, Board Member
Indian Hills Community College

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Dr. Robert Boody
Professor
University of Northern Iowa
**Introduction**

In 2004 Iowa's RN NCLEX results were dramatically below the national percentage. In March 2005, the Iowa Board of Nursing voted to establish a task force to address the drop in Iowa's passing percentage. The task force was charged with examining the variables impacting the RN NCLEX scores and designing a strategic plan of action and evaluation to facilitate nursing programs to increase RN NCLEX passing scores.

In April 2005 the Iowa Board of Nursing appointed ten members to the RN NCLEX task force. The appointed members are all heads of programs from Iowa.

In addition to the members, Dr. Robert Boody, a professor in the College of Education at the University of Northern Iowa, was hired as a consultant. Dr. Boody's expertise is in the area of educational measurement, research and program evaluation.

The task force met six times over the last year. The task force reviewed and discussed pertinent information and findings to guide them in carrying out the charge. The following materials were reviewed:

- National Council's NCLEX Reports.
- Iowa Nursing Program Statistics.
- In-state Nursing Program Data.
- Correspondence from other state boards of nursing.
- National Council NCLEX Resources.
- Literature reviews conducted by Task Force members on NCLEX Pass Rate.

To also accomplish the charge given to the task force, the members and Dr. Boody decided the best way to examine the variables impacting the NCLEX results was to develop and conduct a survey. Dr. Boody developed two surveys: (1) for the institution (nursing program) and (2) for the faculty. The surveys were completed and Dr. Boody compiled the data and results.

**Review of Materials**

The review of materials from other states and National Council of State Boards of Nursing (NCSBN) provided relevant information to the task force.

These reviews primarily focused on studies of predictors of NCLEX success/failure and efficacy of NCLEX preparation efforts. There are a number of indicators that may be predictive of NCLEX success or failure including admission policies, pre entrance examinations and grade point average, nursing course grade point average, scores on NCLEX predictor examination and repeat of courses.

Research findings support preadmission assessment and reassessment after completing the nursing skills course and after taking the predictor examination. After each assessment students
should receive advisement and referral for study methods. Other program strategies to facilitate student success include use of review materials and teaching methods that facilitate critical thinking, test review and emphasis using the NCLEX RN test plan. Student success requires assessing each student as a unique and complex being and intervening throughout the academic continuum.

The NCSBN has examined pass rates of candidates who delay taking the examinations, trends in NCLEX pass rates and the performance of repeat testers.

Among the findings of interest are the following:

- Pass rates decrease with time between graduation and completion of the examination.
- Repeat candidates and first-time foreign-educated candidates tend to wait the longest to take/retake the examination and they produce the lowest pass rates.
- Pass rates are lowest between October and December of each year, presumably because this is when there are a higher proportion of candidates testing who graduated in May but have waited to take the exam.
- A large percentage of candidates who repeat the examination will eventually pass, but pass rates decrease with each attempt.

NCLEX statistics and test plan information are readily available on the NCSBN Website.

**California Task Force Summary**

The California Board of Nursing NCLEX-RN Task Force submitted a report in December 2000. The Task Force reviewed the literature and national data. They conducted surveys and interviews and identified factors impacting NCLEX pass rates. Factors identified were student’s employment hours, family responsibility, having English as a second language, failing courses, delay in taking the NCLEX examination and limited knowledge by nursing faculty of the NCLEX test plan. California had also experienced a change in education regulation in the early 1990’s regarding admission criteria in Associate Degree Programs.

California Task Force recommendation for students is early completion of the licensure examination, use of assessment tests to identify areas of weakness, practice on computerized examinations, and additional study time. Recommendations for nursing faculty and administrators included increasing familiarity with the NCLEX test plan, improvement of item-writing skills, evaluation of NCLEX results to identify necessary program curriculum changes, limiting the number of times students can retake courses and adding a synthesis course the last semester to integrate areas that need focus.

**Oklahoma Task Force Summary**

The Oklahoma Board of Nursing NCLEX Pass Rate Task Force submitted a report in 2003. The Task Force reviewed the literature, NSCSBN research, California Task Force Report and
Oklahoma statewide data. In reviewing Oklahoma nursing education program reports commonalities were identified such as: not using accessible data to evaluate correlation between admission scores, predictor examinations and NCLEX pass rates, admission requirement, student characteristics and faculty turnover.

The Oklahoma Task Force conducted a survey of nursing education programs. Based on an 86% return rate they noted a majority of programs have minimum academic requirements for admission, allow students to repeat courses, policies on identifying students at risk but lack of follow up, and faculty development.

Oklahoma Task Force recommendations were in the areas for Board of Nursing, Nursing Education Programs, Students and NCLEX candidates and Employers. Recommendations for the Board of Nursing included articulating and enforcing program evaluation using student outcomes and pass rates, using the annual report for ongoing evaluation of factors influencing each program's NCLEX results, providing opportunities for faculty development and instituting regulations so NCLEX candidates take the NCLEX examination within one year from graduation. Recommendations for Nursing Education Programs are centered on using systematic evaluation to track the correlation of factors influencing success/failure of NCLEX exams and provide faculty development.

Recommendations for students are centered on students taking an active part in study and test taking skills, test preparation and taking the NCLEX examinations with a year of graduation. Recommendations for employers were providing support and benefits to help employees who are students succeed and provide recognition for success.

Iowa Programs Passing Percent and the National Passing Percent

In January 2000, the Iowa Board of Nursing amended the rules to set the acceptable NCLEX pass rate as 95% of the national passing percent. The NCLEX passing percentage is based on all first-time applicants who take the examination within six months of graduation.

The nursing programs below 95% of the national passing percentage, for first-time test takers, for two consecutive years are required to submit an institutional plan for assessment and improvement of NCLEX results.

In 2004, six programs' NCLEX scores fell below 95% of the national passing percentage and submitted an institutional plan to the board. In 2005, there were seven programs that submitted institutional plans.

The review of the institutional plans identified common strategies proposed to be taken by the nursing programs to increase their NCLEX results.
Commonalities include:

- Encouraging faculty participation as National Council NCLEX item writers.
- Encouraging faculty participation in the National Council's course on Assessment Strategies.
- Increasing GPA requirements for admissions.
- Developing faculty/student mentoring sessions.
- Using predictor standardized testing.
- Decreasing the number of admissions into nursing programs.
- Increasing the resources for faculty development focusing on test construction.
- Developing nursing faculty forums focusing on teaching methodologies.
- Developing extensive new faculty orientation programs.
- Initiating a comprehensive plan to review nursing curriculum including theory and length of clinical rotation.
- Requiring RN-NCLEX review courses.
- Developing clinical internship courses.

It is important to note that these program strategies have only been in place since 2004 and there has not yet been sufficient time to analyze their effectiveness as it relates to NCLEX program results.
RESULTS OF SURVEY/S OF NURSING EDUCATION PROGRAMS

In October 2005 two surveys were developed by the consultant, Dr. Robert M. Boody in concert with the RN NCLEX Task Force to identify their perceptions of factors impacting the NCLEX RN pass rate and the actions taken by programs to address pass rates. One survey was for the nursing education program and one for the faculty of the nursing education programs. Based on data obtained from 39 nursing education programs and 142 nursing faculty members, the Task Force noted the following.

Institutional Survey

A. Admission Requirements

1. The majority of the programs use the “transfer GPA” as an admission requirement for the nursing program. Approximately one half use “compass” and the other half use “ACT/SAT” as an admission requirement for the nursing program.
2. The majority of the programs reported they have changed and/or increased the admission requirements in the past five years. Most changes took effect within the last two years so outcomes have not been evaluated.

B. Program Components

1. Approximately one half of the programs identify students who are at risk for failing the program or the NCLEX exam. Most programs use a national normed exam designed to predict success on the NCLEX exam in conjunction with other factors related to Grade Point Average (GPA) and success in both nursing and prerequisite courses.
2. The majority of the nursing programs use the NCLEX test template in curriculum design and test construction.
3. The majority of the programs expressed difficulty in finding clinical sites with Pediatric, Obstetrics, Mental Health and Medical Surgical being the highest reported in descending order. The most common reasons given were multiply schools using the sites and competition for clinical sites. Rural hospital settings and finding qualified clinical instructors were also mentioned.

C. Environment

1. The majority of the schools offered student support services such as academic advising, orientation, tutoring, study skills and learning center resources.
2. The majority state attrition is early in the program mostly due to academic reasons.
3. The majority of faculty development is within the nursing education programs through orientation, mentors, peer support, evaluation and inservice. The biggest development needs were in the area of curriculum development, teaching skills and test construction.
4. Faculty turnover was very high with ranges from 5-75% with the most frequent being 25-50% turnover. Several programs have added nursing faculty positions as well which adds to the number of new faculty. The most frequent reasons for faculty turnover were retirement and non-competitive salaries. The average time to replace a faculty member was 6 months and several programs had unfilled positions.

5. The majority (80%) reported making changes in teaching methods in the last two years. Methods include more interactive and case study methods, changes in testing, enhanced critical thinking opportunities and use of technical and web-based learning.

6. Reasons given why students failed the NCLEX on their first attempt centered on students who were at risk, preparation for the exam and psychological factors.

7. The majority of the nursing programs use a standardized test to monitor and/or predict performance on the NCLEX exam. Various tests are used but all give feedback to students and faculty on the results.

D. The majority of the nursing programs feel the reasons the first-time pass rate on RN NCLEX has dropped in Iowa are:

1. Low admission standards.
2. Increased enrollment.
3. Faculty shortages.
4. Faculty turnover.
5. Faculty inexperience in teaching methods and test construction.
6. Student's attitudes and lack of focus on the program.
7. Lack of student's preparation for the NCLEX.
8. Length of time between student's completion of the program and taking the NCLEX.
9. Student's stress levels due to employment and family responsibilities.
10. Program curriculum and progression criteria.
11. NCLEX test plan change.

E. Strategies nursing programs have implemented to raise the NCLEX first time pass rate are:

1. Implement a standardized testing throughout the program for advising, progression and curriculum evaluation. Many of these tests are computerized.
2. Faculty development includes teaching methodology, critical thinking, NCLEX test plan, and test construction.
3. Change in policies on admission requirements, repeating courses and progression.
4. Offering review courses and enhancing student advising.
5. Curriculum revisions using NCLEX mapping and test plan along with standardized exams.
Nursing Faculty Survey

A. Faculty were asked to rate 16 factors occurring in their programs and which were related to how students perform on the NCLEX RN exam. The highest ranked items for impacting performance were:

1. “Use of critical thinking” (M=3.29).
2. “increased faculty turnover” (M=2.79).
3. “greater use of adjunct/part time faculty” (M=2.73).

B. Two general factors which different studies and groups have suggested may be linked with a decline in pass rate were seen as “moderately” linked to decline in pass rate. There were changes in the criterion level of NCLEX (M=2.87) and “changes in the testing format of NCLEX” (M=2.67).

C. Faculty were asked to rate 14 factors which different studies and groups have suggested may impact the performances of RN program graduates on the NCLEX RN exam. The highest ranked items for impacting performance were:

1. “students working more hours” (M=3.59).
2. “student study time” (M=3.5).
3. “students participating actively in their leaning” (M=3.36).

All three of these values were in between the “moderately” and considerably” levels.

D. Factors that may improve NCLEX performance for graduates and which have occurred in the program within the last two years.

1. “students have more opportunities to take NCLEX practice exams on the computer” (M=3.06).
2. “administration has been supportive of maintaining high academic standards” (M=3.03).
3. “NCLEX test plan incorporated into the curriculum” (M=3.02).

E. Twenty-three percent (23%) of faculty reported that they use the NCLEX test outline in their course organization or test blueprints considerably, while fifteen percent (15%) responded that they do not use it at all.

F. Faculty were asked to rate 29 factors for perceptions of being related to passing the first time. Almost all of these factors were perceived to be at least “moderately” related; even the lowest was halfway between “slightly” and “moderately”. Of this group, the factors rated the highest were:

1. “taking the NCLEX seriously” (M=3.83).
2. “taking it soon after graduation (within 3 months)” (M=3.8).
3. “high ability in reading” (M=3.76).
All three of these values are near the highest value possible for the “considerably” level.

G. Data shows the majority (57%) of the faculty have been at their present institution for 6 years or less and 42% report having been educators for 6 years or less.

H. The top five instructional methods reported used were; lecture, discussion, case study analysis, use of technology and small group projects as reported by 128 respondents.

I. Types of teacher development faculty have experienced in the last three years are:

1. Inservice(s) on instructional approaches (81.5%)
2. Mentoring of new faculty (67.2%)
3. Inservice on test construction (52.9%)
RN NCLEX TASK FORCE RECOMMENDATIONS

Iowa Board of Nursing

1. Hold nursing education programs accountable for their NCLEX pass rates as outlined in 655 IAC Chapter 2.

2. Utilize the nursing program's annual reports and the approval process (Nursing Education Program Report) as a means for ongoing evaluation of factors influencing each program's NCLEX results.

Nursing Education Programs

1. Use of standardized testing throughout the program for advising, progression and curriculum evaluation.

2. Provide computerized testing and NCLEX review programs for student preparation.

3. Provide faculty development that includes instructional methodology with more student participation, test construction, utilization of the NCLEX test plan, curriculum review, critical thinking and student evaluation. Sponsor or facilitate seminars and courses in these areas.

4. Orientate faculty to the NCLEX test plan. Include information about the validity and job relatedness of the test plan.

5. Assess students for at-risk status upon admission or early in the program. Implement a plan to assist at-risk students to succeed in the program and on the NCLEX examination.

6. Affirm administrative support for maintaining high academic standards.

7. Evaluate and revise as necessary policies relating to admission requirements, ability to repeat courses and progression.

8. Analyze faculty turnover and implement methods to improve retention and recruitment including faculty development and mentoring.

9. Evaluate appropriate ratios of full time faculty in relationship to part time faculty and adjunct faculty to maintain and enhance quality education for students.

10. Develop and publicize scholarship programs in order to facilitate minimal employment during the time the student is enrolled in the nursing education program.
**Nursing Faculty – Theory and Clinical**

1. Utilize recognized assessment tests that are specific to your content area to evaluate student preparedness, student learning, course content and course delivery.

2. Familiarize faculty with the current NCLEX Test Plan and use it to develop course objectives and test questions.

3. Actively involve the student in the learning process utilizing case studies, patient care situations and simulations and emphasize critical thinking and reading ability.

4. Engage in faculty development and continuing education to further develop and enhance teaching skills including instructional methodology, test construction and analysis, curriculum and course development and evaluation, feedback and coaching methods, assessment and evaluation of student learning including theory and clinical. Computer testing and instructional technology should be included.

5. Utilize task force survey results to generate future research studies on variables impacting NCLEX scores.

**Students and NCLEX Candidates**

1. Accept responsibility for their success continuously throughout the program and become an active participant in the learning process.

2. Explore financial resources to ensure appropriate and minimal work hours while enrolled in a nursing program.

3. Utilize study and test-taking skills, reading and critical thinking workshops and resources early in the nursing program to facilitate development of those skills, which are most effective.

4. Participate in assessment tests and utilize NCLEX review material and study questions throughout the program.

5. Take the licensing examination within three months after graduation.

6. Develop a study plan for NCLEX preparation. Use computerized NCLEX practice examinations and simulate NCLEX testing conditions.

7. Use opportunities for study groups and tutoring.


**Recommendations for Employers**

1. Provide programs that foster success for employees attending nursing education programs. Consider options such as providing full-time benefits for part-time status during their academic enrollment, tuition reimbursement, scholarships, grants and flexible hours for testing and high study “peak” times.

2. Encourage and assist employees who are new graduates to adequately prepare for the NCLEX examination, through options such as allowing specified work hours for planned study sessions, reimbursement for review courses and reimbursement for the examination if taken within three months and passing the NCLEX examination.

3. Give special recognition for employees or potential employees who pass the NCLEX examination such as employee newsletter notice, restaurant and movie coupons or other forms of recognition.
CONCLUSION

There is still not a conclusive answer to why Iowa's NCLEX percentage dropped so significantly in 2004.

Developing and conducting two surveys cannot define the answer of low passing percents, but the data gathered as a result of the surveys can generate creative ideas, plans and future research.

Also, the recommendations if used may help to guide the Iowa Board of Nursing, faculty, students and employers to be proactive in helping to raise Iowa's results.
The Performance of Nursing Candidates from Iowa
Average Candidate Ability Estimate
1994 – 2005
### Iowa's Pass Rate Ranking
**1994 – 2005**

<table>
<thead>
<tr>
<th>Year</th>
<th>IA Ranking</th>
<th># of Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>43</td>
<td>54</td>
</tr>
<tr>
<td>1995</td>
<td>48</td>
<td>55</td>
</tr>
<tr>
<td>1996</td>
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<td>55</td>
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<td>2004</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>2005</td>
<td>48</td>
<td>56</td>
</tr>
</tbody>
</table>
Pass Rate for Associate Degree Candidates
1994 – 2005

- 1st-time U.S. Educated
- 1st-time IA Educated
Pass Rate for Bachelor’s (or higher) Candidates 1994 – 2005
Average Age of 1st-time Candidates
1994 - 2005

[Graph showing the average age of 1st-time candidates from 1993 to 2006, with two lines representing 1st-time U.S. Educated and 1st-time IA Educated candidates.]
Report on the Iowa Board of Nursing
Surveys:
Nursing Faculty Survey

Submitted to:
NCLEX-RN Task Force
Iowa Board of Nursing

Submitted by:
Dr. Robert M. Boody
University of Northern Iowa

May 2, 2006
Introduction

Because of concern over the declining first-time pass rate for the RN NCLEX in Iowa, the Board of Nursing established a task force to examine this issue. Members of the RN NCLEX Task Force included:

Kathy Weinberg,
Lorinda Inman,
Mary Kovarna,
Mary Donahue,
Katherine Frommelt,
Jule Ohrt,
Jane Hasek,
Donna Orton,
Carol Maxwell,
Bernadette Wise,
Barbara Krieg, and
Ann Aulwes-Allison.

In addition, Dr. Rob Boody, from the University of Northern Iowa, has been working with the Task Force as a research consultant.

Among other ways to address this issue, the Task Force decided to collect information from the nursing education institutions and faculty in Iowa. Dr. Boody met with the Board several times and then developed two surveys; one for institutions and one for faculty. The Task Force provided additional suggestions, revisions, and corrections. By early October the surveys were completed and put out on SurveyMonkey. URLs were sent out to each institution. The surveys were kept open for about three weeks.

The results below are based on the 142 faculty members of nursing programs who responded. The SurveyMonkey data report can be found as an appendix. What follows is a summary of this data in a more user-friendly format with commentary as needed. In some cases it was necessary to recalculate quantitative results as well as edit and/or content analyze open-ended responses to achieve readability and usefulness.
Summary of Results

1. Following is a list of program and faculty factors which different studies and groups have suggested may impact the performance of RN program graduates on the NCLEX-RN. Please mark in the first column to what extent that factor has occurred in your program. Then mark in the second column to what extent you see each factor as related to the performance of RN program graduates on the NCLEX-RN.

The choices were:

Not at all = 1   Slightly = 2   Moderately = 3   Considerably = 4   Not Sure

<table>
<thead>
<tr>
<th>Factor</th>
<th>Occurred in Program</th>
<th>Impacts Performance of Graduates on Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Loss of experienced long-term faculty</td>
<td>2.71</td>
<td>2.55</td>
</tr>
<tr>
<td>b. Higher admissions standards</td>
<td>2.45</td>
<td>2.71</td>
</tr>
<tr>
<td>c. Fewer applicants to the program</td>
<td>1.10</td>
<td>1.45</td>
</tr>
<tr>
<td>d. Increased faculty turnover</td>
<td>2.68</td>
<td>2.79</td>
</tr>
<tr>
<td>e. Greater use of adjunct/part-time faculty</td>
<td>2.87</td>
<td>2.73</td>
</tr>
<tr>
<td>f. Grade inflation in courses</td>
<td>1.93</td>
<td>2.32</td>
</tr>
<tr>
<td>g. Lack of knowledge of the NCLEX test plan</td>
<td>2.07</td>
<td>2.33</td>
</tr>
<tr>
<td>h. Limited opportunity for students to practice with computer adaptive testing</td>
<td>1.83</td>
<td>1.89</td>
</tr>
<tr>
<td>i. Use of data for program improvement</td>
<td>2.68</td>
<td>2.53</td>
</tr>
<tr>
<td>j. Changes in grading policies</td>
<td>1.65</td>
<td>1.85</td>
</tr>
<tr>
<td>k. Changes in teaching methods</td>
<td>2.32</td>
<td>2.49</td>
</tr>
<tr>
<td>l. Changes in how students are evaluated</td>
<td>1.92</td>
<td>2.11</td>
</tr>
<tr>
<td>m. Changes in student support</td>
<td>1.91</td>
<td>2.12</td>
</tr>
<tr>
<td>n. Integration of content across courses</td>
<td>2.46</td>
<td>2.62</td>
</tr>
<tr>
<td>o. Use of critical thinking</td>
<td>3.14</td>
<td>3.29</td>
</tr>
<tr>
<td>p. Changes in class size</td>
<td>2.48</td>
<td>2.45</td>
</tr>
</tbody>
</table>
This item asked respondents to rate 16 factors for (a) occurring in the program, and (b) being related to how students perform on the NCLEX-RN. The highest ranked items for impacting performance were (a) “use of critical thinking” (M = 3.29), (b) “increased faculty turnover” (M = 2.79), and “greater use of adjunct/part-time faculty” (M = 2.73).

2. Following is a list of general factors which different studies and groups have suggested may be linked with a decline in pass rate. Please mark to what extent you see each factor as related to the decline in first time pass rate.

   The choices were:
   Not at all = 1  Slightly = 2  Moderately = 3  Considerably = 4  Not Sure

   a. Changes in the criterion level of NCLEX  mean = 2.87
   b. Changes in the testing format of NCLEX  mean = 2.67

   Both of these are seen as close to “moderately” linked to decline in pass rate.

3. Following is a list of student factors which different studies and groups have suggested may impact the performance of RN program graduates on the NCLEX-RN. Please mark in the first column to what extent that factor has occurred in your program. Then mark in the second column to what extent you see each factor as related to the performance of RN program graduates on the NCLEX-RN.

   The choices were:
   Not at all = 1  Slightly = 2  Moderately = 3  Considerably = 4  Not Sure

<table>
<thead>
<tr>
<th>Factor</th>
<th>Occurred in Program</th>
<th>Impacts Performance of Graduates on Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Academic preparation of students</td>
<td>2.90</td>
<td>3.11</td>
</tr>
<tr>
<td>b. Student overconfidence</td>
<td>2.25</td>
<td>2.57</td>
</tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>c. Student actively participating in their learning</td>
<td>3.14</td>
<td>3.36</td>
</tr>
<tr>
<td>d. Students working more hours</td>
<td>3.49</td>
<td>3.59</td>
</tr>
<tr>
<td>e. Student commitment to the field of nursing</td>
<td>2.75</td>
<td>2.91</td>
</tr>
<tr>
<td>f. Students seeing no problem not passing the NCLEX the first time</td>
<td>2.50</td>
<td>2.85</td>
</tr>
<tr>
<td>g. Larger number of non-traditional students</td>
<td>2.52</td>
<td>2.22</td>
</tr>
<tr>
<td>h. Change in the quality of students</td>
<td>2.91</td>
<td>3.12</td>
</tr>
<tr>
<td>i. Change in the preparation of students (prior to the nursing program)</td>
<td>2.58</td>
<td>2.72</td>
</tr>
<tr>
<td>j. Student study time</td>
<td>3.22</td>
<td>3.50</td>
</tr>
<tr>
<td>k. Students have more family responsibilities</td>
<td>3.15</td>
<td>3.29</td>
</tr>
<tr>
<td>l. Students too used to low-stakes evaluation</td>
<td>2.43</td>
<td>2.78</td>
</tr>
<tr>
<td>m. Students delay taking the NCLEX for longer</td>
<td>2.20</td>
<td>2.84</td>
</tr>
<tr>
<td>n. More cheating on exams and/or assignments</td>
<td>2.01</td>
<td>2.59</td>
</tr>
</tbody>
</table>

This item asked respondents to rate 14 factors for (a) occurring in the program, and (b) being related to how students perform on the NCLEX-RN. The highest ranked items for impacting performance were (a) “Students working more hours” (M = 3.59), (b) “Student study time” (M = 3.50), and “Students participating actively in their learning” (M = 3.36). All three of these values are in between the “moderately” and “considerably” levels.
4. Following is a list of factors which various studies and groups have suggested may improve NCLEX performance for graduates. Please mark to what extent you believe each factor has occurred in your program during the past two years.

Note: the order has been changed to descending order.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Occurred in Program During Last 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Students have more opportunities to take NCLEX practice exams on the computer</td>
<td>3.06</td>
</tr>
<tr>
<td>b. Administration has been supportive of maintaining high academic standards</td>
<td>3.03</td>
</tr>
<tr>
<td>c. NCLEX test plan incorporated into the curriculum</td>
<td>3.02</td>
</tr>
<tr>
<td>d. More standardized testing is being done throughout the program</td>
<td>2.79</td>
</tr>
<tr>
<td>e. Higher admissions standards</td>
<td>2.78</td>
</tr>
<tr>
<td>f. The curriculum has been revised to reflect current standards</td>
<td>2.68</td>
</tr>
<tr>
<td>g. Written policies are in place for identifying and supporting at-risk students</td>
<td>2.64</td>
</tr>
<tr>
<td>h. Changes in teaching methods have been made</td>
<td>2.62</td>
</tr>
<tr>
<td>i. Requirements for progression through the programs have been added or strengthened</td>
<td>2.60</td>
</tr>
<tr>
<td>j. Faculty spend more time evaluating NCLEX results and planning program changes based on the data</td>
<td>2.56</td>
</tr>
<tr>
<td>k. Changes in student evaluation methods have been made</td>
<td>2.36</td>
</tr>
<tr>
<td>l. The quality of clinical experiences has improved</td>
<td>2.21</td>
</tr>
<tr>
<td>m. Grading standards have been raised</td>
<td>2.05</td>
</tr>
<tr>
<td>n. Faculty have been trained as and/or served as NCLEX item writers</td>
<td>1.91</td>
</tr>
</tbody>
</table>
Of this group, the factors rated the highest as occurring in the program within the last two years were “Students have more opportunities to take NCLEX practice exams on the computer” (M = 3.06), “Administration has been supportive of maintaining high academic standards” (M = 3.03), and “NCLEX test plan incorporated into the curriculum” (M = 3.02). All three of these values are about right at the “moderately” level. The lowest were “Faculty have been trained as and/or served as NCLEX item writers” (M = 1.91) and “Grading standards have been raised” (M = 2.05). Both of these are essentially at the “slightly” level.

5. How closely do you follow the NCLEX test outline in your course organization?

Interestingly, about 15% reported “not at all”, about the same as said “considerably”. Everyone else was nearly equally divided between “slightly” and “moderately”.

6. How closely do you follow the NCLEX test outline in your course test blueprints?

Interestingly, about 23% reported “not at all” and about 17% said “considerably”. Everyone else was nearly equally divided between “slightly” and “moderately”.

7. To what extent do you see the following factors as related to the probability of a candidate passing on their first time?

Note: the order has been changed to descending order.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Occurred in Program During Last 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taking the NCLEX seriously</td>
<td>3.83</td>
</tr>
<tr>
<td>b. Taking it soon after graduation (within 3 months)</td>
<td>3.80</td>
</tr>
<tr>
<td>c. High ability in reading</td>
<td>3.76</td>
</tr>
<tr>
<td>d. English as a first language</td>
<td>3.68</td>
</tr>
</tbody>
</table>
e. Study strategies 3.64
f. Lack of test anxiety 3.62
g. Lack of intrusive personal issues and life events in the student's life 3.61
h. Use of NCLEX review books/CDs 3.60
i. Taking an NCLEX review course 3.54
j. Testing formats being like the NCLEX rather than simple multiple choice 3.54
k. Higher nursing course GPA 3.47
l. Understanding how computer adaptive tests work 3.40
m. Frequent course-level testing 3.37
n. Scores on the predictor tests 3.36
o. Working many hours (20+/week) 3.31
p. Courses taken in college in science and math 3.27
q. Generic test-taking skills 3.26
r. Having a high grade point average 3.24
s. Participating in study groups during the program 3.20
t. Participating in study groups while preparing for the NCLEX 3.20
u. College prerequisite courses grade point average 3.15
v. Higher science course GPA 3.15
w. Computer familiarity/skills 3.08
x. Amount of program use of computerized testing 3.07
y. Competency in mathematics 3.02
z. Use of NCLEX grid in the program 3.01
aa. ACT/SAT scores 2.89
bb. Courses taken in high school in science and math 2.80
cc. High school grade point average 2.52
There were 29 factors in this group which were rated for perceptions of being related to passing the first time. Almost all of these factors were perceived to be at least “moderately” related; even the lowest was halfway between “slightly” and “moderately”. Of this group, the factors rated the highest were “Taking the NCLEX seriously” (M = 3.83), “Taking it soon after graduation (within 3 months)”, (M = 3.80), and “High ability in reading” (M = 3.76). All three of these values are near the highest value possible, the “considerably ” level. The lowest were “ACT/SAT scores” (M= 2.89), “Courses taken in high school in science and math” (M = 2.80), and “High school grade point average” (M = 2.52).

8. Do you give comprehensive final exams in each course?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>15.4%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>34.1%</td>
</tr>
<tr>
<td>All the time</td>
<td>50.4%</td>
</tr>
</tbody>
</table>

9. How long have you been a faculty member at this institution?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>38.8%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>17.8%</td>
</tr>
<tr>
<td>7-10 years</td>
<td>7.8%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>11.6%</td>
</tr>
<tr>
<td>16-20 years</td>
<td>7.8%</td>
</tr>
<tr>
<td>21 or more years</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

About 57% reported being at their institution 6 years or fewer,
10. For how long have you been an educator?

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>24%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>17.8%</td>
</tr>
<tr>
<td>7-10 years</td>
<td>12.4%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>7.8%</td>
</tr>
<tr>
<td>16-20 years</td>
<td>13.2%</td>
</tr>
<tr>
<td>21+ years</td>
<td>24.8%</td>
</tr>
</tbody>
</table>

This data shows what is often called a “U-shaped” distribution: there are many educators at the highest level and lowest, with relatively fewer in the middle. About 42% report having been educators 6 years or less.

11. How do you use student data as a faculty member to improve instruction or otherwise support students?

The full text of the open-ended responses can be found in Appendix A below.

12. Do you see a difference as potential nurses between those who pass the first time and those who don’t but who pass later?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37.9%</td>
</tr>
<tr>
<td>No</td>
<td>62.1%</td>
</tr>
</tbody>
</table>

13. If Yes, please explain:

The full text of the open-ended responses can be found in Appendix B below.
14. Which of the following instructional methods do you regularly use? (Check all that apply)

Note: The following is out of 128 who responded to this item.

Note: the order has been changed to descending order.

<table>
<thead>
<tr>
<th>Instructional Method</th>
<th>% of Respondents Mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>93.8%</td>
</tr>
<tr>
<td>Discussion</td>
<td>85.9%</td>
</tr>
<tr>
<td>Case study analysis</td>
<td>84.4%</td>
</tr>
<tr>
<td>Technology (such as PowerPoint)</td>
<td>78.9%</td>
</tr>
<tr>
<td>Small-group projects</td>
<td>78.9%</td>
</tr>
<tr>
<td>Simulations</td>
<td>43%</td>
</tr>
<tr>
<td>Narrative</td>
<td>28.9%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>30.5%</td>
</tr>
</tbody>
</table>

Other:

1. Use of concept maps students create developmental grid, which pulls together information about child development, health promotion and disease processes.

2. Guest speakers who are experts in the specific area we are studying. Also, for my on-line class I serve as more of a facilitator for the discussion aspect of the class.

3. Student developed review sheets.

4. Internet exploration.

5. Games, role-playing.

6. Games.

7. My students frequently report on end of course evals, that my use of real life examples assists them in making sense of the material.

8. Games, test reviews.

9. Open lab Videos Games.
10. Return demonstrations.

11. Field trip in gerontology to a senior citizen center for exposure to and interaction with well-elderly, videos, role play, clinical journaling.

12. Lab experiences, clinical experiences.

13. I have many hands-on supplies/equipment for students to see and handle at breaks or in class. I use a lot of realistic situations and Lab values, or other examples.

14. Weekly patient careplans w/ nursing process, diagnostic studies, complete assessments, histories, pathology, and drug cards, etc.

15. Computer discussion boards.

16. Study groups.

17. Computerized modules/Self study Gaming activities Critical thinking Questions, Questions of the day.

18. Clinical application of knowledge.

19. Computer adapted testing.

20. Quizzes and worksheets.


22. Concept maps, Student presentations.

23. Role-play question and answer periods.


25. Role-playing.


27. Blackboard format--use of Internet sites and group discussions.

28. E-instruction has been a great benefit. Exam scores are 20-25% higher when used. www.einstruction.com.

29. Study guides, NCLEX review questions on CD, clinical conference/lab experiences.

30. Clinical teaching, laboratory experiences as well as MOODLE (web based course delivery).

31. Games and animation whenever possible. These student are of the X Generation
and require the instructor to dazzle them with content.

32. Service learning projects.

33. Computerized testing with NCLEX style questions.

34. Games.

35. Application of classroom content in assignments, e.g., conducting a history (that incorporates health promotion activities) and physical exam on an older adult; conducting an assessment of the living situation (environment, economics, social) of an older person, then making recommendations for changes to promote more independent functioning.

36. I only teach clinical to undergrads, not didactic.

37. Oral presentations.

38. Group quizzes- able to discuss and present rationale in small group for choosing answers. Also firmly believe in prompt feedback and opportunity for questions on all evaluations (tests, quizzes, graded projects).

39. Student presentations.

15. What kinds of teacher development have you experienced in the last three years? (Check all that apply)

   Note: the following is out of 119 who responded to this item.

   Note: the order has been changed to descending order.

<table>
<thead>
<tr>
<th>Kind of Teacher Development</th>
<th>% of Respondents Mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inservice(s) on instructional approaches</td>
<td>81.5%</td>
</tr>
<tr>
<td>Mentoring of new faculty</td>
<td>67.2%</td>
</tr>
<tr>
<td>Inservice(s) on test construction</td>
<td>52.9%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>17.6%</td>
</tr>
</tbody>
</table>

Other:
1. Master's degree focused on nursing education.

2. Critical thinking.

3. Inservices on best teaching strategies (teacher talk).

4. I am a part time clinical instructor so I look for opportunities with CEUs and conferences on areas that apply to the clinical area I work in.

5. Content specific conferences.

6. Completing MSN in Nursing Education.

7. Online coursework for CEUs regarding nursing instruction, diversity training.

8. Information on clinical teaching course from IUSON.

9. Attending my own classes as a student.

10. Technology instruction: via workshops, conferences, literature, reading.

11. Courses are available at my institution on an as-need basis, but these are developed as result of the input of some faculty and the awareness of trends by the program that develops them.

12. Reading journals and belong to nurse educator listserve.

13. Course work at the University of Iowa, Creative Teaching for Nursing Educators Conference, Memphis.

14. Pursuing Ph.D. with coursework in teaching!

15. I have attended psych specialty conferences.

16. Outside speakers on critical thinking. Attendance of national conventions (NLN Summit) Attendance of CE on Distance Education.

17. I took a course in team learning as well as on-line instruction, both very helpful.

18. CEU offerings on areas of curriculum content.

19. Working on MSN with Education specialization.


Appendices
Appendix A:

How Do You Use Student Data as a Faculty Member to Improve Instruction or Otherwise Support Students?

1. Revamped this year's course work to include more group work. Talked more with students about NCLEX style questions for exams.
2. Evaluate information and apply it where needed.
3. Knowing where there needs to be improvement, I can adjust my teaching methods in a way that better serves the students.
4. Identify students early if remediation is needed.
5. Read and listen to what they have to say. Understand the test grids and what areas need improvement related to teaching.
6. Look at cat test and online classes to measure their performance.
7. I use the data to modify instruction.
8. Find weakness and try to find ways to strengthen these so that the understanding of the material is happening.
9. Utilize ATI computerized assessment testing. Utilize data to determine if covered in lecture or if material was covered-how to present differently so improved understanding.
10. I use midterm and final evaluations (as well as frequent feedback) to check what teaching strategies and assistance students value. I also use student performance on papers and written exams to check for knowledge retained in order to decide what needs to be reinforced. I teach the class and clinical portions so can frequently tie the experiences together.
11. Change course content and delivery to reflect student input.
12. I use feedback from students re: clinical issues and problems and offer remediation. I use test scores to help me identify those students who need extra help. The HESI test has been a good indicator for us.
13. Feedback from students is gathered each semester and areas of improvement evaluated.

14. Make ongoing revisions in test to more closely reflect NCLEX format and content.

15. By incorporating data into subject matter by use of group activities or individual quizzes.

16. It is utilized in overall course evaluation/revision for content, activities, teaching methods and grading.

17. Through analysis, I can see the areas the students are weak in and then can review that content.

18. I'm not sure what you mean by student data

19. Use ATI test results to identify areas needing more attention in course.

20. Find out how they learn best, what home factors influence ability to spend time on nursing and being successful, use student examples in class, communicate with faculty in courses students have already taken

21. Use student end of course evaluations to improve course. Also review exams and questions to make changes.

22. To revise curriculum, counsel students,

23. Alter experiences based upon feedback. Encouraging more work with NCLEX type questions found in their resources than did in the past.

24. Try to revise delivery methods to adapt to suggestions.

25. On this campus, students evaluate the course and the instructor at the end of the course. Improvements have been made as a result of the student input. Students are encouraged to give input to the Curriculum Comm. Student input has been instrumental in curriculum improvements.

26. I'm not sure what data you mean -- data about student demographics or data about student achievement -- I use both, particularly student achievement data. If I know the data shows that their science background is poor(such as a science faculty from whom students all earn an "A" but don't have a grasp of the content) I will spend time trying to improve their knowledge of that science area. This is frustrating however, because it takes away teaching time from the nursing content. I also use student achievement data in standardized tests to guide how to present things (NLN tests, HESI, Arnett)
27. Many ways. Our most recent data analysis is from the ATI computer testing that we initiated at the RN level. We haven't been using it long (one year) but are already finding the results very specific and useful for curriculum planning and revision. We started using the entrance testing this year, so we will have useful data collected soon. I need to add that the interpersonal relationships we develop with students remain key in identifying students with hardships that are affecting their study of nursing. It is more difficult to quantify, but my sense is that it is most useful and important.

28. Review my content and plan each semester and use student input regarding resources (texts, supplements, etc).

29. I'm not sure I understand this question. We do not have access to personal student data. Feedback from students is very helpful in organizing and devising curriculum. Our classes are very diverse in learning styles, life styles and needs. It is a challenge to provide the diversity in learning opportunities to meet the needs of students.

30. Students are directed to outside resources--Student Success Center; study groups are formed; classroom assistance is available;

31. Evidence leads to goals and interventions. I evaluate those with the students and see if learning has been enhanced significantly, if so, I continue the intervention next time.

32. We just started using ATI a year ago and have been collecting data to support changes in our program. We are still collecting data so haven't made any major decisions. A new admission criteria form was recently initiated and will be used for admission of students for this fall, 2006.

33. We use student data to improve our classroom lectures and our tests. We encourage use of our tutoring programs and study groups. We have established NCLEX review sessions at the end of the academic year.

34. I use academic achievement plans to sit down with students to study the reasons why the student is having difficulty with academic material presented in class. I provide the student with strategies to improve test-taking and understanding the material. I look at NCLEX results to determine according to scores if we are meeting their needs to pass NCLEX.

35. Review NCLEX test results and implement many critical thinking exercises within the learning environment.

36. I am not sure what "student data" you are referring to but I know that our nursing program has taken very seriously the decline in pass rates and we feel a strong
commitment to the field of nursing as well as to the students and our need to turn out highly motivated, educated, critical thinking new nurses. Many of the things listed in this survey have been addressed and have changed and evolved and continue to evolve. We always look at students demographics and educational backgrounds as well as academic success throughout the program to help us figure out who passed, who didn't, and why so that it can be better in the future.

37. I look at what test questions are missed more frequently and track them to actual lecture content and clinical experiences.

38. To develop new presentation methods that help the students understand the curriculum.

39. I use data from test question analysis to identify test taking weaknesses as well as ability to apply content/theory rather than just repeat back facts.

40. To improve the test formats and to help identify at risk students.

41. This is my first year teaching this course and am using data supplied by the previous instructor.

42. Try to utilize the type of instruction best suited to the student within the limits of the program.

43. Related to clinical hands on experience.

44. At this time, when a standardized test is given, information is reviewed, so far no additional integration.

45. I try to teach by using electronic devices and handouts for the students. They request handouts while I lecture.

46. Suggestions from student course evaluation used for course revision or changes in clinical instruction. Test item analysis used to change questions.

47. To change course format and teaching style. Also to review curriculum.

48. Look at study skills and best learning methods and try to adapt the hands on and visual learning style.

49. Evaluate data and use results to improve instructional methods. If there is a problem identified, take steps to improve it with student input.

50. Emphasize teaching in area of student weaknesses.
51. Student characteristics have greatly influenced my choices in text selection, students' quality of prequisitions successes, their commitment to accomplishment of their goal[motivation], their intellectual abilities, and their openness to learning.

52. Learning styles are helpful in delivering the content in a fashion that best meets students needs. Review sessions, practice NCLEX style test questions, computer applications of NCLEX style type questions.

53. I make changes based on student comments if they are positive suggestions or if an idea seems feasible, but I am also aware that some "student data" may be reflective of a stress level or mood and therefore not an accurate picture of events. Did you mean test score data? If so then I use falling pass rates as an indicator that there is a problem, and then look for what I think might be the problem so that I can change it.

54. Review or revision of test questions.

55. Test analysis.

56. Review feedback to assist in course refinement. Use student performance data to identify weaknesses for possible course revisions.

57. Use of surveys to identify problem areas, strengths and weaknesses of program, specific courses, clinical areas and myself. Also to identify student needs.

58. Not sure what you are asking? data about individual students? I use student evaluations about the course to make improvements.

59. Adjust teaching strategies as needed.

60. Evaluate test writing, advising students on study skills, tutoring.

61. I use test data to review the test and cover concepts that a majority of the students missed.

62. Clarification of important content.

63. Incorporating data into course assignments and clinical experiences.

64. Not sure,

65. I take student feedback seriously and make changes in my courses based on feedback. I used feedback from Educational Resources to strengthen areas that were weak for my students.
66. Evaluate content, testing strategies, and provide feedback to students.

67. I am unsure what you are looking for. I use individual student data to help the student identify areas of strength & weakness and then develop a plan for turning weaknesses into strengths. In terms of testing, it frequently is a matter of test taking strategies. In the clinical situation, I have students do a self-evaluation weekly and work with them to develop a plan for addressing areas of weakness. In terms of aggregate student data, I use this information to identify what areas of my courses or clinical experiences that need to be strengthened.

68. Advising opportunities; curriculum changes

69. Through academic advising,

70. Use information constructively.

71. Evaluate item analysis from each unit exam and comprehensive final exam to determine areas of content that need greater emphasis and to determine where student's thinking went amiss.

72. Changes in graduate surveys are considered for curriculum issues. NCLEX scores are considered when developing critical thinking activities. Standardized test scores prompt need for retesting and review course prior to NCLEX.

73. Students are surveyed at least once per semester in lecture courses and during each clinical experience. That information is used to change teaching strategies.

74. Use data in counseling students who are not doing well academically --- look at factors which may impact, such as study habits, hours of employment per week, financial concerns, test anxiety Attempt to assist student to find measures to minimize impact Request feedback from students regarding teaching methods and clinical experiences at least once per semester -- anonymous evaluation forms completed at end of semester Test data from group used to evaluate appropriateness of test questions, specific areas of content to review thru case study or assignments or incorporate into another examination

75. I am a first year educator and have limited experience. My belief is that student data would be an important factor for me to have to improve my instruction.

76. Student evaluations of the course are utilized to make changes for the next semester or next course. GPAs and course grades are generally not used to make course changes on a semester to semester basis, however a high percentage of low grades on a particular test is examined for test quality as well as instructional adaptations that can be made on the spot.
77. Every semester we get a faculty review and student evaluation and site evaluation that is taken under advisement. We try to improve on the suggestions and on our weak issues. We are sent to workshops on teaching whenever the opportunities arise.

78. Add to my theory information that I see I lack in regards to NCLEX i.e...pharmacology. I have added case studies to my theory to apply information we are learning and to increase the students critical thinking skills.

79. We utilize NET scores through Electronic Resources, Inc. to identify ability to critically think, reading and math scoring as well as learning styles. We use this information to identify areas of weakness and to get a heads up on potential problems.

80. Significant use of exam stats as a basis for content emphasis, teaching strategies and future exams.

81. I use it to modify classroom teaching. Have included more application and case studies.

82. I talk with students who are not performing well, to identify causes, and then I suggest ways for them to seek help (study groups, tutors, work less, study strategies, assistance for test anxiety). Students do not always follow suggestions. If many students are not performing well, I re-evaluate the assignment to determine if it is a testing, grading or performance issue. I then make adjustments if they are indicated.

83. Adapt teaching styles facilitate learning

84. Have instituted more critical thinking assignments and test questions.

85. Change some course content & presentation each semester based on student comments

86. I really take a close look at the questions that I ask students on exams to reflect that of what they may see on the NCLEX exam. As faculty we emphasize the seriousness of the exam and that studying for the NCLEX needs to occur throughout the program.

87. I have added take home quizzes to help prepare students for the exam. I have utilized case studies and NCLEX multiple choice questions in my power point lectures. I post all power point lectures on blackboard for students.

88. I have been on the faculty for 1 month so have minimal experience with this so far. I do believe in knowing the student and modifying instruction and experiences for learning styles and individual student needs.
89. Sometimes.

90. We have reviewed student data and have revised certain course requirements, increased entry GPA, added student mentoring for NCLEX, and adapted pediatrics course.
Appendix B:

Do You See A Difference As Potential Nurses Between Those Who Pass The First Time And Those Who Don’t But Who Pass Later?

If Yes, Please Explain:

1. Seeing the need for preparation

2. May not take the role of nurse and responsibility quite as seriously.

3. This is not always true - but it is often true that these students did not do as well with critical thinking in the clinical setting, even though they may have done well with testing in class. Some of these students may have also barely passed our upper level M/S classes

4. Many times students are unconcerned if they do not pass the first time. Since they know they can take the exam as many times as they wish--they have no motivation. This clearly is present when they function as a RN. They lack desire to continue learning and just do what is necessary in caring for the patient which the quality of care suffers. This is probably not the place to input this opinion, but I feel students should only be allowed to take the exam 2 times max. On occasion the first time passing may be due to anxiety, etc but the second time there should be no excuses.

5. Not necessarily in ability (can be) but more in attitude. What the student is willing to do to be successful the first time directly relates to effort in other areas of life.

6. Sometimes not passing is related to insecurity in taking the exam and wait too long to take exam. Some SNs who don't pass the first time may also be d/t test anxiety or attitudinal issues. Many times it is our borderline SNs who do not pass the NCLEX exam.

7. Those who pass the first time show a commitment to nursing and the ability to provide safe care. As a staff member at an acute care facility. I have witnessed the difference.

8. This varies based on the student, the reasons for not passing the first time
9. There is no one thing but often you see less confidence in their abilities to perform nursing care. I see an increased anxiety when confronted with competency testing.

10. My observations are that students who pass the exam the first time tend to have an easier and more fulfilling transition to practice than those who struggle to pass the exam. We have had students who pass on subsequent tries who eventually have been successful in clinical practice, but they are more likely than first time passers to have jobs that don't work out, are fired from a first job, etc.

11. Often the ones who don't pass the first time are the ones who tried to "slough" their way through the program -putting minimal effort in and just getting by. I have seen many of these graduates come to work with the same attitude after finally passing NCLEX. They put in their time for the shift but don't want to do anything extra and don't want to expend any extra energy to meet patient's needs.

12. Usually those who pass the first time are committed and focused on their career. It holds a high priority in their life, and they have developed the skills needed to pass clinic and theory. This is not always true, some students sign up for the NCLEX exam, pay the fees, and then find a personal or physical crisis interferes with their ability to pass. When they do pass, it doesn't seem to affect their performance as a nurse.

13. Lower quality care

14. First time passers may be good test-takers but not know as much as the 2X taker. Taking it 2X puts a lot more study and knowledge in the grad's head than was there before and probably makes them more competent than first-time takers. It's 50/50 I guess.

15. From the data we have collected, we know that students who have maintained a low C average(76%) in their nursing courses are much more prone not to pass NCLEX. We are still monitoring this and haven't processed all the data to see specific trends.

16. There has been the feeling expressed by some students in the past that first time board results are not a big deal because of the ease and quickness in which you can retake. There has also been a feeling of anxiety with first attempt. For some students it takes a failure to make them take the whole thing seriously.

17. I see an individual who has the critical thinking ability to function independently in any setting they choose to work.

18. Those failing the first time usually have had difficulty with passing tests, and demonstrating critical thinking or applying concepts in the clinical area.

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19. Do they have the critical thinking component? Was it test anxiety that caused the first failure? Are they reliable?

20. Not always but sometimes I think part of it is the time they spend away from practicing

21. Generally, the students who pass the first time come to the program with proven intellectual and emotional ability to complete the academic requirements, as well as to become readily integrated into the "socialization" aspects of nursing. They generally are quite competent in using technology as a major avenue of learning.

22. Not always but often these are nurses who are having difficulty with critical thinking, recall etc and it shows in practice. There are some that is simply life events or testing anxiety and those are usually ok performance wise when they pass.

23. It seems to me that there are two types of "not pass" nurses. One is the person who doesn't take the exam seriously and sees the "first" try as a practice. The other is someone who really tried but just doesn't have a handle on the content required. I think the first is scarier than the second, because of the cavalier attitude. The second type actually went back and worked to improve understanding, so I would see the second as a marginal person who worked to meet a standard. The second type MIGHT be someone who subsequently recognized that (s)he has to work harder to maintain quality. The first type is someone of whom I might expect a continued "just get by" pattern of behavior.

24. More confident/knowledgeable

25. They may be poor test takers or test anxiety. Perhaps they lack some of the critical thinking skills necessary to pass.

26. our students that tend to fail NCLEX tend to be both lower in clinical and classroom performance, rarely if ever have we had average or better performing students fail NCLEX

27. Committed, dedicated and motivated

28. The students I have worked with who failed the first time tend to have a less serious approach to nursing.

29. most of the time yes - students who pass the first time often display good critical thinking skills and have learned the material better and are able to apply it to clinical situations rather that memorizing the material.

30. some have low investment in their own learning
31. Passing the first time indicates the seriousness with which the nurse will practice. If the student is not concerned with passing on the first try this might be an indicator of their approach to life and work.

32. Those that struggle often don't have adaptive skills necessary for good nursing care.

33. I really believe it depends on the graduate. In some cases, graduates who don't pass until later have severe test anxiety that we were not able to help. They, from my experience, have become leaders in the profession. In other cases, graduates don't pass the first time because they didn't take the NCLEX seriously. Typically, they are safe practitioners but don't become leaders.

34. Students who fail the first time are often those who have had academic difficulties during the nursing curriculum.

35. Less self-confidence in the clinical arena

36. I think those who pass the first time are better at critical thinking and will be more independent sooner in the work env.

37. I think that if a nurse has the knowledge to pass the exam the first time they are better prepared than one who has to repeat the testing to get the score necessary to practice.

38. From my experience, the students that don't pass the first time are usually a weaker student and may struggle through the curriculum/clinic.

39. Failure MAY indicate a lack of knowledge or an inability to apply knowledge.

40. Less confident, require longer to reach competency level in practice.

41. Failing a first time predicts future adaptation at the work site.

42. More confidence. Better problem-solving skills.
Appendix C:

Data Summary from Survey Monkey
Report on the Iowa Board of Nursing
Surveys:
Institutional Survey

Submitted to:
NCLEX-RN Task Force
Iowa Board of Nursing

Submitted by:
Dr. Robert M. Boody
University of Northern Iowa

May 2, 2006
Introduction

Because of concern over the declining first-time pass rate for the RN NCLEX in Iowa, the Board of Nursing established a task force to examine this issue. Members of the RN NCLEX Task Force included:

Kathy Weinberg,
Lorinda Inman,
Mary Kovarna,
Mary Donahue,
Katherine Frommelt,
Jule Ohrt,
Jane Hasek,
Donna Orton,
Carol Maxwell,
Bernadette Wise,
Barbara Krieg, and
Ann Aulwes-Allison.

In addition, Dr. Rob Boody from the University of Northern Iowa, has been working with the Task Force.

Among other ways to address this issue, the Task Force decided to collect information from the nursing education institutions and faculty in Iowa. Dr. Boody met with the Board several times and then developed two surveys: one for the institutions and one for the faculty. They then went through several drafts and corrections. By early October the surveys were completed and put out on SurveyMonkey. URLs were sent out to each institution. The surveys were kept open for about three weeks.

The results below are based on the 37 nursing programs which responded. The SurveyMonkey data report can be found as an appendix. What follows is a summary of this data in a more user-friendly format with commentary as needed. In some cases it was necessary to recalculate quantitative results as well as edit and/or content analyze open-ended responses to achieve readability and usefulness.
Summary of Results

Note: Not every institution answered every question. Percentages are out of those who responded.

A. Admissions Requirements

3. Is "high school class rank" an admission requirement for the nursing program?

For most programs, the answer is no. Four institutions (13%) said yes.

Two institutions added that being in the upper half of their class is required.

5. Is "high school GPA" an admission requirement for the nursing program?

More than half said no (57%)

Eight institutions of the 13 that said yes provided actual GPA levels required. They are: 2.0 (1), 2.5 (3), 2.7 (2), and 3.0 (2). One noted that “Overall GPA is recomputed. Course grades for math, science, English, & social sciences are used to compute the 2.5 GPA.”

7. Is "transfer GPA" an admission requirement for the nursing program?

Nearly 70% said yes.

Eighteen institutions of the 20 that said yes provided actual GPA levels required. They are: C- (1), 2.0 (3), 2.5 (6), 2.6 (1), 2.7 (4), 2.75 (2), and 3.0 (1). Explanations were provided by four institutions, as follows: (a) “Used in a point system rubric, just started this last year”, (b) “Gen Ed transfer courses”, (c) “We also look at transfer courses taken”, and (d) “GPA based on transfer courses applicable to ASN program”.

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9. Is "high school science course GPA" an admission requirement for the nursing program?

Nearly 86% said no.

Of the remaining four institutions, three reported that the required GPA is a “C”.
One went further to say that “Must take 2 semesters of Algebra and have a grade of C in both English, Chemistry, Biology, and Algebra I.”

11. Is "college 'support courses' GPA" an admission requirement for the nursing program?

More than 600% said yes (63%).

Sixteen of these institutions provided actual GPA levels required. They are: C- [ADN] (1), 2.0 (6), 2.5 (3), 2.6 (1), 2.7 (2), 2.75 (2), and 3.0 (1). Explanations were provided by one institution, as follows: (a) “Each course must be completed with a C or better - we do not actually do GPA of all together.”

13. Is "TOEFL scores" an admission requirement for non-native English speakers for the nursing program?

Nearly 40% said yes.

Six institutions of the 10 that said yes provided actual GPA levels required. They are: 450 (1), 500 (2), 550 (2), and 650 (1). Explanations were provided by two institutions, as follows: (a) “This is an institutional standard to be successful in a full time college credit load”, and (b) “The college has requirements but the nursing program does not have unique requirements.”
15. Is "HESI (Health Education Systems Incorporated) testing" an admission requirement for the nursing program?

Fully 100% said no.

Explanations were provided by two institutions, as follows: (a) “This is a graduation or completion requirement for our program”, and (b) “We are looking into including this as an admission requirement.”

17. Is the "TABE (Test for Adult Basic Education)" an admission requirement for the nursing program?

Fully 100% said no.

19. Is "ERI (Educational Resources Inc.) testing" an admission requirement for the nursing program?

Fully 100% said no.

21. Is "COMPASS" an admission requirement for the nursing program?

About half said yes (48%).

Required Levels:
1. Writing 70, Reading 81, Pre-Algebra 44
2. not sure
3. writing 65, reading 80, pre-algebra 39 or algebra 46
4. math - '49'; reading - '80'; writing- '60'
5. Required to test above basic college reading and math
6. Minimums required
7. 83 or * in Reading, Math 50 or * in Pre-algebra or 20 or * in Algebra test;
8. Reading 83, Pre-Algebra 50, Writing 62
9. writing 70; reading 71; math 50
10. reading 81 and math 44
11. 48 on algebra
Explanations:
1. Minimum proficiency standard
2. Compass is necessary for those students that have not taken the ACTs or SATs
3. Students need either Compass, ASSET, or ACT scores to apply
4. Reasonable standard compared to ACT tests.
5. Entry into nursing courses
6. Or ACT of 19 in each
7. If score lower than 48, must take a college math course prior to admission or during first semester of program.

23. Is "ACT/SAT" an admission requirement for the nursing program?

More than half said yes (57%).

Required Levels:
1. Reading- 43 / math-42
2. 20 composite
3. I believe you have to have a 20 or higher
4. English 18, math 18, reading 18
5. English-14; Reading-18; Math-'18'
6. 20
7. 19 or * in Reading, 17 or * in Math
8. none
9. 20
10. 21
11. 21
12. 20/950
13. 20

Explanations:
1. Students need either ACT, compass, or ASSET scores to apply
2. Either COMPASS or ACTs are required
3. If not had the compass
4. May be waived if college GPA is 2.5
5. Use ACT in place of compass
6. Only used within 2 years of high school graduation- then use Compass
7. ACT/SAT

25. Is the "NET (Nursing Entrance Test)" an admission requirement for the nursing program?

Nearly all institutions said no (96%).

27. In the last two years have you had more or fewer applicants?

This is easy to answer: no institutions reported having fewer applicants, and 79% reported having more.

28. Have admissions requirements changed in the last five years? How?

1. Yes, we utilize ATI TEAS test as part of our admission requirements. We are also utilizing interviewing as an admission requirement.

2. 1. Interviews for each applicant. 2. Essay - why want to be a nurse? 3. TEAS - Test of Essential Academic Skills - measures a set of 4 criteria: science, reading comprehensive, math and English proficiency. Need a designated level or met set standards. 4. Ranking of reference forms.

3. Moved to an admission ranking system for RN. Uses LPN GPA, COMPASS scores, date of application.

4. Not at this time but will change for Fall 06.

5. Must have nursing assistant completion.
6. The admission requirements were increased, and go into effect January 2006.

7. Yes. Because of the increasing number of students that "want" nursing, the students that have the most prerequisites finished will be accepted first and so on. If there are more than the 60 students that we enroll bi-annually, they all have the prerequisites completed, the date that they enrolled in the college is then reviewed.

8. Yes, two prerequisite courses have been added: nurse aide course and BIO 128 Anatomy and Physiology 1. For the fall of 2006, a selection process based on general education GPA, references, work/volunteer experience, and an essay will be implemented.

9. GPA was increased.

10. Admission to PN changed this year with COMPASS cut score requirements and the applicant must have completed a 75 nurse aide course. The ADN admission has stayed the same in that the applicant must have a '2.7' GPA and they must have at least 3 of the 6 Gen Ed requirements finished.

11. No.

12. Admission requirements have changed in the last 5 years. All grades must be at a 2.0, c- are no longer acceptable. A student may only repeat one nursing course per level (first year, second year).

13. Yes, we have changed the number of times that a student can repeat a course and we are currently in the process of increasing the cumulative GPA.

14. We have required the Compass scores and/or the ACT scores; also GPA requirements for entry into the ADN program.

15. No.

16. ACT changed, down in Reading, up in Math for College (Previous req. was 21 in Reading and 15 in Math).

17. Raised the cum GPA from 2.2 to 2.5.

18. Admission standards were changed in 2003 to include higher scores on COMPASS and again in 2004 to add a requirement of successful completion of a course in Human Anatomy with a grade of "C" (2.0) or above as a requirement for admission to the program.

19. Giving points for interview began requiring NET test, points given rubric used- to give points for General ed courses.

20. Yes, increased GPA from 2.5 to 2.7 and added required courses in high school of English, biology, chemistry, & algebra.

21. With a curriculum change effective fall 2004, moved the General Psych to pre-req.
Deleted the computer course as a pre-req. Other pre-reqs remained the same.

22. We have raised our GPA requirements for hs grads, to 3.0.

23. Moved from college's standard to Nursing Dept. Std. which is ACT 21 and GPA of 2.5 for academic courses as identified in #6.

24. In Fall 2003, we increased our admission GPA to 2.7. High school or college course pre-requisites include chemistry, biology, algebra I and English. The first ASN students with the new admissions requirements graduated in Spring 2005.

25. They have increased. Admission to the major changed from a 2.5 to a 2.75 and progression GPA changed from a 2.0 to 2.5

B. Program Components

29. How many times may a student repeat a nursing course after failing the course once?

   The main answer was they can repeat once.

30. How many courses within the nursing program may be repeated?

   No repeats are allowed 0
   One course or level 8
   Two courses or levels 6
   There is no limit to the number of Courses/levels that can be repeated 5
   Other (please specify) 9

31. How many courses within the supporting courses to the nursing program may be repeated?

   Mainly no limit (78%). 11% each said one repeat and two repeats; no institution reported not allowing repeats at all.
32. Is there a written policy/procedure for identifying students in the program who are at risk for failing the program or the NCLEX exam?

About 50/50.

If Yes which of the following approaches are used?  (Check all that apply)

These are out of 17 respondents.  Reordered into descending order.

Scores earned on nationally normed exams designed to predict NCLEX success (such as NLN, Mosby, ERI, or HESI) 88%
Grades earned in nursing courses 47%
Repeat needed for nursing course(s) 47%
An identified minimum grade point average for college courses completed 35%
Repeat needed for specific pre-requisite courses 29%
Scores on pre-entrance exams 24%
Pre-entrance grade point average 24%
Psychosocial indicators (such as number of hours worked or single-parent status) 18%
Repeat needed for specific pre-entrance support courses 12%
Repeat needed for specific co-requisite courses 12%
English as a second language 12%
Other (please specify) 12%

34. Is a NCLEX review course required?

Generally not (82%).

If No, estimate the percentage of students who take one.

A huge range on this one; of the 19 who responded, it ranged from a low of 1% to a high of 100%, and everywhere in between. Two explanations were given:

(a) “If student does not meet proficiency level on exit exam they must complete a
review course”, and (b) “review course only required if student earns less than 850 on HESI exit exam”.

36. Do you use the NCLEX test template?

73% said yes.

If Yes in which ways do you use it? (Check all that apply)

- Curriculum design 13
- Test construction 13
- Other (please specify) 3

38. In the last five years how has the grading scale changed?

In general the answer was “stayed the same”.

39. In which areas is your program experiencing difficulty in finding clinical sites? (Check all that apply.)

Out of 26 respondents:

- Pediatrics 24
- Critical care 7
- Obstetrics 17
- Surgery 3
- Geriatric 1
- Community 3
- Medical/surgical 10
- Mental Health 11

If you checked any why do these difficulties exist in your estimation?

1. Competition of other nursing programs in the area.
2. Competition for clinical sites because of many Schools of Nursing.

3. Rural hospitals do not see a lot of these patients.

4. We have 3 nursing schools in the area and all have increased enrollment. Limited sites and numbers of students at sites is a problem.

5. Low numbers of admissions in surrounding areas. Also, other schools are using the sites.

6. Specialty areas are harder to fill—not sure why, but perhaps just fewer qualified instructors.

7. Increased enrollment and competition among nursing programs for clinical sites.

8. Low census r/t hospital beds.

9. We can find clinical sites; we are having difficulty finding clinical instructors.

10. Because there are 2 other schools in the area competing for spots.

11. Our school is in a rural area and our health care facilities don't have adequate experiences, especially in the specialty areas. We do take our students to urban hospitals but we are out of district then and have less priority which means we often have clinical experiences on week-ends or evenings and the students have to drive about an hour.

12. Patient census is low for overnight stays, small hospitals or small hosp units competing with other nursing programs for access to clinical sites.

13. The increase in nursing enrollment over the past five years.

14. Small inpatient population and lots of schools wanting them.

15. Small community and competing with the big community colleges for clinical experiences.

16. Competing for sites with other schools.

17. Increased enrollment in Clarke College in DBQ, Start of University of Dubuque Nursing Program, Decrease in inpatient stays across the district.

18. Limited availability.

19. Maternal child clients are discharged quickly, allowing little time for students to apply NP or teaching concepts. Mental health clients are primarily treated in out-patient settings, making assignment to students difficult and at times unsafe.

20. 10 nursing schools competing for sites.
21. Increased # of students.

22. Limited sites and many schools wanting access.

23. Not enough sites in our area, and other schools requiring sites.

24. Shift in care delivery. Fewer client's in settings that are used. Need to have faculty in multiple sites to supervise care.

25. Many of these sites will not allow eight students to be in the clinical area at the same time. Often can only have two to four students with an instructor. Necessitates finding more sites for the students, offering evening and weekend clinicals and increasing costs for the program due to need to hire more instructors for the same number of students.

26. Too many programs competing for the same sites. Addition of a new program to complicate the matter. Students from colleges outside the area now coming here for preceptorship experiences. Increasing numbers of students from pre-existing programs. Decrease in hospital in-patient admissions.

**Environment**

41. Which of the following forms of student support do you offer? (Check all that apply)

   Out of 25 respondents. Put in descending order.
   Academic advising 25
   Orientation program for new students 22
   Tutoring 22
   Referrals to counseling services 22
   Faculty advisor 21
   Referrals to the learning center 21
   Study skills/student success course 20
   On-going standardized testing 15
   Peer support 13
   Academic support workshops 8
   Other (please specify) 3

42. What is your attrition rate (that is the % of students who are admitted to the nursing program but who fail to graduate for whatever reason)?
43. At what point in their program do you see the most attrition? What are the major reasons why students drop out of the program?

Most responses indicated that the time is early in the program, although there were exceptions.

1. In the beginning courses - Pathophysiology and Pharmacology the weaker students fail these courses. So grades are a major reason. Finances are another reason.

2. The second semester (Fall) of the Junior year. Our Juniors take two courses in the summer before the actual Fall junior year starts. 2. Students drop out because of failing grades.

3. Fall for the RN program. Find that academically the courses are more challenging...and clinical too. Working too many hours, and very complicated lives.

4. Most attrition is beginning course related to rigor of course and students not sure nursing is their choice.

5. Level of difficulty. Personal reasons, including family demands & lack of resources.

6. Probably first or second term at the PN level

7. Second year - grades and intensity of program

8. Second (end of the first year) and fourth semesters (end of the second year) in the med-surg. areas. Students drop out because of personal problems (children, finances, unrealistic expectations, the program is too difficult, "I need to work my 30-40 hours/week and there isn't any time left to study!"
9. This varies. Most likely during the second semester of the first year. Reason: academic difficulty along with personal reasons. Next point in the program would be during the first, second year nursing course. Same reason as listed above.

10. At ADN it is primarily in the 1st semester due to grades which often is secondary to financial and 'working-too-much' issues.

11. Highest attrition is in the first semester of the nursing courses (6 semesters). The course with the most difficulty is NUR 213 Basic Concepts of Pathophysiology. The major reason for attrition is failure to earn a C - (80%) in the course.

12. Second and fourth semesters is where the most attrition occurs. The students are not prepared for the rigorous course of study, working full-time, single parents.

13. In the first year of nursing classes - 2 reasons - academic and change of major

14. At the beginning usually because of grades.

15. The majority change majors after the first or second nursing class realizing a career goal change or inability to pass nursing courses.

16. Fundamentals; not prepared for rigor of curriculum Adult Nursing Practice; end of ADN; were not ready to proceed into ADN curriculum and did not follow advising suggestions

17. Personal programs Academics Working too much

18. Term II of the program is the most challenging with the highest attrition. This is the first semester that students are assigned to clinical agencies which adds significant hours to their schedule. If a student is working in addition to going to school full-time, the expectations of both become overwhelming.

19. First semester first year not spending enough time studying, decide they don't like nursing

20. First and third semester

21. Fall of the senior year academic rigor has increased student often are unsuccessful due to a combination of personal life overload and academic failure

22. First semester after progression. Student did not meet progression criteria and petitioned to be advanced. Student could not maintain a C grade in all junior level courses.

23. The most students drop out of the ASN program during the first or second semester of the five semester program.

24. At the end of sophomore year. Major reasons are academic---poor grades,
working too many hours outside of college to adequately prepare. Family stressors and personal problems are other reasons.

44. How (and from whom) do you measure student satisfaction?

1. Graduating seniors.

2. Program exit surveys that are developed by the SON.

3. Survey at mid year, end of year, and 1 year after graduation.

4. Students evaluate each course.

5. Students themselves.

6. Surveys after clinical rotations, courses, faculty, and program.

7. Internal evaluations or faculty, courses, and clinical sites; graduate exit interviews; graduate and employer surveys; ACT graduate satisfaction survey.

8. Student surveys from classroom instruction as well as clinical instruction each course or every 8 weeks.

9. From students completing course and instructor surveys.

10. End of program evaluations -ongoing evaluations of clinical instructors by students - classroom evaluations of instructors.

11. Student satisfaction is measured as a surrogate measurement through registration for the following semester. A second measure is number of student conferences with the Chair regarding a nursing program situation.

12. Student satisfaction is measured via a survey that is sent out from the district office. Current and graduates are surveyed.

13. Student surveys and evaluations.


15. Course evaluations by students, advising of students, campus surveys of students. Alumni surveys and alumni employer surveys.

16. Student end of program eval, advisory committee locations.

17. Alumni Surveys Focus groups.

18. The nursing program surveys students annually re: satisfaction with instruction, clinical
facilities and support services for the program. The student services department also surveys students annually re: their satisfaction with enrollment services, financial assistance management and overall administration of school policies and services.

19. Graduate survey course evaluation each semester.

20. Yearly student surveys.

21. Written course evaluations written program evaluations verbal feedback via shared governance during program phone surveys of graduates.

22. Students fill out survey.

23. Course, clinical, and instructor evaluations by students. These surveys are done at least once a year on each course, clinical instructor, course instructor and clinical site. Annual college-wide student surveys, Surveys of graduating students 6-month and one-year graduate and employer surveys Special surveys (nursing arts lab, elective courses offered, etc.).

24. Each class at the end of each academic year does a mission effectiveness survey done by the dept. The office of student life does a student satisfaction survey. We also do exit interviews with all students and alumni and employers of graduates surveys.

45. How do you use the student satisfaction data?

1. It is reported yearly at our School of Nursing meeting. The undergraduate faculty may make changes on the delivery of the curriculum based on feedback from students.

2. They are part of our systematic evaluation plan for the SON.

3. It is shared at nursing faculty meetings and with advisory committee.

4. Review concerns of students

5. In summary for the faculty to review.

6. Summarize, review and meet to discuss

7. By setting benchmarks and responding to those that fall below

8. As a guide for better instruction, delivery, etc.

9. We look for trends in students' responses. If a trend is noted than a change may be indicated.

10. Instructors are given the individual evaluation results and evaluations are
summarized to give a total report re student satisfaction

11. Themes of student concerns are brought to the nursing faculty for examination and/or resolution. Enrollment is examined ongoing, especially as at risk students are identified.

12. The satisfaction surveys are examined for trends or patterns, then nursing faculty determines the appropriate actions.

13. To make changes if needed

14. Improve advising, consider for changing teaching strategies and learning opportunities.

15. Informally, when reviewing program evaluation plan and setting goals

16. Program evaluation.

17. In the systematic evaluation of the program, student satisfaction data is used to determine key areas of faculty study for improvement of the program.

18. Adjustment of courses- teaching methods, addressing learning styles adding course content if needed

19. Change areas that show a low satisfaction rate on the surveys, change curriculum

20. Used by curriculum groups, program evaluation committee and administration to advise changes in curriculum, policy and procedures

21. Look for trends or repeated areas of concerns.

22. Share with faculty and administration. Impacts curriculum design, course content, college programs. Respond to students regarding their concerns.

23. It is reported and analyzed by the college as a whole through a college wide assessment committee. Within the department it is evaluated by the evaluation committee of the Nursing dept and it is used to make curricular and policy changes when needed.

D. Teaching/Faculty
46. In which of the following ways does faculty development occur? (Check all that apply)

New faculty are assigned a mentor  20
New faculty orientation  25
Curriculum workshop  10
Inservice in test construction or other areas  10
Peer support  25
Faculty evaluation  22
Other (please specify)  4

47. Is there monetary support for faculty development?

Mainly yes (72%).

48. Is the monetary support adequate?

About 50/50.

49. From your perspective what are the biggest development needs for faculty?

1. How to teach students study skills, relieving test anxiety etc.
2. Attending more conferences on curriculum issues and teaching skills.
3. Money to pursue advanced education.
4. Test item writing Critical thinking strategies for clinical faculty.
5. Testing criteria and evaluation online instruction development.
6. Providing development for new faculty who have never taught and do not come with
experience or educational preparation in education. The responsibility to assist in development falls on program chair and faculty and is not consistently addressed.

7. Computerized learning/courses, training, equipment.

8. To stay/remain current. Technology is moving at a very drastically, accelerated rate.

9. Test construction.

10. Need more nurse educator information re clinical teaching and curriculum development.

11. Methods to evaluate the students in the class room and the clinical setting.

12. New instructors come with commendable clinical skills but do not understand the teaching/learning process. Many new instructors believe that providing the learning opportunity is all that is need for learning to occur. I find faculty have difficulty designing an active, constructive, goal directed learning experience.


14. Finding qualified faculty and with experience.

15. Faculty would like more opportunities to attend conferences within their specialty areas; there is a continual need to improve teaching of critical thinking.

16. Test writing, evaluation in classroom and clinical settings.

17. Many new faculty, long on nursing experience and short on teaching experience. Every new faculty should have the opportunity to receive education in test, test question, test measurement design.


19. Curriculum design and implementation classroom management testing.

20. Curriculum design, mentoring, faculty advising.

21. Support in getting a masters degree in nursing education or certification in nursing ed if already have a MSN need to learn teaching and evaluation methodology, test writing, clinical teaching.

22. Courses to help them gain knowledge & skills in educational topics.

23. Faculty are very busy with teaching load and advising students. Could always use more time for reading, study, professional development and research.

24. Help with class design and evaluation techniques. Help with clinical evaluation and test construction. Help with new teaching techniques.
50. Please respond to the following three items related to changes in faculty since 2000 based on faculty numbers in 2000:

% faculty left (turnover):

1. 15%
2. 23%
3. 40%
4. unsure
5. 3
6. 45%
7. 40
8. 11% this # represent FT faculty for classroom and not clinical. Turnout clinically is very high
9. 40% (This is for FT faculty only.)
10. 63%
11. 33%
12. 26%
13. 25
14. 50%
15. 30%
16. 50%
17. 75%
18. 25%
19. Started with 4FTE's. One non re-hire after year two. One retirement in year three. Resignation of replacement for non re-hire in year four.
20. 5-10%
21. 40%

% new faculty:

1. 15%
2. 0
3. 30%
4. unsure
5. 5
6. 75%
7. 2
8. 11%
9. 50% (This is for FT faculty only.)
10. 70%
11. 50%
12. 31%
13. 25
14. 40%
15. 40%
16. 50%
17. 87%
18. 25%
19. 100% since 2000
20. 10%
21. 40%

% additional faculty added:

1. 0%
2. 25% - in 2006
3. 15%
4. 2%
5. 19 (five of which are no longer with us)
6. 0
7. 10%
8. 22%
9. 17%
10. 2

51. Has your program experienced considerable faculty turnover in the last five years?

Yes, about 65%.

If you answered Yes above to which of the following do you attribute it? (Check all that apply.)

Out of 23 respondents:

Retirement 11
Relocating with spouse 4
Changing fields 2
To get an advanced degree 1
Noncompetitive salaries 9
Other (please specify) 10

Other:
1. Moving to another location
2. needing increased numbers related to increased no. of students
3. concern about practice requirements for advanced practice nurses
4. institutional downsizing
5. Released
6. Most clinical instructors work other full time jobs and get a degree.
7. career goal change
8. Conflicts with primary job; teaching for us part-time
9. Teaching wasn't what they thought it would be.
10. too much work to teach

53. Average length of time to replace faculty:

<table>
<thead>
<tr>
<th>Time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>2</td>
</tr>
<tr>
<td>3 months</td>
<td>4</td>
</tr>
<tr>
<td>4 months</td>
<td>3</td>
</tr>
<tr>
<td>6 months</td>
<td>8</td>
</tr>
<tr>
<td>one year</td>
<td></td>
</tr>
<tr>
<td>for tenure track:</td>
<td>2-3 years</td>
</tr>
</tbody>
</table>

54. How many unfilled positions do you typically have?

<table>
<thead>
<tr>
<th>Number</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2-3</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

2-4 PT clinical instructors
1 full-time, 3-4 part-time
Unfilled positions are typically clinical adjunct teaching positions.
1 full time, 6-8 adjuncts

55. Faculty knowledge of the NCLEX test plan:

Mainly competent—definitely not expert, but also more than the minimal level of knowledge.

<table>
<thead>
<tr>
<th>Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>6</td>
</tr>
<tr>
<td>Competent</td>
<td>18</td>
</tr>
<tr>
<td>Expert</td>
<td>1</td>
</tr>
</tbody>
</table>

56. Faculty spend time evaluating NCLEX result data and planning program changes based on the data.

None never: most occasionally or regularly.

57. Has your program made changes in teaching methods in the last two years?

Yes 80%.

1. We are utilizing more homework, less lecture type classrooms. More hands on experiences. More case study analysis.

2. The faculty have made several strategic, coordinated changes throughout the curriculum.

3. More power points and technology use

4. Particularly in testing with multiple answer. Using more case studies for critical thinking
5. New instructors using new methods.

6. Attention to higher level of cognitive thinking ability, and an increased focus on critical thinking teaching methodologies. In addition there is purposeful attention to NCLEX results-review of areas NCLEX tests, more stringent testing criteria, minimum HESI score to graduate

7. Some faculty have implemented teaching strategies that involve the student more in the learning process.

8. Primary changes have been with lab and clinical experiences. We try to make expectations more explicit and have increased the evaluation structure. Have also restructured the clinical experiences so as to better meet student needs.

9. We have included more critical thinking activities, more case studies, and more multiple choice question exams.

10. Simulation is being used more.

11. More case study approach

12. Revised the Programs

13. Increased use of electronic communications. Increase in technology use. Fewer videos and more active learning approaches.

14. Variety of techniques used; PowerPoint, discussions etc. Beginning to incorporate new question types

15. In the process of implementing strategies to improve testing skills.

16. We have included significantly more clinical application in the classroom. Newer nursing faculty members are expert clinicians which makes their classroom presentations much more pertinent to current nursing practice standards.

17. Doing more group work student generated projects and demonstrations more active learning less lecture

18. Introduces web-based learning


20. Curriculum revision in Fall 2002. ASN program went from 4-semester to 5-semester program. Anatomy and Physiology increased from 3 to 4 credits. BSN program curriculum revision in Fall 2002. Increased the clinical and preceptorship time.
21. Increased use of technology. More variety in teaching methods. Increased use of case studies and narrative pedagogy, increase use of online and WEB CT

E. Student NCLEX Pass Rate

59. What was the second time and the total pass rate for students who graduated in 2003 and 2004? That is we know what the first time rate was; what percentage of graduates passed after the second try and after all retakes?

I am not summarizing this data right now because there appear to be some incorrect numbers.

2003 Second time NCLEX pass rate

1. 85%
2. not sure-70's
3. 96%
4. 100%
5. 33%
6. 0
7. 100%
8. 100%
9. 42%
10. 98
11. 80
12. 34%
13. 92%
14. approx 85 percent
15. 93%

2003 Eventual NCLEX pass rate

1. 50%
2. 0%
3. not sure 80's
4. 100%
5. 50%
6. 70%
7. 100%
8. 69.4%
9. 99
2004 Second time NCLEX pass rate

1. 85%
2. not sure 70's
3. 97%
4. 100%
5. 100%
6. 0
7. 75% - of those taking it the second time - 92% total
8. 100%
9. 60%
10. 96
11. 72
12. 41%
13. 100%
14. approx 85 percent
15. 100%

2004 Eventual NCLEX pass rate

1. 53%
2. 100%
3. not sure 80's
4. 100%
5. 75%
6. 100%
7. 84.5%
8. 97
9. 0
10. 84%
11. approx 95 percent
12. 100%

60. What was the first time and the total pass rate for students who graduated in 2003 and 2004? That is we know what the first time rate was; what percentage of graduates passed after all retakes?
This data also does not yet seem dependable.

We still have one student yet to pass.
85%
85%
not sure-90's
2003=89.4 and 100%; 2004=84.5 and 100%
100%
72.5%
100%
100%
75%
98%
95
85%
69% & 92% for 03 and 92% and 100% for 04
95%
100%

61. Are there any generalizations you could make about those who failed on their first attempt?

1. Some of those students had to repeat a nursing course while they were in school.

2. Some were nervous, some had borderline classroom grades, some worked too much

3. These students struggled with every course. They needed tutoring throughout. One is not very motivated to retake and has been graduated a while.

4. HESI scores were fairly predictive.

5. Often students will not take self preparation seriously and maintain several jobs, plan a major even like a wedding during the time they should be preparing, and indicate that they can take it again. I also have concern about the level of preparation the students enter with program with from high schools. Students often indicate that they got straight As in high school without studying and can barely maintain a 'C' average in our program. Older students seem to do better with developing or adapting study skills, which helps with preparation for the NCLEX in the end.

6. These seemed to be the students that struggled all along or throughout the program. They did the very minimum to get by!
7. Typically, these students are academically weaker students.

8. Students were 1) nervous about NCLEX testing and 2) weak students

9. Anxiety, personal distractions, lack of focus, lack of self confidence.

10. Most of the students were borderline throughout the program in course grades and scores consistently declined in the program. We also have noted a strong correlation between the time a student intensively prepares for boards between graduation and taking the test.

11. There was an expectation of some who would fail based on how they had performed on the HESI exit exam. Faculty had feelings about students who would fail. English as a second language pretty consistently places students at risk for failure.

12. The lower the overall GPA in the program would generally make the graduate more vulnerable to failing NCLEX.

13. Had not prepared for the test- did not attend standardized testing workshop

14. Often referred to as weaker students, did not retain information from previous courses as well, did not put forth as much effort, did just enough to meet minimum requirements, often juggled multiple roles and responsibilities

15. Majority of first time failures were anxiety related. In a very few instances, students do not see need to increase study time until they fail.

16. Between 12/31/01 and 12/31/04, of the 27 students who scored less than 750 on the HESI exit exam, 50% passed and 50% failed the NCLEX-RN exam. Of the 240 students who scored greater than 750 on the HESI exit exam, 89.2% passed the NCLEX and 10.8% failed. Since Spring 2003, students who score less than 750 on the HESI exit exam are required to take an NCLEX-RN review course before their transcript is released.

17. Change in attitude. Didn't study, knew they could retake. Worked too many hours and decided to go ahead and try. Test anxiety. Personal plans interfered----planned weddings, moved etc. all took priority over the exam.

62. Have you found any evidence of various factors related to the probability of a candidate passing on their first time?

1. We hope to see correlation with the RN Predictor exam students are taking in the
spring. Consistent performance on standardized exams and course exams.

2. Score on HESI exit exam

3. See above

4. I believe the literature shows comparison on grades in specific nursing and science courses. There are also studies that show a relationship to how students have done on predictor exams, such as the HESI.

5. Repeated courses put students at risk for NCLEX failure

6. No predictors have been found and we have explored a number of factors.

7. Kaplan review course testing for readiness. In the past 2 years, the GPA was not related.

8. We have started to see a correlation of performance on the HESI exam; students below 850 are not passing the NCLEX. We are starting to collect data on science scores, nursing course scores and any other data which could be used to correlate to NCLEX success.

9. All students need to be considered at risk, even some of the best and brightest.

10. No

11. No- sometimes the strong clinical students fail- other times the strong classroom students fail- I think it's more preparation for the actual test

12. Practiced critical thinking, asked good questions, excellent attendance, exhibited good study and time management habits, sought learning

13. Students who earn B-grades or greater in majority of nursing courses and performs well on Mosby. Student can show evidence of ability to analyze and synthesize information in written format.

14. Of the 123 students who scored 850 or above on the HESI exit exam, 95.9% passed the NCLEX and 4.1% failed. Based on this research, Mercy College will require students to get 850 on the HESI exit exam. If they do not, they will be required to take an NCLEX review course before their transcripts are released.

15. Poor entrance GPA, poor scores on Assess test such as MOSBY. High level of test anxiety. Numerous personal problems. Working too many hours outside of school

**F. Use of Standardized Tests**
Do you use the HESI (Health Education Systems Incorporated) standardized test during students' nursing program to monitor or predict performance?

Nearly 40% said yes. Six institutions of the 10 that said yes provided actual GPA levels required. They are: 80%, 750 (4), and 850 (2). One institution noted, “We have not established this but will be next year.”

Do you use the ERI (Educational Resources Inc.) standardized test during students' nursing program to monitor or predict performance?

Only 3 institutions (14%) said yes. Two responded to the request for cut-off score(s) as follows: (a) national average, and (b) determined as at-risk each year by the company.

Do you use the ATI (Assessment Technologies Institute LLC) standardized test during students' nursing program to monitor or predict performance?

33% (8 institutions) said yes. Five institutions of the 8 that said yes provided actual GPA levels required. They are 30, 50, 55 national percentile, 63, and 80 on the non-proctored and 50 on the proctored.

Do you use the Mosby Assess standardized test during students' nursing program to monitor or predict performance?
Only 4 institutions (19%) said yes. Cut-off score(s) or % used were reported as (a) 85%, (b) used to advise only, and (c) % ranking below the 30th percentile.

71. Do you use NLN (National League for Nursing) standardized tests during students' nursing program to monitor or predict performance?

Only 4 institutions (19%) said yes. Cut-off score(s) or % used were reported as (a) 30, (b) 30th percentile ranking, and (c) there is not a cut-off score but highly recommend above 85%.

73. Do you use Arnett comprehensive testing during students' nursing program to monitor or predict performance?

Only 1 institution (6%) said yes.
This institution provided a cut-off score of 65%.

75. How do you use the standardized test scores? (Check all that apply)

Out of 20 respondents:
Feedback to students & faculty 20
For assigning grades 3
Progression 5
Graduation 10
For advising 16
Other (please specify) 3

Other:
1. We started the testing with ATI 04-05 and will implement test cut off scores for progression/graduation in 05-06
2. Planning to use HESI for progression in the future

3. Beginning Fall 05, must meet min score to pass capstone course - remediation facilitated

76. What is the main kind of opportunity your students have to take practice exams on the computer?

<table>
<thead>
<tr>
<th>Kind of Opportunity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual--made available</td>
<td>8</td>
</tr>
<tr>
<td>In groups</td>
<td>2</td>
</tr>
<tr>
<td>Simulating the timed environment</td>
<td>2</td>
</tr>
<tr>
<td>National</td>
<td>2</td>
</tr>
<tr>
<td>Before taking the NCLEX-RN</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>5</td>
</tr>
</tbody>
</table>

Other:

1. ATI tests with each semester of nursing courses
2. We have lots of software, use in variety of ways
3. Take class test on computer
4. All of the above. Computer will not allow me to click all that apply.
5. We use all of the above. There is an error in the program that does not allow you to check more than one reply

G. Final Things

77. What are five reasons why you think the Iowa first-time pass rate on NCLEX-RN has dropped?
Reason 1

1. Students are less prepared when entering nursing programs
2. Test not seen as a priority, can retake too fast and easily
3. Multiple test items
4. Lower standards
5. Admission standards too low
6. Pre-entrance preparation of students entering programs
7. Lack of preparation on the students part
8. The increase in number of new nursing faculty
9. Decreased classroom preparation
10. Student personality characteristics
11. Apathy
12. Lack of motivation to pass first time
13. Change in test plan
14. Lack of experienced nursing educators
15. Larger class sections
16. Too easy to retake
17. Change in testing format
18. Students under prepared for rigor of nursing curricula
19. Loss of graduate practice time between program graduation and testing
20. Large class size
21. Student attitude

Reason 2

1. Pressure to pass students
2. Working too much while in school
3. Prioritization
4. Administrative pressure to pass students
5. Decreased student ability
6. Increased enrollment
7. Too much time has lapsed between graduation and the NCLEX_RN test
8. Students are working more hours.
9. Decreased clinical experiences
10. Weak accomplishment of nursing content
11. Entitlement attitude
12. Student's lack of focus
13. Relevancy of teaching
14. Nursing education not being the top priority; students working too much
15. More students to place in challenging clinical settings
16. Don't see value of first time pass
17. Lack of resources to intensely tutor students
18. More students admitted with lower level of academic preparation
19. Change in NCLEX pass score in April 04
20. Working too many hours outside of class

**Reason 3**

1. Students don't believe it is as important to pass the first time. They don't have to wait as long in Missouri (anyway) to repeat NCLEX.
2. Lack of responsibility for self in school
3. Pharm
4. $$$
5. Institution testing not stringent
6. Increased number of students in course sections
7. Last of admission requirements
8. Students are spending less time on studying
9. Students have too many family and financial commitments
10. Confusion with multiple choice exams

Reason 4
1. Complicated lives
2. Lack of critical thinking
3. Decreased experienced faculty
4. Working too many hours
5. Low progression criteria
6. Integration of leadership
7. Pool of candidates coming into nursing programs not like it was 20 years ago
8. Turnover in classroom faculty members
9. Reluctance to fail students due to pressure to avoid high attrition rates
10. Faculty need Master's and role preparation in education.
11. Students do not take the first exam seriously. They consider it a trial run and use it as a review for the second time.
12. Test anxiety

Reason 5
1. Test anxiety
2. Lack of experienced new faculty
3. Not reviewing before NCLEX
4. Time limits in curriculum to
5. Full-time faculty competencies in test-writing and analysis
6. Grade inflation at all levels; high school and college

7. Newer faculty members writing test questions without adequate/formal test writing skills.

8. Learn today, forget tomorrow patterns students come to programs with - hard to change

9. Numerous personal problems

78. What are five strategies you are implementing to raise the first-time pass rate?

**Strategy 1**

1. Interviewing students when entering the program

2. Using the TEAS test

3. Online review

4. Using multiple test items

5. Mine are passing :-) 

6. Review NCLEX components

7. Require passing score on HESI prior to program completion

8. We implemented ATI testing fall 1004

9. Adopted ATI testing

10. Use of standardized ATI tests for progression

11. Case study approach to content

12. Increased credits for review course

13. Work to keep faculty updated on NCLEX test-plan

14. Treat all students as if they are at risk

15. Place clinical experts in the classroom with students whenever possible

16. Give grade on incomplete until standardized test workshop completed

17. Increase HESI pass rate
18. Clear policies that limit repeats and set clear standards
19. Early identification of students with need for academic assistance
20. Increase admission GPA
21. Increased admission GPA

**Strategy 2**

1. Giving exams that require the student to perform more application and critical thinking
2. Interviewing all applicants to the program
3. Preach priority during the school
4. Looking at ways to do prioritization
5. I have high expectations for my students
6. More stringent testing standards
7. Bring review course to campus
8. Plan staff development activities related to test construction.
9. Increased clinical expectations
10. Support for faculty who assign the grade the student has earned
11. NCLEX style exam questions
12. Redesigned curriculum
13. Creative in teaching strategies, review of entire curriculum to meet test plan
15. Develop and retain clinical adjunct instructors.
16. Increase standardized testing in program- for points within the course
17. Change teaching strategies
18. Increase student support in resource/remediation labs
19. Encourage students with test anxiety to seek assistance
20. Increase course pre-requisites for admission Require chemistry, English, biology and algebra I as pre-re
21. Increased progression GPA

**Strategy 3**

1. Mentoring seniors with regards to NCLEX plans, study plans etc.
2. Changing teaching strategies
3. Faculty attending test writing workshops and online classes
4. Implemented pharm into all nursing courses in addition to regular pharm course
5. I have high expectations for myself
6. Minimum HESI score required
7. Multiple internal resource provided for students' preparation
8. Working closer with new FT nursing instructors
9. Increased classroom teaching strategies and methods
10. Counseling students
11. Close academic advising
12. Reevaluating curriculum with NCLEX test plan
13. Changed practice test from Mosby to HESI
14. Raise the standards for admission
15. Developing appropriate clinical skills labs for students at both levels of more individualized instruction from faculty members
16. Establish a minimum standardized test score on exit exam
17. Counsel students who score low on Mosby
18. Increase tutoring/remediation opportunities
19. ERI throughout the program

**Strategy 4**

1. We continue to have a minimum score that students must achieve on multiple choice exams in our clinical concepts courses
2. Requiring students to past test at end of program
3. Increased difficulty of tests
4. Working with faculty to stimulate critical thinking
5. Plan for faculty test-item writing workshop
6. Promotion of NCLEX Review courses
7. Use of ATI data to identify areas of weakness
8. Standardized tests
9. Revising exams to higher level of thinking
10. Working to clearly delineate roles of nurse, leadership and delegation
11. Include pre-admission testing for admission
12. Faculty collaboration and support with writing and evaluating test questions
13. Offer, really push review course
14. Students who do not meet progression criteria are required to develop and implement a plan to facilitate success
15. Increase HESI exit exam score to 850
16. Faculty development activities; Online NCLEX item writing courses, participation as NCLEX item writers

**Strategy 5**
1. Higher admissions standards
2. Increased admission requirements
3. Mapping NCLEX content in the curriculum
4. Review courses
5. Faculty discussions & workshops
6. Holding faculty workshop for test writing, initiated student workshop on test-taking
7. Increase resources for students not prepared for college
8. Working with students about changes in testing between first and second year as well as
introduction to new test items on NCLEX

9. Infuse testing and thinking skills throughout
10. Mentor new faculty
11. Stress the importance of a first time pass on the NCLEX-RN
12. Mentoring of students

79. What data/evidence have you found in your program that might be helpful to other institutions?

1. The changes we have implemented have taken place in the last 2 years so we do not have good data yet to evaluate our changes.
2. Using HESI as an exit exam.
3. It seems like we all have the same problems and are using the similar types of preparation and expectations.
4. We have a new college program that offers ongoing assistance to students who are at risk due to low COMPASS and financial constraints. Our college is also relying on COMPASS results for mandatory placement in support level courses prior to taking transfer level courses. I believe the nursing student will be better prepared by the time she/he enters the program.
5. None, at this time.
6. Offer a NCLEX review course as an elective on campus.
7. Would like to look at exit exams prior to board scores as a requirement.
8. Raising admission standards coincided significantly with and increased retention and improvement with NCLEX pass rate in 2005. The 24 mo. cap on re-entry into the program appears to have improved retention in the program to date--we are watching for improvement in NCLEX scores for students who may be repeating a nursing course.
9. Increase admission criteria require CNA before entry test with standardized testing through curriculum.
10. Patterns over time more helpful than knee jerk response. We found that examining data from NCSBN Program Reports correlated to NCLEX test plan and standardized test
reports (HESI) was helpful in identifying possible curriculum weak areas.

11. In a number of courses student's must pass all or most test regardless of test results weight toward grade. Other assignments can enhance or lower grade but evidence of course knowledge needs to be indicated.

12. HESI is so important. May consider using the HESI mid-curricular exam score as a progression requirement.

13. Doing an overall assessment for correlations between things like entrance GPA, grades on pre & co-requisite work, Scores on Mosby Assess and ERI. Raising the entrance and progression GPA. Mentoring of students. Faculty development activities. Really increasing the amount of faculty evaluation throughout the program not just during senior year.

80. Is there any thing else you would like to add related to the first-time pass rate issue?

1. It is very hard to fail students who are trying very hard to be successful. Would like to see the pressure put back on the student to succeed, rather than the program so much. It is too easy for them to re-take, they are not embarrassed by their failure as much as students years ago.

2. Programs are rated and evaluated on the first time pass rate, which never includes those who pass on a 2nd or 3rd try. Some very good students go into the exam with much anxiety, which impacts testing. They hear so much about the number of items needed to pass and when the testing goes much beyond this number they become more anxious.

3. No.

4. Our numbers have been small so our percentage is not a true reflection of the program.

5. Many times- the student doesn’t pay for testing- their parents do- or financial aid does- so they see no reason to worry about money- and they are working as a PN- and don't lose as much money as they would if they were unemployed.

6. Not at this time.

7. Do we overstress about first time pass rates? Should we look at programs results after 2 rounds of testing with graduates. This allows the "anxious" a trial run and the “less motivated learner" a reality check experience. And if applicant fails a third time, design a remediation plan before test retake.
8. Students are reporting isolated problems with the testing site in Des Moines. One said she went and the computers were down. People at the site said to stay put. She waited for two hours to take the NCLEX-RN exam. She was so upset that she failed.

9. I think that we need to look more closely at pass rate after the first time and ask if really makes a difference in client care if the person passed on first or second try. Students are different today. If our overall outcome is to license adequately prepared nurses who can give safe, effective care, do we have the data to say that it really makes a difference as to whether or not they pass on the FIRST try.
Appendix:

SurveyMonkey Data Output
1. Following is a list of program and faculty factors which different studies and groups have suggested may impact the performance of RN program graduates on the NCLEX-RN. Please mark in the first column to what extent that factor has occurred in your program. Then mark in the second column to what extent you see each factor as related to the performance of RN program graduates on the NCLEX-RN.

<table>
<thead>
<tr>
<th>Occurred in Program</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>Unable to answer</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of experienced long-term faculty</td>
<td>10% (14)</td>
<td>32% (44)</td>
<td>30% (42)</td>
<td>24% (33)</td>
<td>4% (5)</td>
<td>138</td>
</tr>
<tr>
<td>Higher admissions standards</td>
<td>22% (31)</td>
<td>26% (36)</td>
<td>27% (37)</td>
<td>19% (26)</td>
<td>6% (9)</td>
<td>139</td>
</tr>
<tr>
<td>Fewer applicants to the program</td>
<td>90% (124)</td>
<td>5% (7)</td>
<td>2% (3)</td>
<td>0% (0)</td>
<td>3% (4)</td>
<td>138</td>
</tr>
<tr>
<td>Increased faculty turnover</td>
<td>12% (16)</td>
<td>33% (46)</td>
<td>27% (37)</td>
<td>25% (35)</td>
<td>3% (4)</td>
<td>138</td>
</tr>
<tr>
<td>Greater use of adjunct/part-time faculty</td>
<td>10% (14)</td>
<td>22% (30)</td>
<td>36% (50)</td>
<td>29% (40)</td>
<td>3% (4)</td>
<td>138</td>
</tr>
<tr>
<td>Grade inflation in courses</td>
<td>39% (54)</td>
<td>26% (36)</td>
<td>17% (23)</td>
<td>8% (11)</td>
<td>9% (13)</td>
<td>137</td>
</tr>
<tr>
<td>Lack of knowledge of the NCLEX test plan</td>
<td>27% (37)</td>
<td>38% (52)</td>
<td>15% (20)</td>
<td>9% (13)</td>
<td>11% (15)</td>
<td>137</td>
</tr>
<tr>
<td>Limited opportunity for students to practice with computer adaptive testing</td>
<td>49% (67)</td>
<td>21% (28)</td>
<td>15% (21)</td>
<td>9% (12)</td>
<td>6% (8)</td>
<td>136</td>
</tr>
<tr>
<td>Use of data for program improvement</td>
<td>7% (10)</td>
<td>34% (46)</td>
<td>29% (40)</td>
<td>20% (27)</td>
<td>10% (13)</td>
<td>136</td>
</tr>
<tr>
<td>Changes in grading policies</td>
<td>54% (75)</td>
<td>22% (31)</td>
<td>10% (14)</td>
<td>6% (8)</td>
<td>7% (10)</td>
<td>138</td>
</tr>
<tr>
<td>Changes in teaching methods</td>
<td>15% (21)</td>
<td>39% (54)</td>
<td>30% (41)</td>
<td>7% (10)</td>
<td>9% (12)</td>
<td>138</td>
</tr>
<tr>
<td>Changes in how students are evaluated</td>
<td>32% (45)</td>
<td>40% (56)</td>
<td>15% (21)</td>
<td>5% (7)</td>
<td>7% (10)</td>
<td>139</td>
</tr>
<tr>
<td>Changes in student support</td>
<td>41% (57)</td>
<td>27% (37)</td>
<td>19% (27)</td>
<td>6% (9)</td>
<td>6% (9)</td>
<td>139</td>
</tr>
<tr>
<td>Integration of content across courses</td>
<td>14% (20)</td>
<td>33% (46)</td>
<td>29% (41)</td>
<td>13% (18)</td>
<td>10% (14)</td>
<td>139</td>
</tr>
<tr>
<td>Use of critical thinking</td>
<td>5% (7)</td>
<td>14% (20)</td>
<td>36% (50)</td>
<td>37% (52)</td>
<td>7% (10)</td>
<td>139</td>
</tr>
<tr>
<td>Changes in class size</td>
<td>28% (38)</td>
<td>22% (31)</td>
<td>20% (28)</td>
<td>27% (37)</td>
<td>3% (4)</td>
<td>138</td>
</tr>
<tr>
<td>Impacts performance of Graduates on Test</td>
<td>Not at all</td>
<td>Slightly</td>
<td>Moderately</td>
<td>Considerably</td>
<td>Unable to answer</td>
<td>Response Total</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Loss of experienced long-term faculty</td>
<td>20% (27)</td>
<td>27% (37)</td>
<td>23% (31)</td>
<td>24% (33)</td>
<td>7% (9)</td>
<td>137</td>
</tr>
<tr>
<td>Higher admissions standards</td>
<td>19% (26)</td>
<td>15% (21)</td>
<td>25% (34)</td>
<td>28% (38)</td>
<td>14% (19)</td>
<td>138</td>
</tr>
<tr>
<td>Fewer applicants to the program</td>
<td><strong>69% (93)</strong></td>
<td>5% (7)</td>
<td>11% (15)</td>
<td>4% (6)</td>
<td>10% (13)</td>
<td>134</td>
</tr>
<tr>
<td>Increased faculty turnover</td>
<td>14% (19)</td>
<td>21% (29)</td>
<td>26% (35)</td>
<td><strong>30% (41)</strong></td>
<td>9% (13)</td>
<td>137</td>
</tr>
<tr>
<td>Greater use of adjunct/part-time faculty</td>
<td>15% (21)</td>
<td>20% (28)</td>
<td>31% (42)</td>
<td>26% (36)</td>
<td>7% (10)</td>
<td>137</td>
</tr>
<tr>
<td>Grade inflation in courses</td>
<td><strong>28% (38)</strong></td>
<td>20% (27)</td>
<td>21% (28)</td>
<td>18% (24)</td>
<td>14% (19)</td>
<td>136</td>
</tr>
<tr>
<td>Lack of knowledge of the NCLEX test plan</td>
<td>24% (33)</td>
<td><strong>28% (39)</strong></td>
<td>18% (25)</td>
<td>18% (24)</td>
<td>12% (16)</td>
<td>137</td>
</tr>
<tr>
<td>Limited opportunity for students to practice with computer adaptive testing</td>
<td>43% (59)</td>
<td>25% (34)</td>
<td>17% (23)</td>
<td>8% (11)</td>
<td>7% (9)</td>
<td>136</td>
</tr>
<tr>
<td>Use of data for program improvement</td>
<td>12% (16)</td>
<td>29% (39)</td>
<td><strong>32% (44)</strong></td>
<td>12% (17)</td>
<td>15% (20)</td>
<td>136</td>
</tr>
<tr>
<td>Changes in grading policies</td>
<td><strong>44% (59)</strong></td>
<td>19% (26)</td>
<td>13% (18)</td>
<td>9% (12)</td>
<td>15% (20)</td>
<td>135</td>
</tr>
<tr>
<td>Changes in teaching methods</td>
<td>15% (20)</td>
<td><strong>29% (40)</strong></td>
<td>29% (40)</td>
<td>14% (19)</td>
<td>13% (18)</td>
<td>137</td>
</tr>
<tr>
<td>Changes in how students are evaluated</td>
<td>29% (39)</td>
<td><strong>30% (41)</strong></td>
<td>21% (28)</td>
<td>9% (12)</td>
<td>12% (16)</td>
<td>136</td>
</tr>
<tr>
<td>Changes in student support</td>
<td><strong>32% (44)</strong></td>
<td>24% (32)</td>
<td>19% (26)</td>
<td>12% (16)</td>
<td>13% (18)</td>
<td>136</td>
</tr>
<tr>
<td>Integration of content across courses</td>
<td>13% (18)</td>
<td><strong>26% (36)</strong></td>
<td>24% (33)</td>
<td>20% (28)</td>
<td>17% (23)</td>
<td>138</td>
</tr>
<tr>
<td>Use of critical thinking</td>
<td>5% (7)</td>
<td>12% (17)</td>
<td>25% (34)</td>
<td><strong>49% (67)</strong></td>
<td>9% (12)</td>
<td>137</td>
</tr>
<tr>
<td>Changes in class size</td>
<td><strong>27% (37)</strong></td>
<td>20% (27)</td>
<td>24% (33)</td>
<td>23% (31)</td>
<td>6% (8)</td>
<td>136</td>
</tr>
</tbody>
</table>

**Total Respondents** 140

(skipped this question) 2

2. Following is a list of general factors which different studies and groups have suggested may be
linked with a decline in pass rate. Please mark to what extent you see each factor as related to the decline in first time pass rate.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in the criterion level of NCLEX</td>
<td>2% (3)</td>
<td>33% (45)</td>
<td>41% (56)</td>
<td>24% (33)</td>
<td>2.87</td>
</tr>
<tr>
<td>Changes in the testing format of NCLEX</td>
<td>7% (9)</td>
<td>38% (52)</td>
<td>37% (51)</td>
<td>18% (25)</td>
<td>2.67</td>
</tr>
</tbody>
</table>

Total Respondents: 137

(skipped this question) 5

3. Following is a list of student factors which different studies and groups have suggested may impact the performance of RN program graduates on the NCLEX-RN. Please mark in the first column to what extent that factor has occurred in your program. Then mark in the second column to what extent you see each factor as related to the performance of RN program graduates on the NCLEX-RN.

<table>
<thead>
<tr>
<th>Occurred in Program</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>Unable to answer</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic preparation of students</td>
<td>10% (14)</td>
<td>21% (28)</td>
<td>30% (40)</td>
<td>32% (43)</td>
<td>7% (9)</td>
<td>134</td>
</tr>
<tr>
<td>Student overconfidence</td>
<td>20% (27)</td>
<td>37% (49)</td>
<td>31% (41)</td>
<td>7% (9)</td>
<td>5% (7)</td>
<td>133</td>
</tr>
<tr>
<td>Student actively participating in their learning</td>
<td>2% (2)</td>
<td>14% (18)</td>
<td>50% (65)</td>
<td>31% (40)</td>
<td>5% (6)</td>
<td>131</td>
</tr>
<tr>
<td>Students working more hours</td>
<td>2% (2)</td>
<td>10% (13)</td>
<td>25% (33)</td>
<td>61% (80)</td>
<td>3% (4)</td>
<td>132</td>
</tr>
<tr>
<td>Student commitment to the field of nursing</td>
<td>8% (10)</td>
<td>25% (33)</td>
<td>45% (59)</td>
<td>17% (22)</td>
<td>5% (7)</td>
<td>131</td>
</tr>
<tr>
<td>Students seeing no problem not passing the NCLEX the first time</td>
<td>20% (26)</td>
<td>30% (39)</td>
<td>20% (26)</td>
<td>23% (30)</td>
<td>8% (11)</td>
<td>132</td>
</tr>
<tr>
<td>Larger number of non-traditional students</td>
<td>21% (27)</td>
<td>24% (31)</td>
<td>32% (42)</td>
<td>19% (25)</td>
<td>5% (6)</td>
<td>131</td>
</tr>
<tr>
<td>Change in the quality of students</td>
<td>10% (13)</td>
<td>17% (22)</td>
<td>43% (57)</td>
<td>28% (37)</td>
<td>3% (4)</td>
<td>133</td>
</tr>
<tr>
<td>Change in the preparation of students (prior to the nursing program)</td>
<td>17% (23)</td>
<td>23% (31)</td>
<td>32% (42)</td>
<td>20% (26)</td>
<td>8% (10)</td>
<td>132</td>
</tr>
<tr>
<td>Student study time</td>
<td>0% (0)</td>
<td>17% (23)</td>
<td>39% (51)</td>
<td>39% (51)</td>
<td>5% (7)</td>
<td>132</td>
</tr>
<tr>
<td>Students have more family responsibilities</td>
<td>5% (6)</td>
<td>17% (22)</td>
<td>35% (46)</td>
<td>40% (53)</td>
<td>5% (6)</td>
<td>133</td>
</tr>
<tr>
<td>Students too used to low-stakes evaluation</td>
<td>20% (27)</td>
<td>24% (32)</td>
<td>26% (34)</td>
<td>16% (21)</td>
<td>14% (18)</td>
<td>132</td>
</tr>
<tr>
<td>Students delay taking the NCLEX for longer</td>
<td>17% (22)</td>
<td>41% (55)</td>
<td>18% (24)</td>
<td>8% (10)</td>
<td>17% (22)</td>
<td>133</td>
</tr>
<tr>
<td>More cheating on exams and/or assignments</td>
<td>21% (28)</td>
<td>41% (54)</td>
<td>15% (19)</td>
<td>4% (5)</td>
<td>19% (25)</td>
<td>131</td>
</tr>
</tbody>
</table>

**Impacts Performance of Graduates on Test**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>Unable to answer</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic preparation of students</td>
<td>8% (10)</td>
<td>16% (21)</td>
<td>30% (40)</td>
<td>41% (55)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Student overconfidence</td>
<td>14% (18)</td>
<td>33% (44)</td>
<td>26% (35)</td>
<td>20% (27)</td>
<td>7% (9)</td>
</tr>
<tr>
<td>Student actively participating in their learning</td>
<td>2% (2)</td>
<td>14% (18)</td>
<td>28% (37)</td>
<td>51% (67)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Students working more hours</td>
<td>1% (1)</td>
<td>8% (11)</td>
<td>20% (26)</td>
<td>66% (87)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Student commitment to the field of nursing</td>
<td>8% (10)</td>
<td>21% (28)</td>
<td>34% (44)</td>
<td>28% (37)</td>
<td>9% (12)</td>
</tr>
<tr>
<td>Students seeing no problem not passing the NCLEX the first time</td>
<td>12% (16)</td>
<td>23% (30)</td>
<td>22% (29)</td>
<td>34% (44)</td>
<td>9% (12)</td>
</tr>
<tr>
<td>Larger number of non-traditional students</td>
<td>26% (34)</td>
<td>31% (40)</td>
<td>23% (30)</td>
<td>12% (15)</td>
<td>8% (10)</td>
</tr>
<tr>
<td>Change in the quality of students</td>
<td>8% (10)</td>
<td>12% (16)</td>
<td>37% (49)</td>
<td>38% (51)</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Change in the preparation of students (prior to the nursing program)</td>
<td>16% (21)</td>
<td>18% (24)</td>
<td>31% (41)</td>
<td>25% (33)</td>
<td>9% (12)</td>
</tr>
<tr>
<td>Student study time</td>
<td>1% (1)</td>
<td>8% (11)</td>
<td>27% (35)</td>
<td>56% (74)</td>
<td>8% (10)</td>
</tr>
<tr>
<td>Students have more family responsibilities</td>
<td>3% (4)</td>
<td>13% (17)</td>
<td>31% (41)</td>
<td>45% (60)</td>
<td>8% (10)</td>
</tr>
<tr>
<td>Students too used to low-stakes evaluation</td>
<td>11% (15)</td>
<td>16% (21)</td>
<td>35% (46)</td>
<td>21% (27)</td>
<td>17% (22)</td>
</tr>
<tr>
<td>Students delay taking the NCLEX for longer</td>
<td>11% (15)</td>
<td>20% (26)</td>
<td>23% (31)</td>
<td>29% (38)</td>
<td>17% (22)</td>
</tr>
<tr>
<td>More cheating on exams and/or assignments</td>
<td>13% (17)</td>
<td>24% (31)</td>
<td>24% (32)</td>
<td>18% (23)</td>
<td>21% (28)</td>
</tr>
</tbody>
</table>

**Total Respondents** | 136
4. Following is a list of factors which various studies and groups have suggested may improve NCLEX performance for graduates. Please mark to what extent you believe each factor has occurred in your program during the past two years.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>N/A</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCLEX test plan incorporated into the curriculum</td>
<td>11% (14)</td>
<td>19% (25)</td>
<td>26% (34)</td>
<td>42% (55)</td>
<td>3%  (4)</td>
<td>3.02</td>
</tr>
<tr>
<td>Higher admissions standards</td>
<td>14% (18)</td>
<td>25% (32)</td>
<td>30% (39)</td>
<td>31% (40)</td>
<td>1%  (1)</td>
<td>2.78</td>
</tr>
<tr>
<td>Faculty have been trained as and/or served as NCLEX item writers</td>
<td>33% (43)</td>
<td>43% (56)</td>
<td>14% (18)</td>
<td>5%  (7)</td>
<td>5%  (6)</td>
<td>1.91</td>
</tr>
<tr>
<td>Requirements for progression through the programs have been added or strengthened</td>
<td>13% (17)</td>
<td>33% (42)</td>
<td>32% (41)</td>
<td>20% (26)</td>
<td>2%  (3)</td>
<td>2.60</td>
</tr>
<tr>
<td>Faculty spend more time evaluating NCLEX results and planning program changes based on the data</td>
<td>10% (13)</td>
<td>38% (50)</td>
<td>30% (39)</td>
<td>17% (22)</td>
<td>5%  (7)</td>
<td>2.56</td>
</tr>
<tr>
<td>Students have more opportunities to take NCLEX practice exams on the computer</td>
<td>9% (12)</td>
<td>17% (22)</td>
<td>31% (40)</td>
<td>40% (53)</td>
<td>3%  (4)</td>
<td>3.06</td>
</tr>
<tr>
<td>Changes in teaching methods have been made</td>
<td>5% (6)</td>
<td>37% (48)</td>
<td>43% (56)</td>
<td>10% (13)</td>
<td>5%  (7)</td>
<td>2.62</td>
</tr>
<tr>
<td>Changes in student evaluation methods have been made</td>
<td>9% (12)</td>
<td>47% (61)</td>
<td>34% (44)</td>
<td>5%  (6)</td>
<td>6%  (8)</td>
<td>2.36</td>
</tr>
<tr>
<td>Grading standards have been raised</td>
<td>35% (46)</td>
<td>31% (40)</td>
<td>18% (24)</td>
<td>11% (14)</td>
<td>5%  (7)</td>
<td>2.05</td>
</tr>
<tr>
<td>The curriculum has been revised to reflect current standards</td>
<td>14% (18)</td>
<td>28% (37)</td>
<td>29% (38)</td>
<td>25% (33)</td>
<td>4%  (5)</td>
<td>2.68</td>
</tr>
<tr>
<td>The quality of clinical experiences has improved</td>
<td>24% (31)</td>
<td>40% (52)</td>
<td>23% (30)</td>
<td>11% (14)</td>
<td>3%  (4)</td>
<td>2.21</td>
</tr>
<tr>
<td>Administration has been supportive of maintaining high academic standards</td>
<td>9% (12)</td>
<td>20% (26)</td>
<td>26% (34)</td>
<td>41% (54)</td>
<td>4%  (5)</td>
<td>3.03</td>
</tr>
<tr>
<td>More standardized testing is being done throughout the program</td>
<td>13% (17)</td>
<td>25% (32)</td>
<td>24% (31)</td>
<td>32% (41)</td>
<td>6%  (8)</td>
<td>2.79</td>
</tr>
<tr>
<td>Written policies are in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
for identifying and supporting at-risk students | 14% (18) | 28% (37) | 33% (43) | 21% (28) | 4% (5) | 2.64

| Total Respondents | 132
| (skipped this question) | 10

5. How closely do you follow the NCLEX test outline in your course organization?

| Response Percent | Not at all | Slightly | Moderately | Considerably | Total Respondents | (skipped this question)
|------------------|-----------|----------|------------|--------------|-------------------|----------------------
|                  | 15.1% | 34.1% | 37.3% | 13.5% | 126 | 16

6. How closely do you follow the NCLEX test outline in your course test blueprints?

| Response Percent | Not at all | Slightly | Moderately | Considerably | Total Respondents | (skipped this question)
|------------------|-----------|----------|------------|--------------|-------------------|----------------------
|                  | 22.8% | 29.3% | 30.9% | 17.1% | 123 | 19

7. To what extent do you see the following factors as related to the probability of a candidate passing on their first time?

<table>
<thead>
<tr>
<th>Working many hours (20+/week)</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Considerably</th>
<th>N/A</th>
<th>Response Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% (5)</td>
<td>14% (18)</td>
<td>29% (37)</td>
<td>52% (67)</td>
<td>2% (2)</td>
<td>3.31</td>
<td></td>
</tr>
</tbody>
</table>

| Taking an NCLEX review course | 2% (2) | 9% (12) | 22% (29) | 67% (86) | 0% (0) | 3.54 |

| High ability in reading | 0% (0) | 2% (2) | 21% (27) | 76% (99) | 2% (2) | 3.76 |

| Taking the NCLEX seriously | 0% (0) | 4% (5) | 9% (12) | 86% (111) | 1% (1) | 3.83 |

<p>| Taking it soon after | 2% (2) | 2% (3) | 10% (13) | 85% (110) | 1% | 3.80 |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a high grade point average (within 3 months)</td>
<td>52% (67)</td>
<td>3.24</td>
</tr>
<tr>
<td>Understanding how computer adaptive tests work</td>
<td>38% (49)</td>
<td>3.40</td>
</tr>
<tr>
<td>English as a first language</td>
<td>23% (30)</td>
<td>3.68</td>
</tr>
<tr>
<td>ACT/SAT scores</td>
<td>43% (55)</td>
<td>2.89</td>
</tr>
<tr>
<td>Scores on the predictor tests</td>
<td>46% (59)</td>
<td>3.36</td>
</tr>
<tr>
<td>Courses taken in high school in science and math</td>
<td>34% (44)</td>
<td>2.80</td>
</tr>
<tr>
<td>Courses taken in college in science and math</td>
<td>14% (18)</td>
<td>3.27</td>
</tr>
<tr>
<td>High school grade point average</td>
<td>44% (57)</td>
<td>2.52</td>
</tr>
<tr>
<td>College prerequisite courses grade point average</td>
<td>52% (67)</td>
<td>3.15</td>
</tr>
<tr>
<td>Competency in mathematics</td>
<td>48% (62)</td>
<td>3.02</td>
</tr>
<tr>
<td>Higher science course GPA</td>
<td>43% (55)</td>
<td>3.15</td>
</tr>
<tr>
<td>Higher nursing course GPA</td>
<td>52% (67)</td>
<td>3.47</td>
</tr>
<tr>
<td>Computer familiarity/skills</td>
<td>48% (62)</td>
<td>3.08</td>
</tr>
<tr>
<td>Participating in study groups during the program</td>
<td>45% (58)</td>
<td>3.20</td>
</tr>
<tr>
<td>Participating in study groups while preparing for the NCLEX</td>
<td>40% (51)</td>
<td>3.20</td>
</tr>
<tr>
<td>Use of NCLEX review books/CDs</td>
<td>65% (83)</td>
<td>3.60</td>
</tr>
<tr>
<td>Study strategies</td>
<td>67% (86)</td>
<td>3.64</td>
</tr>
<tr>
<td>Frequent course-level testing</td>
<td>48% (61)</td>
<td>3.37</td>
</tr>
<tr>
<td>Testing formats being like the NCLEX rather than simple multiple choice</td>
<td>63% (81)</td>
<td>3.54</td>
</tr>
<tr>
<td>Amount of program use of</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Response Percent</td>
<td>Response Total</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>computerized testing</td>
<td>2% (3)</td>
<td>19</td>
</tr>
<tr>
<td>Use of NCLEX grid in the program</td>
<td>5% (7)</td>
<td>19% (24)</td>
</tr>
<tr>
<td>Generic test-taking skills</td>
<td>1% (1)</td>
<td>14% (18)</td>
</tr>
<tr>
<td>Lack of intrusive personal issues and life events in the student's life</td>
<td>0% (0)</td>
<td>6% (8)</td>
</tr>
<tr>
<td>Lack of test anxiety</td>
<td>1% (1)</td>
<td>4% (5)</td>
</tr>
</tbody>
</table>

**Total Respondents** 130

(skipped this question) 12

8. Do you give comprehensive final exams in each course?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>15.4%</td>
<td>19</td>
</tr>
<tr>
<td>Sometimes</td>
<td>34.1%</td>
<td>42</td>
</tr>
<tr>
<td>All the time</td>
<td>50.4%</td>
<td>62</td>
</tr>
</tbody>
</table>

**Total Respondents** 123

(skipped this question) 19

9. How long have you been a faculty member at this institution?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td>38.8%</td>
<td>50</td>
</tr>
<tr>
<td>4-6 years</td>
<td>17.8%</td>
<td>23</td>
</tr>
<tr>
<td>7-10 years</td>
<td>7.8%</td>
<td>10</td>
</tr>
<tr>
<td>11-15 years</td>
<td>11.6%</td>
<td>15</td>
</tr>
<tr>
<td>16-20 years</td>
<td>7.8%</td>
<td>10</td>
</tr>
<tr>
<td>21 or more years</td>
<td>16.3%</td>
<td>21</td>
</tr>
</tbody>
</table>

**Total Respondents** 129

(skipped this question) 13

10. For how long have you been an educator?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
</table>

(file://F:\PRIVATE\EDUCATE\RN NCLEX Task Force Report 2006\Faculty Survey Summ... 1/2/2007)
### 11. How do you use student data as a faculty member to improve instruction or otherwise support students?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37.9%</td>
<td>47</td>
</tr>
<tr>
<td>No</td>
<td>62.1%</td>
<td>77</td>
</tr>
</tbody>
</table>

**Total Respondents**: 124

(skipped this question) 18

### 12. Do you see a difference as potential nurses between those who pass the first time and those who don’t but who pass later?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37.9%</td>
<td>47</td>
</tr>
<tr>
<td>No</td>
<td>62.1%</td>
<td>77</td>
</tr>
</tbody>
</table>

**Total Respondents**: 124

(skipped this question) 18

### 13. If Yes, please explain:

**Total Respondents**: 42

(skipped this question) 100

### 14. Which of the following instructional methods do you regularly use? (Check all that apply)

<table>
<thead>
<tr>
<th>Method</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study analysis</td>
<td>84.4%</td>
<td>108</td>
</tr>
<tr>
<td>Simulations</td>
<td>43%</td>
<td>55</td>
</tr>
<tr>
<td><strong>Lecture</strong></td>
<td><strong>93.8%</strong></td>
<td><strong>120</strong></td>
</tr>
<tr>
<td>Narrative</td>
<td>28.9%</td>
<td>37</td>
</tr>
<tr>
<td>Technology (such as PowerPoint)</td>
<td>78.9%</td>
<td>101</td>
</tr>
<tr>
<td>Small-group projects</td>
<td>78.9%</td>
<td>101</td>
</tr>
</tbody>
</table>
15. What kinds of teacher development have you experienced in the last three years? (Check all that apply)

<table>
<thead>
<tr>
<th>Kind of Development</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring of new faculty</td>
<td>67.2%</td>
<td>80</td>
</tr>
<tr>
<td>Inservice(s) on instructional approaches</td>
<td>81.5%</td>
<td>97</td>
</tr>
<tr>
<td>Inservice(s) on test construction</td>
<td>52.9%</td>
<td>63</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>17.6%</td>
<td>21</td>
</tr>
</tbody>
</table>

Total Respondents 119

(skipped this question) 23