To: Crystal Pool, CCNE Assistant Director, cpool@aacn.nche.edu

From: Jeanine E. Gangeness, PhD, RN, Dean & Professor
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Re: Substantive Change, enrollment, resources, organizational structure

Date: April 8, 2014

This Substantive Change Report addresses Standard IV, key element C (specifically, NCLEX-RN pass rates, other information was submitted with the Continuous Improvement Resort 6/1/13): **Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.**
Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program identified expected outcomes.

On January 21st, 2014 the first time NCLEX Pass Rates were sent from the Minnesota Board of Nursing, Bemidji State University experienced a sharp drop in first time NCLEX-RN pass rates. In compliance with the requirement to submit a substantive change report no later than 90 days after the occurrence of the change, this report addresses the change in first time NCLEX – RN pass rates.

Summary of First Time Pass Rates					
2011		2012		2013	
Number Testing	**First Time Pass Percentage**	**Number Testing**	**First Time Pass Percentage**	**Number Testing**	**First Time Pass Percentage**
27	88.89%	34	97.04%	47	65.96%

Governance
Bemidji School of Nursing Curriculum Committee anticipated the drop in first time pass rates for students taking the NCLEX RN exam. The BSU Chair of the Committee, Dr. Nancy Hall, hosted several meetings (9/20/13; 10/4/13; 11/1/13) and a faculty retreat (10/18/13) to address needed curriculum changes (see Appendix A, for meeting notes).

Overall concern: Lack of student preparation for the NCLEX. Lack of regular exposure to core NCLEX content.

Problem	Intervention	Evaluation Timeline and Data	Person/Group Responsible

Data inconsistently reviewed and analyzed for needed changes. No longevity data, as this is a new program (first graduates in 2011).	• Benchmark on ATI predictor prior to passing the capstone course.
	  o If they do not pass, students are connected to a virtual tutor from ATI.
	• ATI capstone board review course has increased to 10 weeks (from 8 weeks).
	• Preparation for capstone course will begin during fall semester (instead of spring)
	  o Following the comprehensive predictor (done in fall) a formalized process for each individual student, and a faculty member follows up on progress.
	• Some courses have switched to using all ATI tests to prepare for NCLEX.
	• Developed and implemented a new ATI policy for a consistent process of testing.
		Annually at Curriculum retreat planned each fall semester
		
		Data
		ATI predictor and content specific tests throughout curriculum
			Curriculum Committee (chair)

Limited consistency of pharmacology content being addressed in courses	• ATI pharmacology modules are now being used and will be required. • There are curriculum revisions in process to address the needs in the areas of physiology, pharmacology, adult health, evidenced based practice, and professional writing skills (Appendix B).	Annually at Curriculum retreat planned each fall semester Data ATI pharmacology predictor exam Program evaluation – done annually – however this revision will not be fully implemented	Curriculum Committee (chair)

Problem	Intervention	Evaluation Timeline and Data	Person/Group Responsible
		for four years	
Curriculum needed to be reordered to address timing of content and experiential learning.	• Curriculum was re-ordered to enable better leveling of some skills. (Appendix B) • More hands-on clinical experiences added. • Virtual simulations, Real-Life was adopted and implemented. • Increased number of simulation experiences throughout the program.	Annually when courses are evaluated in the curriculum committee Data Course evaluations Program evaluation	Curriculum Committee - Course faculty
Some classes have large numbers	• Increased resources such as using TA's, and implemented more active learning strategies.	Annually when courses are evaluated in the curriculum committee Data Course evaluations Program evaluation	Curriculum Committee - Course faculty
New Curriculum, young faculty and growth	• The curriculum evaluation process is more systematic.	Annually Data Curriculum Committee Calendar, faculty compliance with course evaluations	Curriculum Committee - Every faculty member
Gaps in student mastery of essential content	• Faculty members are more consistently teaching in their area of expertise, and have more continuity of course assignments. • Faculty evaluate learning and share with faculty in subsequent semesters to ensure mastery of content • Faculty areas of expertise have increased, and more faculty have achieved terminal degrees (9/15	Annually when faculty are evaluated during the Professional Development Plan Process Data Professional Development	Dean/ Faculty

Problem	Intervention	Evaluation Timeline and Data	Person/Group Responsible
	faculty have doctorates).	Plans (each faculty) Faculty Committee minutes Report from Dean to Faculty on Plan and Report	
Management and tracking of academic resources	• Active Academic Resource Committee, charged with management and tracking of academic resources. • Dedicated Lab coordinator • Dedicated clinical coordinator • Process for faculty requesting academic resources has been formalized and reinforced by the Academic Resources Committee • An assessment coordinator has been added to support the global outcomes of the program.	Annually when Academic Resources reviews program needs Data Academic Resource Committee minutes	Academic Resource Committee Dean
A high percentage of course repeaters and limited monitoring of global program outcomes	• On-going assessment and evaluation of admissions, curriculum, outcomes, and student progression. • Admission and progression criterion are being regularly reviewed. Policy on student progression and number of unsuccessful attempts of a course has been implemented (Appendix C). • Allocation of 3-4 credits per semester for expert faculty to align outcomes and facilitate the tracking of outcomes.	Monthly when Student Admissions, Progressions, and Concerns committee meets to address program admissions and outcomes. Outcomes are also discussed in the Curriculum Committee. Data Student Admissions Progressions and Concerns Committee	Student Admissions Progressions and Concerns Committee (chair) Curriculum Committee (chair)

Problem	Intervention	Evaluation Timeline and Data	Person/Group Responsible
		minutes Curriculum Committee minutes	

Appendix A
Curriculum Retreat notes (reflecting 4-Year Track changes/discussions)
10/18/13

Purpose:
- Review and respond to 4 year track curriculum implications of student program evaluation, faculty course evaluation, ATI comprehensive predictor, and NCLEX results from the past 3 years.
- Generate faculty input into proposed curriculum changes in the RN-BS program

Parking lot: Important issues to be dealt with in another forum
- How can we have the data that was compiled for this meeting available to all faculty
    - A notebook centrally located
    - Documents scanned and located in a designated place (one of our D2L places?)
- Faculty course eval process
    - How to get all sections included in each course eval
    - How to have faculty reflect a bigger picture…
    - Do the objectives still fit?
    - Do the essential assignments fit?
- Program eval questions
    - Could we ask for some specifics (i.e. what is meant by more clinical?)

Data discussed:
- **NCLEX**
    - They survey every 3 years newly licensed RN's, RN educators, & RN Supervisors for importance of RN nursing knowledge from 215 skill areas to build new test plan
    - Top 5 most important: medication error prevention, medication administration rights, client identification, infection control, pain management, allergic reactions
    - Least important 5: vent management, preschool & school age client care, phototherapy, maternal fetal monitoring & newborn care, peritoneal dialysis
    - National Baccalaureate pass rates: 2012 91.66%   2013 88.49%
    - BSU pass rates: 2012 96%   2013 76%
    - Passing standard revised from -0.16 logits to 0.00 logits resulted in an unusually large increase in difficulty
    - We need to see MN numbers to, compare to our own state schools
    - Test plan percentages:
        - 20% Management of Care
        - 12% Safety and Infection Control
        - 9% Health Promotion and Maintenance
        - 9% Psychosocial Integrity
        - 9% Basic Care and Comfort
        - 15% Pharmacology and Parenteral Therapies
        - 12% Reduction of Risk Potential
        - 14% Physiologic Adaptation

- **ATI comprehensive predictors- 2011-2013** (recall high stakes for 2011-2012, did not require students to achieve any given score on the predictor before graduating in 2013)
  - o Areas of weakness
    - ▪ Nutrition
    - ▪ Pharmacology (parenteral not too bad, rest bad)
    - ▪ GI/GU (very consistent, students achieved around 30% in this area)
    - ▪ Safety and Infection Control
  - o Strengths
    - ▪ Fluid/elyte
    - ▪ Cardiac
    - ▪ Most development
    - ▪ Maternal child
    - ▪ Lab values
    - ▪ Emergency preparedness
  - o Predictor appears very accurate for BSU students… we can really see who is likely to fail boards.
- **Faculty course evaluations**
  - o Little mention on course evals of overall course considerations related to the rest of the curriculum i.e. sequencing, class size, etc.
  - o Most course evals comments are specifically focused on the course alone
  - o Pharmacology class needed, recommend on campus
  - o More clinical time was recommended
  - o Course eval content/process to parking lot
- **Student program evaluations:** Summary of Curriculum Specific Feedback 2011, 2012, 2013

Table includes only those areas in which less than ½ of the students felt "highly able", % reported is the % of students who feel less than highly able in each area.

Area of ability (Q#)	2011 n= 26/26	2012 n= 34/34	2013 n=34/48
Designer/manager/coordinator of care (10)	72%		
Technical skills (17)	73%		
Health promotion/risk reduction (18)	54%		
Illness/disease management (19)	58%		
Use of technologies in providing care (20)	54%		
Health care system/policy (23)	81%		
Global health (24)	69%		
Different questions from 2012-2013 surveys			
Use of inquiry, analysis and information (1)		59%	65%
Social and cultural factors/diverse populations (2)		71%	71%
Leadership and communication to implement improvement in interprofessional teams (3)		62%	65%
Quality and safety initiatives, promote a culture of safety and caring			56%
Retrieval, appraisal, and synthesis of evidence		74%	53%

(5)			
Integrate evidence, clinical judgment, others perspectives, and patient preferences in planning for outcomes (6)		56%	53%
Skills in pt care technologies, information systems, communication devices (7)			68%
Use standardized language (8)		59%	68%
Implications of healthcare policy (9)		85%	95%
Compare/contrast nursing with other healthcare team member roles (11)		59%	56%
Communication i.e. negotiation and conflict resolution (12)		65%	62%
Assess protective and predictive factors that influence health (13)		71%	82%
Health teaching and disease prevention (14)		56%	

Comments totaling all 3 surveys in response to open-ended questions re: areas that need to be expanded, added, or deleted. Numbers represent the actual # of comments about each listed topic. Only those areas with more than 7 comments are listed.

Students recommended we add:
- Pharmacology course: 42
- More clinical: 13
- An APA course: 11
- More MedSurg: 9
- More A&P or "our own" A&P: 9
- Mental Health practicum experience: 8
- More high fidelity simulation: 8

Students recommended we delete or substantially change:
- Nursing Research: 13
- Nursing in Contemporary Society: 7
- Also mentioned: Transcultural, Ethics (gone), Community practicum, Psychosocial, Leadership, Palliative Care, and Elements

Problems identified
(Numbers represent priority assigned… higher # means more identified as a priority to resolve)
- 2 courses before students accepted into the program   .5
- Pharmacology 6.5
- Nutrition   5.5
- Clinical time 2.5
- Content overlap (i.e. Nursing in Contemporary Society, Leadership, and Research; Elements, Intro to Professional Nursing, Psychosocial Nursing) 1.5
- Content overload (i.e. AG, Intro to clinical practice) 2
- Retention of skills going into clinical   3.5
- Safety and infection control 6

Yellowed problems selected for further action, brainstorming of solutions.

Pharmacology (Marci, Denise*)
- Maximize use of ATI module (integrate into different courses? May be done)
- Have a pharmacology course

Nutrition (Jen, Tiffany?)
- Require as a prerequisite
- Combine with pharmacology in a course 8 weeks/8 weeks
- Check barriers to all students taking nutrition now
- Include nutrition objectives in specific courses
- Be intentional about nutrition content, include in course outcomes as above
- Require a nutrition text (or assign parts of the ATI text to certain classes)
- Advise students to take nutrition
- Build the course into our course plan (not as a requirement)
- See whether we are maximizing the use of ATI

Retention of skills going into clinical (Carolyn*, Jen, Jessica, Jeanine, Lynn)
- Mandatory (refresher) test out prior to clinicals- junior and senior year (TA?)
- Require a video check-off of seniors in role… demonstrating competencies through the use of scenarios
- Internships and co-ops
- Increase rigor with student worker check-off
- Increase use of skills in Community Health Practicum
- Build in May term clinical in LTC- 2 weeks
- Increase intro credits to account for clinical experience as above
- 3920 elective May term (as above)
- Junior clinicals have maximum hands on opportunity
- 1:8 clinical ratio consistently
- Summer Semester. financial aid –must take 6 credits

Safety and infection control (Jeanine, Leslie, Tara*)
- Check on interventions we did before i.e. QSEN integration
- Consider what ATI/NCLEX are including here, are we including the same content?
- Objective tied to this area in each appropriate course
- Level the expectations here… sophomore/junior/senior level expectations

Other idea: May term acceptance (Nancy, Lynn, Sarah)
- Pro's:
  - Start fall of sophomore year
  - More time to complete nursing curriculum
  - Unfair to students that they take 2 courses that don't transfer
  - Concern is for those students who don't make it into the program
- Cons:
  - ? advising

- o Loss of revenue for those who don't get into the program
  - o A&P
- Idea:
  - o Have a certain # of the total prerequisites completed before acceptance with acceptance pending successful completion of the others

Step 2- Ideas for course and curriculum change to accommodate credits needed elsewhere and address overlap and overload issues. (Nancy*, Jeanine, Sheila*, Lynn)
- Combine Intro to professional nursing, psychosocial nursing, and elements- 4 credits
- Decrease child adolescent to 4 credits
- Have 3 credits available for pharm
- Consider ideas from last year i.e. decrease MH to 4 credits, combine Nursing in Contemporary Society and Leadership to total 4 credits, decrease Community Health Practicum by 1 credit

Next steps:
- Faculty as listed will
  - o Investigate the ideas in each area
  - o Formalize those ideas they recommend moving forward
  - o Share investigation/plans with rest of faculty for input
  - o Propose changes for curriculum committee action
- Timeline
  - o Investigation and formalize by November 8, to faculty
  - o Proposals ready for faculty meeting 11/22

Appendix B

SUGGESTED SEMESTER SCHEDULE (Beginning fall 2015)

4-Year Track

Freshman

- BIOL 1110 Human Biology (4 credits)
- BIOL 2110 Human Anatomy And Physiology (5 credits)
- CHEM 1111 General Chemistry (4 credits)
- PSY 1100 Introductory Psychology (4 credits)
- PSY 3237 Lifespan Development (4 credits)
- Other elective or Liberal Education course
- Recommend completion of CPR and CNA Certifications during freshman year or summer

Sophomore

- BIOL 3755 Medical Microbiology (3 credits)
- NRSG 2000 Introduction to Professional Nursing (3 credits)NRSG 2203 Introduction to Clinical Practice (4 credits)
- NRSG 2204 Health Assessment (3 credits)
- NRSG 2207 Nursing Pharmacology (3 credits)

Junior

- NRSG 3000 Elements of Scholarly Practice (2 credits)
- NRSG 3001 Adult/Gerian Health (6 credits)
- NRSG 3003 Practicum: Adult/Gerian (4 credits)
- NRSG 3120 Transcultural Nursing (2 credits)
- NRSG 3201 The Childbearing Family (2 credits)
- NRSG 3202 Child/Adolescent Health (5 credits)
- NRSG 3203 Practicum: The Family (4 credits)
- NRSG 4100 Nursing Research (3 credits)

Senior

- NRSG 4001 Mental Health Nursing (4 credits)
- NRSG 4002 Palliative Care (2 credits)
- NRSG 4003 Practicum: Rural Communities/Populations (4 credits)
- NRSG 4000 Senior Experience- Nursing (1 credit)
- NRSG 4110 Community Health Nursing (3 credits)
- NRSG 4200 Nursing Leadership And Management (4 credits)
- NRSG 4201 Practicum: Role Integration (6 credits)

Recommendations (follow-up from meeting) for 4 year track curriculum revision:

Sophomore Fall:
One 3 credit course including:
Professional writing concepts
History of nursing
Roles in health care
Interpersonal communication
Therapeutic communication
Personal ethics and values clarification
Decrease of 1 credit
	Sophomore Spring:
	Intro to clinical practice 3 credits
	  • Content change- take out pharmacology
	  • ? Add in introductory nutrition
	Pharmacology 3 credits
	Health Assessment 3 credits

Junior Fall: AG prac (4) + AG theory (6) OR CA(4)/MC(2?3)/Family prac (4) Transcultural (2) Elements (3)	**Junior Spring:** AG prac (4) + AG theory (6) OR CA(4)/MC(2?3)/Family prac (4) Research (3)

Senior Fall:
Mental Health (4) Decrease of 1 credit
Rural Populations Prac (4) Decrease of 1 credit
Palliative Care (2)
Senior experience (1)
  • Board prep (capstone ATI)
  • Career prep
	Senior Spring:
	Leadership/ contemporary combined one class (4)
	Role integration practicum (6)

- Integrate nutrition with direct course level outcomes in appropriate courses, a text (or ATI module assignments), assignments clearly addressing the content.
- Continue with same application and start dates
- Incorporate QSEN modules more explicitly, use Kay R. IC module, graded IC prior to clinical courses

Appendix C
Updated Progression Policy

Continued Eligibility Policy Statement (added to Student Handbook 2014)

All SON nursing courses must be passed with a minimum of 80% or "C". Learners who are unsuccessful achieving 80% in a nursing course will be permitted to repeat that course. Only TWO courses in the program can be repeated, courses can only be repeated once. Further course failure will result in dismissal from the nursing program.
All ADNG program courses must be completed within 36 months of program start.