

THE UNIVERSITY OF NORTH CAROLINA
NURSING ENROLLMENT & DEGREES CONFERRED AND
NURSING EXAMINATION RESULTS FOR 2011 REPORT



The University of North Carolina General Administration
June 2012

UNC Nursing Enrollment & Degrees Conferred and Nursing Examination Results

2011

Executive Summary

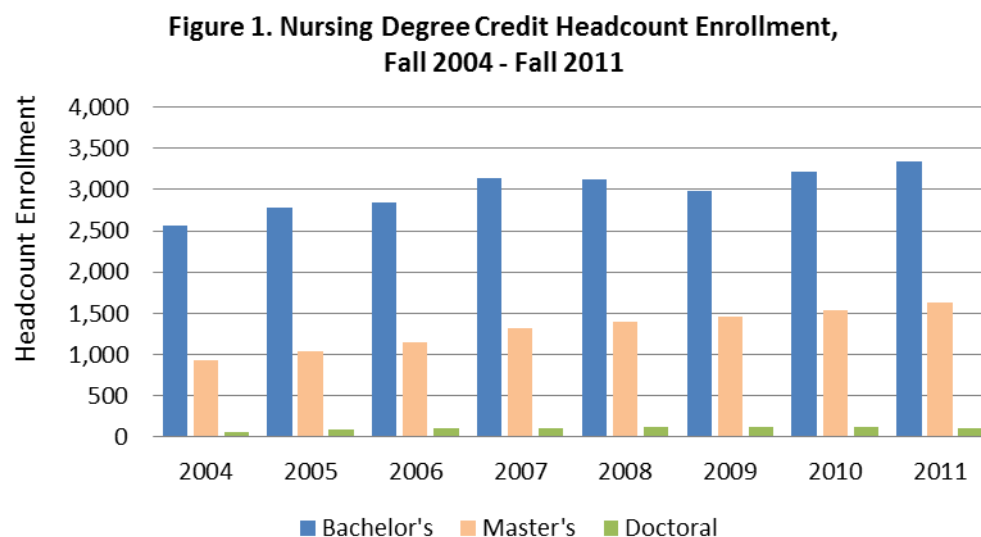
- Since 2004, the first year for nursing expansion, undergraduate enrollment in nursing programs has grown from 2,571 to 3,347, an increase of 30%; master's-level enrollment has grown from 924 to 1,636, an increase of 77%; doctoral enrollment has grown from 66 to 106, an increase of 61%.
- In 2002-03, the base year for nursing expansion, UNC institutions produced 1,178 nursing graduates at all levels. In 2010-11, that number increased to 2,303, 96% over the base year. The percent growth in degrees conferred has exceeded the Nursing Task Force's call to increase nursing production by 25% at every level.
- In 2011, a total of 1,035 UNC nursing program students took nursing exam (NCLEX-RN) for the first time and 969 of them passed the exam, a 94% pass rate.
- Two campuses did not meet Board of Governors' pass rate standards and one campus did not meet Board of Nursing pass rate standards. Suggested corrective action is included in report.

UNC Nursing Enrollment & Degrees Conferred and Examination Results, 2011

UNC Nursing Enrollment

Following a state-wide taskforce on nursing, the Board of Governors formed a Board Committee to review the recommendations of the task force and make recommendations for expanding the production of nursing graduates at various levels. Key among those recommendations was to set in motion the doubling of the number of pre-licensure nurses produced by UNC, the expansion of the Master of Nursing in Nursing Education program to provide faculty for community colleges so they can expand their programs to produce more nurses, increase the level of education of nurses with an expansion of RN-to-BSN programs, and expand the production of doctorates in nursing to replenish the faculty ranks at UNC and where needed in the community colleges.

Since 2004, undergraduate enrollment in nursing programs has grown from 2,571 to 3,347, an increase of 30%; master's-level enrollment has grown from 924 to 1,636, an increase of 77%; doctoral enrollment has grown from 66 to 106, an increase of 61% (Figure 1).

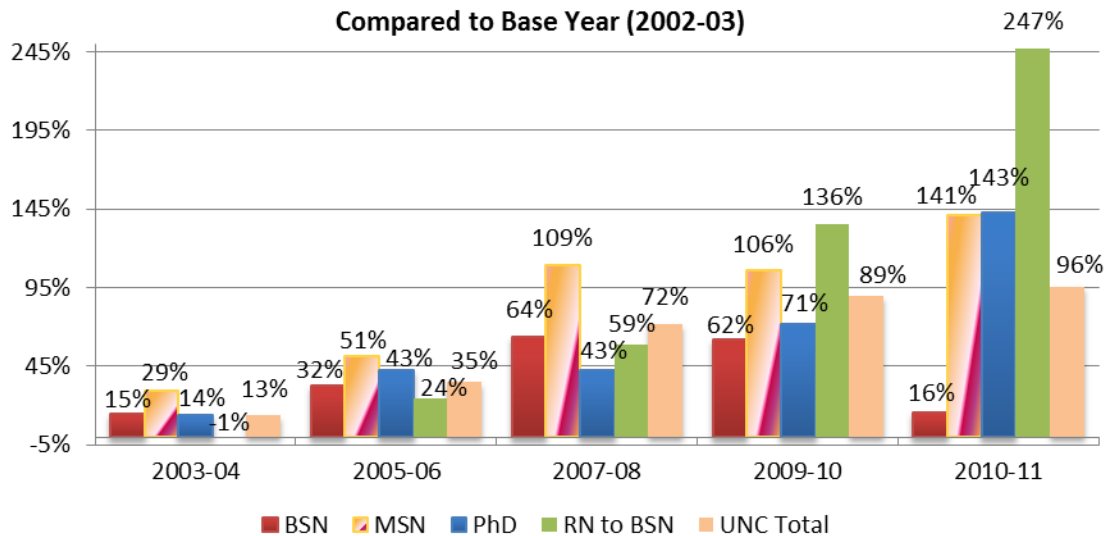


UNC Nursing Degrees Conferred

Overall, degree production has been on an upswing (Figure 2). At all levels, UNC institutions produced 1,178 nursing graduates in 2002-03, the base year for nursing expansion. That number increased to 2,303 in 2010-11, which was an increase of 96% over the base year. Pre-licensure nursing production has grown to 794 from 686 in the base year, an increase of 16%. RN-to-BSN programs, which increase the educational level of nurses, has more than tripled, growing from 290 in the base year to 1,006 in 2010-11, an increase of 247%. Master's programs in nursing provide advance-practice nurses and nursing faculty. Their growth has been impressive, from 195 in the base year to 470 in 2010-11, an increase of 141%. UNC campuses have

gone well beyond the Nursing Task Force's call to increase nursing production by 25%. UNC programs are prepared to expand further to meet the need for nursing graduates at all levels in North Carolina.

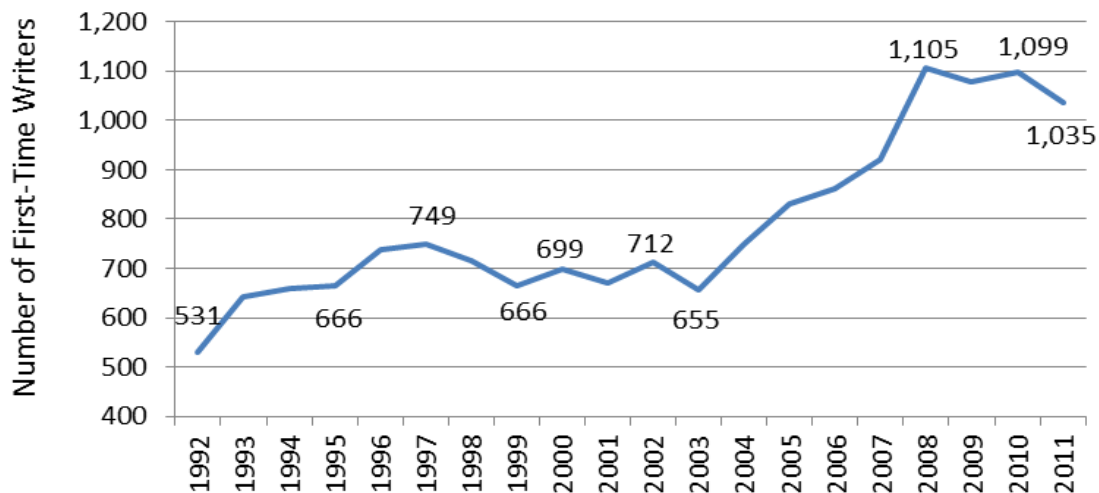
Figure 2. Percentage Change of Degrees Conferred in UNC Nursing Programs Compared to Base Year (2002-03)



Nursing Programs at the University of North Carolina

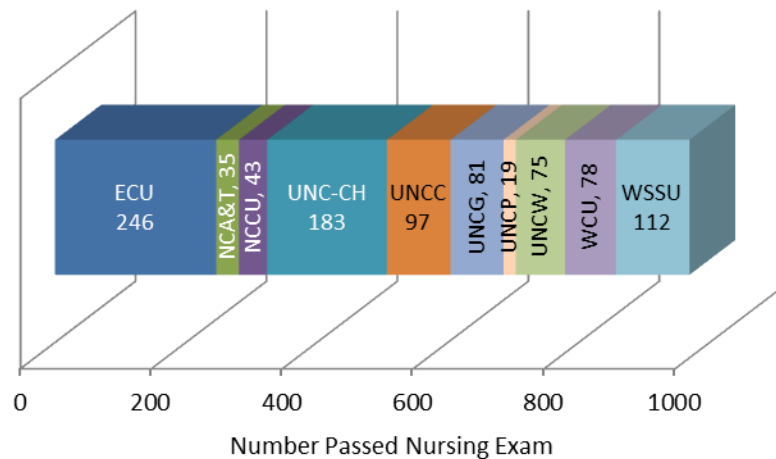
The Board of Governors approved a new program in nursing at ASU for 2010. It began in the summer of 2010, bringing the total number of pre-licensure programs in the system to twelve. According to the North Carolina Board of Nursing, the total number of students from UNC programs taking the NCLEX exam in 2011 was 1,035 and 969 passed.

Figure 3. UNC First-Time Writers Taking Nursing Exam (NCLEX-RN)



Of the 969 successful students taking the NCLEX-RN, ECU produced the most, with 246, followed by UNC-CH, with 183.

Figure 4. Number of UNC Students Passed Nursing Exam (NCLEX-RN), 2011 (First-Time Writers Only)



Expanding Nursing Education at UNC

The North Carolina Institute of Medicine issued its report on Nursing, *Task Force on the North Carolina Nursing Workforce Report*, in May 2004. The Board established a Committee on the Future of Nursing, which made its report to the Board in November 2004. Both reports document the need for increasing the number of nurses in North Carolina and increasing the educational level of nurses. UNC campuses have achieved the ambitious goals approved by the Board of Governors to increase the production of nurses at every level.

In part, because of the University's success, there has been an uptick in supply of nurses, the single largest profession in North Carolina, relative to the size of the population. According to July/August 2011 article in the *NC Medical Journal* despite this supply increase, the state will likely experience short-falls when the economy recovers and nurses begin to retire in larger numbers, as nearly 1 in 5 nurses in NC is older than 55 years¹.

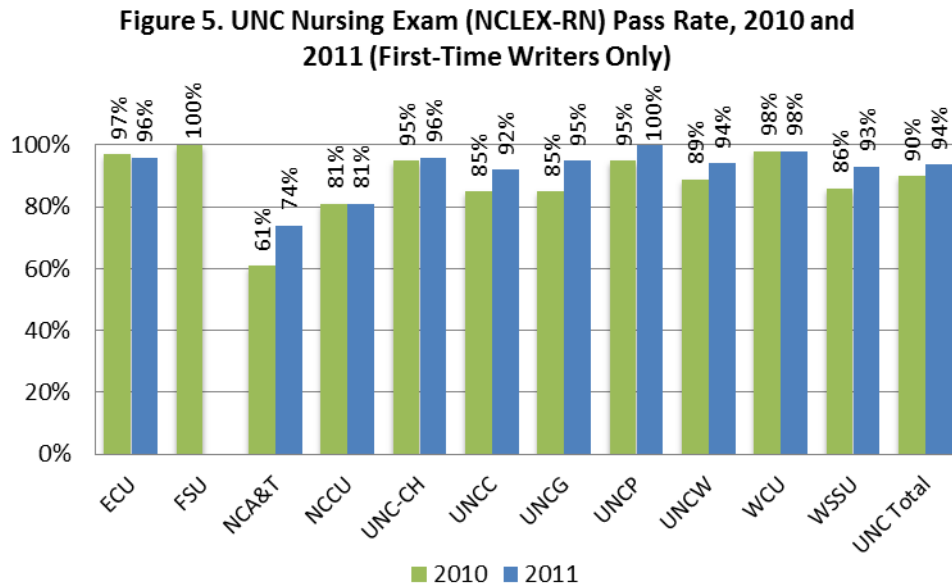
¹ Fraher, E., & Jones, C. (2011). North Carolina's nursing workforce: planning today for a reformed tomorrow. *North Carolina Medical Journal*, 72(4), 320-323.

UNC Board of Governors' Policy and Annual Reporting Requirements

In May 1990, the University of North Carolina Board of Governors adopted the following policy and performance standards for UNC nursing programs:

A requirement that the President will consider, jointly with the Chancellor, an evaluation of the leadership, faculty, admissions policies, and curriculum of any program whose graduates do not achieve for two consecutive years an annual passing rate of 85% for first-time writers, and a requirement that the President will ask the Board to initiate program termination procedures for any program having a first-time passing rate of less than 75% for two consecutive years.

This report on enrollment and passing rates for licensure for the UNC nursing programs is prepared annually in accord with this Board policy. The UNC nursing students who took the NCLEX-RN exam for the first time in 2011 passed at an average rate of 94%. The state-wide passing rate was 89%.



All campuses are in compliance with the Board of Governors' standard except two, NCCU and NCA&T. NCCU had a passing rate of 81% in 2011 and 81% the previous year, which, according to Board policy requires an evaluation of leadership, faculty, admissions policies, and curriculum. NCA&T had two consecutive years of less than 75% pass rate, 74% in 2011 and 61% the previous year. While policy requires that the President ask the Board of Governors to initiate program termination procedures, NCA&T has submitted convincing comprehensive plans for corrective action (Appendices B, C & D). Because of the promise of the corrective plans and the energetic new leadership at NCA&T, UNC GA recommends postponing initiation of termination procedures.

North Carolina Board of Nursing Standards

In addition to the UNC Board of Governors standards, the North Carolina Board of Nursing requires NCLEX passing rates for first-time writers to be at 95% of the national passing rate or greater, based on a three-year average. The standard for 2011 first-time writers was 84%, which was 95% of the three-year average national passing rate for calendar years 2009, 2010, and 2011. The standard for 2010 first-time writers using the same methodology was 83%. In addition, the Board of Nursing has the following policy provisions to allow a nursing program to return to or remain on Full Approval status when it has demonstrated significant progress in meeting the NCLEX standard:

- A 3-year average passing rate that is at or within 5% of the Standard (that is, at 90% of National 3-year passing rate average). In 2011, 90% of the 3-year national average is 79%.
- Current year passing rate that meets or exceeds 95% of the current year national passing rate. In 2011, 95% of the current year (88%) national passing rate is 84%.

All campuses are in compliance with the NC Board of Nursing standards except NCA&T.

Corrective Actions

NCCU

For NCCU, the last three years' passing rates were 87%, 81%, and 81%, for 2009, 2010, and 2011, respectively. The three-year average is 83%, higher than the Provision "a" of the policy above established by the Board of Nursing (79%) for 2011 first-time writers. The Board of Nursing ratified decision to keep nursing program at NCCU on Full Approval status at their January 2012 meeting.

YEAR	2007	2008	2009	2010	2011
Passing Rates	91%	90%	87%	81%	81%

However, NCCU's first-time writers had passing rates of 81% for 2010 and 2011, lower than the UNC Board of Governors' standard at 85% for two consecutive years. An overview of the nursing program from NCCU was submitted to UNC GA on March 14, 2012 (Appendix A). Included in the appendix are strategic initiatives which focus on creating student-centered environments, promoting faculty excellence, creating an energized and cohesive organization, and developing, expanding, and diversifying distinctive program initiatives. This work provides an important foundation for the review required by Board policy.

NCA&T

NCA&T's nursing program has failed requirements set by the Board of Governors and the NC Board of Nursing. Its passing rates over the past five years are as follows:

YEAR	2007	2008	2009	2010	2011
Passing Rates	84%	91%	88%	61%	74%

The low passing rate in 2010 contributed to a three-year average passing rate of 80%, which was below the Board of Nursing standard of 83% for 2010 first-time writers. This resulted in the Board of Nursing's placing the nursing program at NCA&T on warning status. The program provided a report to the Board of Nursing on March 11, 2011 that included a self-assessment and a corrective action plan (Appendix B). Though the

passing rate has improved by 13 percentage points as compared to 2010, the three-year average, 74%, is still below the Board of Nursing standards. An updated continuous quality improvement and self-monitoring plan was provided to UNC GA on May 30, 2012 (Appendix C). The plan focused on four critical areas (faculty, students, curriculum & instruction, and facilities) and provided immediate action and long-term action plans. Additionally, NCA&T has provided a brief synopsis for NCLEX pass rates (Appendix D) which provides highlights to the full NCLEX Pass Rate report (Appendix E). Given the aggressive changes to the curriculum, student advising and admissions we are hopeful that NCA&T will meet minimum Board of Governors' and NC Nursing Board pass rate thresholds by 2012. However, given that students taking the exam in 2012 will have only benefited from one year of the new curriculum, the full effect of these changes is unlikely to be realized until 2013. If pass rates for the 2013 test takers fail to meet Board of Governors' minimum standards, new admissions to the program will be immediately suspended and a panel will convene to review possibly program elimination.

FSU

The Chancellor suspended new enrollment in the nursing program in 2009 due to low passing rates. Because the nursing program has been suspended, the Board of Nursing is not measuring its passing rates. However, the 27 students graduating in the class of 2010 had a 100% passing rate. President Ross, in consultation with the Educational Planning Committee endorsed FSU's request to the Board of Nursing to restart their nursing program with beginning classes in the 25-30 range. FSU has restarted the program in 2011 with a small entering class. 2012 and subsequent year pass rates will be closely monitored.

YEAR	2007	2008	2009	2010	2011
Passing Rates	64%	39%	88%	100%	na

The University of North Carolina Nursing Examination (NCLEX-RN) Results, 1992 to 2011 (First-Time Writers Only)

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
East Carolina																				
# of Writers	88	130	117	131	136	165	111	127	120	147	165	134	161	181	194	220	248	257	268	255
# Passed	85	118	106	126	115	153	104	118	109	136	160	109	134	170	192	209	237	248	260	246
% Passed	97%	91%	91%	96%	85%	93%	94%	93%	91%	93%	97%	81%	83%	94%	99%	95%	96%	96%	97%	96%
Fayetteville State																				
# of Writers	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	22	61	40	27	0
# Passed	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	14	24	35	27	0
% Passed	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	64%	39%	88%	100%	na
N.C. A and T																				
# of Writers	31	33	39	45	81	62	56	53	48	37	56	52	43	67	54	51	54	57	54	47
# Passed	27	28	30	39	64	48	48	44	37	29	43	39	35	46	37	43	49	50	33	35
% Passed	87%	85%	77%	87%	79%	77%	86%	83%	77%	78%	77%	75%	81%	69%	69%	84%	91%	88%	61%	74%
N.C. Central																				
# of Writers	9	27	17	50	31	45	49	47	32	36	38	37	37	40	38	43	40	55	47	53
# Passed	9	22	14	48	28	37	39	31	30	29	31	30	24	26	31	39	36	48	38	43
% Passed	100%	81%	82%	96%	90%	82%	80%	66%	94%	81%	82%	81%	65%	65%	82%	91%	90%	87%	81%	81%
UNC-Chapel Hill																				
# of Writers	107	117	112	110	119	114	134	123	123	134	161	160	152	160	155	178	187	179	220	190
# Passed	104	104	106	107	113	109	129	110	114	126	151	149	147	150	152	166	182	174	209	183
% Passed	97%	89%	95%	97%	95%	96%	96%	89%	93%	94%	94%	93%	97%	94%	98%	93%	97%	97%	95%	96%
UNC-Charlotte																				
# of Writers	97	120	110	101	103	105	73	77	92	71	76	83	88	88	87	58	90	102	110	105
# Passed	92	96	90	96	95	95	64	71	76	67	65	74	63	68	84	55	82	82	93	97
% Passed	95%	80%	82%	95%	92%	90%	88%	92%	83%	94%	86%	89%	72%	77%	97%	95%	91%	80%	85%	92%
UNC-Greensboro																				
# of Writers	89	85	102	79	77	91	78	95	91	84	80	75	80	87	86	84	93	91	88	85
# Passed	84	75	91	76	71	88	68	85	75	77	78	71	64	81	80	77	83	86	75	81
% Passed	94%	88%	89%	96%	92%	97%	87%	89%	82%	92%	98%	95%	80%	93%	93%	92%	89%	95%	85%	95%
UNC-Pembroke																				
# of Writers	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	37	30	41	20	19
# Passed	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	25	24	36	19	19
% Passed	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	68%	80%	88%	95%	100%
UNC-Wilmington																				
# of Writers	30	38	58	47	69	51	62	45	56	54	51	38	47	53	70	69	100	81	96	80
# Passed	30	37	50	46	59	45	53	38	44	49	46	34	35	50	67	61	90	75	85	75
% Passed	100%	97%	86%	98%	86%	88%	85%	84%	79%	91%	90%	89%	74%	94%	96%	88%	90%	93%	89%	94%
Western Carolina																				
# of Writers	30	39	34	39	33	43	32	39	45	43	41	42	42	41	55	53	54	58	58	80
# Passed	28	39	33	38	32	33	29	37	39	41	36	30	37	36	47	41	50	55	57	78
% Passed	93%	100%	97%	97%	97%	77%	91%	95%	87%	95%	88%	71%	88%	88%	85%	77%	93%	95%	98%	98%
Winston-Salem																				
# of Writers	50	52	71	64	88	73	121	60	92	63	44	34	99	113	122	105	148	116	111	121
# Passed	48	44	61	58	78	64	90	55	83	53	41	32	96	98	101	98	127	106	96	112
% Passed	96%	85%	86%	91%	89%	88%	74%	92%	90%	84%	93%	94%	97%	87%	83%	93%	86%	91%	86%	93%
Total UNC Writers																				
# of Writers	531	641	660	666	737	749	716	666	699	669	712	655	749	830	861	920	1,105	1,077	1,099	1,035
# Passed	507	563	581	634	655	672	624	589	607	607	651	568	635	725	791	828	984	995	992	969
% Passed	95%	88%	88%	95%	89%	90%	87%	88%	87%	91%	91%	87%	85%	87%	92%	90%	89%	92%	90%	94%

UNC-GA ProgAssess/Nur.AT001.U/1-19-12

No results reported by the Board of Nursing for ASU as of now.

Nursing Degree Credit Headcount Enrollment , Fall 1999 - Fall 2011

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
ASU													
B									28	41	36	53	143
ECU													
B	437	450	420	382	483	497	500	532	576	622	616	614	635
M	92	105	92	73	123	211	290	355	413	482	485	511	534
D				2	10	15	19	21	23	27	30	29	28
FSU													
B	35	26	17	13	23	49	49	85	207	95	74	36	109
NCA&T													
B	139	137	153	176	220	220	220	167	136	118	123	93	154
NCCU													
B	126	140	113	95	91	134	109	95	121	128	103	102	129
UNC-CH													
B	300	297	334	307	311	328	331	346	358	387	409	376	379
M	142	152	168	159	149	163	179	168	171	166	202	238	274
D	39	42	50	51	52	51	57	56	61	59	55	55	45
UNCC													
B	217	191	218	216	224	206	187	221	299	296	287	269	314
M	159	152	172	174	176	172	158	166	189	201	210	223	228
UNCG													
B	371	341	289	295	323	314	318	329	341	340	307	405	326
M	290	307	238	240	247	258	281	304	313	288	311	297	313
D							12	21	26	32	33	32	33
UNCP													
B	49	56	52	46	44	54	99	148	151	132	107	93	95
UNCW													
B	150	137	127	122	132	151	163	176	197	207	219	252	280
M	28	30	25	19	21	19	14	20	46	52	62	77	66
WCU													
B	137	122	116	119	67	133	134	192	156	216	237	240	188
M	30	27	41	15	29	41	49	56	73	83	92	102	110
WSSU													
B	270	212	216	201	385	485	664	554	568	545	459	685	595
M					50	60	63	83	110	119	103	96	111
UNC Total													
B	2,231	2,109	2,055	1,972	2,303	2,571	2,774	2,845	3,138	3,127	2,977	3,218	3,347
M	741	773	736	680	795	924	1,034	1,152	1,315	1,391	1,465	1,544	1,636
D	39	42	50	53	62	66	88	98	110	118	118	116	106

UNC-GA ProgAssess/Hlth.AT002B.U/1-30-12

Note: Upper-division undergraduate, postbaccalaureate, and intermediate/specialist enrollment in the fall of each year (SDF.PR006 from FORDIR web page)

Degrees Conferred in Nursing Programs

			2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Other	ECU	Post Master's Certificate	0	0	0	4	3	4	7	4	4
	UNCC	Post-Baccalaureate Certificate	0	0	0	7	11	12	9	8	9
		Post Master's Certificate	0	0	0	1	2	2	0	1	1
	UNCG	Post-Baccalaureate Certificate	0	0	0	0	0	0	2	3	0
		Post Master's Certificate	0	0	0	0	2	1	4	6	1
	WCU	Post Master's Certificate	0	0	0	0	0	0	0	1	1
	Total		0	0	0	12	18	19	22	23	16
BSN											
	ASU	Bachelor's	0	0	0	0	0	4	0	0	0
	ECU	Bachelor's	133	147	167	187	203	217	232	239	228
	FSU	Bachelor's	0	0	0	2	8	74	37	27	0
	NCA&T	Bachelor's	53	42	61	46	59	56	57	53	48
	NCCU	Bachelor's	35	50	36	42	41	42	59	45	55
	UNC-CH	Bachelor's	159	164	174	171	202	220	222	246	58
	UNCC	Bachelor's	84	90	86	88	57	89	105	111	105
	UNCG	Bachelor's	78	103	94	101	87	110	101	113	89
	UNCP	Bachelor's	0	0	0	0	35	28	35	20	20
	UNCW	Bachelor's	38	49	51	69	66	90	90	91	2
	WCU	Bachelor's	42	43	42	54	54	48	53	56	70
	WSSU	Bachelor's	64	100	118	148	292	147	118	111	119
	Total		686	788	829	908	1,104	1,125	1,109	1,112	794
MSN											
	ECU	Master's	31	15	33	56	76	80	111	110	143
	UNC-CH	Master's	62	50	46	67	60	57	55	61	63
	UNCC	Master's	54	60	48	62	56	79	40	53	76
	UNCG	Master's	18	121	93	88	70	107	92	87	101
	UNCW	Master's	7	6	9	9	2	8	19	2	23
	WCU	Master's	23	0	11	2	13	28	29	28	32
	WSSU	Master's	0	0	26	11	17	49	45	60	32
	Total		195	252	266	295	294	408	391	401	470
PhD											
	ECU	Doctor's degree-research/scholarship	0	0	1	0	5	1	1	3	3
	UNC-CH	Doctor's degree-research/scholarship	7	8	6	10	6	8	6	5	6
	UNCG	Doctor's degree-research/scholarship	0	0	0	0	0	1	4	4	8
	Total		7	8	7	10	11	10	11	12	17
RN to BSN											
	ASU	Bachelor's	0	0	0	0	0	5	34	43	17
	ECU	Bachelor's	26	36	58	39	47	21	44	44	43
	FSU	Bachelor's	5	6	19	8	6	12	4	7	9
	NCA&T	Bachelor's	2	5	0	2	0	0	0	0	0
	NCCU	Bachelor's	12	4	5	0	7	4	5	3	8
	UNC-CH	Bachelor's	11	2	0	1	0	0	0	0	164
	UNCC	Bachelor's	59	52	33	23	38	73	89	94	78
	UNCG	Bachelor's	38	50	57	58	63	55	53	51	59
	UNCP	Bachelor's	17	26	13	27	21	19	21	14	18
	UNCW	Bachelor's	9	16	8	14	7	7	11	11	111
	WCU	Bachelor's	25	10	18	20	6	33	37	50	66
	WSSU	Bachelor's	86	81	65	169	1	231	285	366	433
	Total		290	288	276	361	196	460	583	683	1,006
UNC Total			1,178	1,336	1,378	1,586	1,623	2,022	2,116	2,231	2,303

UNC-OP SDA/SDF.ER020B/19JAN12

Notes: 1) Nursing selected as CIP 5138

2) RN to BSN = Students coded RN on the SDF

3) BSN = Students coded Generic or AHEC on the SDF

4) MSN = Students coded Generic or AHEC with Degree Intent of Masters

5) PhD = Students with Degree Intent of PhD

Appendix A

North Carolina Central University
Division of Academic Affairs

An Overview of the Nursing Program
March 14, 2012

Submitted to the
Office of the Vice President of Academic Affairs
University of North Carolina- General Administration

NORTH CAROLINA CENTRAL UNIVERSITY

DEPARTMENT OF NURSING

OVERVIEW

INTRODUCTION

Transformation of our health care system into a seamless, affordable, accessible, quality system requires the remodeling of key aspects of health care. This is especially true of the nursing profession, the largest segment of health care providers. The numbers, more than three million, and adaptive capacity of nursing can effect wide-reaching changes in the health care system. The intersection of health care needs of diverse populations and actions of the nursing workforce are critical. At the forefront are nursing education programs. According to the Institute of Medicine (2011) report, "...nurses must achieve higher levels of education..." either entering the workforce with a baccalaureate degree or progressing to this degree early in their careers. In addition, while the continuum of nursing *practice* is well matched to our population – promotion, prevention, treatment, cure, or palliative care – the nursing *profession* faces a major challenge. It is not diverse and cannot provide culturally relevant care to all populations. For example, although 12.2% of the U.S. population is African American, only 5.4% of nurses are African American (DHHS, 2010).

The baccalaureate nursing programs within the University of North Carolina system of higher education are key drivers of a quality healthcare future for the state and for the nation. As a contributor to that future, the Department of Nursing at North Carolina Central University offers three tracts leading to the Bachelor of Science in nursing – traditional, accelerated, and RN-BSN completion. The Department of Nursing has operated continuously since being established in 1948. Its RN-BSN completion program was begun in 1956 and is one of the first such programs in the country.

PERFORMANCE OF THE DEPARTMENT OF NURSING

The current nursing program enrollment consists of 46 seniors, 72 juniors, and 94 pre – nursing students. The three-year aggregate on-time completion rate of the program is 75.7% (NCBON, 2010). This rate meets the average rate across all baccalaureate programs in the state and exceeds the rate of six programs. The five-year performance trends of the program are illustrated in the following table.

NCCU Department of Nursing Performance Data 2007 -2011

Measures	2007	2008	2009	2010	2011
Number of Graduates	47	38	60	43	49
NCLEX-RN Pass Rate*	91	90	87	81	81
NCBON Approval*	Full approval	Full approval	Full approval	Full approval	Full approval
UNC General Admin. Requirement of 85% Pass rate	Required rate met	Required rate met	Required rate met	Required rate not met	Required rate not met

*Data Source: North Carolina Board of Nursing

The challenges inherent in these data have implications for students, faculty and program. Therefore, systematic assessment and action is being guided by a strategic planning approach, which is briefly described below.

STRATEGIC INITIATIVES OF THE DEPARTMENT OF NURSING

Consistently meeting the UNC General Administration NCLEX-RN pass rate is a primary program goal. This goal is congruent with the re-conceptualization of the nursing program to prepare our students for success. For example, a 'Bridge to NCLEX Success' mentoring program has now begun to monitor and assist our current seniors.

Review of the curriculum and related experiences has been initiated to re-align and strengthen both early and on-going programmatic experiences. Changes in strategic direction of the nursing program are facilitated and supported by our new nursing building, a well-equipped, technologically current, and expanded facility.

The strategic planning process requires careful examination of our mission, goals, and core values. Where needed, they will be redefined within the context of an emerging vision for NCCU nursing. Initial discussions include the following goals and objectives:

- 1. Create student student-centered environments that provide compelling experiences for student success in the program and beyond.**
 - a. Expand and strengthen student recruiting, advising, mentoring, retention
 - b. Diversify learning strategies to support varied student learning needs
 - c. Implement wise and appropriate integration of technology
 - d. Streamline curriculum paths
- 2. Promote faculty excellence**
 - a. Analyze and manage faculty workloads
 - b. Develop collaborations to advance research on vulnerable populations

- c. Build a balanced mix of faculty to fill key leadership and teaching roles
- d. Foster a community of scholars

3. Create an energized, cohesive organization

- a. Develop clear, well aligned organizational structure
- b. Promote consistent, effective communication: method, manner, and message
- c. Strengthen technology and expand effective use
- d. Build trusting relationships with the internal and external communities
- e. Develop marketing plan

4. Develop, expand, and diversify distinctive program initiatives

- a. Conduct feasibility studies of certificate programs, graduate programs, and distance education for totally online or web-enhanced offerings
- b. Align program development with community need
- c. Explore military medic-to-BSN program option

The many challenges and opportunities inherent in nursing education and practice demand a carefully planned team approach. Therefore, successful implementation of our strategic plan relies on proactive pursuit by a faculty and staff committed to fully engage in order to achieve the desired outcomes.

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NORTH CAROLINA CENTRAL UNIVERSITY

Department of Nursing

Addendum to the Overview

OBJECTIVE: Prepare current senior students for NCLEX-RN success

TIME PERIOD: Spring and Summer 2012

ACTION STEPS:

1. Engage faculty in development of a *Bridge to the NCLEX-RN* plan

Outcomes:

- 1.1 Plan developed and finalized in February 2012**
- 1.2. Meeting held with students to discuss, share plan, and address student concerns.**

2. Identify faculty mentors/ mentees

Outcomes:

- 2.1 Nine faculty volunteered to mentor students until their sitting for the NCLEX-RN**
- 2.2 Students selected their mentors**
- 2.3 Mentor/mentee meetings arranged and held**

3. Prepare individual students

Outcomes:

- 3.1 NCLEX-RN test blueprint distributed and discussed.**
- 3.2 Each student developing a portfolio containing all of their standardized test results (these are ATI test results from sophomore, junior, and senior years).**
- 3.2 These data form the basis of Individual Study Plans (ISP) developed for each student.**
- 3.3 Meetings with mentor to gauge progress and identify resources needed to implement ISP.**
- 3.4 Virtual online coaching and testing to augment ISP began in March 2012 and will continue through the summer (ATI and Prep U).**

4. Continued Mentor support

Outcomes:

- 4.1 Determine and monitor content mastery for individual students.**
- 4.2 Keep students engaged and focused through ongoing contact and meetings.**
- 4.3 Identify readiness for NCLEX-RN testing.**

5. External NCLEX-RN Review scheduled for May 29-31, 2012.

Appendix B

NORTH CAROLINA AGRICULTURAL & TECHNICAL STATE UNIVERSITY SCHOOL OF NURSING PROGRAM SELF ASSESSMENT FOR LOW NCLEX PASS RATES MARCH 11,2011

ADMINISTRATION

Does the Program Dean have the appropriate authority and responsibility for the program?

Yes. Dr. Patricia Chamings, Professor and Interim Dean, has the full support of the Provost, Dr. Linda Adams, and Chancellor, Dr. Harold Martin, for directing and overseeing all activities in the School of Nursing. A search is currently underway for a permanent dean who will have the same support as Dr. Chamings has. The School of Nursing has the administrative support necessary to operate the program.

2. Does the salary structure attract and maintain the number of qualified faculty needed to operate the program?

Currently, yes, but we are falling behind with the current state budget constraints. Continuing faculty members have not been granted salary increases in the past several years. Recent faculty members have been hired with salaries based on competitive market salaries. We have 5 faculty vacancies for which we will recruit. We have used several part time faculty members to cover needed clinical assignments (1 doctorally prepared and 2 master's prepared). Overall, salaries are low and need to be adjusted. Newly hired faculty members are doing better.

Summer employment is available for several faculty members each summer.

3. Is the budget adequate to provide teaching resources (supplies, equipment, AV, software) needed?

Yes. We have adequate supplies and technological equipment to offer state of the art simulation experiences. Our state budget is supplemented with federal Title III funds from which we update teaching enhancement materials such as mannequins, software and videos. Additionally, there is money available to engage consultants to provide faculty development. This past year, we engaged a dynamic leader (Dr. Virginia Adams) to assist us in reviewing our values, structure and curriculum so that we are more aligned with the requirements for accreditation. Additionally, we offered an NCLEX-RN review course for 4 days in January to help prepare senior students for the licensing examination. Dr. Frances Eason and Dr. Robin Corbett taught the course. We are in the process of identifying a consultant to work with faculty who wish to offer on-line courses.

4. Is structure in place for student support? (IT, computer support, software).

Yes. We have a Student Services office with three (3) staff members to assist students, including a retention coordinator who advises freshmen and sophomore students. Nursing majors are advised by nursing faculty members at both the junior and senior levels. Each faculty member has about 3 senior students for NCLEX advisement and guidance. The weekly followup and tracking should result in positive outcomes for 2011. The IT analyst provides individualized services to students who request assistance and instructs faculty members in optimal use of the smart classrooms, videos available on our website for uploading to Blackboard and assures that we have the most updated software. Many computer programs for NCLEX review are available on-line to our students through the School of Nursing purchased resources. The Learning Assistance Center in the School of Nursing and the Simulation Laboratory are additional resources for nursing students who need assistance in reviewing or practicing nursing skills.

5. Is money designated for and used by faculty to travel for continuing education, course work, or professional meetings?

There is money available for continuing education and professional meetings. Nine of our faculty members are in doctoral programs. We support these efforts by freeing at least one day per week from School of Nursing obligations for them to complete course work or attend mandatory residency requirements. We have limited funding for doctoral study. The university offers courses for faculty development through the Academy of Teaching and Learning. Several faculty members have taken these courses and all will be participating beginning in the Fall semester. Dr. Scott Simpkins, Director of the Academy of Teaching and Learning will be developing special sessions for nursing faculty related to best practices in teaching and learning. These sessions will enhance the teaching abilities of our nursing faculty members.

The University's SACS Quality Enhancement Plan focuses on critical thinking and to-date, three Critical Thinking Institutes have been held and School of Nursing faculty have participated in these programs.

6. Is secretarial support available for typing, duplicating, filing and answering the telephone?

Yes. One faculty secretary serves the Assistant Dean, Director of the RN/BSN option, and one other faculty member housed in the suite. One Administrative Assistant serves the Dean, and one faculty secretary serves the remaining 20 faculty member. A Title III Secretary provides secretarial support for the Title III efforts and assists with overflow needs. Six student workers assist with copying non-sensitive material, typing or creating file folders, and preparing material for mailing.

FACULTY

Do the faculty have the appropriate authority/responsibility for admission, progression, policies, implementation of curriculum, and programs?

Yes, however, we continue to work with faculty members to ensure that policies are implemented in a consistent manner and are reviewed on an annual basis. The School of Nursing has three standing committees (Academic Programs, Admission Progression and Retention, and the Evaluation Committee) that have direct oversight with faculty input for admission, progression policies and implementation of the curriculum. Our goal is to continue to set high standards to ensure students and faculty members consistently adhere to published policies.

2. Is the number of nursing faculty sufficient for implementation of the curriculum?

Yes. This spring semester, 2011, we have 25 full-time faculty members and 3 part-time faculty members. Nine (9) of the 25 are doctorally prepared while one (1) of the part-time faculty members is prepared at the doctoral level. The School of Nursing meets standard 3.5.4 set by the Southern Association of Colleges and Schools (SACS) for percentage of doctorally prepared faculty members teaching undergraduate students. Terminal degree faculty members teach 25% of the course hours offered by the School of Nursing. North Carolina Agricultural and Technical State University was reaffirmed by SACS in 2010. All of the faculty members meet the North Carolina Board of Nursing requirement for teaching in baccalaureate nursing programs. Nine (9) additional faculty members are in doctoral study (5 at the dissertation stage). With 179 students in the sophomore, junior and senior classes this is a ratio of 1 faculty member for every 7 students. We have vacant positions (5) for which we are recruiting.

3. What is the ratio of full-time to part-time faculty?

25 to 3 (about 8 to 1).

4. How do part-time faculty participate in the implementation and evaluation of the curriculum?

One faculty member has been serving as a clinical instructor for community health nursing for several years. She participates in faculty meetings, course meetings and evaluates the community health course each semester she teaches. Another faculty member is part-time for the current school year while she is doing post-doctoral study at UNC-Chapel Hill, but she has been on the faculty here for several years. All part-time faculty are invited to participate fully in the activities of the school. They regularly participate in course meetings and special events of the School (Awards Ceremony, etc).

5. Do nursing faculty have the academic and experiential qualifications to meet the needs of the program?

Most of our faculty members are experienced teachers. We have one newly acquired faculty member with a master's degree. All faculty members meet the North Carolina Board of Nursing requirement for specific educational methods courses or the continuing education equivalent. We continually need to support faculty development activities in many areas to update and improve instructional techniques, advisement of students, test construction and evaluation. We have identified a consultant to assist with on-line instructional techniques. This consultation will be accomplished prior to the end of the current semester. As described previously, we will mandate faculty members attend offerings presented by the Academy of Teaching and Learning on camPUS.

STUDENTS

1. Do your admission and progression policies and criteria reflect student academic potential for success in the program, as well as potential for success on the licensing exam?

We are in the process of revising a few policies. The admission grade point average (GPA) requirement is 2.8. We are changing so that only science and pre-requisite course grades will be used to determine the GPA. Additionally, we will begin to use the TEAS test to provide remediation early until we have enough data to use the TEAS scores for admission consideration. Based on test scores (specific courses and ATI) students are instructed to do remediation in specific content areas. Faculty members are mandating remediation activities and tracking compliance. Students who do not complete the required work or who fail to pass the final comprehensive examination will be delayed in graduating. There are multiple resources available for students who need tutorial assistance in the freshman and sophomore years and faculty members are always willing to tutor students in the major if they experience difficulty with some nursing concepts or material. We believe that our students do not expend the required amount of time to study that is necessary for success, nor do they request assistance when they are struggling. We have data from the Wabash National Study of Liberal Arts Education study (a four year longitudinal study with about 50 universities participating) indicating that A&T students study approximately 10 hours per week when students from top tier schools study 54 hours per week.

2. Do your progression policies, including grading system, assure that students meet the expected outcomes of the course and/or program?

By applying these policies, we have dismissed a number of students (fall, 2010) and have a number of students returning in fall, 2011, to repeat a course in which they were unsuccessful in fall, 2010. Students who earn less than a C in any nursing course are not allowed to progress in clinical courses. A student may retake a course, but the second grade of less than C will result in dismissal from the program. We have eliminated bonus points for most courses so that we do not unnecessarily inflate the grade of a

borderline student. Additionally, we are implementing policies to require comprehensive testing in each course so that students must remember earlier content in the course in order to succeed.

At the end of the current semester, the seniors will be required to pass a teacher made comprehensive examination in Nursing 518 prior to completion of the course. Failure to pass this examination will delay graduation until such time as the student can successfully complete the course.

Too many of our students “squeak by” without much effort, and we have not been demanding high performance. We have a number of students who do the minimum to pass the courses. We have identified the need to use the data that we have to identify students with low performance and utilize strategies to ensure learning outcomes have been met.

3. **Identify attrition patterns over the past three years. Categorize reasons for attrition.**

Attrition predominately is due to failure in course work, but there have been a few withdrawals for health reasons. The persons with health reasons can return (based on our policies), but in several instances it appears as if the students should be counseled out of nursing and into another discipline that is less stressful. Health issues appear to be stress related. One of our policies requires students who withdraw or fail to progress to reapply for admission to the next class and compete with the next group of applicants. Another policy allows students to earn a D or F in two courses before dismissal. We are evaluating the conflict in these two statements.

Over the past 3 years, we have experienced significant attrition (see Table 1 and Table 2). In fall, 2010 (class of 2012), we admitted 81 qualified students and lost 22 by December, 2010. All but 3 of these students are eligible to return. In fall, 2009 (class of 2011), we admitted 67 qualified students and currently have 41 expected to graduate in May or August, 2011. In 2008 (class of 2010), we admitted 61 eligible students and graduated 52. Of these 52, 19 were unsuccessful on NCLEX-RN at the first take. In 2007 (class of 2009), we admitted 56 qualified students, lost 10 but 5 were readmitted, and graduated 46 in May, 2009.

Table 1
Attrition Patterns

YEAR	2006	2007	2008	2009	2010
ADMITTED	71	56	61	67	81
GRADUATED	(2008) 55	(2009) 46	(2010) 52	(2011) 41*	(2012)
NCLEX PASS	91%	88%	61%	TBA	TBA
LOST	16	10	9	26	22

*Expected date of graduation 2011

Table 2
Accelerated BSN Option

YEAR	2009	2010
ADMITTED	9	10
GRADUATED	(2010) 8	(2011)
NCLEX PASS		
LOST	1	4

4. Review your NCLEX passage rates for the last five (5) years. Is there a pattern?

The past 5 years have been mostly successful, but the 2010 (61%) year and the 2006 (69%) year were both unacceptable and not up to standards (See Table 3). Historically, we have had a yoyo performance, but there is no real pattern. In 2006 there were several factors that contributed to the failure rate (repeating nursing and science classes, curriculum placement of Adult Health, and the time from graduation to taking the NCLEX-RN, average 3-4 months). We believe that in both instances the faculty failed to institute compliance with remediation and push the students to study adequately. Faculty members now are committed to forceful advisement to assure remediation when needed. We are also reviewing the curriculum, the admissions standards and the policies for progression. Performance on standardized tests like NLN Comprehensive Nursing Achievement Test has been at or above the national norm for 2007-2009 in the areas of Human Functions, NCLEX-RN, and Clinical Areas. Performance on standardized tests (ATI) has been below benchmark for 90% of the students in 2010. In 2010, 70% of the students did not meet the benchmark on the NLN Comprehensive exam. Many students do not read/study, attend make up sessions, take the ATI tests seriously, attend NCLEX review sessions or in other ways seem serious about the importance of doing well.

TABLE 3

YEAR	2006	2007	2008	2009	2010
Pass Rates	69	84	91	88	61

CURRICULUM

1. Is content selected and organized according to concepts and threads identified in the philosophy?

In the curriculum mapping exercise, we identified a number of gaps that are now being assigned to specific courses and faculty members mandated to include in course content. Additionally, we are in the process of reviewing the map and sequencing all courses to assure progression from less complex to more complex. We identified at least one course that seems to have no value in the curriculum. This course, Medical Language, will be eliminated and medical language integrated into every course. The content for the sophomore level courses is extensive and will be limited to basics and many concepts taught beginning at the junior level. Additionally, we are mandating that faculty move to teaching conceptually rather than trying to cover multiple disease

processes. This will allow reinforcement of concepts in a number of different clinical areas and strengthen the links between all of the content areas.

2. Are a variety of teaching/learning methods, strategies, and materials used? Are they the most appropriate for the content? How has the effectiveness of the strategies and materials used been assessed? What do student evaluations reflect?

Many different teaching methods are used and vary with the material being presented. Faculty members lecture as usual, design group exercises and games, present case studies and other activities to develop critical thinking and require care plans or concept maps to foster preparation for clinical practice and critical thinking. Many different strategies are used to engage the students and facilitate learning. Assignments on Blackboard provide specific instructions and “make up” assignments if necessary. Students generally complain about group work, however, we understand that the more engaged one is, the more one learns. Student evaluations rate some instructors better than others, but some of the best and worst comments are offered about the same instructor. Opinions vary.

3. Are clinical/simulation experiences appropriate in length and type for the objectives?

We think so. In January, 2008, we initiated simulation experiences in the capstone course and have continued to add simulation to most clinical courses.

The number and performance expectations of our simulations build as students’ progress through the curriculum. Simulated clinical experiences are chosen in consultation with the course faculty leader to reinforce critical content areas and expose the students to low volume, high risk patient situations they might not see during their clinical experiences, e.g., postpartum hemorrhage, pulmonary emboli, developing sepsis in a newborn, etc. Selecting scenarios this way ensures that all students participate in the care of a minimum set of key patient situations no matter the location or type of their clinical setting. Every scenario also incorporates elements of the National Patient Safety Goals: identifying patients correctly, improving staff communication, using medications safely and preventing infection are in every scenario and others, such as eliminating transfusion errors, are in specific scenarios. These areas often provide opportunities for reflection and clarification during debriefing.

Junior students participate in one simulated clinical experience with their clinical group and clinical faculty in Adult Health and one in Care of the Childbearing Family. They are presented with two scenarios during each experience. Half the students provide care during each scenario while the other half observe and complete observer forms which cover the minimal expected behaviors for the scenario. For the past two years we have also included a collaborative learning experience for students during their Psychiatric/Mental Health clinical. This allows the students to be exposed to key content related to psych nursing in an interactive format. We are working on adding a simulation experience for these students this year using live actors (Standard Patients).

Senior students participate in two clinical experiences in Advanced Adult Health with their clinical group. Unfortunately, scheduling rarely allows their clinical faculty to attend with them. The students complete one extended scenario during each experience where half the students provide care while the other half observes; then the caregivers provide “change of shift” report to the observers and the roles switch. It has proven to be an enlightening experience for the students to receive report from their peers and then have to provide care based on that information. Seniors also have two simulation experiences as part of their capstone clinical. They self-schedule in groups of four and provide care during two scenarios, twice during the semester. This provides them with the opportunity to provide care during four simulated clinical experiences that focus on crisis stabilization. The only clinical course that has not had simulation integrated into it is the Community. Because the students do not have the opportunity to do home visits in their Community Health course, we are working hard to set up a simulation experience in a home setting so they will be able to practice some of the same skills as if they were doing student home visits. The experience we are planning will include a home simulation and post-experience activity that will require the students to apply the nursing process and critical thinking to solve patient issues in a home health setting.

We have collaborated with the Moses Cone Health System to provide our senior students with a pediatric simulation and collaborative learning experience. Because our students have limited access to inpatient pediatric care, they each provide care during one simulation and observe a second one at the Moses Cone Staff Education Simulation Center. They participate and debrief as a group with their faculty. Each clinical group also participates in two collaborative learning exercises focused on key pediatric content.

Every simulation is followed by a reflective debriefing. One of the important decisions that we made during the development of our simulation program was to require the clinical faculty to attend the simulation experience with their students, if at all possible. This allows the faculty to observe student behaviors during interactions with their patient and application of the nursing process while providing care. It has given many faculty insights into areas that individual students need to focus on regarding knowledge and skills. The debriefing has also been a key tool for clarifying student misperceptions, emphasizing key content areas needing further study, and gathering feedback on areas where faculty need to enhance content being taught to ensure vital knowledge and skills.

Last spring was the first time we provided a simulation orientation for sophomore fundamentals students. The students were given a preparation sheet with patient history and review questions regarding an elderly male with changes in vital signs. When they came to the simulation lab, they were given a brief explanation of why we use simulation, an orientation to the simulation lab, and an opportunity to meet and perform a basic assessment on an adult simulator. The correct procedure to enter a patient’s room, greet a patient, and establish patient identity was role modeled by a faculty member. The faculty member then talked the students through a short scenario using patient history information and the assessment data they had obtained. Content from fundamentals and health assessment were linked to the simulated clinical experience in order to demonstrate how the content they were learning applied to a clinical situation. The

students were very positive about the experience and they reported increased comfort in the simulation experience when they returned as junior students.

We document student feedback after every experience using a student evaluation form, but we have not been documenting individual student performance. An additional form for student evaluation by faculty is being prepared to pilot later this semester and we hope to have it implemented for all simulations starting in fall 2011. Student feedback as a whole has been enthusiastic and positive. Students of all levels have made repeated requests for more simulation.

4. Do test questions, test identified program and course objectives/outcomes reflect progressive levels of difficulty?

We need to do more assessment in this area. The Center for Academic Excellence, on campus, has agreed to offer enhanced reading assistance for students referred by the School of Nursing. Faculty recognize the need to find strategies to help students understand the importance of reading, completing homework assignments, etc. in order to be successful. Some faculty members are only testing on the content presented in class, while a few others include questions from assigned readings. We have initiated a review process for all tests and developed the expectation that all examinations will include questions on subject matter from previous examinations in which a majority of the students did not answer correctly.

5. What is the testing expertise of faculty? Is there a developmental need?

There continues to be a need to provide test construction instructional opportunities for faculty members. Strategies include reviewing all teacher made tests to assure appropriate level and distribution of questions. Faculty members have been requested to develop NCLEX type questions and move quickly to application type questions following the guidelines given in the NCLEX test plan. Six faculty members have attended test writing workshops sponsored by outside agencies.

We also know that some students read at a low level and have difficulty comprehending the information requested in test questions. We need to spend some time and effort teaching test-taking strategies as well as requiring remediation in reading skills. All faculty members are required to review Donna Ignatiavus' "Writing and Analyzing NCLEX Style Test Items for Clinical Decision Making." The Center for Academic Excellence, on campus, is willing to conduct reading classes, so that we can intervene at the freshman and sophomore levels to avoid the attrition and lack of success in taking tests at the junior and senior levels.

6. Are performance evaluation tools designed to evaluate integration and application of theory? Are progressive levels of performance expectations identified? Are performance objectives/outcomes measurable? Is the faculty consistent in their expectations of student clinical performance?

Performance evaluation tools, based on the nursing process, are designed to measure progressive development of students' professional nursing practice. In particular, students are encouraged through regular and timely feedback to develop over time the critical thinking skills necessary to care for individuals, across the lifespan, with complex health problems. Building from initial expectations that students demonstrate basic understanding of nursing concepts to the integration of these concepts in increasingly complex situations, students become competent practitioners by the conclusion of their capstone experience. Even though progressive levels are identified, we recognize the need for our performance objectives to be more measurable and we have work groups in progress to improve the tools' outcome measurements. In addition, faculty members are not always consistent in their expectations. We believe the tools' revisions will support holding faculty accountable for students' achievement of the identified outcomes.

7. What changes have you made or do you anticipate making based on implementation of your Total Program Evaluation Plan?

Based on the work of the Evaluation Committee, several surveys are planned for the 2011 calendar year, including both alumni and employers. We have not conducted an Alumni Survey for several years, and the last employer survey was done in 2008. Based on the information obtained in the surveys, we will review comments to assure that the curriculum is paying attention to the needs expressed by our constituents.

FACILITIES

1. Do your clinical facilities provide the learning experiences needed to accomplish the clinical objectives?

Yes, although it is difficult to obtain clinical spaces for pediatrics. We are moving toward predominately out-patient clinical sites for pediatrics. We use a number and variety of hospitals and other agencies to cover all of the expected clinical experiences for students.

2. Are the clinical hours (times) appropriate for the experiences needed?

Yes. Clinical spaces are negotiated each spring and fall through the JCCRP (Joint Committee for Clinical Resource Planning). Faculty members request the space and time preferred and in the negotiating process space and times for each school are assigned. If a faculty member or school determines that an acquired space will not be used in a particular semester, the space is relinquished to another school. Space is limited in Guilford County due to the number of schools and students requesting space. Space in Forsyth County is assigned to Guilford County programs only after all the requests from Forsyth County nursing programs has been accommodated.

3. What data is reflected in evaluations of facilities by faculty, students, and agencies?

In most instances, all clinical facilities are rated very positively. For the 2010-2011 academic year, we lost the North Carolina Baptist Hospital site. We are working to regain

this facility for placement of students for pediatric nursing. Prior to the current year, we were restricted to the experiences provided, first to same-day surgery and then adolescent health. Both of these experiences were limited and in the same-day surgery opportunity, the site was inappropriate for the level of student. We continue to work on broadening our pediatric opportunities. This year we used the Gateway Education Center for one rotation of the students, and it is not ideal. As stated in Curriculum (7), we plan to complete an Alumni Survey as well as Employer Survey in 2011.

REVISED REPORT WITH COMMENTS

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

May 30, 2012

SCHOOL OF NURSING CONTINUOUS QUALITY IMPROVEMENT

AND

SELF-MONITORING PLAN

(UPDATED REPORT – MAY 24, 2012)

Submitted by:

Dr. Inez Tuck, Dean and Professor

School of Nursing

This document describes our plans for continuous quality improvement to achieve excellence in nursing education and to meet the standard of the NCLEX-RN pass rates for 1st time test takers. There are several interdependent multivariate factors involved in determining program success. We have selected four critical areas for our continuous quality improvement plan, which are as follows: 1) faculty, 2) students, 3) curriculum and instruction, and 4) facilities. Immediate, intermediate, and long-term actions are also included in the plan. Comments are added to reflect the status of each of these items.

Faculty

Immediate Actions

- Dean met with all faculty in the fall 2011 to review faculty goals for 2012, especially in the area of teaching.
Comment: Completed – faculty workplans implemented with all full-time faculty.
- Assistant Dean continues in her role to monitor students' enrollment and progression criteria and scores on standardized and teacher constructed tests. These data are evaluated and used collectively by the administration and faculty to make appropriate changes in enrollment and progression criteria; curriculum revisions; student development plans; and test construction.
Comment: Data were used to inform decisions in all of the stated areas.
- A faculty task force was established to develop protocols, best practices and faculty and student accountability for academic coaching, our approach for faculty's intentional academic intervention with a small group of students. A process was established to monitor faculty efforts and progress.
Comment: Started this year. Work will continue this summer with a more fully developed model available for implementation in fall 2012.

- Course registration is now managed by the professional staff in the Office of Student Services, which allows faculty to focus on academic coaching.
Comment: Completed. Second academic counselor hired in March 2012.
- The School of Nursing Retreats held in August 2011, and January 2012 were scheduled times for in-service education for faculty and staff. The retreat in May 2012 will be used to evaluate success in this area and make plans for fall 2012.
Comment: The May retreat focused on revising the School's philosophy, mission statement and student outcomes. The strategic plan was reviewed.
- Internal and external "experts" made presentations on teaching effectiveness at the faculty forums held monthly on the 4th Monday. This process will continue through this academic year as well as become institutionalized in the school.
Comment: Completed. A list of events compiled for the annual report.

Long-term Actions

- Fill vacant faculty positions with tenured track faculty with the credentials and experience required to move forward with the school's mission, including excellence in teaching.
Comment: One assistant professor has been hired for August 2012. Vacant faculty positions opened. One candidate scheduled for an interview on 6/19/12. All positions will be filled by candidates who hold the PhD degree in nursing.
- Provide faculty development for the current faculty in the areas of instructional strategies to enhance critical thinking and clinical judgment, and effective computer adaptive testing, test construction and simulation using internal and external consultants.
Comment: Three (3) sessions offered on instructional strategies and majority of faculty attended all sessions. Faculty attended other university sponsored sessions/institutes and participated in professionally sponsored webinars.
- Use our model of three-year work plans to establish individual faculty development goals and strategies.
Comment: Implemented for each faculty.
- Hire an Associate Dean of Academic Programs to strengthen our academic leadership team.
Comment: Search has been opened. There are no candidates at this time.
- Continue to implement the strategic plan for the School of Nursing.
Comment: This year's activities are in progress.

Students

Immediate Actions

- Revise our admission and progression policies by developing new metrics and weightings based on “best practices” and correlation findings and predictive models of student success using the school’s trended data.
Comment: Admitted using current policies but with greater scrutiny and clarity of procedures. Continuing discussion of admission with Provost and Chancellor. Any policy exceptions reviewed and discussed.
- Admit a strong cohort of students for fall 2012 using the revised admission criteria.
Comment: Completed using current criteria that allowed admission of a competitive class. Revised some admission and progression policies that will be forwarded for approval.
- The Office of Student Services was consolidated to improve student advising and counseling support provided by our professional staff.
Comment: Completed
- Fully implement an academic coaching model that allows a consistent relationship between faculty and a small group of students; clearly defined outcomes, metrics and an evaluation and accountability plan.
Comment: Completed this initial phase. Will continue to refine and make activities prescriptive enough that faculty differences in approaches is minimized.
- Develop a plan to assist students, especially seniors, to effectively use the Kaplan resources available for NCLEX-RN examination preparation.
Comment: Completed. Kaplan consultants provided faculty training sessions. Action plans are developed and implemented for all seniors for NCLEX-RN preparation. Some students will test no sooner than 8 weeks post-graduation according to Kaplan study protocol.
- Establish a Dean’s Student Advisory group to increase student involvement and input and to survey students periodically regarding their perception of the learning environment.
Comment: Initial meeting held this semester. Will resume in the fall 2012 on a bi-monthly basis.
- Establish criteria for a competitive reward and recognition for the junior and senior students who best prepare for NCLEX-RN examination.
Comment: Completed. A junior and senior nursing student was selected and recognized for their efforts.

Long-Term Actions

- Strengthen our recruitment strategies of highly qualified students that are best suited to complete the program and who have a strong likelihood of passing the licensure examination on the first attempt. The professional staff in the Office of Student Services will develop recruitment and marketing plans.
Comment: In progress. Information sessions are scheduled and offered for the three entry options. Several recruitment trips completed.
- Increase the number of academic scholarships available to attract the best students to the School of Nursing by developing an advancement plan to solicit contributions from alumni and friends of nursing.
Comment: Two new community scholarships awarded. Freshmen will be awarded need based and academic scholarships as a recruitment strategy. More work to follow in advancement/fundraising.
- Establish a plan for recruiting and retaining the best students in our generic and accelerated pre-licensure options and the BSN completion entry option.
Comment: In progress.

Curriculum and Instruction

Immediate Actions

- Strategically engaged in curriculum mapping in spring 2011 to identify gaps in course content and integrate the content in courses, where feasible this year.
Comment: Completed as stated. Implementation and monitoring in 2012-2013 academic year.
- Used student data to correct learning deficiencies this year (Student score cards). Courses were targeted for inclusion of specific content and monitoring of progress is being implemented.
Comment: In progress – further work required.
- Revise the curriculum based on the identification of curriculum gaps and guidelines provided by *Essentials of Baccalaureate Education* and other discipline related documents and standards for sequential class-by-class implementation in fall of 2012 (in final stages of approval this spring).
Comment: Completed. Curriculum approved by Faculty Senate in April 2012.
- Strategically place adult health nursing content in the curriculum since it is the predominantly area of content tested on the NCLEX-RN examination.
Comment: Completed and will be implemented in next academic year.
- Reduce our student/faculty ratio from 10:1 to 8:1 student in the clinical setting beginning in fall 2012. This lower ratio is more typical of faculty teaching loads in baccalaureate nursing programs.
Comment: Ratio to be implemented beginning in fall semester 2012. A few courses may have a 6:1 faculty/student ratio.

- Make teaching assignments that allow equitable distribution of workload across faculty, match clinical experience and graduate nursing specialty with course assignments, and use data to determine the best faculty for classroom and clinical instruction.
Comment: Teaching assignments for 2012-2013 were completed for all faculty based on the first two criteria. This year's teaching and course evaluations when available will be reviewed as well.
- Insure that quality instructor constructed tests are administered by periodic internal and external reviews of exams.
Comment: Consultant (nursing professor at a peer institution) reviewed all mid-term and final exams and provided feedback. Overall assessment indicates that tests are well constructed. Will continue for another year.
- Evaluate the quality of instruction in the classroom by peer observations and assessments of classroom teaching to be implemented for selected courses this spring. The goal is to complete the peer assessments during the fall 2012 semester.
Comment: Four university faculty peers (3 in education and 1 in business) have agreed to serve as peer reviewers. Two assessments were conducted in the spring. Additional assessments by this team will be done this summer and will continue until all faculty have a minimum of one peer assessment.
- Use the results of diagnostic and predictive standardized testing to develop a plan for student remediation and enhancement as part of academic coaching.
Comment: Completed. Each of the seniors has an individual action plan for NCLEX-RN success.

Intermediate Actions

- Meet with colleagues in other departments to review pre-requisite courses to ensure the courses support the nursing curriculum.
Comment: In progress. A preliminary discussion with biology, sociology and family and consumer science faculty. Follow-up required in the fall semester.
- Reconfigure the sophomore level courses for pre-nursing students to emphasize a conceptual introduction to the discipline while redistributing faculty resources to better support admitted nursing students.
Comment: Completed as part of the curriculum revision
- Appoint faculty leaders in the nursing specialties, i.e. pediatrics, to ensure implementation of the curriculum.
Comment: Completed. Orientation scheduled for July 2012 with full implementation of role in August 2012.
- Revise the capstone experience, required by the NC Board of Nursing, to better facilitate synthesis and application of nursing knowledge.
Comment: Completed with curriculum revisions.

- Review program outcomes and student success measures to ensure consistency with curriculum revisions and the strategic plan.

Comment: Done at several meetings. Major work at School retreat on May 7, 2012. Final revisions in progress.

Long-term Actions

- Explore and secure additional clinical sites to enhance student learning.

Comment: Limited amount done. Will continue into the next academic year.

- Implement the curriculum and update the program evaluation plan to monitor progress and program outcomes.

Comment: Fall 2012 implementation of the curriculum. Consultant will meet with leadership group and chair of evaluation committee this summer to review and update the program evaluation plan. Submitted a progress report as part of A&T's SACS report

- Continue to implement the goals of the school's strategic plan.

Comment: In progress. Plan was reviewed at May 7, 2012 retreat.

Facilities

Immediate Actions

- Plan to expand our simulation and clinical learning labs in the fall of 2012 to allow more effective use of simulation to supplement classroom instruction. There is a potential space in another building on campus under consideration that would provide adequate lab facilities until a School of Nursing building is available.

Comment: Architectural drawings completed. Title III funding approved by the Department of Education to reallocate funds to complete the renovation of space in Hines Hall for the high fidelity simulation laboratory. A late fall completion date is anticipated and the lab available for student use no later than January 2013.

The clinical laboratory and examination space will remain in Noble Hall. This is not an ideal situation but the addition of Hines Hall has increased the amount of space available.

- Plan to expand our computer lab beyond its 12-seat capacity to allow more computer adaptive testing to create the NCLEX-RN testing experience. We are currently using computer labs in other buildings on campus for large class testing.

Comment: Not Completed. We continue to use the computer lab in the "new" classroom building for testing.

Intermediate Action

- Increase the number of classrooms and office spaces for new faculty hires.

Comment: An office suite is being renovated with a completion date of June 1 to accommodate the Associate and Assistant Deans and an administrative support staff.

Long-term Actions

- Provide space for students to interact outside of class and create an intentional non-structured learning environment.

Comment: A small room on the lower level was renovated with counter tops and chairs in fall 2011 to accommodate a small number of students. Space remains inadequate for larger groups.

- Construct a building that best facilitates nursing education.

Comment: Discussion continuing regarding nursing being 2nd on the list for new construction rather than the previous position of 6th. However, this effort is delayed possibly by 5-6 years if a moratorium on new capital construction is maintained.

Appendix D

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS
May 30, 2012**

BRIEF SYNOPSIS FOR NCLEX PASS RATES

**Prepared by:
Dr. Inez Tuck, Dean and Professor
School of Nursing**

It is anticipated that the Class of 2012 will meet or be slightly below the national average on the NCLEX-RN examination.

- We have instituted an academic coaching model with faculty assigned to 3-5 students to mentor and “coach” over the entire year. The sessions may cover content and faculty use student data (scorecard) to tailor the sessions.
- The results on two predictive tests indicate that the scores of this class are comparable to those of the class of 2009 when the pass rate was 88% that year.
- Students have access to internet-based resources that allows their practice on NCLEX type questions and remediation.
- The students participated in an on-site NCLEX-RN Review course offered by Kaplan and a content review taught by faculty.
- Faculty and administration have met frequently with this class to hear their concerns and to encourage their NCLEX-RN preparation.
- A few students who were admitted under less stringent criteria and grading procedures remain in the class and are on borderline of academic performance and are at-risk even with these interventions.
- Each senior has an individualized action plan for NCLEX-RN success that is tailored for them.
- Students who failed major courses and did not meet established progression criteria were dismissed from the program and/or changed their major. Other students who are not as strong have been consistently supported by faculty and offered workshops, counseling and advising.

It is anticipated that the Class of 2013 should meet and exceed the NCLEX-RN standard.

- Students have been admitted to the major under a more rigorous process and the more competitive applicants were admitted.
- Students will benefit from curriculum revisions made this year and implemented in the fall that fill content gaps and offer exposure to new content.
- The curriculum has two required student success courses in the upper division which will offer strategies for study success.
- Students will have access to advisors in the School of Nursing with the addition of a second advisor.

- Students who are not as strong or have academic difficulty will be enrolled in specific activities for “at-risk” students within the School and University.
- Students will be supported by their academic coach until they graduate from the program.
- Students will be tested on two predictive tests that indicate their readiness to take the NCLEX-RN examination and the probability of success.
- Students will have access to internet-based resources that allows their practice on NCLEX type questions and remediation.
- The students will participate in an on-site NCLEX-RN Review course offered by Kaplan and a content review taught by faculty.
- Faculty and administration will meet with students frequently to hear their concerns and to encourage their NCLEX-RN preparation.
- Students will benefit from having smaller faculty/student ratios in the clinical settings.

Appendix E

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

DIVISION OF ACADEMIC AFFAIRS

May 30, 2012

NCLEX PASS RATES REPORT

Submitted to:

Dr. Suzanne Ortega

Senior Vice President for Academic Affairs

University of North Carolina

Submitted by:

Dr. Inez Tuck, Dean and Professor

School of Nursing

This report is in response to the recent request for additional information regarding the NCLEX-RN pass rates for first time test takers and our projections for the next two years. I strongly believe that we have implemented actions and initiatives to increase the quality of our program in four areas that will have a long-term, positive impact on the quality of our graduates and our NCLEX-RN pass rates. I believe that we have made significant strides this year. We will continue to make improvements in a few areas and will revise some strategies based on assessment of our outcomes. We will continue our efforts in a consistent manner until we achieve the desired outcomes. Due to the significant progress made this year in implementing our action plan, it is unclear of the value or the timeliness of a one year suspension of admissions to give us time to make the changes necessary to effect immediate improvement. Our goal for next year is to measure the effectiveness of those actions implemented. We request a waiver of the Board of Governor's policy on initiating program termination.

Based on our assessment and after a review of former graduates and their performance, I anticipate that the performance on NCLEX-RN for the class of 2012 will be at the standard or slightly below the national average. This class is motivated to do well and hopefully this will serve as an additional incentive to perform well on the exam. I expect that the class of 2013 will meet or exceed the standard. The following description of the previous classes is the basis for this projection.

In the report forwarded in February 2012, I outlined a number of initiatives and action items that we are implementing this year that specifically targets the pass rates for 1st time test takers on the NCLEX-RN examination. That report described the activities that we have undertaken in four

areas: faculty, students, curriculum and instruction, and facilities. I refer you to the attached document for an update of our progress thus far.

Our graduates' successful completion of the NCLEX-RN is a critical program outcome and is one that is publically reported and monitored by the North Carolina Board of Nursing (NCBON) and our accrediting agency, the National League of Nursing Accrediting Commission (NLNAC). We have already responded to requests for information from these two bodies this year, had an onsite visit from both, and benefited from follow-up reports from both. We have used and will continue to use their feedback as we move forward. Our program maintains board approval and we remain accredited. I understand that there is also a Board of Governor's policy related to this program outcome. This report is in response to our lack of compliance with that policy. Specifically, the report addresses the pass rates we expect this year, next year and what steps will be taken if we do not meet the goals.

Please be assured that NCLEX-RN success is one of my goals. In my brief tenure here, less than one year as dean of the program, I have devoted considerable effort in assessing and evaluating the total program. The success of the school and its continuing existence is important to me personally, as I am a 1970 graduate of our Nursing Program. My goal upon arrival was to "turn around" aspects of the program including the pass rates. At the time that I accepted my position, we had only one year of failure to meet the standard after two years of relatively high scores. The final NCLEX-RN scores for the class of May 2011 were not available.

We are working closely with the Office of Institutional Effectiveness to analyze our student data to determine the best predictors of NCLEX success. At this time, no significant statistical model is available that predicts our outcome. In an effort to predict our success for the next two classes, it is important to uncover those factors that may have negatively impacted our results in the past. Those factors must be resolved in order to move forward. We continue to draw inferences from our existing data as we refine our databases. The paragraphs below describe our most recent data describing our graduating classes, comparisons between classes on standardized tests as a basis for predicting the probability of success, and data used to inform our decisions for future actions.

In 2010 and 2011, our NCLEX-RN pass rates were 61 and 74% respectively and were below the standard of 95% of the national average which ranged from 83- 84%. These scores were preceded by three years of meeting the standard at 84, 91 and 88%. In 2010, we had our largest group of failures on the NCLEX-RN. In 2011, there were 51 first time test-takers. Eight were accelerated December graduates, forty one students graduated in May 2011, and two were May 2010 graduates. Our accelerated students remained at a 100% pass rate for the second year. In that year, we had one 2010 graduate and 12 traditional May graduates who did not pass on the first try. Although we did not reach the benchmark, intentional efforts including the Kaplan NCLEX-RN Review raised these scores by 13% in one year.

Class of 2012 (May 2012 Traditional Graduates Only)

Eighty one (81) students enrolled in the upper division in the fall of 2010 as traditional junior nursing majors. Over the two year period, students who experienced course failures or who were no longer interested in the major were advised to change majors or withdraw. Although this number was significant, the students' decisions were warranted and in their own and the school's best interest. The students remaining in the program allowed a stronger class to progress.

We have administered standardized tests that predict the probability for passing NCLEX-RN and measure our students' achievement in content areas over a period of several years. The most highly significant predictor of NCLEX-RN is the NLN Comprehensive Examination taken in the final semester of the senior year. We also use the Kaplan Readiness Test as a significant predictor although we only have two years of data. As indicated in Table 1, the results of the NLN Exam for the class of 2012 has the highest number of students in the top category over the four year period and the scores of 34 students have the probability of passing at >90%. The class is very similar to the class of 2009 that had 43 (92%) students in the top four categories passing on the first attempt as compared to 49 (89%) in the same categories preparing to test in 2012. The NCLEX-RN pass rate in 2009 was 88%. (see Table 1).

Table 1. NLN Comprehensive Nursing Achievement *						
Four Year Comparison						
Percent Correct	Probability of passing the NCLEX		2012**	2011 74%	2010 61%	2009 88%
82-88%	97-98	Total	8	2	0	2
		Pass		2	0	2
		Fail		0	0	0
77-81%	93-96	Total	10	1	1	11
		Pass		1	1	11
		Fail		0	0	0
71-76%	84-91	Total	16	2	10	17
		Pass		2	6	16
		Fail		0	4	1
65-70%	71-83	Total	15	18	18	17
		Pass		15	13	14
		Fail		3	5	3
61-64%	56-66	Total	4	5	14	4
		Pass		2	6	2
		Fail		2	8	0

50-60%	27-51	Total	2	8	8	0
		Pass		3	1	0
		Fail		5	7	0

*This is a comparison between the NLN Comprehensive Exam and Pass/Fail on the NCLEX-RN.

**These students have not yet taken the NCLEX-RN

We are in the second year of administering the Kaplan Readiness Test and our results indicate that the scores of the class of 2012 are slightly higher than the previous cohort. There are 23 students in the current graduating class that have a 94 – 100% probability of passing the NCLEX on the first attempt as compared to 19 graduates in 2011. These data indicate that five students in the current class have the lowest class scores possible and yet, still have a 89.6% probability of passing. The Kaplan is a strong predictor of NCLEX success at a significance level of $p \leq .001$.

We recently instituted a test that measures critical thinking and the scores of members of the class of 2012 was 69% and above the national norm of 65%.

There will be 57 first time test takers during the calendar year of 2012. Two traditional students who graduated in May 2011 have tested and both were successful on the first try. Four of our five accelerated December graduates have tested, 3 passed, one failed (1st failure in three years). One will test in the next few weeks and continues to see her faculty advisor. We have 50 graduates in the May 2012 class who are now engaged in an intensive NCLEX-RN preparation and will test in June, July and August of 2012. Five seniors did not make satisfactory progress in their senior courses and will return this fall to complete program requirements. These students have been identified as needing additional support and will be required to participate in sessions tailored to their needs.

The class has participated in sessions on test taking and stress management, the on-site Kaplan NCLEX-RN Review, and have access to internet based resources as part of their contract with the vendor. Even with these scores, academic coaches are maintaining the mutual agreed upon relationships with students and are monitoring their testing and remediation in Kaplan.

Class of 2013 - Rising Seniors

Eighty eight (89) students were admitted to the upper division in the spring and enrolled in the major fall 2011. Since enrolling, 22 have changed majors, withdrawn from the university, or not successfully passed two nursing courses and were dismissed from the program. Seven students will progress in the class of 2014. We tested the remaining 60 students using three content focused standardized tests this spring. Results thus far for the class of 2013 indicate that they are at the national norm in two areas: obstetrics (72/72% norm) and psychiatry/mental health (67/67% norm) and slightly below the norm in fundamentals of nursing (63/66%). They will continue to be tested in their senior year in content areas and will take the two predictive exams described above. The results of these tests are used by faculty to revise course content as needed.

The Academic Program Committee (curriculum) use data as well to track concepts across the curriculum. Effective teaching strategies will remain an agenda item for faculty development.

Class of 2014 – Rising Juniors

We admitted 62 students this spring conditional on satisfactory completion of prerequisite courses. Five failed to achieve a grade of C or better in required courses and are ineligible to continue in the program. Three students sought academic advising and subsequently changed their majors. Fifty four (54) students will enroll in the junior year in the fall of 2012. This is one of the strongest classes admitted and their entering GPA is similar to the classes of 2009 and 2013 (see Table 2).

Table 2. GPA ranges for Class Cohorts

Class	GPA Range Entering Upper Division	GPA Range Graduating
2009	2.84-3.96	2.71-4.00
2010	2.76-3.91	2.61-3.89
2011	2.73-3.73	2.59-3.51
2012	2.70-4.00	2.53-2.73
2013	2.80-3.87	N/A
2014	2.81-3.80	N/A

Our goals for the School of Nursing are to:

1. Admit the “best” highly qualified students to the nursing program using current and proposed criteria.
2. Reduce class attrition rates by admitting smaller classes, tracking their performance over time, and providing support as needed for student success.
3. Have pass rates on the NCLEX-RN that are consistently above the national average.

The following actions have been implemented to increase the probability of NCLEX-RN success on the first attempt and will be revised accordingly in the event that we do not meet our goals. Additional data from the next two classes will be used.

Admission and Progression

The data indicated that admission and progression is an area of concern for the program. The Dean consulted with the Provost and Chancellor regarding these admission concerns. The current admission and progression criteria and the related procedures were extensively reviewed by the faculty committee with clear direction from the dean to critique and revised as needed. Recommendations for changes in these policies are undergoing the school and university approval process with plans for implementation no later than January 2013. It was apparent from this review that some admission and progression policies that were already approved were not strictly followed. The committee members have received additional orientation and in-service regarding the current policies, their interpretations, and implementation.

The best indication of the change in admission procedure occurred this spring and is evident in the admission of the class of 2014. The applicant pool was highly scrutinized. The class was admitted based on strict adherence to the published policies. The class that was admitted is smaller (only 62 students), has stronger academic records, and consists of fewer transfers or second degree students who have long histories of academic failures in other institutions but more recent positive academic records. This class will be monitored throughout the two years in the program and will be provided assistance if viewed at risk. Our current dismissal policies related to academic progress have been reviewed and implemented consistently this year.

Course Evaluation and Grading

Evaluation of students performance in classes and clinicals were reviewed and faculty made a number of substantial changes. These changes implemented in January 2012 included modifications of any practices that tended to inflate course grades and were subjective measures that often result in points added. Faculty also voted to change the grading scale for the lowest grade accepted for progression from 77 to 80. This change will be implemented in August 2012.

Identification and Support of At-Risk Students

One faculty has the summer assignment of developing a plan for high-risk or at-risk students who are admitted to the nursing program on a conditional or probationary basis or who make marginal academic progress. Students readmitted on a probationary basis have made one grade of C or below in a nursing or science course and by policy are allowed to continue in the program. If a student makes two grades below a C, he or she is dismissed from the program. We have hired a second academic advisor this year and selected faculty will be assigned to facilitate this intervention for all nursing students who require assistance beginning in the fall of 2012.

Academic Coaching and Use of Kaplan Resources

I strongly recommend the continuation of our academic coaching model. Beginning in fall of 2011, senior and junior students were assigned an “academic coach” who was familiar with their individual scorecards. Academic coaches met weekly with seniors either in face-to-face sessions, on-line in Blackboard, or through telephone or Skype conferencing. This intensive model allows

for faculty and student accountability. Faculty are assigned 4-6 juniors and seniors to work with closely while in the program and to utilize the resources available in Kaplan. Students are required to enroll in the Kaplan NCLEX-RN Review plan and there are assignments and computerized standardized integrated tests available in every major subject area in the upper division. Kaplan also has diagnostic and predictive tests. The challenge is to have faculty and students make full use of the resources.

We noted after evaluation of the model by faculty and students in a focus group, academic coaching was done unevenly based on faculty's ability to "coach" and their level of commitment. The taskforce will continue to develop the model this summer including the skills needed by the coach and ways to hold faculty accountable for outcomes. We will assign 2-3 faculty to work directly with juniors and seniors who are deemed to be at risk due to academic grades, clinical performance, and/or performance on standardized tests results.

Measures of Student Progress and Outcomes

It is important to evaluate the basic skills of students on admission to the major and to track their performance in specialty content areas as well as readiness to take the licensure examination. We also will measure those intrinsic factors such as motivation that may also impact NCLEX success.

As of fall 2012, incoming students will take a standardized test that evaluates math, reading and critical thinking skills. Students who do not achieve the bench-mark will be assigned to selected academic coaches and included in an intensive program for at-risk students. In addition, the academic coaching taskforce is exploring other measures that may contribute to success and recommend activities that will support students in these areas.

NCLEX Testing

- Students will be strongly encouraged to test within 6 months of graduation. Our data indicate that there are 2-5 students each year who delay testing until the next year and they have a high probability for failure as 1st time test takers.
- Obtain additional scholarships to pay for testing fees of students who indicate that financial hardship is the reason for the delay.
- The faculty will use computerized testing in all course exams. Standardized tests will be administered in a simulated NCLEX testing environment.

It is anticipated that the Class of 2012 will meet or be slightly below the national average on the NCLEX-RN examination (range of 80-84%)

- Number of students who experienced academic difficulty have been dismissed from the program or changed their majors. Other students who are not as strong have been consistently supported by faculty and offered workshops, counseling and advising.

- We have instituted an academic coaching model with faculty assigned to 3-5 students to mentor and “coach” over the entire year. The sessions may cover needed content and faculty may use student data (scorecard) to tailor the sessions.
- The results on two predictive tests indicate that the scores of this class are comparable to those of the class of 2009 when the pass rate was 88%.
- Students have access to internet based resources that allows practice of NCLEX type questions and remediation.
- The students participated in an on-site NCLEX-RN Review course offered by Kaplan and a content review taught by faculty.
- Faculty and administration have met frequently with this class to hear their concerns and to encourage their NCLEX-RN preparation.
- A few students who were admitted under less stringent criteria and grading procedures remain in the class and are on borderline of academic performance and are at-risk even with these interventions.

It is anticipated that the Class of 2013 will meet and exceed the NCLEX-RN standard.

- Students have been admitted to the major under a more rigorous process and the more competitive applicants were admitted.
- Students will benefit from curriculum revisions made this year and implemented in the fall that fill content gaps and offer exposure to new content.
- The curriculum has two required student success courses in the upper division which will offer strategies for student success.
- Students will have access to advisors in the School of Nursing with the addition of a second advisor.
- Students who are not as strong or have academic difficulty will be enrolled in specific activities for “at-risk” students within the School and University.
- Students will be supported by their academic coach until they graduate from the program.
- Students will be tested on two predictive tests that indicate their readiness to take the NCLEX-RN examination and the probability of success.
- Students will have access to internet based resources that allows their practice of NCLEX type questions and remediation.
- The students will participate in an on-site NCLEX-RN Review course offered by Kaplan and a content review taught by faculty.
- Faculty and administration will meet with students frequently to hear their concerns and to encourage their NCLEX-RN preparation starting in the junior year.
- Students will benefit from having smaller faculty/student ratios in the clinical settings.

In summary, based on available data and recognition of factors that may contribute to success, I believe that the class of 2012 has a strong likelihood of meeting the standard at the minimum level or the scores will be slightly below the standard. The class of 2013 seems to have a greater likelihood of passing on the first attempt. We will continue our extensive list of interventions for all students. We will revise these interventions as needed with emerging best practices.