Detailed Assessment Report  
2013-2014 Nursing B.S.N (Traditional Program)  
As of: 7/16/2014 02:03 PM CDT

Analysis Questions and Analysis Answers

For Academic Programs

Informed by your assessment activities related to student learning, what changes have you made in your degree program in the last three to five years? Describe the changes (e.g., curriculum revision, new courses, faculty development), the general results that prompted the changes (e.g., student performance on an assessment measure), and any impact on student learning that you might attribute to these changes.

In May 2014 the Capstone College of Nursing Mission, Vision, and Core Values were updated to reflect the new University of Alabama Mission. We have tracked numerous data elements on WEAVE including program objectives, HESI scores from clinical courses, alumni survey and clinical agency survey data. All clinical courses have made action plans to improve any measurements that did not meet our benchmarks of 90% with a score 900 or better on the exam. The majority of scores were met and many outcomes improved. Action plans were developed for those benchmarks that were not met. To further promote our students success on HESI exams and the future NCLEX exam, we also developed a new Positive Progression Policy. This policy was passed by the faculty in our Faculty Organization meeting and all undergraduate faculty were taught how to implement the policy using a decision tree approach.

In addition, we track alumni and agency data using surveys. All but one benchmark was met but the sample size of respondents for this measurement was small.

Mission / Purpose

The mission of the Capstone College of Nursing is to promote the health and well-being of the people of the State of Alabama, the nation, and the world through nursing education, research, scholarship, and service.

Vision:

The Capstone College of Nursing will excel in baccalaureate, masters, and doctoral education; innovative clinical practice; and creative use of technology to advance nursing practice, education, and scholarship. We aspire to be a community of diverse faculty and students whose collaborative efforts promote excellence in the nursing profession.

Core Values:

Excellence | Integrity | Caring | Diversity | Student-centered Learning | Professionalism

Goals

G 1: Program outcomes demonstrate program effectiveness

The program demonstrates achievement of program outcomes. They are defined by the program and incorporate expected levels of achievement. They may include but are not limited to student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

G 2: Program enrollment and completion rates demonstrate program effectiveness

The program demonstrates achievement of required program outcomes regarding enrollment and completion rates.

G 3: Licensure pass rates demonstrate program effectiveness

The pre-licensure program demonstrates achievement of required program outcomes regarding licensure. The NCLEX-RN pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year.

G 4: Employment rates demonstrate program effectiveness

The program demonstrates achievement of required outcomes regarding employment rates. The employment rate is collected separately, and within 12 months of program completion and should be 70% or higher.

Student Learning Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Discipline Knowledge
(Discipline Knowledge) Synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing.

Connected Document  Traditional BSN Crosswalk

Related Measures

M 1: Faculty assess student’s knowledge of Math
Faculty will assess students knowledge of math by providing three opportunities for students to pass the NUR 307 Medication Calculation exam with 100% accuracy.
**M 2: Faculty assess student's knowledge of Liberal Education**

1. Faculty will assess Liberal Education scores on the Specialty HESI in all clinical courses and the Exit HESI exam of graduating seniors.

Source of Evidence: Standardized test of subject matter knowledge

**Target:**

1. The mean scores on Liberal Education on courses throughout the curriculum will be greater than 900 on the HESI Exams.

**Finding (2013-2014) - Target: Met**

1. Fall 2013 the Mean scores for all courses were greater than 900— NUR 324=963, NUR 372=910, NUR 374=910, NUR 418=993, NUR 420=966, NUR 422=927 and Exit Exam=919
2. Spring 2014 the Mean scores for all courses were NUR 324=970, NUR 372=962, NUR 374=952, NUR 418=958, NUR 420=932, NUR 422=940 and Exit Exam=952

**M 3: Faculty assess student's knowledge of Nursing**

Faculty will assess students knowledge of Fundamentals in Nursing following the HESI exam in NUR 324, Adult Nursing following the HESI exam in NUR 327, Mental Health Nursing following the HESI exam in NUR 374, Obstetric Nursing following the HESI exam in NUR 318, Pediatric Nursing following the HESI exam in NUR 320, and Community Nursing following the HESI exam in NUR 322

Source of Evidence: Standardized test of subject matter knowledge

**Target:**

The Mean of the specialty HESI exam in NUR 324, NUR372, NUR374, NUR418, NUR420 and NUR422 will be >900.

**Finding (2013-2014) - Target: Met**

1. Fall 2013 the mean scores of each of the courses were greater than 900.

   NUR 324 Fundamentals=965, NUR 372 Medical/Surgical=905, NUR 374 Mental Health=901, NUR 418 Obstetrics=989, NUR 420 Community Health=929 and the EXIT Exam=921
2. Spring 2014 the Mean scores for all courses were NUR 324=970, NUR 372=962, NUR 374=952, NUR 418=952, NUR 420=952, NUR 422=940 and Exit Exam=952

**M 4: Employers rate graduate's knowledge of nursing, sciences and humanities**

Employees will rate the graduate's ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**

90% of Employees surveyed will rate the graduate's ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.
Finding (2013-2014) - Target: Met

100% of Clinical Agencies surveyed in Spring 2012 indicated good or excellent on the graduate's ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.

100% of Clinical Agencies surveyed in Spring 2014 indicated good or excellent on the graduate's ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.

Next survey to be completed Spring 2016.

M 5: Alumni rate their knowledge of nursing, sciences and humanities

1. Alumni will rate "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.

Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of Alumni surveyed will rate the graduate's ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing" as excellent or good.

Finding (2013-2014) - Target: Met

100% of alumni surveyed rated their ability to "synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing as excellent or good.

M 8: Faculty assess student's performance in the clinical setting

Faculty will assess the student's ability to use foundational knowledge which will be evidenced by satisfactory performance in the clinical setting in NUR 372 during 3rd semester.

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 372 will demonstrate evidence of use of foundational knowledge based on satisfactory performance in the clinical setting.

Finding (2013-2014) - Target: Met

96% (90/93) were successful in NUR 372 during fall 2013.
99% (76/77) were successful in NUR 372 during fall 2013.

SLO 2: Critical thinking

Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the lifespan.

Connected Document
Traditional BSN Crosswalk

Related Measures

M 6: Faculty assess graduates ability to critically think through the use of the Nursing Process on the NCLEX exam

Faculty will evaluate graduate's ability for critical thinking by assessing scores on the NCLEX exam related to the Nursing Process (Assessment, Analysis, Planning, Implementation and Evaluation).

Source of Evidence: Standardized test of subject matter knowledge

Target:
Graduates will score in at least a 50 percentile on the areas of the Nursing process on the NCLEX.

Finding (2013-2014) - Target: Partially Met

April 2013-September 2013 NCLEX scores for the Nursing Process
Assessment=58, Analysis=60, Planning=53, Implementation=61, Evaluation=45

October 2013-March 2014 NCLEX scores for the Nursing Process
Assessment=58, Analysis=56, Planning=59, Implementation=49, Evaluation=48

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

Nursing Process
Established in Cycle: 2013-2014
The nursing process includes 5 phases. Our benchmark is the 50 percentile for each phase. The April and October data of 2013...

M 7: Faculty assess student's Clinical Decision-Making

Faculty will assess Clinical Decision-Making scores on the Specialty HESI in all clinical courses and the Exit HESI exam of graduating seniors.

Source of Evidence: Standardized test of subject matter knowledge

Target:
There will be a mean of at least 900 on the HESI Specialty and Exit exam on the areas of Clinical Decision-Making.

Finding (2013-2014) - Target: Partially Met

During Fall 2013 the students had the following scores on Clinical Decision-Making on the HESI specialty and Exit exam.

Decision-Making
NUR 324 = 599
NUR 372 = 596
NUR 374 = 920
NUR 418 = 987
NUR 420 = 972
NUR 422 = 926
Exit Exam = 915
During Spring 2014 the students had the following scores on Clinical Decision-Making on the HESI specialty and Exit exam.

Decision-Making
NUR 324 = 964  NUR 372 = 969  NUR 374 = 946  NUR 418 = 938  NUR 420 = 954  NUR 422 = 954  Exit Exam = 946

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

NUR 372 - Increase Clinical Decision Making
Established in Cycle: 2013-2014
During Fall 2013 NUR 372 scored 896. The benchmark was 900. The plan is to develop clinical paperwork instruction guide that w...

M 9: Alumni rate their ability to utilize critical thinking
Alumni will evaluate their ability to “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span.”

Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of Alumni will rate their ability to “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span as good or excellent.

Finding (2013-2014) - Target: Met
Fall 2013 Alumni Satisfaction with the BSN Program indicated that 94.2% of Alumni rated their ability to “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span as good or excellent.

Spring 2014 Alumni Satisfaction with the BSN Program indicated that 94.3% of Alumni rated their ability to “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span as good or excellent.

M 10: Employers rate graduate’s ability to utilize critical thinking
Employers will rate graduates ability to “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span”.

Source of Evidence: Employer survey, incl perceptions of the program

Target:
90% of Employers will indicate that graduates “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span” as excellent or good.

Finding (2013-2014) - Target: Partially Met
The last employer survey completed was Spring 2012 and indicated that 94.2% of employers indicated that graduates “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span were excellent or good. The next survey will be Spring 2014.

The last employer survey completed was Spring 2014 and indicated that 80% of employers indicated that graduates “Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span were excellent or good. The next survey will be Spring 2016.

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

Larger Survey Pool
Established in Cycle: 2013-2014
Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

M 11: Faculty assess student's health assessment skills
Faculty evaluation of satisfactory performance of clinical skills in Health Assessment at the expected competency level. (NUR 324)
Source of Evidence: Performance (recital, exhibit, science project)

**Target:**
At least 90% of students in NUR 324 will exhibit health assessment skills at the expected competency level.

**Finding (2013-2014) - Target: Met**
In Fall 2013 100% (83/83) of the students were successful on the health assessment validation. In spring 2014 98.98% (98/99) were successful on the validation for health assessment.

**M 12: Faculty assess student's critical thinking knowledge and skills**
Faculty will assess Critical Thinking scores on the Specialty HESI in all clinical courses and the Exit HESI exam of graduating seniors

Source of Evidence: Academic direct measure of learning - other

**Target:**
There will be a mean of at least 900 on the HESI Specialty and Exit exam on the areas of Critical Thinking.

**Finding (2013-2014) - Target: Partially Met**
The Mean Scores on Critical thinking for the HESI Specialty and Exit HESI for fall 2013:

**Critical Thinking**
NUR 324 =965 NUR 372 = 905 NUR 374 =910 NUR 418 =988 NUR 420 =996 NUR 422=929 Exit Exam=921

The Mean Scores on Critical thinking for the HESI Specialty and Exit HESI for spring 2014:

**Critical Thinking**
NUR 324 =970 NUR 961 = 905 NUR 374 =957 NUR 418 =932 NUR 420 =850 NUR 422=943 Exit Exam=953

**Related Action Plans (by Established cycle, then alpha):**
For full information, see the Details of Action Plans section of this report.

**SLO 3: Evidence-Based Practice**
3. Incorporate Evidence-based practice in the delivery of patient centered care.

**Connected Document**
Traditional BSN Crosswalk

**Related Measures**

**M 13: Faculty assess student*'s Evidence-Based Practice knowledge**
Faculty will assess students score on Evidence-Based Practice on the HESI Exit Exam.

Source of Evidence: Standardized test of subject matter knowledge

**Target:**
The mean will be at least 900 on Evidence Based Practice scores on the HESI Specialty and Exit Exam for courses NUR 324, NUR 372, NUR 374, NUR 418, NUR 420, NUR 422 and NUR 479.

**Finding (2013-2014) - Target: Met**
The Mean score for Evidence Based Practice for the following courses in Fall 2013 was:

NUR 324 =1004 NUR 372 =909 NUR 374=905 NUR 418 =1033 NUR 420 =941 NUR 422=931 Exit Exam=920

The Mean score for Evidence Based Practice for the following courses in Spring 2014 was:

NUR 324 =1056 NUR 372 =962 NUR 374=952 NUR 418 =975 NUR 420 =960 NUR 422=937

**M 14: Alumni rate their ability to incorporate EBP**
Alumni will rate their ability to "incorporate evidence-based practice in the delivery of patient centered care" as good or excellent.

Source of Evidence: Alumni survey or tracking of alumni achievements

**Target:**
90% of alumni will rate their ability to "incorporate evidence-based practice in the delivery of patient centered care" as good or excellent.

**Finding (2013-2014) - Target: Met**
The Alumni Satisfaction survey completed Fall 2013 indicated that 94.2% of alumni rated their ability to "incorporate evidence-based practice in the delivery of patient centered care" as good or excellent. The next survey will be completed Fall 2015.

**M 15: Employers rate graduates ability to incorporate EBP**
Employers will rate graduate's ability to "incorporate evidence-based practice in the delivery of patient centered care.

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**
90% of employers will rate graduate's ability to "incorporate evidence-based practice in the delivery of patient centered care as good or excellent.

**Finding (2013-2014) - Target: Met**
The Clinical Agency Satisfaction survey of Spring 2012 indicated that 90.9% of the Employers rated graduate's ability to "incorporate evidence-based practice in the delivery of patient centered care as good or excellent". The next survey will be completed Spring 2014.
The Clinical Agency Satisfaction survey of Spring 2014 indicated that 100% of the Employers rated graduate's ability to "incorporate evidence-based practice in the delivery of patient centered care as good or excellent". The next survey will be completed Spring 2015.

**SLO 4: Professional communication**

Employ skilled communication to collaborate with intra-professional and inter-professional colleagues in efforts to identify and meet the changing needs of the health care environment.

**Connected Document**

[Traditional BSN Crosswalk](#)

**Related Measures**

**M 16: Faculty assess student's Therapeutic Communication**

Faculty will assess student’s Therapeutic Communication scores on the HESI specialty exam and the Exit HESI exam.

Source of Evidence: Performance (recital, exhibit, science project)

**Target:**

Each clinical course will have a mean score a mean of 900 or greater on Therapeutic Communication on the Specialty and Exit Hesi.

**Finding (2013-2014) - Target: Partially Met**

The Mean score on Therapeutic Communication on the HESI Specialty and HESI Exit exam in fall 2013:

<table>
<thead>
<tr>
<th>Course</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 324</td>
<td>948</td>
</tr>
<tr>
<td>NUR 372</td>
<td>1202</td>
</tr>
<tr>
<td>NUR 374</td>
<td>912</td>
</tr>
<tr>
<td>NUR 418</td>
<td>760</td>
</tr>
<tr>
<td>NUR 420</td>
<td>936</td>
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<tr>
<td>NUR 422</td>
<td>830</td>
</tr>
<tr>
<td>Exit Exam</td>
<td>838</td>
</tr>
</tbody>
</table>

The Mean score on Therapeutic Communication on the HESI Specialty and HESI Exit exam in Spring 2014:

<table>
<thead>
<tr>
<th>Course</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 324</td>
<td>858</td>
</tr>
<tr>
<td>NUR 372</td>
<td>NA</td>
</tr>
<tr>
<td>NUR 374</td>
<td>874</td>
</tr>
<tr>
<td>NUR 418</td>
<td>915</td>
</tr>
<tr>
<td>NUR 420</td>
<td>969</td>
</tr>
<tr>
<td>NUR 422</td>
<td>878</td>
</tr>
<tr>
<td>Exit Exam</td>
<td>1028</td>
</tr>
</tbody>
</table>

**Related Action Plans (by Established cycle, then alpha):**

For full information, see the [Details of Action Plans section of this report](#).

**Therapeutic Communication**

Established in Cycle: 2013-2014

NUR 324 will address the areas related to communication by students completing a peer interaction simulated exercise. Student...

**M 17: Faculty assess student's Interprofessional Communication**

Faculty will assess Interprofessional Communication scores on the Special HESI in all clinical courses and the Exit exam of graduating seniors.

Source of Evidence: Standardized test of subject matter knowledge

**Target:**

Each clinical course will have a mean score a mean of 900 or greater on Interprofessional Communication on the Specialty and Exit Hesi.

**Finding (2013-2014) - Target: Partially Met**

Fall 2013 HESI scores on Inter-professional Communication were:

<table>
<thead>
<tr>
<th>Course</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 324=492</td>
<td>832</td>
</tr>
<tr>
<td>NUR 372=9411</td>
<td>911</td>
</tr>
<tr>
<td>NUR 417=867</td>
<td>892</td>
</tr>
<tr>
<td>NUR 420=765</td>
<td>932</td>
</tr>
<tr>
<td>NUR 475 (EXIT)=</td>
<td>971</td>
</tr>
</tbody>
</table>

Spring 2014 HESI scores on Inter-professional Communication were:

<table>
<thead>
<tr>
<th>Course</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 324=858</td>
<td>1244</td>
</tr>
<tr>
<td>NUR 372=896</td>
<td>847</td>
</tr>
<tr>
<td>NUR 417=971</td>
<td>825</td>
</tr>
<tr>
<td>NUR 475 (EXIT)=</td>
<td>971</td>
</tr>
</tbody>
</table>

**Related Action Plans (by Established cycle, then alpha):**

For full information, see the [Details of Action Plans section of this report](#).

**NUR 475 faculty monitor Outcomes of HESI Standardized Exam**

Established in Cycle: 2012-2013

The Action Plan was derived from the end of course report. The following recommendations were made at the Faculty Retreat in Sp...

**Interprofessional Communication**

Established in Cycle: 2013-2014

NUR 324 will address the areas related to communication by students completing a peer interaction simulated exercise. Students...

**M 18: Alumni rate their ability to employ skilled communication**

Alumni will rate their ability to “Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment”
Source of Evidence: Alumni survey or tracking of alumni achievements

**Target:**
90% of alumni will rate their ability to "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment" as good or excellent.

**Finding (2013-2014) - Target: Met**
In Fall 2013 the Alumni Satisfaction showed that 91.4% of alumni rated "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment" as good or excellent.

Next survey to be completed in the Fall 2015.

**M 19: Employer's rate graduates ability employ skilled communication**
Employer's will rate graduates on "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment"

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**
90% of employers will rate graduate's ability to "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment" as good or excellent.

**Finding (2013-2014) - Target: Met**
The clinical Agency Satisfaction completed Spring 2012 showed that 91.6 of employers rated the graduate's ability to "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment" as good or excellent.

The clinical Agency Satisfaction completed Spring 2014 showed that 100% of employers rated the graduate's ability to "Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment" as good or excellent. The next assessment will be completed in the Spring of 2016.

**M 20: Faculty assess student's Teamwork and Collaboration knowledge**
Faculty will assess the Teamwork and Collaboration scores on the specialty HESI in each clinical course and the HESI Exit exam of graduating seniors.

Source of Evidence: Standardized test of subject matter knowledge

**Target:**
The mean score will be at least 900 for the areas of "Member of Team", "Scope of Practice", "Communication" and "Systems/Team Functions" on the Specialty HESI Exams and the Exit Exam of the graduating seniors.

**Finding (2013-2014) - Target: Partially Met**
In Fall 2013 the mean Scores for "Member of the Team" in each course: NUR 324=963 NUR 372=906
NUR 374=901 NUR 418=989 NUR 420=996 NUR 422=929 NUR 475 (EXIT)=922

"Scope of Practice" mean scores: NUR 324=1037 NUR 372=1053 NUR 374=809 NUR 418=NA NUR 420=1017 NUR 422=898 NUR 475 (EXIT)=889

"Communication" mean scores: NUR 324=975 NUR 372=995 NUR 374=910 NUR 418=897 NUR 420=917 NUR 422=887 NUR 475 (EXIT)=886

"Team Function": NUR 324=958 NUR 372=911 NUR 374=905 NUR 418=1028 NUR 420=1020 NUR 422=927 NUR 475 (EXIT)=914

In Spring 2014 the mean Scores for "Member of the Team" in each course: NUR 324=970 NUR 372=967
NUR 374=952 NUR 418=932 NUR 420=958 NUR 422=943 NUR 475 (EXIT)=951

"Scope of Practice" mean scores: NUR 324=810 NUR 372=937 NUR 374=831 NUR 418=NA NUR 420=1065 NUR 422=930 NUR 475 (EXIT)=888

"Communication" mean scores: NUR 324=826 NUR 372=1088 NUR 374=897 NUR 418=847 NUR 420=950 NUR 422=894 NUR 475 (EXIT)=927

"Team Function": NUR 324=916 NUR 372=986 NUR 374=1054 NUR 418=953 NUR 420=976 NUR 422=922 NUR 475 (EXIT)=932

**Related Action Plans (by Established cycle, then alpha):**
For full information, see the Details of Action Plans section of this report.

**Fall 2013 teamwork and collaboration**
*Established in Cycle: 2013-2014*
In fall 2013 NUR 374 had a mean score of 809 on the HESI specialty on "scope of practice". They will Embed NCLEX practice que...

**Spring 2014 Teamwork and Collaboration**
*Established in Cycle: 2013-2014*
In Spring 2014 NUR 324 had a mean score of 810 on the HESI specialty on "scope of practice" and 826 on "communication." Stude...

**M 21: Faculty assess student's ability for Collaboration & Communication in Simulation**
Demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios in clinical courses.

Source of Evidence: Performance (recital, exhibit, science project)
Target:
At least 90% of students enrolled in clinical courses will demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios by indicating a 4 or 5 on the simulation evaluation.

Finding (2013-2014) - Target: Partially Met
Fall 2013 NUR 471 completed an IPE simulation survey after they had participated with Pharmacy students at the University of UT. The results showed that 100% of students who participated felt that they were "able to communicate with other members of the health care team in such a way to ensure common understanding of the information, treatment, and care decisions"

Fall 2013 NUR 418 participated with College of Medicine and the results showed that 86.84% were able to communicate with other members of the health care team in such a way to ensure common understanding of the information, treatment, and care decisions.

Spring 2014 NUR 471 again participated with Pharmacy from UT and the survey showed that 76.6% were able to communicate with other members of the health care team—the IPE section was reverse order than all of the other questions. 22 students answered this question with a strongly disagree. The rest of the survey was very position. The reverse order may have led to this. We have changed the order and will reassess the next time the course is taught.

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

NUR 418 and 471 improve collaboration on IPE simulations
Established in Cycle: 2013-2014
Faculty will assure that students have the opportunity to collaborate and communicate with other health professions during IPEs...

SLO 5: Professional responsibility and accountability
Demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions.

Connected Document
Traditional BSN Crosswalk

Related Measures

M 22: Faculty assess student's Professionalism and Professional Values knowledge
Faculty will assess the scores on HESI specialty exams in clinical courses and the HESI Exit Exam in the areas of "Professionalism and Professional Values", "Ethics" and "Professional Issues".

Source of Evidence: Standardized test of subject matter knowledge

Target: The mean score on the HESI Specialty and HESI Exit exam will be at least 900 in the areas of "Professionalism and Professional Values", "Ethics" and "Professional Issues".

Finding (2013-2014) - Target: Partially Met
Fall 2013 Mean score on the Specialty and the HESI Exam:

Professionalism and Professional Values
NUR 324=m/a  NUR 372=m/a  NUR 374=921 (only 1 question)  NUR 418=946  NUR 420=1205  NUR 422=980  NUR 475 (EXIT)=961

Ethics
NUR 324=902  NUR 372=902  NUR 374=702 (only 1 question)  NUR 418=946  NUR 420=1205  NUR 422=980  NUR 475 (EXIT)=961

Professional Issues
NUR 324=m/a  NUR 372=1011  NUR 374=859  NUR 418=946  NUR 420=983  NUR 422=948  NUR 475 (EXIT)=989

Spring 2014 Mean score on the Specialty and the HESI Exam:

Professionalism and Professional Values
NUR 324=921  NUR 372=m/a  NUR 374=921  NUR 418=946  NUR 420=1205  NUR 422=847  NUR 475 (EXIT)=991

Ethics
NUR 324=981  NUR 372=m/a  NUR 374=702 (only 1 question)  NUR 418=946  NUR 420=1205  NUR 422=980  NUR 475 (EXIT)=989

Professional Issues
NUR 324=m/a  NUR 372=1011  NUR 374=859  NUR 418=946  NUR 420=983  NUR 422=948  NUR 475 (EXIT)=989

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

Fall 2013 Professional Responsibility and Accountability
Established in Cycle: 2013-2014
NUR 420—had a mean score on "professionalism and professional values of 871. They will discuss in clinical the role of the pr...

Spring 2014 Professional Responsibility and Accountability
Established in Cycle: 2013-2014
In Spring 2014 NUR 324 had a mean score of 861 on the HESI specialty on "Ethics." Faculty will continue to evaluate this area ...

M 23: Alumni demonstrate responsibility and accountability in professional nursing practice
Alumni will rate themselves on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions"

Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of Alumni will rate themselves on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions" as good or excellent.

**Finding (2013-2014) - Target: Met**
Fall 2013 97.1% of alumni rated themselves on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions" as good or excellent. Next survey will be done Fall 2015.

**Related Action Plans (by Established cycle, then alpha):**
For full information, see the Details of Action Plans section of this report.

**Larger Survey Pool Needed**
Established in Cycle: 2013-2014
Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

**M 24: Employers rate graduates on responsibility and accountability in professional nursing practice**
Employers will rate graduates on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions"

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**
90% of employers will rate graduates on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions" as good or excellent.

**Finding (2013-2014) - Target: Partially Met**
Spring 2012 the Clinical Agency Satisfaction showed that 100% of employers rated graduates on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions" as good or excellent.

Spring 2014 the Clinical Agency Satisfaction showed that 83% (only 6 respondents) of employers rated graduates on ability to "demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions" as good or excellent.

**Related Action Plans (by Established cycle, then alpha):**
For full information, see the Details of Action Plans section of this report.

**Larger Survey Pool Needed**
Established in Cycle: 2013-2014
Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

**SLO 6: Patient-Centered Care**
Provide patient-centered care using skilled communication techniques within a framework of legal, ethical and professional standards.

**Connected Document**
Traditional BSN Crosswalk

**Related Measures**

**M 25: Faculty assess student's Patient-Centered Care knowledge**
Faculty will assess the scores related to Patient-Centered Care on the HESI Exit exam including "Dimensions of Patient Care", "Pain and Suffering", "Safety and Quality", "Ethical/Legal" and "Effective Communication" as well as "Advocacy/Ethical/Legal Issues in Ethics" and "Therapeutic Communication".

Source of Evidence: Standardized test of subject matter knowledge

**Target:**
The mean score will be at least 900 on the Specialty and Exit HESI Exam in the areas of Patient-Centered Care on the HESI Exit exam including "Dimensions of Patient Care", "Pain and Suffering", "Safety and Quality", "Ethical/Legal" and "Effective Communication" as well as "Advocacy/Ethical/Legal Issues in Ethics" and "Therapeutic Communication" for the graduating seniors.

**Finding (2013-2014) - Target: Partially Met**
"Dimensions of Patient Care" Fall 2013
NUR 324 =963 NUR 372 =905 NUR 374=901 NUR 418 =989 NUR 420 =996 NUR 422= 929 Ext
Exam=921
"Pain and Suffering"
NUR 324 =963 NUR 372 =905 NUR 374=898 NUR 418 =988 NUR 420 =1007 NUR 422=906 Ext
Exam=929
"Safety and Quality"
NUR 324 =921 NUR 372 =920 NUR 374=913 NUR 418 =1034 NUR 420 =1016 NUR 422=969 Ext
Exam=918
"Ethical/Legal"
NUR 324 =1040 NUR 372 =902 NUR 374=960 NUR 418 =1002 NUR 420 =1075 NUR 422=896 Ext
Exam=807
"Effective Communication"
NUR 324 =958 NUR 372 =962 NUR 374=911 NUR 418 =974 NUR 420 =936 NUR 422=785 Ext
Exam=961
"Advocacy/Ethical/Legal Issues in Ethics"
NUR 324 =860 NUR 372 =n/a NUR 374=967 NUR 418 =1002 NUR 420 =1075 NUR 422=830 Ext
Exam=824
"Therapeutic Communication"
NUR 324 =948 NUR 372 =1202 NUR 374=912 NUR 418 =780 NUR 420 =936 NUR 422=830 Ext
Exam=838

"Dimensions of Patient Care" Spring 2014
NUR 324 =970 NUR 372 =965 NUR 374=952 NUR 418 =932 NUR 420 =958 NUR 422= 939 Ext
Exam=952
"Pain and Suffering"
NUR 324 =968 NUR 372 =956 NUR 374=938 NUR 418 =925 NUR 420 =962 NUR 422=932 Ext
Exam=927
"Safety and Quality"
NUR 324 =963 NUR 372 =976 NUR 374=967 NUR 418 =955 NUR 420 =969 NUR 422= 900 Ext
Exam=941
"Ethical/Legal"
NUR 324 =861 NUR 372 =n/a NUR 374=702 (only 1 question) NUR 418 =n/a NUR 420 =980 NUR 422=783. Exit Exam=906
"Effective Communication"
NUR 324 =851 NUR 372 =1244 NUR 374=897 NUR 418 =905 NUR 420 =1001 NUR 422=832
Exit Exam=955
"Advocacy/Ethical/Legal Issues in Ethics"
NUR 324 =880 NUR 372 =n/a NUR 374=n/a NUR 418 =n/a NUR 420 =980 NUR 422=783. Exit Exam=811
"Therapeutic Communication"
NUR 324 =858 NUR 372 =n/a NUR 374=874 NUR 418 =915 NUR 420 =969 NUR 422=878 Exit Exam=1028

Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

Fall 2013 Patient-Centered Care
Established in Cycle: 2013-2014
"Dimensions of Patient Care" All Met "Pain and Suffering" NUR 374=898 "Safety and Quality", All Met
"Ethical/Legal" NUR 422=... 

Spring 2014 Patient Centered Care
Established in Cycle: 2013-2014
In Spring 2014, NUR 324 had a mean score of 861 on the HESI specialty on "Ethical/Legal," 880 on "Advocacy/Ethical/Legal Issue... 

M 26: Alumni rate their ability to provide patient centered care
Alumni will rate their ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards".
Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of alumni will rate their ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards" at good or excellent.

Finding (2013-2014) - Target: Met
Fall 2013 —94.2% of alumni rated their ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards". Next survey to be completed Fall 2015.

M 27: Employers rate the graduates ability to provide patient centered care
Employers will rate graduates ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards".
Source of Evidence: Employer survey, incl. perceptions of the program

Target:
90% of employers will rate graduates ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards" at good or excellent.

Finding (2013-2014) - Target: Met
Spring 2012 —100% of employers rated graduates ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards" at good or excellent.

Spring 2014 —100% of employers rated graduates ability to "provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards" at good or excellent.

SLO 7: Leadership Principles
Demonstrate leadership principles when managing the care of individuals and groups.

Connected Document
Traditional BSN Crosswalk

Related Measures

M 28: Faculty assess student's development of leadership principles
NUR 473 faculty will assess student's completion of IHI module L 101: Becoming a Leader in Health Care
Source of Evidence: Academic direct measure of learning - other

Target:
At least 95% of students enrolled in NUR 473 will exhibit development of leadership principles by completing the IHI Module L101: Becoming a Leader in Health Care by at least 75%.

Finding (2013-2014) - Target: Met
Fall 2013 —100% of students enrolled in NUR 473 completed the IHI Module L101: Becoming a Leader in Health Care by at least 75%.

Spring 2014 —100% of students enrolled in NUR 473 completed the IHI Module L101: Becoming a Leader in Health Care by at least 75%.

M 29: Faculty assess student's development of Leadership skills
Evidence of use of leadership principles in the presentation of student developed leadership project. (NUR 473)
Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students enrolled in NUR 473 will demonstrate evidence of leadership principles by making at least 85% on the individual presentation of the student's leadership project.

Finding (2013-2014) - Target: Met
Fall 2013 -100% of students were successful on the Leadership Project presentation but it included their group
work. It will be assessed differently in spring 2014.

Spring 2014-100% of students were successful on the Leadership Project presentation but it included their group work. It will be assessed differently in spring 2014.

**M 30: Alumni rate their ability to demonstrate leadership principles**

Alumni will rate their ability to "Demonstrate leadership principles when managing the care of individuals and groups".

Source of Evidence: Alumni survey or tracking of alumni achievements

**Target:**

90% of alumni will rate their ability to "Demonstrate leadership principles when managing the care of individuals and groups" at good or excellent.

**Finding (2013-2014) - Target: Met**

Fall 2013 94.2% of alumni rated their ability to "demonstrate leadership principles when managing the care of individuals and groups" at good or excellent. Next survey to be completed Fall 2015.

**M 31: Employers rate graduates on their ability to demonstrate leadership principles**

Employers will rate graduate's ability to "demonstrate leadership principles when managing the care of individuals and groups".

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**

90% of employers will rate graduate's ability to "demonstrate leadership principles when managing the care of individuals and groups" at good or excellent.

**Finding (2013-2014) - Target: Met**

Spring 2012 91.6% of employers rated graduates ability to "demonstrate leadership principles when managing the care of individuals and groups" at good or excellent. The next survey will be sent Spring 2014.

Spring 2014 100% of employers rated graduates ability to "demonstrate leadership principles when managing the care of individuals and groups" at good or excellent. The next survey will be sent Spring 2016.

**M 32: Faculty assess student's Quality and Improvement and Safety knowledge**

Faculty will assess specialty HESI and HESI Exit exam for scores on the following: the areas of "Quality Improvement", Quality Improvement/Health Care Quality", and Designer/Manager/Coordinator of Care", as well as Safety which includes "Basic Safety Design Principles, "Culture of Safety and Safety Monitoring" and National Patient Safety Resources".

Source of Evidence: Standardized test of subject matter knowledge

**Target:**

The mean score on the HESI Exit exam will be at least 900 in the areas of "Quality Improvement", Quality Improvement/Health Care Quality", and Designer/Manager/Coordinator of Care", as well as Safety which includes "Basic Safety Design Principles, "Culture of Safety and Safety Monitoring" and National Patient Safety Resources".

**Finding (2013-2014) - Target: Partially Met**

Fall 2013 the scores for

- Quality Improvement was
  - 324= 935 372=903 374=920 418=1009 420=1030 422=984 Ext=929
- Improvement/Health Care Quality
  - 324=1007 372=916 374=1000 418=795 420=1058 422=4059 Ext= NA
- Basic Safety Design
  - 324=954 372=910 374=896 418=986 420=996 422=928 Ext=920
- Designer/Manager/Coordinator of Care
  - 324=954 372=910 374=896 418=986 420=996 422=928 Ext=920
- Culture of Safety and Safety Monitoring
  - 324=1014 372=1087 374=889 418=989 420=1051 422=941 Ext= 885
- National Patient Safety Resources
  - 324=964 372=904 374=896 418=986 420=1010 422=906 Ext=917

Spring 2014 the scores for

- Quality Improvement
  - 324= 937 372=981 374=950 418=938 420=980 422=901 Ext=945
- Improvement/Health Care Quality
  - 324=974 372=897 374=889 (only 2 questions) 418=946 420=1037 422=966 Ext= 979
- Designer/Manager/Coordinator of Care
  - 324=927 372=937 374=831 418=m/a 420=1076 422=941 Ext=905
- Basic Safety Design
  - 324=962 372=957 374=932 418=925 420=m/a 422=944 Ext=949
- Culture of Safety and Safety Monitoring
  - 324=970 372=973 374=968 418=939 420=986 422=899 Ext= 956

National Patient Safety Resources
**Related Action Plans (by Established cycle, then alpha):**

For full information, see the *Details of Action Plans* section of this report.

**Fall 2013 Quality Improvement-Health Care Quality**
*Established in Cycle: 2013-2014*
Fall 2013 NUR 418 had a mean score of 795 Action Plan: This topic will be presented more in class and students will explore the...

**Spring 2014 Quality Improvement-Health Care Quality**
*Established in Cycle: 2013-2014*
In Spring 2014, NUR 324 had a mean score of 827 on the HESI specialty on *"Designer/Manager/Coordinator of Care." Students will...*

**M 33: Alumni rate their ability to facilitate patient safety**

Alumni will rate their ability to "Facilitate patient centered care including patient education and patient safety employing a range of technologies".

Source of Evidence: Alumni survey or tracking of alumni achievements

**Target:**
90% of Alumni will rate their ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" at a good or excellent level.

**Finding (2013-2014) - Target: Met**
Fall 2013 --97.1% of alumni rated their ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" at good or excellent. Next survey to be completed Fall 2015.

**M 34: Employers rate graduate's ability to facilitate patient safety**

Employers will rate graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies".

Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**
90% of employers will rate graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" at good or excellent.

**Finding (2013-2014) - Target: Met**
Spring 2012 ---100% of employers rated the graduates ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" at good or excellent.

Spring 2014 ---100% of employers rated the graduates ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" at good or excellent.

**SLO 8: Caring Behaviors**

Demonstrate caring behaviors when working with individuals and groups.

**Connected Document**
Traditional BSN Crosswalk

**Related Measures**

**M 35: Faculty assess student's Caring Behavior knowledge to grief and loss**

Faculty will access the scores on the specialty HESI exams and the HESI Exit exam in the areas of "Grief and Loss" and "Palliation" for the graduating seniors.

Source of Evidence: Standardized test of subject matter knowledge

**Target:**
The mean score on the HESI Exit exam will be at least 900 in the areas of "Grief and Loss" and "Palliation".

**Finding (2013-2014) - Target: Partially Met**
Fall 2013
Grief and Loss
NUR 324=890  NUR 372=NA  NUR 374=871  NUR 418=NA  NUR 420=NA  NUR 422=418  HESI EXIT=921
Palliation
NUR 324=NA  NUR 372=NA  NUR 374=NA  NUR 418=NA  NUR 420=NA  NUR 422=NA  NUR 475-894

Spring 2014

Grief and Loss
NUR 324=606  NUR 372=NA  NUR 374=861  NUR 418=NA  NUR 420=NA  NUR 422=587  HESI EXIT=919
Related Action Plans (by Established cycle, then alpha):
For full information, see the Details of Action Plans section of this report.

Fall 2013 Caring Behaviors
Established in Cycle: 2013-2014
Fall 2013 NUR 324 had a mean score of 890 on Grief and Loss. Action Plan: Incorporate this info in with therapeutic communication...

Spring 2014 Caring Behaviors
Established in Cycle: 2013-2014
In Spring 2014, NUR 324 had a mean score of 606 on the HESI specialty on “Grief and Loss.” Will address the area of grief and ...

M 36: Employers rate graduates ability for caring behaviors
Employers will rate the graduate’s ability to “Demonstrate caring behaviors when working with individuals and groups”.

Source of Evidence: Employer survey, incl. perceptions of the program

Target: 90% of employers will rate the graduate’s ability to “Demonstrate caring behaviors when working with individuals and groups” as good or excellent.

Finding (2013-2014) - Target: Met
Spring 2012—100% of employers will rate the graduate’s ability to “Demonstrate caring behaviors when working with individuals and groups” as good or excellent.

Spring 2014—100% of employers will rate the graduate’s ability to “Demonstrate caring behaviors when working with individuals and groups” as good or excellent.

M 37: Alumni rate their ability to demonstrate caring behaviors
Alumni will rate their ability to “Demonstrate caring behaviors when working with individuals and groups”.

Source of Evidence: Alumni survey or tracking of alumni achievements

Target: 90% of alumni will rate their ability to “Demonstrate caring behaviors when working with individuals and groups” as good or excellent.

Finding (2013-2014) - Target: Met
Fall 2013 — 97.1% of alumni rated their ability to “Demonstrate caring behaviors when working with individuals and groups” as good or excellent. Next survey to be completed Fall 2015.

SLO 9: Information Technology
Facilitates patient-centered care including patient education and patient safety employing a range of technologies

Connected Document
Traditional BSN Crosswalk

Related Measures

M 38: Faculty assess student's Information Management knowledge
Faculty will assess the scores on the HESI Exit exam in the areas of "Information Management and Patient Care Technology", "Informatics", and "Informatics/Technology".

Source of Evidence: Standardized test of subject matter knowledge

Target:
The mean score will be at least 900 on the HESI Exit exam in the areas of "Information Management and Patient Care Technology", "Informatics", and "Informatics/Technology" for the graduating seniors.

Finding (2013-2014) - Target: Partially Met
Fall 2013
Information Management and Pt. Care Technology
NUR 324=1045 NUR 372=847 NUR 374=1020 NUR 418=943 NUR 420=919 NUR 422=1012 Exit HESI=987 Informatics
NUR 324=1045 NUR 372=1024 NUR 374=1020 NUR 418=963 NUR 420=1102 NUR 422=1012 Exit HESI=987 Informatics/Technology
NUR 324=1101 NUR 372=1020 NUR 374=943 NUR 420=919 NUR 422-N/A Exit HESI=957

Spring 2014
Information Management and Pt. Care Technology
NUR 324=895 NUR 372=1021 NUR 374=973 NUR 418=908 NUR 420=983 NUR 422=1027 Exit HESI=1075 Informatics
NUR 324=895 NUR 372=1054 NUR 374=973 NUR 418=929 NUR 420=983 NUR 422=1027 Exit HESI=1043 Informatics/Technology
NUR 324=N/A NUR 372=1101 NUR 374=973 NUR 418=N/A NUR 420=993 NUR 422-N/A Exit HESI=986
Related Action Plans (by Established cycle, then alpha):

For full information, see the Details of Action Plans section of this report.

NUR 324 will Improve Information Technology
Established in Cycle: 2013-2014
In Spring 2014 NUR 324 had a mean score of 895 on the HESI specialty on "Information Management and Pt. Care Technology" and ...

NUR 372 and 420 will improve Information Technology
Established in Cycle: 2013-2014
Fall 2013 NUR 372 had a mean of 847 Action Plan: Consider using telehealth in METI. Encourage the use of EMAR in METI. Spring ...

M 39: Employers rate graduate's ability to employ a range of technologies
Employers will rate graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies".
Source of Evidence: Employer survey, incl. perceptions of the program

Target:
90% of employers will rate the graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" as good or excellent.

Finding (2013-2014) - Target: Met
Spring 2012--100% of employers rated the graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" as good or excellent.

Spring 2014--100% of employers rated the graduate's ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" as good or excellent.

M 40: Alumni rate their ability to employ a range of technologies
Alumni will rate their ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies".
Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of alumni will rate their ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" as good or excellent.

Finding (2013-2014) - Target: Met
Fall 2013 97.1% 90% of alumni rated their ability to "Facilitates patient centered care including patient education and patient safety employing a range of technologies" as good or excellent. Next survey to be completed Fall 2015.

SLO 10: Social Justice and Health Policy
Demonstrate knowledge of social justice principles for a diverse society relevant to health and the delivery of health care.

Connected Document
Traditional BSN Crosswalk

Related Measures

M 41: Faculty assess student's Population Health knowledge
Faculty will assess the scores on specialty HESI exams and on the HESI Exit Exam in the areas of Clinical Prevention & Population Health.
Source of Evidence: Standardized test of subject matter knowledge

Target:
The mean score on the specialty HESI exams and on the HESI Exit exam will be at least 900 in the area of "Clinical Prevention & Population Health".

Finding (2013-2014) - Target: Met
Fall 2013
Clinical Prevention and Population Health
NUR 324=968    NUR 372=903    NUR 374=909    NUR 418=N/A    NUR 420=978    NUR 422=959    Ext
HESI=952

Spring 2014
Clinical Prevention and Population Health
NUR 324=992    NUR 372=964    NUR 374=959    NUR 418=N/A    NUR 420=953    NUR 422=952    Ext
HESI=924

M 42: Alumni rate their knowledge of social justice principles
Alumni will rate their ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care".
Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
90% of alumni will rate their ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care" as good or excellent.

Finding (2013-2014) - Target: Met
Fall 2013 94.2% of alumni rated their ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care" as good or excellent. Next survey to be completed Fall 2015.

M 43: Employers rate graduate's knowledge of social justice principles
Employers will rate graduate's ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care".


Source of Evidence: Employer survey, incl. perceptions of the program

**Target:**
90% of employers will rate graduate's ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care" as good or excellent.

**Finding (2013-2014) - Target: Met**
Spring 2012 100% of employers rated graduate's ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care" as good or excellent.

Spring 2014 100% of employers rated graduate's ability to "Demonstrates knowledge of social justice principles for a diverse society relevant to health and the delivery of health care" as good or excellent.

**M 44: Faculty assess student's Health Policy knowledge**
Faculty will assess the scores on specialty HESI exams and the HESI Exit exam in the areas of "Health Policy/Systems", "Health Care Policy", "Health Care Law".

Source of Evidence: Standardized test of subject matter knowledge

**Target:**
The mean score on the specialty HESI exams and on the HESI exam will be at least 900 in the areas of "Health Policy/Systems", "Health Care Policy", and "Health Care Law".

**Finding (2013-2014) - Target: Met**
Fall 2013
- Health Policy/Systems
  - NUR 324=877
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=NA
  - NUR 422=909
- HESI=965
- Health Care Policy
  - NUR 324=899
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=NA
  - NUR 422=906
- HESI=961
- Health Care Law
  - NUR 324=NA
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=NA
  - NUR 422=1257
- HESI=1039

Spring 2014
- Health Policy/Systems
  - NUR 324=844
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=867
  - NUR 422=949
- HESI=964
- Health Care Policy
  - NUR 324=908
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=988
  - NUR 422=882
- HESI=923
- Health Care Law
  - NUR 324=NA
  - NUR 372=NA
  - NUR 374=NA
  - NUR 418-NA
  - NUR 420=993
  - NUR 422=900
- HESI=668

**Other Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans**

**OthOtcm 11: Recognized program quality**
The program will improve and sustain a high level of recognized quality.

**Related Measures**

**M 45: Faculty will assess percentage of students who are successful on the Comprehensive standardized exit exam**
Assess number and percentage of students passing the comprehensive Standardized Exit Exam (HESI) with a score of 900 or above after 3rd try.

Source of Evidence: Comprehensive/end-of-program subject matter exam

**Connected Document**
- NUR 475 Course report Spring 2013

**Target:**
At least 90% of students taking the HESI exit exam will be successful by the 3rd exam at a score of 900 or above.

**Finding (2013-2014) - Target: Met**
Fall 2013 98.6% of the students in NUR 475 were successful by the 3rd try. 3 students were unsuccessful but were successful on the 4th try in spring 2014.

Spring 2014 95.2% of the students in NUR 475 were successful by the 3rd try. 5 students were unsuccessful but 3 of those students were successful on the 4th try in summer 2014 with the remaining 2 students being successful on the 5th try.

**Related Action Plans (by Established cycle, then alpha):**
- NUR 475 will continue to monitor Outcomes of Standardized Exams
  - Established in Cycle: 2011-2012
  - Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive pro...
  - For full information, see the Details of Action Plans section of this report.

**M 46: Faculty will assess student's passage of NCLEX Licensure Exam**
Assess the number and percentage of students passing the NCLEX Licensure Exam on the first attempt.

Source of Evidence: Certification or licensure exam, national or state

**Connected Document**
- NCLEX Report 2013

**Target:**
At least 90% of students taking the NCLEX Licensure Exam will be successful on the first attempt.
Finding (2013-2014) - Target: Met
For the reporting period October 2013-March 2014 (Fall 2013 Graduates) there was a 93% passage rate. Data not yet available for Spring 2014 graduates.

OthOtcm 12: Enrollments and degree completions
The program will build and sustain an optimal level of annual program enrollments and degree completions.

Related Measures

M 47: Office of Nursing Student Services report Students promoted to upper division
Assess the number of qualified applicants and the number of students promoted to the college’s upper division in relation to the number of available positions.
Source of Evidence: Academic indirect indicator of learning - other
Target:
CCN will promote qualified students to available positions in the upper division.
Finding (2013-2014) - Target: Met
Promotions occur during the Summer and Fall semesters. In Summer 2013, 185 eligible applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants. For Fall 2013, 161 qualified applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants.

M 48: SAD office report Percentages of graduates to admissions
Retain students promoted to upper division of nursing program by cohort.
Assess the number and percentage of graduates compared to the number that entered the upper division by cohort.
Source of Evidence: Academic indirect indicator of learning - other
Target:
Retain 85% or more of students promoted to upper division through graduation.
Finding (2013-2014) - Target: Met
The most current data is from the cohort from Summer 2010 promotion to upper division of CCN. Summer 2010 cohort was comprised of 97 students. There were 87 who completed the program of study and graduated with the BSN degree for a 89.89% graduation rate (10.31% attrition rate). Of those who did not complete the program, 3 dropped out and 7 changed their majors.

OthOtcm 13: Valued by graduates and constituencies
The program will be highly valued by its program graduates and other key constituencies it serves.

Related Measures

M 49: UA report data on the Senior Survey
Undergraduate Graduating Senior Survey – odd years
Source of Evidence: Academic indirect indicator of learning - other
Target:
At least 90% of students responding to the UA Graduating Senior Survey will respond as valuing the program as preparation for employment in Nursing.
Finding (2013-2014) - Target: Met
2012-2013 Graduating Senior Report
46 nursing students responded to this data.
95.7% indicated that the quality of courses as preparation for employment after graduation in your major was: excellent or good.

M 50: SAD will report data from Employer Survey
Employer Survey – odd years
Source of Evidence: Employer survey, incl. perceptions of the program
Target:
At least 90% of constituents will value CCN Graduates.
Finding (2013-2014) - Target: Not Reported This Cycle
Data reported Spring 2014
How well does the Capstone College of Nursing prepare graduates? 100% Excellent/Good Would you employ future graduates of the Capstone College of Nursing? 100 % Yes
Next survey to be completed Spring 2016

M 51: SAD reports data from Alumni Satisfaction Survey
Alumni Satisfaction with BSN Program – odd years
Source of Evidence: Alumni survey or tracking of alumni achievements
Target:
At least 90% of alumni will express satisfaction with the preparation from CCN for professional practice.
Finding (2013-2014) - Target: Met
Fall 2013— 97.05 alumni indicated that Overall, the CCN prepared the for professional practice. Next survey to be completed Fall 2015.

Details of Action Plans for This Cycle (by Established cycle, then alpha)

NUR 475 will continue to monitor Outcomes of Standardized Exams
Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive progress component. Students taking the standardized exam in Spring 2013 will be the first to be tested with this change throughout the upper division courses. Monitoring is expected to show improvement in the success rate.
Established in Cycle: 2011-2012
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty will assess percentage of students who are successful on the Comprehensive standardized exit exam | Outcome/Objective: Recognized program quality

Implementation Description: The remediation was strengthened by requiring higher level of response (synthesis) to the 14 steps in the remediation process. Also, the 14 steps were tailored to be more applicable to students in specific courses (NUR 418, NUR 420, & NUR 422).

Responsible Person/Group: Course Leaders supervised by Senior Associate Dean.

NUR 475 faculty monitor Outcomes of HESI Standardized Exam
The Action Plan was derived from the end of course report. The following recommendations were made at the Faculty Retreat in Spring 2013 in relation to the report.

X. Recommendations
- Change online review course to Comprehensive Review for NCLEX-RN Reviews and Rationales textbook and online course. Allows for three diagnostic pre-tests instead of one. Has smaller module exams. Reflects test plan better.
- Scramble practice question answers and question numbers to encourage thinking about the question and not just the grade.
- Make discussion groups be smaller: 4-5 students/group instead of 8-9.
- Coordinate assignments due during preceptorship time with NUR 473.

Established in Cycle: 2012-2013
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student’s Interprofessional Communication | Outcome/Objective: Professional communication

Implementation Description: Changes made to NUR 475 by the course leader.
Projected Completion Date: 12/2013
Responsible Person/Group: Assistant Dean for Undergraduate Program and course leader of NUR 475.
Additional Resources: None

Critical Thinking
NUR 420 will work to improve score through classroom discussions, case studies and simulations.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student’s critical thinking knowledge and skills | Outcome/Objective: Critical thinking

Fall 2013 Caring Behaviors
Fall 2013
NUR 324 had a mean score of 890 on Grief and Loss.
Action Plan:—Incorporate this info in with therapeutic communication by using role play (ie. Mrs. Bibby)
1. Create therapeutic communication do’s/don’t
2. Possibly have a guest speaker come and discuss communication with patients/family members experiencing grief or loss

NUR 374 had a mean score of 871; however in spring 2013 it was 930. They will continue to follow.

NUR 422 had a mean score of 418
Action Plan: They will Emphasize stages of grief in Hospice Content

Exit HESI had a mean score of 894
Action Plan: Prior to the first HESI comprehensive and with the last class room activity a bullet point reviewing the stages of grief will be given to the students.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student’s Caring Behavior knowledge to grief and loss | Outcome/Objective: Caring Behaviors

Implementation Description: See notes above
Projected Completion Date: 05/2014
Responsible Person/Group: Team members of courses listed

Fall 2013 Patient-Centered Care
"Dimensions of Patient Care"
All Met
"Pain and Suffering"
NUR 374=898
"Safety and Quality",
All Met
"Ethical/Legal"
NUR 422=896 Exit Exam=807—NUR 422 will increase theory content related to ethical issues in community/population health while NUR 471 will
Add a chain of evidence element and rape care segment in one case study for Spring 2014 and will increase the emphasis on informed consent.

“Effective Communication”
NUR 422/786 Exit Exam:61—NUR 422 will increase theory related to effectively communicating with various populations and incorporating clinical experiences that require them to communicate with various groups. NUR 473 will have required reading of Crucial Conversations and Emotional Intelligence 2.0 and small group/classroom discussions.

“Advocacy/Ethical/Legal Issues in Ethics”
NUR 422/830 Exit Exam:824—NUR 422 will increase content that emphasizes the nurse’s role in advocacy and NUR 473 will continue to emphasize in the classroom.

“Therapeutic Communication”
418 =760, NUR 422/830 Exit Exam:838—NUR 418 will allow students more opportunity to speak with family members regarding their healthcare situations. NUR 422 will – Increase emphasis on therapeutic communication in clinical setting and NUR 473 will have as a required reading Crucial Conversations and Emotional Intelligence 2.0

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
   Measure: Faculty assess student’s Patient-Centered Care knowledge | Outcome/Objective: Patient-Centered Care

Implementation Description: Individual courses will implement an action plan for their course as listed above.
Responsibility Person/Group: Team Members of the prospective courses.

Fall 2013 Professional Responsibility and Accountability
NUR 420—had a mean score on “professionalism and professional values of 871. They will discuss in clinical the role of the professional pediatric nurse, professionalism.
NUR 422 with a score of 896 on “professionalism and professional values and 896 on Professional Ethics will increase theory content related to professionalism and professional values

The Exit exam had a score of 794 NUR 473 will provide group and individual activities in professional behaviors and a brief “member of a profession” lecture.

NUR 418 with a mean score of 795 on Professional issues will provide students with examples of professional issues in a Maternal/Child area in order to improve this area.
NUR 374 with a mean score of 850 will continue to follow as there was only one question in this category.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
   Measure: Faculty assess student’s Professionalism and Professional Values knowledge | Outcome/Objective: Professional responsibility and accountability

Responsibility Person/Group: Course Leaders and Team Members of the above mentioned courses.

Fall 2013 Quality Improvement-Health Care Quality
Fall 2013
NUR 418 had a mean score of 795
Action Plan: This topic will be presented more in class and students will explore the IHI map on ways to improve quality of care.
NUR 374 had a mean score of 889
Action Plan: Case study assignments will be implemented related to the following content areas: (1) Schizophrenia (2) Bipolar Disorder (3) ADHD (4) Depression (5) Generalized Anxiety Disorder (6) PTSD (7) Alzheimer’s Dementia (8) Alcoholism (9) Anorexia. This should help with quality improvement and safety.
NUR 471/473/475
Action Plan: Leadership project provides individual faculty-guided practice in design and management of a quality/safety problem

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
   Measure: Faculty assess student’s Quality and Improvement and Safety knowledge | Outcome/Objective: Leadership Principles

Implementation Description: Review HESI scores in NUR 418 at end of Spring 2014.
Projected Completion Date: 05/2014
Responsibility Person/Group: Team members of all courses

Fall 2013 teamwork and collaboration
In fall 2013 NUR 374 had a mean score of 809 on the HESI specialty on “scope of practice”. They will embed NCLEX practice questions related to scope of practice with discussion of rationale during class lecture.
NUR 422 had a mean score of 898 on “scope of practice”. They will increase theoretical content related to the nurse’s scope of practice in the community content.
NUR 422 had a mean score of 867 on “systems/team functions”. They will increase theoretical content and clinical opportunities in order to enhance students’ knowledge related to communication among team members.
NUR 475 (EXIT) had a mean score of 886 on “systems/team functions”. They will stress the importance of team functions during their remediation with students.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High
**Interprofessional Communication**

NUR 324 will address the areas related to communication by students completing a peer interaction simulated exercise. Students will be performing peer evaluations of each other related to effectiveness of communication skills.

NUR 372 added an IPE component to METI scenarios and an “interprofessional” layer to clinical paperwork.

NUR 374 will require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content. There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students’ overall grade in the course and be due prior to the HESI examination.

NUR 418 will provide more opportunities for communication with other specialties through clinical experiences, simulation. Clinical paperwork may be altered to include more activities to support this.

NUR 420 score raised this semester.

NUR 422 will continue to incorporate clinical opportunities in which students can improve their communication, teamwork, and interprofessional collaboration.

**Larger Survey Pool**

Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

**Relationships (Measure | Outcome/Objective):**
Measure: Employers rate graduate’s ability to utilize critical thinking | Outcome/Objective: Critical thinking

**Larger Survey Pool Needed**

Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

**Relationships (Measure | Outcome/Objective):**
Measure: Alumni demonstrate responsibility and accountability in professional nursing practice | Outcome/Objective: Professional responsibility and accountability

**Responsible Person/Group:** Senior Associate Dean of Academic Programs

**Larger Survey Pool Needed**

Due to the number of low respondents resulting in a skewed result, a larger survey pool is needed.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

**Relationships (Measure | Outcome/Objective):**
Measure: Employers rate graduates on responsibility and accountability in professional nursing practice | Outcome/Objective: Professional responsibility and accountability

**NUR 324 will Improve Information Technology**

In Spring 2014 NUR 324 had a mean score of 895 on the HESI specialty on "Information Management and Pt. Care Technology" and "Informatics." Faculty will continue to evaluate this area in the fall semester prior to making any changes.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

**Relationships (Measure | Outcome/Objective):**
Measure: Faculty assess student’s Information Management knowledge | Outcome/Objective: Information Technology

**NUR 372 - Increase Clinical Decision Making**

During Fall 2013 NUR 372 scored 896. The benchmark was 900. The plan is to develop clinical paperwork instruction guide that will facilitate a high level of clinical decision making in the clinical setting. Increase the amount of interactive
learning strategies in class, using Tegrity to supplement content as needed.

**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** Low  

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s Clinical Decision-Making | **Outcome/Objective:** Critical thinking  

**Implementation Description:** The team in NUR 372 will prepare, explain, and distribute a clinical paperwork instruction guide.  
**Projected Completion Date:** 12/2014  
**Responsible Person/Group:** NUR 372 Course team  
**Additional Resources:** None  

**NUR 372 and 420 will improve Information Technology**  
**Fall 2013**  
NUR 372 had a mean of 847  
**Action Plan:** Consider using telehealth in METI. Encourage the use of EMAR in METI. Spring 2014 EMAR will be used in METI scenarios. Also, students will be required to use Skyscape software in the classroom setting. Students will complete a clinical project that requires gathering evidence (research) to devise a plan of care. EMAR will be used in METI scenarios.  
NUR 420  
**Action Plan:** Students will be exposed to 2 different EHRs during clinical, have students utilize Skyscape more in clinical, discuss in clinical  
**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** High  

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s Information Management knowledge | **Outcome/Objective:** Information Technology  
**Responsible Person/Group:** Team members of courses  

**NUR 418 and 471 improve collaboration in IPE simulations**  
**Faculty will assure that students have the opportunity to collaborate and communicate with other health professions during IPE simulations.**  
**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** High  

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s ability for Collaboration & Communication in Simulation | **Outcome/Objective:** Professional communication  
**Responsible Person/Group:** Course Leaders  

**Nursing Process**  
The nursing process includes 5 phases. Our benchmark is the 50 percentile for each phase. The April and October data of 2013 indicate we need to place more emphasis on the evaluation phase of the process. **Action Plan:** Include more evaluation content in theory and include evaluation of care questions in the test plan across the curriculum focusing on outcomes of care. Implementation was off by 1 percentile in October 2013-March 2014. As we strengthen the focus on evaluation, we can focus on the implementation phase as well since the evaluation phase includes an evaluation of the plan of care that was implemented.  
**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** High  

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess graduates ability to critically think through the use of the Nursing Process on the NCLEX exam | **Outcome/Objective:** Critical thinking  

**Spring 2014 Caring Behaviors**  
In Spring 2014, NUR 324 had a mean score of 606 on the HESI specialty on “Grief and Loss.” Will address the area of grief and loss by incorporating an in-class case study related to death and dying.  
NUR 422 had a mean score of 587 on “Grief and Loss.” Will incorporate IH modules, especially those related to grief and loss.  
**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** High  

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s Caring Behavior knowledge to grief and loss | **Outcome/Objective:** Caring Behaviors  

**Spring 2014 Patient Centered Care**  
In Spring 2014, NUR 324 had a mean score of 861 on the HESI specialty on "Ethical/Legal," 880 on “Advocacy/Ethical/Legal Issues and 858 on “Therapeutic Communication.” Students will complete a peer interaction simulated exercise. Students will be performing peer evaluations of each other related to effectiveness of communication skills.  
NUR 374 had a mean score of 702 on the HESI specialty on "Ethical/Legal," 897 on “Effective Communication” and 874 on “Therapeutic Communication.” They will require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content.
There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students' overall grade in the course and be due prior to the HESI examination.

NUR 422 had a mean score of 783 on "Ethical/Legal." 832 on "Effective Communication," 783 on "Advocacy/Ethical/Legal Issues in Ethics" and 878 on "Therapeutic Communication." Will continue to incorporate clinical opportunities in which students can improve their communication, teamwork, and interprofessional collaboration.

NUR 475 had a mean score of 811 on HESI Exit Exam in "Advocacy/Ethical/Legal Issues-Ethics." Will incorporate practice questions and case study to address this material.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student's Patient-Centered Care knowledge | Outcome/Objective: Patient-Centered Care

Spring 2014 Professional Responsibility and Accountability

In Spring 2014 NUR 324 had a mean score of 861 on the HESI specialty on "Ethics." Faculty will continue to evaluate this area in the fall semester prior to making any changes.

NUR 374 had a mean score of 702 on the HESI specialty on "Ethics" and 859 on "Professional Issues." They will require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content. There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students' overall grade in the course and be due prior to the HESI examination.

NUR 422 had a mean score of 847 on "Professionalism and Professional Values" and 888 on "Ethics." Will continue to incorporate clinical opportunities in which students can improve their professionalism and ethics.

NUR 475 had a mean score of 891 on "Professionalism and Professional Values" and 889 on "Professional Issues." Will reinforce this content in class-delivered material.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student's Professionalism and Professional Values knowledge | Outcome/Objective: Professional responsibility and accountability

Spring 2014 Quality Improvement-Health Care Quality

In Spring 2014, NUR 324 had a mean score of 827 on the HESI specialty on "Designer/Manager/Coordinator of Care." Students will complete a peer interaction simulated exercise. Students will be performing peer evaluations of each other related to effectiveness of communication skills.

NUR 372 had a mean score of 897 on the HESI specialty on "Designer/Manager/Coordinator of Care." Will focus on EBP and clinical practice guidelines in theory and clinical.

NUR 374 had a mean score of 889 on the HESI specialty on "Improvement/Health Care Quality" and 831 on "Designer/Manager/Coordinator of Care." They will require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content. There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students' overall grade in the course and be due prior to the HESI examination.

NUR 422 had a mean score of 899 on "Culture of Safety and Safety Monitoring." Continue to increase focus on safety component.

Established in Cycle: 2013-2014
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):
Measure: Faculty assess student's Quality and Improvement and Safety knowledge | Outcome/Objective: Leadership Principles

Spring 2014 Teamwork and Collaboration

In Spring 2014 NUR 324 had a mean score of 810 on the HESI specialty on "scope of practice" and 826 on "communication." Students will complete a peer interaction simulated exercise. Students will be performing peer evaluations of each other related to effectiveness of communication skills.

NUR 374 had a mean score of 831 on the HESI specialty on "scope of practice" and 897 on "communication." They will require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content. There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students' overall grade in the course and be due prior to the HESI examination.

NUR 418 had a mean score of 847 on "communication." Will provide more opportunities for communication with other specialties through clinical experiences, simulation. Clinical paperwork may be altered to include more activities to support this.
NUR 422 had a mean score of 894 on "communication". Will continue to incorporate clinical opportunities in which students can improve their communication, teamwork, and interprofessional collaboration.

**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** High

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s Teamwork and Collaboration knowledge  
**Outcome/Objective:** Professional communication

**Therapeutic Communication**

NUR 324 will address the areas related to communication by students completing a peer interaction simulated exercise. Students will be performing peer evaluations of each other related to effectiveness of communication skills. NUR 374 has decided to require an additional textbook for the FA14 semester. Focus groups were held in which student evaluated 3 different psychiatric mental health critical thinking textbooks. One book was chosen, Psychiatric Nursing Success, 2e, from the Davis Q&A Success Series. The book contains over 900 NCLEX-style questions, including alternate item format, with test taking hints and rationale for correct and incorrect answers. The plan for the FA14 semester is to incorporate questions from the textbook into classroom content. There are 2-75 item comprehensive mental health examinations that will be incorporated as a small percentage of the students’ overall grade in the course and be due prior to the HESI examination.

NUR 418 increased emphasis on therapeutic communication in a clinical setting. As a result, the mean score went from 760 in the fall to 915 in the spring.

NUR 422 will continue to incorporate clinical opportunities in which students can improve their communication, teamwork, and interprofessional collaboration.

NUR 475 mean score went from 838 in the fall to 1028 in the spring.

**Established in Cycle:** 2013-2014  
**Implementation Status:** Planned  
**Priority:** Low

**Relationships (Measure | Outcome/Objective):**  
**Measure:** Faculty assess student’s Therapeutic Communication  
**Outcome/Objective:** Professional communication

**Projected Completion Date:** 12/2014  
**Responsible Person/Group:** Course Leaders

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**Detailed Assessment Report**  
**2013-2014 Nursing BSN (RN/BS Track)**  
As of 7/16/2014 02:03 PM CENTRAL

**Analysis Questions and Analysis Answers**

**For Academic Programs**

Informed by your assessment activities related to student learning, what changes have you made in your degree program in the last three to five years? Describe the changes (e.g., curriculum revision, new courses, faculty development), the general results that prompted the changes (e.g., student performance on an assessment measure), and any impact on student learning that you might attribute to these changes.

In 2014 the Capstone College of Nursing Mission, Vision, and Core Values were updated to reflect the new University of Alabama Mission. Based on SOI data and anecdotal feedback from students and faculty teaching in the RN to BSN track the RN Mobility Coordinator investigated the feasibility of changing the semester that RN to BSN track students are admitted. Faculty and students had concerns that the course load in the graduating semester for RN students was excessive. The program of study for this track includes 3 semesters of full-time course work. Historically the RN to BSN students have been admitted in the fall and the targeted graduation is summer semester. The first semester contains 7 credit hours of course work, second semester 8 hours and the final/graduating semester 10 hours. Under the previous program of study graduating students had two 5 hour clinical courses in the summer semester. Summer semester is shorter than fall and spring and to have the heaviest course load in summer semester was a concern for both students and faculty. Based on the concerns the proposal was made to move admission to summer semester. This will change the graduating semester, that contains the two 5 hour clinical courses, to spring semester which is a full 15 weeks. This proposal passed through the appropriate governing bodies within the college and summer admission began Summer 2014. This change will allow the RN to BSN Track students to graduate spring semester. Evaluation of these changes is ongoing and the faculty and coordinator will complete summative evaluation assessments in Spring 2015 as a part of the colleges assessment plan.

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**Mission / Purpose**

The mission of the college is to enhance the health and well-being of the people of the state of Alabama by advancing the profession of nursing through education, scholarship, and service.

**Vision:**

The Capstone College of Nursing will excel in baccalaureate, masters, and doctoral education; innovative clinical practice; and creative use of technology to advance nursing practice, education, and scholarship. We aspire to be a community of diverse faculty and students whose collaborative efforts promote excellence in the nursing profession.

**Core Values:**

Excellence | Integrity | Caring | Diversity | Student-centered Learning | Professionalism
Goals

G 1: Retention rates for RN to BSN Track
For each RN to BSN cohort there will be an 85 % retention rate to finish the program.

Student Learning Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Discipline Knowledge
Synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing.

Relevant Associations:

Related Measures

M 1: Scholarly writing knowledge
Faculty will provide multiple opportunities in NUR 329 Evidence Based Practice for RNs for students to improve their knowledge and ability to write in a scholarly manner.

Source of Evidence: Written assignment(s), usually scored by a rubric

Target:
90% of students in NUR 329 Evidence Based Practice for RNs will score 75% or higher on the final scholarly writing assignment rubric.

Finding (2013-2014) - Target: Met
95% of students in NUR 329 for Spring 2014 scored a 75% or higher on the final scholarly writing assignment.

M 2: Knowledge of the Profession
Faculty will assess knowledge of the profession through a Qualtrics survey for Student Learning Outcomes for NUR 348.

Source of Evidence: Student course evaluations on learning gains made

Target:
Students will indicate that the course enhanced their nursing knowledge and historical understanding of the profession with at least a 4.0 mean.

Finding (2013-2014) - Target: Met
Fall 2013 mean of 4.85.

SLO 2: Critical Thinking
Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span.

Related Measures

M 3: Leadership Project
Students will complete a final Leadership Project paper in NUR 455 that requires students to show evidence of critical thinking in the identifying and development of a project to improve patient care using leadership concepts.

Source of Evidence: Project, either individual or group

Target:
90% of the students will score 85% or greater on their leadership project.

M 4: HESI Patient Reviews
Students will complete 16 problem based HESI patient reviews in NUR 465 which require critical thinking and analysis related to complex client patient scenarios.

Source of Evidence: Student course evaluations on learning gains made

Target:
90% of the students will score 85% or higher on 14 of 16 problem based HESI patient reviews.

SLO 3: Evidence-based Practice
Incorporate evidence-based practice in the delivery of patient centered care.

Related Measures

M 5: Understanding of EBP
Students enrolled in NUR 329 will indicate that the course enhanced their understanding of evidence based practice and how it applies to clinical practice through Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made

Target:
Based on the Qualtrics survey for Student Learning Outcomes for NUR 329 with at least a 4.0 mean.

Finding (2013-2014) - Target: Met
Based on a qualtrics survey a mean score of 4.52 was reported when students were asked about their understanding of evidence based practice and how it applies to clinical practice.

M 6: Community Assessment Project
Students enrolled in NUR 449 will complete a Community Assessment project that requires students to identify an EBP intervention that will address an identified health problem in their chosen community.
Source of Evidence: Project, either individual or group

**Target:**
90% of the students enrolled in NUR 449 will score 85% or higher on their Community Assessment project.

**Finding (2013-2014) - Target: Met**
In spring of 2014 over 90% of students enrolled in NUR 449 scored 85% or higher on their Community assessment project.

**SLO 4: Professional Communication**
Employ skilled communication to collaborate with intraprofessional and interprofessional colleagues in efforts to identify and meet the changing needs of the health care environment.

**Related Measures**

**M 7: Interprofessional Discussion Post**
Students will participate in a discussion post identifying how interprofessional collaborative practice is (or is not) occurring in their workplace as practicing Registered Nurses in NUR 348.

Source of Evidence: Academic direct measure of learning - other

**Target:**
95% of the students will receive a score of 85% or higher for their discussion post in NUR 348.

**Finding (2013-2014) - Target: Met**
100 percent of students received a score of 85% or higher for their interprofessional discussion post in NUR 348 for Fall 2013.

**M 8: Interprofessional Communication**
Students will indicate that NUR 465 enhanced their ability to communicate and collaborate with interprofessional colleagues to meet the complex clients needs in the health care environment through a Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made

**Target:**
Students will indicate that the course enhanced their ability to communicate and collaborate with interprofessional colleagues to meet the complex clients needs in the health care environment with a mean of at least 4.0.

**SLO 5: Professional Responsibility and Accountability**
Demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions.

**Related Measures**

**M 9: Professional Growth**
Students will indicate that NUR 348 enhanced their ability to identify professional growth opportunities that allow them to achieve professional competencies through a Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made

**Target:**
In NUR 348 students will indicate that the course enhanced their ability to identify professional growth opportunities that allow them to achieve professional competencies with a mean of 4.0.

**Finding (2013-2014) - Target: Met**
4.7 was mean for Fall 2013

**M 10: Clinical Log**
Students will submit clinical log assignments in NUR 455. These clinical logs require the student to reflect and report on the 45 hours of clinical activity working with an identified preceptor. These logs should reflect the identified ways in which their clinical hours have allowed them to understand the role of a professional baccalaureate prepared nurse.

Source of Evidence: Academic direct measure of learning - other

**Target:**
90% of the students will score 85% or higher on the clinical log assignments in NUR 455.

**SLO 6: Patient Centered Care**
Provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards.

**Related Measures**

**M 11: Legal Ethical**
Students in NUR 348 will indicate that the course enhanced their understanding of ethical/legal principles and standard of nursing practice as they relate to delivery of nursing care through a Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made

**Target:**
Students in NUR 348 will indicate that the course enhanced their understanding of ethical/legal principles and standard of nursing practice as they relate to delivery of nursing care with at least a mean of 4.0.

**Finding (2013-2014) - Target: Met**
4.7 was mean for Fall 2013

**M 12: Community Health Clinical**
Students enrolled in NUR 449 will participate in clinical related activities. The clinical activities are designed to reflect the students understanding of patient centered care in a community health care setting.
Source of Evidence: Academic direct measure of learning - other

Target:
90% of the students enrolled in NUR 449 will score 85 % or higher on the clinical related activities.

Finding (2013-2014) - Target: Met
Over 90% of students enrolled in NUR 449 Spring 2014 scored 85 % or higher on the clinical related activities.

SLO 7: Leadership Principles
Demonstrate leadership principles when managing the care of individuals and groups.

Related Measures

M 13: Management and Leadership
Students in NUR 455 will indicate that the course enhanced understanding of leadership principles and provided them with increased skill to manage individuals and groups in the health care setting through a Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made
Target:
Students in NUR 455 will indicate that the course enhanced understanding of leadership principles and provided them with increased skill to manage individuals and groups in the health care setting with at least a mean of 4.0.

M 14: Cultural Organizational Assessment
Students enrolled in NUR 455 will complete the Cultural Assessment of their organization which requires the student to critique the organizational environment.

Source of Evidence: Written assignment(s), usually scored by a rubric
Target:
90 % of the students who are enrolled in NUR 455 will successfully complete with a score of 85 % or higher the Cultural Assessment of their organization.

SLO 8: Caring Behaviors
Demonstrate caring behaviors when working with individuals and groups.

Related Measures

M 15: Holistic Care Community
Students enrolled in NUR 449 will complete a Community Assessment Project. This project is designed so that students assess the health (spiritual, mental & physical) of the population identified by the student.

Source of Evidence: Project, either individual or group
Target:
90% of the students enrolled in NUR 449 will score 85 % or higher on their Community Assessment Project.

Finding (2013-2014) - Target: Met
In the Community assessment project students were required to assess the health (spiritual, mental & physical) of the population identified. Over 90% of the students scored 85 or higher on their Community Assessment Project which focused on the overall health/wellness and care of the community.

SLO 9: Information Technology
Facilitates patient centered care including patient education and patient safety employing a range of technologies.

Related Measures

M 16: QSEN and IHI
Students in NUR 319 will complete both IHI and QSEN assignments which are designed to enhance patient centered care and patient safety.

Source of Evidence: Written assignment(s), usually scored by a rubric
Target:
90 percent of NUR 319 students will score 85 % or higher on the IHI and QSEN assignments.

Finding (2013-2014) - Target: Met
95 % of students scored 85 or higher on both the IHI and QSEN assignments in Fall 2013.

M 17: Patient Centered Technology
Students in NUR 319 will indicate that the course enhanced their understanding of how technologies can facilitate safe patient centered care through a Qualtrics survey.

Source of Evidence: Student course evaluations on learning gains made
Target:
Students in NUR 319 will indicate that the course enhanced their understanding of how technologies can facilitate safe patient centered care with at least a mean of 4.0

Finding (2013-2014) - Target: Met
The mean for Fall 2013 was 4.34

SLO 10: Social Justice and Health Policy
Demonstrate knowledge of social justice principles for a diverse society relevant to health and the delivery of health care.

Related Measures

M 18: Cultural Justice
Students in NUR 348 will indicate that the course enhanced their understanding of group dynamics, culture and ethnicity as essential foundations for professional nursing practice through a Qualtrics survey.

**Target:**
Students in NUR 348 will indicate that the course enhanced their understanding of group dynamics, culture and ethnicity as essential foundations for professional nursing practice with at least a mean of 4.0.

**Finding (2013-2014) - Target: Met**
The mean for Fall 2013 was 4.73.

**M 19: Vulnerable Populations**
Students enrolled in NUR 449 will participate in a blog discussion activity that ask students to identify a vulnerable population in their community and address how a Community Health nurse can best intervene to meet their needs.

**Source of Evidence:** Academic direct measure of learning - other

**Target:**
90% of the students enrolled in NUR 449 will score 90% or higher on the blog discussion activity.

**Finding (2013-2014) - Target: Met**
Over 90% of the students enrolled in NUR 449 spring 2014 scored 90% or higher on the blog assignment that required students to identify a vulnerable population in their community and address how a Community Health nurse could best intervene to meet their needs.

### Other Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

**OthOtm 11: Retention of RN to BSN students**
For each RN to BSN cohort there will be an 85 % retention rate for completing the program.
Detailed Assessment Report
2012-2013 Nursing B.S.N
As of: 7/18/2014 02:00 PM CENTRAL

Mission / Purpose
The mission of the college is to enhance the health and well-being of the people of the state of Alabama by advancing the profession of nursing through education, scholarship, and service.

Student Learning Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Discipline Knowledge
(Discipline Knowledge) Synthesize theories and principles from the natural, behavioral, social and applied sciences which support professional nursing practice and role development.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures

M 1: Nursing Process
Faculty evaluation of use of natural, social, and behavioral science foundation in the implementation of the nursing process (NUR 324)

Source of Evidence: Student course evaluations on learning gains made

Target:
At least 90% of students in NUR 324 will be successful in using scientific foundations in implementing the nursing process.

Finding (2012-2013) - Target: Met
In Fall 2012, 108 of the 112 (96%) students enrolled in NUR 324 were successful in using scientific foundations in implementing the nursing process.
During Spring 2013, 98 of the 102 (96%) students enrolled in NUR 324 were successful in using scientific foundations in implementing the nursing process.

M 2: Performance in clinical setting
Use of foundational knowledge evidenced by satisfactory performance in the clinical setting. (NUR 372)

Summary of Findings:
NUR 372 had 93 students enrolled in both Fall 2011 and Spring 2012. In Fall 2011, 92 demonstrated use of foundational knowledge as evidenced by satisfactory performance in the clinical setting. In Spring 2012, all 93 students were successful. This translates to 98.9% and 100% respectfully.

Interpretations and Conclusions:
This outcome target was met.

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 372 will demonstrate evidence of use of foundational knowledge based on satisfactory performance in the clinical setting.

Finding (2012-2013) - Target: Met
93 students were enrolled in NUR 372 in the Fall of 2012. Of these, 92 (99%) demonstrated evidence of use of foundational knowledge based on satisfactory performance in the clinical setting.
During the Spring of 2013, NUR 372 enrolled 108 students with 105 (97%) demonstrating evidence of use of foundational knowledge based on satisfactory performance in the clinical setting.

SLO 2: Skills and Abilities
Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the lifespan.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures

M 3: Evaluation of clinical skills
Faculty evaluation of satisfactory performance of clinical skills at the expected competency level. (NUR 324)

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 324 will exhibit clinical skills at the expected competency level.

Finding (2012-2013) - Target: Met
In Fall 2012, there were 112 students enrolled in NUR 324. Of these, 108 (96%) exhibited clinical skills at the expected competency level.
During Spring 2013, there were 102 students enrolled in NUR 324. Of these, 98 (96%) exhibited clinical skills at the expected competency level.

**M 4: Critical thinking, knowledge, and skills**
Satisfactory performance (75% or greater) on exams that require application of critical thinking, knowledge, and skills. (NUR 420)

Source of Evidence: Academic direct measure of learning - other

**Target:**
At least 90% of students in NUR 420 will demonstrate satisfactory knowledge on exams requiring application of critical thinking, knowledge and skills.

**Finding (2012-2013) - Target: Met**
During Fall 2012, there were 82 students enrolled in NUR 422. Of these, 82 (100%) demonstrated satisfactory knowledge on exams requiring application of critical thinking, knowledge and skills.
In Spring 2013, 100% of the students enrolled in NUR 422 (92/92) demonstrated satisfactory knowledge on exams requiring application of critical thinking, knowledge and skills.

**SLO 3: Professional communication**
Employ skilled communication to collaborate with intra-professional and inter-professional colleagues to identify the changing needs of the healthcare environment.

**Connected Documents**
- Nursing BSN Curriculum Map 1
- Nursing BSN Curriculum Map 2

**Related Measures**

**M 5: Therapeutic relationships**
Demonstrate the establishment of therapeutic relationships with patients and others in the clinical setting. (NUR 374)

Source of Evidence: Performance (recital, exhibit, science project)

**Target:**
At least 90% of students in NUR 374 will demonstrate the establishment of therapeutic relationships with patients and others in the clinical setting.

**Finding (2012-2013) - Target: Met**
The establishment of therapeutic relationships with patients and others in the clinical setting was demonstrated by 100% (85/85) of the students enrolled in NUR 374 during the Fall of 2012.
This was repeated in the Spring of 2013 with 100% (105/105) of the enrolled students in NUR 374 demonstrating the establishment of therapeutic relationships with patients and others in the clinical setting.

**M 6: Collaboration & Communication in Simulation**
Demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios. (NUR 422)

Source of Evidence: Performance (recital, exhibit, science project)

**Target:**
At least 90% of students enrolled in NUR 422 will demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios.

**Finding (2012-2013) - Target: Met**
In NUR 422 during Fall 2012, 100% (82/82 enrolled) satisfactorily demonstrated satisfactory collaboration and communication skills in human patient simulation scenarios.
During the Spring 2013, of the 92 students enrolled in NUR 422, 100% (92) satisfactorily demonstrated satisfactory collaboration and communication skills in human patient simulation scenarios.

**SLO 4: Professional responsibility and accountability**
Demonstrate personal and professional responsibility and accountability for behaviors, and professional nursing practice decisions.

**Connected Documents**
- Nursing BSN Curriculum Map 1
- Nursing BSN Curriculum Map 2

**Related Measures**

**M 7: Professional nursing roles**
Demonstrate behaviors consistent with professional nursing roles, e.g. motivation, integrity, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. (NUR 471)

Source of Evidence: Performance (recital, exhibit, science project)

**Target:**
At least 90% of students enrolled in NUR 471 will demonstrate behaviors consistent with professional nursing roles.

**Finding (2012-2013) - Target: Met**
Of the 90 students enrolled in NUR 471 during Fall 2012, 89 (99%) were successful in demonstrating behaviors consistent with professional nursing roles.
During the Spring of 2013, of the 83 students enrolled in NUR 471 all 83 (100%) were successful in demonstrating behaviors consistent with professional nursing roles.

**M 8: Professional nursing practice**
Satisfactory performance (75% or greater) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions. (NUR 418)

Source of Evidence: Academic direct measure of learning - other
Target:
At least 90% of students enrolled in NUR 418 will demonstrate satisfactory performance (at 75% level) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions.

Finding (2012-2013) - Target: Met
In Fall 2012, 82 students enrolled in NUR 418 with 82 (100%) demonstrating satisfactory performance (at 75% level) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions.
During the Spring of 2013, of the 92 students enrolled in NUR 418, 92 (100%) demonstrated satisfactory performance (at 75% level) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions.

SLO 5: Leadership Principles
(An Improvement Outcome Derived from the 2010-11 Assessment Findings). Leadership principles demonstrated in the care of individuals and groups.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures
M 9: Leadership principles
Evaluate the use of leadership principles in clinical or practicum experiences. (NUR 471, NUR 473)
Source of Evidence: Academic direct measure of learning - other

Target:
At least 90% of students enrolled in NUR 471 and NUR 473 will exhibit leadership principles in clinical or practicum experiences.

Finding (2012-2013) - Target: Met
In Fall 2012, 90 students were enrolled in NUR 471. Of these, 89 (99%) exhibited leadership principles in clinical or practicum experiences. In Spring 2013, 100% of the students enrolled (83/83) in NUR 471 exhibited leadership principles in clinical or practicum experiences. This measure was also measured in NUR 473. In Fall 2012 there were 89 students enrolled in NUR 473/NUR 474 with all satisfactorily exhibiting leadership principles in clinical or practicum experiences. In the Spring of 2013, there were 81 students enrolled in NUR 473 and 2 in NUR 474. Of these, all 83 were successful in exhibiting leadership principles in clinical or practicum experiences.

M 10: Leadership project
Evidence of use of leadership principles in the presentation of student developed leadership project. (NUR 473)
Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students enrolled in NUR 473 will demonstrate evidence of leadership principles in the presentation of the student's leadership project.

Finding (2012-2013) - Target: Met
In Fall 2012, 87 of the 87 (100%) of the students enrolled in NUR 473 satisfactorily demonstrated evidence of leadership principles in the presentation of the student's leadership project. During Spring 2013, 81 of the 81 (100%) of the students enrolled in NUR 473 satisfactorily demonstrated evidence of leadership principles in the presentation of the student's leadership project.

Other Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

OthOtcn 6: Recognized program quality
The program will improve and sustain a high level of recognized quality.

Related Measures

M 11: Comprehensive standardized exit exam
Assess number and percentage of students passing the comprehensive Standardized Exit Exam (HESI) with a score of 900 or above.

Source of Evidence: Comprehensive/end-of-program subject matter exam

Target:
At least 90% of students taking the HESI exit exam will be successful by the 3rd exam at a score of 900 or above.

Finding (2012-2013) - Target: Partially Met
The comprehensive HESI exam is taken by undergraduate students in the final semester of study. In Fall 2012, there were 88 students who took the exam. During Spring 2013 there were 83 students beginning NUR 475. There was an 82% (68/83) pass rate for HESI #1. HESI #2 4/15 passed and HESI #3 6/11 passed. 5 students were unsuccessful and had to enroll in NUR 479 and were unable to graduate. All 5 students were successful during summer 2013 and made 900 or greater on the HESI.

Interpretation and Conclusion
Our goal is that 90% of students pass the HESI by the 3rd exam. 5/89 students did not pass. See Action Plan and NUR 473 Course Report.

Related Action Plans (by Established cycle, then alpha):

Monitor Outcomes of Standardized Exams
Established in Cycle: 2011-2012
Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive pro...

For full information, see the Details of Action Plans section of this report.
M 12: NCLEX Licensure Exam
Assess the number and percentage of students passing the NCLEX Licensure Exam on the first attempt.
Source of Evidence: Certification or licensure exam, national or state

Target:
At least 90% of students taking the NCLEX Licensure Exam will be successful on the first attempt.

Finding (2012-2013) - Target: Met
Complete reporting periods cover Spring 2012 and Fall 2012 graduates. The data from Spring 2013 is currently incomplete due to the time required after graduation for the scheduling the exam session for the individual students. For Spring 2012, 75 of 77 graduates who took the NCLEX exam were successful for 97.4%. The success rate for Fall 2012 graduates (who took the NCLEX exam during the Spring of 2013) were successful at 97.6% (83 of 85).

OthOtcn 7: Enrollments and degree completions
The program will build and sustain an optimal level of annual program enrollments and degree completions.

Related Measures

M 13: Students promoted to upper division
Assess the number of qualified applicants and the number of students promoted to the college’s upper division in relation to the number of available positions.

Source of Evidence: Academic indirect indicator of learning - other

Target:
CCN will promote qualified students to available positions in the upper division.

Finding (2012-2013) - Target: Met
Promotions occur during the Summer and Fall semesters. In Summer 2012, 199 eligible applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants. For Fall 2012, 188 qualified applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants.
Due to the current calendar of events related to student promotion and reporting of college data, CCN is able to include promotion data for Summer 2013. This will bring the college into a more current reporting cycle for this data. For Summer 2013, 185 eligible applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants.

M 14: Percentages of graduates to admissions
Retain students promoted to upper division of nursing program by cohort.

Assess the number and percentage of graduates compared to the number that entered the upper division by cohort.

Source of Evidence: Academic indirect indicator of learning - other

Target:
Retain 85% or more of students promoted to upper division through graduation.

Finding (2012-2013) - Target: Met
The most current data is from the cohort from Summer 2010 promotion to upper division of CCN. Summer 2010 cohort was comprised of 97 students. There were 87 who completed the program of study and graduated with the BSN degree for a 90% graduation rate (10% attrition rate). Of those who did not complete the program, 3 dropped out and 7 changed their majors.

OthOtcn 8: Valued by graduates and constituencies
The program will be highly valued by its program graduates and other key constituencies it serves.

Related Measures

M 15: Senior Survey
Undergraduate Graduating Senior Survey – odd years

Source of Evidence: Academic indirect indicator of learning - other

Target:
At least 90% of students responding to the UA Graduating Senior Survey will respond as valuing the program as preparation for employment in Nursing.

Finding (2012-2013) - Target: Not Reported This Cycle
This survey was not included in reported data this cycle. This survey is completed biennially in the even numbered academic years. It will be completed next in the academic year 2013-2014.

M 16: Employer Survey
Employer Survey – odd years

Source of Evidence: Employer survey, incl. perceptions of the program

Target:
At least 90% of constituents will value CCN Graduates.

Finding (2012-2013) - Target: Not Reported This Cycle
This survey was not included in reported data this cycle. This survey is completed biennially in the even numbered academic years. It will be completed next in the academic year 2013-2014.

M 17: Alumni Satisfaction Survey
Alumni Satisfaction with BSN Program – odd years

Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
At least 90% of alumni will express satisfaction with the preparation from CCN for professional practice.

Finding (2012-2013) - Target: Not Reported This Cycle
This survey was not included in reported data this cycle. This survey is completed biennially in the even
numbered academic years. It will be completed next in the academic year 2013-2014.

**Details of Action Plans for This Cycle (by Established cycle, then alpha)**

**Monitor Outcomes of Standardized Exams**

Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive progression component. Students taking the standardized exit exam in Spring 2013 will be the first to be tested with this change throughout the upper division courses. Monitoring is expected to show improvement in the success rate.

**Established in Cycle:** 2011-2012  
**Implementation Status:** Planned  
**Priority:** High

**Relationships (Measure | Outcome/Objective):**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Outcome/Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive standardized exit exam</td>
<td>Recognized program quality</td>
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</table>

**Implementation Description:** The remediation was strengthened by requiring higher level of response (synthesis) to the 14 steps in the remediation process. Also, the 14 steps were tailored to be more applicable to students in specific courses (NUR 418, NUR 420, & NUR 422).

**Responsible Person/Group:** Course Leaders supervised by Senior Associate Dean.

**Monitor Outcomes of HESI Standardized Exam**

The Action Plan was derived from the end of course report. The following recommendations were made at the Faculty Retreat in Spring 2013 in relation to the report.

**XI. Recommendations**

- Change online review course to Comprehensive Review for NCLEX-RN Reviews and Rationales textbook and online course. Allows for three diagnostic pre-tests instead of one. Has smaller module exams. Reflects test plan better.

- Scramble practice question answers and question numbers to encourage thinking about the question and not just the grade.

- Make discussion groups be smaller: 4-5 students/group instead of 8-9.

- Coordinate assignments due during preceptorship time with NUR 473.

**Established in Cycle:** 2012-2013  
**Implementation Status:** Planned  
**Priority:** High

**Implementation Description:** Changes made to NUR 473 by the course leader.

**Projected Completion Date:** 12/2013

**Responsible Person/Group:** Assistant Dean for Undergraduate Program and Chrystal Lewis, MSN course leader of NUR 475.

**Additional Resources:** None
Mission / Purpose
The mission of the college is to enhance the health and well-being of the people of the state of Alabama by advancing the profession of nursing through education, scholarship, and service. Core values, etc could go here.

Student Learning Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Discipline Knowledge
(Discipline Knowledge) Synthesize theories and principles from the natural, behavioral, social and applied sciences which support professional nursing practice and role development.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures
M 1: Nursing Process
Faculty evaluation of use of natural, social, and behavioral science foundation in the implementation of the nursing process (NUR 324)

Source of Evidence: Student course evaluations on learning gains made

Target:
At least 90% of students in NUR 324 will be successful in using scientific foundations in implementing the nursing process.

Finding (2011-2012) - Target: Met
SUMMARY & FINDINGS:
In Fall 2011, there were 104 students enrolled in NUR 324, with 95 successful on clinical evaluation by faculty related to use of natural, social, and behavioral science foundations in the implementation of the nursing process. In Spring 2012, of 103 students enrolled, 95 were successful. Percentages of students evaluated as successful were 91.3 for Fall 2011 and 92.2 for Spring 2012.

INTERPRETATION & CONCLUSIONS:
This target was met.

M 2: Performance in clinical setting
Use of foundational knowledge evidenced by satisfactory performance in the clinical setting. (NUR 372)

Summary of Findings:
NUR 372 had 93 students enrolled in both Fall 2011 and Spring 2012. In Fall 2011, 92 demonstrated use of foundational knowledge as evidenced by satisfactory performance in the clinical setting. In Spring 2012, all 93 students were successful. This translates to 98.9% and 100% respectfully.

Interpretations and Conclusions:
This outcome target was met.

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 372 will demonstrate evidence of use of foundational knowledge based on satisfactory performance in the clinical setting.

Finding (2011-2012) - Target: Met
SUMMARY of findings:
In Fall 2011, 93 students were enrolled in NUR 372, with 92 successful on clinical evaluations related to implementation of the nursing process. In Spring 2012, all of the 93 enrolled were successful on clinical implementation of the nursing process. Percentages for success in meeting this outcome were 98.9% and 100%, respectively.

Interpretation and conclusions:
The target for this outcome was met.

SLO 2: Skills and Abilities
Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the lifespan.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2
Related Measures

M 3: Evaluation of clinical skills
Faculty evaluation of satisfactory performance of clinical skills at the expected competency level. (NUR 324)

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 324 will exhibit clinical skills at the expected competency level.

Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, 104 students were enrolled in NUR 324, with 95 receiving satisfactory evaluation of clinical skills. In Spring 2012, of the 103 students enrolled, 95 were successful. Percentages of students evaluated as successful related to clinical skills were 91.3% and 92.2% respectively.

INTERPRETATIONS & CONCLUSIONS:
This target for the outcome was met.

M 4: Critical thinking, knowledge, and skills
Satisfactory performance (75% or greater) on exams that require application of critical thinking, knowledge, and skills. (NUR 420)

Source of Evidence: Academic direct measure of learning - other

Target:
At least 90% of students in NUR 420 will demonstrate satisfactory knowledge on exams requiring application of critical thinking, knowledge and skills.

Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, there were 83 students enrolled in NUR 420, with all achieving 75% on exams requiring application of critical thinking, knowledge and skills for 100% achievement. In Spring 2012, of the 89 student enrolled, all were successful for 100%

INTERPRETATIONS AND CONCLUSIONS:
This target was met.

SLO 3: Professional communication
Employ skilled communication to collaborate with intra-professional and inter-professional colleagues to identify the changing needs of the health care environment.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures

M 5: Therapeutic relationships
Demonstrate the establishment of therapeutic relationships with patients and others in the clinical setting. (NUR 374)

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students in NUR 374 will demonstrate the establishment of therapeutic relationships with patients and others in the clinical setting.

Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, there were 94 students enrolled in NUR 374, with 100% of the students evaluated by faculty as successful in the establishment of therapeutic relationships with patients and others in the clinical setting. In Spring 2012, of the 90 students, all were successful.

INTERPRETATIONS and CONCLUSIONS:
This target was met.

M 6: Collaboration & Communication in Simulation
Demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios. (NUR 422)

Source of Evidence: Performance (recital, exhibit, science project)

Target:
At least 90% of students enrolled in NUR 422 will demonstrate satisfactory collaboration and communication skills in human patient simulation scenarios.

Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, there were 82 students enrolled in NUR 422. All demonstrated satisfactory collaboration and communication skills in human patient simulation scenarios. In Spring 2012, all 89 students enrolled were successful.

INTERPRETATION and CONCLUSIONS:
This target was met.

SLO 4: Professional responsibility and accountability
Demonstrate personal and professional responsibility and accountability for behaviors, and professional nursing practice decisions.

Connected Documents
Related Measures

M 7: Professional nursing roles
Demonstrate behaviors consistent with professional nursing roles, e.g. motivation, integrity, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. (NUR 471)
Source of Evidence: Performance (recital, exhibit, science project)
Target:
At least 90% of students enrolled in NUR 471 will demonstrate behaviors consistent with professional nursing roles.
Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall of 2011, there were 79 students enrolled in NUR 471, with 100% demonstrating behaviors consistent with professional roles, based on traits such as motivation, integrity, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. In Spring 2012, there were 81 students enrolled and demonstrating professional behaviors. This was 100% for both semesters.

INTERPRETATION AND CONCLUSIONS:
This target was met.

M 8: Professional nursing practice
Satisfactory performance (75% or greater) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions. (NUR 418)
Source of Evidence: Academic direct measure of learning - other
Target:
At least 90% of students enrolled in NUR 418 will demonstrate satisfactory performance (at 75% level) on exams that require application of knowledge of personal and professional behaviors and professional nursing practice decisions.
Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, 84 students were enrolled in NUR 418, with 82 being successful on exams requiring application of knowledge related to professional decisions and professional nursing practice. In Spring 2012, there were 89 enrolled with all being successful. The percentages for these two semesters on this target were 97.6% and 100% respectively.

INTERPRETATION AND CONCLUSIONS:
This target was met.

SLO 5: Leadership Principles
(An Improvement Outcome Derived from the 2010-11 Assessment Findings). Leadership principles demonstrated in the care of individuals and groups.

Connected Documents
Nursing BSN Curriculum Map 1
Nursing BSN Curriculum Map 2

Related Measures

M 9: Leadership principles
Evaluate the use of leadership principles in clinical or practicum experiences. (NUR 471, NUR 473)
Source of Evidence: Academic direct measure of learning - other
Target:
At least 90% of students enrolled in NUR 471 and NUR 473 will exhibit leadership principles in clinical or practicum experiences.
Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
In Fall 2011, there were 79 students enrolled in NUR 471, with 79 or 100% evaluated as satisfactory in demonstration of leadership principles. In Spring 2012, 100% of the 81 enrolled were evaluated as satisfactory. In the Fall of 2011, there were 81 enrolled in NUR 473, with 79 or 97.5% evaluated as satisfactory in demonstration of leadership principles. In Spring 2012, 98.8% or 88 of the 89 enrolled in NUR 473 were successful in the demonstration of leadership principles.

INTERPRETATION AND CONCLUSIONS:
This target was met.

M 10: Leadership project
Evidence of use of leadership principles in the presentation of student developed leadership project. (NUR 473)
Source of Evidence: Performance (recital, exhibit, science project)
Target:
At least 90% of students enrolled in NUR 473 will demonstrate evidence of leadership principles in the presentation of the student's leadership project.
Finding (2011-2012) - Target: Met
SUMMARY OF FINDINGS:
There were 81 students enrolled in NUR 473 in Fall 2011, with 79 successful on the leadership project. In Spring 2012, 86 of the 89 enrolled were successful. Percent successful were 97.5% and 98.8% respectfully.
INTERPRETATION AND CONCLUSIONS:
This target was met.

Other Outcomes, with Any Associations and Related Measures, Targets, Findings, and Action Plans

OthOtcn 6: Recognized program quality
The program will improve and sustain a high level of recognized quality.

Related Measures

M 11: Comprehensive standardized exit exam
Assess number and percentage of students passing the comprehensive Standardized Exit Exam (HESI) with a score of 900 or above.
Source of Evidence: Comprehensive/end-of-program subject matter exam
Target:
At least 90% of students taking the HESI exit exam will be successful at a score of 900 or above.
Finding (2011-2012) - Target: Met
The comprehensive HESI exam is taken in the final semester prior to graduation. In Spring 2011, 83/86 students (96.5%) were successful with scores of 900 or above. In Fall 2011, 74/79 students or 93.7% were successful. In Spring 2012, 74 of 81 students (91.4%) were successful with scores of 900 or above.
Related Action Plans (by Established cycle, then alpha):
Monitor Outcomes of Standardized Exams
Established in Cycle: 2011-2012
Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive pro...

For full information, see the Details of Action Plans section of this report.

M 12: NCLEX Licensure Exam
Assess the number and percentage of students passing the NCLEX Licensure Exam on the first attempt.
Source of Evidence: Certification or licensure exam, national or state
Target:
At least 90% of students taking the NCLEX Licensure Exam will be successful on the first attempt.
Finding (2011-2012) - Target: Met
Complete reporting periods cover Spring 2011 and Fall 2011 graduates. The data from Spring 2012 is currently incomplete. For Spring 2011, 84 of 86 graduates who took the NCLEX exam were successful for 97.7%. The success rate for Fall 2011 graduates (who took the NCLEX exam during the Spring of 2012) were successful at 98.6% (73 of 74).

OthOtcn 7: Enrollments and degree completions
The program will build and sustain an optimal level of annual program enrollments and degree completions.

Related Measures

M 13: Students promoted to upper division
Assess the number of qualified applicants and the number of students promoted to the college's upper division in relation to the number of available positions.
Source of Evidence: Academic indirect indicator of learning - other
Target:
CCN will promote qualified students to available positions in the upper division.
Finding (2011-2012) - Target: Met
Promotions occur during the Summer and Fall semesters. In Summer 2011, 150 eligible applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants. For Fall 2011, 126 qualified applicants applied for 96 available positions. All 96 available positions were filled with qualified applicants.

M 14: Percentages of graduates to admissions
Retain students promoted to upper division of nursing program by cohort.
Assess the number and percentage of graduates compared to the number that entered the upper division by cohort.
Source of Evidence: Academic indirect indicator of learning - other
Target:
Retain 85% or more of students promoted to upper division through graduation.
Finding (2011-2012) - Target: Met
The most current data is from the cohort from Summer 2009 promotion to upper division of CCN. Summer 2009 cohort was comprised of 89 students. This was a full component of available positions at that time. There were 85 who completed the program of student and graduated with the BSN degree for a 95.51% graduation rate (4.49% attrition rate).

OthOtcn 8: Valued by graduates and constituencies
The program will be highly valued by its program graduates and other key constituencies it serves.

Related Measures

M 15: Senior Survey
Undergraduate Graduating Senior Survey – odd years
Source of Evidence: Academic indirect indicator of learning - other
Target:
At least 90% of students responding to the UA Graduating Senior Survey will respond as valuing the program as preparation for employment in Nursing.

Finding (2011-2012) - Target: Met
In the latest Graduating Senior Survey (2010-2011), 93.8% evaluated the quality of courses as preparation for employment after graduation as Excellent (67.3%) or Good (26.5%).

M 16: Employer Survey
Employer Survey – odd years
Source of Evidence: Employer survey, incl. perceptions of the program

Target:
At least 90% of constituents will value CCN Graduates.

Finding (2011-2012) - Target: Met
The Clinical Agency Satisfaction with BSN Program was completed in Spring 2012. This survey is completed by agencies who employ CCN graduates. In the 2012 report, 100% of respondents (n=11) rated the preparation of graduates by CCN as Excellent or Good. When asked if the agency would employ future graduates of CCN in the same or similar position, the response was 100% “Yes” (n=11).

M 17: Alumni Satisfaction Survey
Alumni Satisfaction with BSN Program – odd years
Source of Evidence: Alumni survey or tracking of alumni achievements

Target:
At least 90% of alumni will express satisfaction with the preparation from CCN for professional practice.

Finding (2011-2012) - Target: Met
The Alumni Evaluation of BSN Program was last completed in Fall 2011. When asked, “Overall, how well did CCN prepare you for professional practice?” 92.5% (37/45) responded Good or Excellent.

Details of Action Plans for This Cycle (by Established cycle, then alpha)

Monitor Outcomes of Standardized Exams
Continue to monitor outcomes. Changes were made in Fall 2011 to strengthen the requirements for remediation for the positive progression component. Students taking the standardized exit exam in Spring 2013 will be the first to be tested with this change throughout the upper division courses. Monitoring is expected to show improvement in the success rate.

Established in Cycle: 2011-2012
Implementation Status: Planned
Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Comprehensive standardized exit exam | Outcome/Objective: Recognized program quality

Implementation Description: The remediation was strengthened by requiring higher level of response (synthesis) to the 14 steps in the remediation process. Also, the 14 steps were tailored to be more applicable to students in specific courses (NUR 418, NUR 420, & Nur 422).

Responsible Person/Group: Course Leaders supervised by Senior Associate Dean.
The University of Alabama  
Capstone College of Nursing  
Traditional BSN Program Crosswalk

<table>
<thead>
<tr>
<th>Program Objectives</th>
<th>BSN Essentials</th>
<th>Student Learning Objectives (SLO) (Course #, SLO #)</th>
<th>Clinical Objectives</th>
</tr>
</thead>
</table>
| 1. Synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing; | Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice  
Concepts:  
Natural and social sciences  
Language competence  
Genetics, genomics  
Essential IX: Baccalaureate Generalist Nursing Practice  
Concepts:  
End of life care, death and dying  
Evidence based practice  
Lifelong learning  
Comorbidities/chronic illness/mental health  
Mastery of core principles in order to guide nursing skills  
Communication  
Changing population demographics  
Complementary and alternative therapies  
Health literacy consideration | NUR 305 (SLO # 1, 2, 3, 4, 6)  
NUR 307 (SLO # 1, 2, 4, 5, 6)  
NUR 308 (SLO # 2, 4, 5, 6)  
NUR 324 (SLO # 1, 10, 12)  
NUR 326 (SLO # 1, 2)  
NUR 329 (SLO # 9)  
NUR 372 (SLO # 1)  
NUR 374 (SLO # 1, 8)  
NUR 418 (SLO # 1, 2, 4, 5, 6, 7)  
NUR 420 (SLO # 1, 2)  
NUR 422 (SLO # 1, 4, 5, 6, 8)  
NUR 471 (SLO # 1, 3, 5, 8, 9)  
NUR 473 (SLO # 1, 2, 9, 10) | Demonstrates responsibility and accountability at a level consistent with the expected knowledge base. (I, II, V, VI) |
The University of Alabama
Capstone College of Nursing

Traditional BSN Program Crosswalk

II. Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span

Essential IX: Baccalaureate Generalist Nursing Practice

- Concepts:
  - End of life care, death and dying
  - Evidence based practice
  - Lifelong learning
  - Comorbidities/chronic illness/mental health
  - Mastery of core principles in order to guide nursing skills
  - Communication
  - Changing population demographics
  - Complementary and alternative therapies
  - Health literacy consideration

- NUR 305 (SLO #1, 2, 3, 6)
- NUR 308 (SLO #3, 6)
- NUR 309 (SLO #1)
- NUR 324 (SLO #2, 3, 8, 10, 12)
- NUR 326 (SLO #2, 9)
- NUR 328 (SLO #2, 8)
- NUR 372 (SLO #2, 3, 4, 5, 6, 8, 9, 10)
- NUR 374 (SLO #2, 6, 8, 10)
- NUR 418 (SLO #2, 4, 5, 6, 7)
- NUR 420 (SLO #3, 4)
- NUR 422 (SLO #3, 6, 12, 13)
- NUR 471 (SLO #2)
- NUR 473 (SLO #1, 9, 10)

Demonstrates responsibility and accountability at a level consistent with the expected knowledge base. (I, II, V, VI)

- Gives accurate reports in the clinical setting. (II, IV, VI, XI)
- Recognizes hazards and takes appropriate action in order to ensure patient safety. (II, V, IX)
- Maintains medical and surgical asepsis. (II, III)
- Performs psychomotor skills at expected competency level. (II, III)
- Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII)
- Establishes therapeutic relationships when providing patient centered care. (II, III, VI)
- Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)
- Calculates medications correctly. (II, V, IX)
- Administers medications correctly. (II, V, IX)
- Shows evidence of preparation for the clinical experience. (II, III, IX)

Traditional BSN Crosswalk 8.docx 2 of 8 8/15/2013
III. Incorporate evidence-based practice in the delivery of patient-centered care:

**Essential III: Beginning Scholarship for Evidence-Based Practice**
- Translation into practice
- Identification of practice issues
- Identification and synthesis of evidence
- Evaluation of outcomes
- Participation in quality improvement
- Levels of evidence
- PICO format (Problem, Intervention, Comparison, Outcome)
- Link nursing actions to quality indicators

**Nurse Sensitive Indicators**
- NUR 305 (SLO # 2, 3, 4, 5, 6)
- NUR 308 (SLO # 6)
- NUR 399 (SLO# 3, 5)
- NUR 324 (SLO# 2, 3, 8, 10, 12)
- NUR 328 (SLO# 1, 4, 5, 7, 8, 9)
- NUR 372 (SLO# 2, 3, 4, 5, 6, 8, 9, 10)
- NUR 374 (SLO# 2, 3, 6, 8, 10)
- NUR 419 (SLO# 7)
- NUR 420 (SLO# 4)
- NUR 422 (SLO# 3, 4, 7, 13)
- NUR 471 (SLO# 3, 5)
- NUR 473 (SLO# 3)

- Maintains medical and surgical asepsis. (II, III)
- Performs psychomotor skills at expected competency level. (II, III)
- Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII)
- Establishes therapeutic relationships when providing patient-centered care. (II, III, VI)
- Makes evidence-based nursing decisions that are within ethical-legal parameters and consistent with HIPAA regulations. (II, VI)
- Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)
- Shows evidence of preparation for the clinical experience. (II, III, IX)

IV. Employ skilled communication to collaborate with interprofessional and intraprofessional

**Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**
- NUR 308 (SLO # 4, 6)
- NUR 309 (SLO # 4, 6)
- NUR 324 (SLO# 2, 7, 12)
- NUR 326 (SLO# 8)
- NUR 372 (SLO# 6)

- Adheres to agency guidelines. (IV, V, VI, VII)
- Gives accurate reports in the clinical setting. (II, IV, VI, XI)
### The University of Alabama

#### Capstone College of Nursing

#### Traditional BSN Program Crosswalk

<table>
<thead>
<tr>
<th>V. Demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions;</th>
<th>Essential VIII: Professionalism and Professional Values Concepts:</th>
<th>Demonstrates responsibility and accountability at a level consistent with the expected knowledge base. (I, II, V, VI) Adheres to agency guidelines. (IV, V, VI, VII) Recognizes hazards and takes appropriate action in order to insure patient safety. (II, V, IX) Demonstrates respect for the rights, dignity, culture and individually of all persons, within the context of social justice including but not limited to: maintaining confidentiality consistent with HIPAA regulations, providing privacy, and avoiding stereotyping. (V, VII, X) Demonstrates behaviors consistent with professional nursing roles, including, but not limited to: motivation, communication, leadership,</th>
<th>NUR 309 (SLO#5) NUR 324 (SLO# 7) NUR 372 (SLO# 3, 7) NUR 374 (SLO# 5) NUR 420 (SLO# 5, 7) NUR 422 (SLO# 7, 9, 11) NUR 471 (SLO# 6, 7) NUR 473 (SLO# 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interprofessional collaboration/education Teamwork Participatory decision making Individual and shared accountability</td>
<td>NUR 374 (SLO# 4) NUR 418 (SLO# 3, 5) NUR 420 (SLO# 3, 5, 6, 8) NUR 422 (SLO# 8, 10) NUR 471 (SLO# 6, 8, 9) NUR 473 (SLO# 4, 5, 6, 7, 10)</td>
<td></td>
</tr>
</tbody>
</table>

**NUR 374**: SLO# 4

**NUR 418**: SLO# 3, 5

**NUR 420**: SLO# 3, 5, 6, 8

**NUR 422**: SLO# 8, 10

**NUR 471**: SLO# 6, 8, 9

**NUR 473**: SLO# 4, 5, 6, 7, 10

8/15/2013
| VI. | Provide patient-centered care using skilled communication techniques within a framework of legal, ethical and professional standards; Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes Concepts: Interprofessional collaboration/education Teamwork Participatory decision making Individual and shared accountability | NUR 308 (SLO# 3, 8) NUR 309 (SLO#5) NUR 324 (SLO# 2, 7, 9) NUR 326 (SLO# 5, 8) NUR 328 (SLO# 2, 3) NUR 372 (SLO# 5) NUR 374 (SLO# 7) NUR 418 (SLO# 3, 9) NUR 420 (SLO# 1) NUR 422 (SLO# 12, 13) NUR 471 (SLO# 2, 4, 6, 7) NUR 473 (SLO# 5, 6) | Demonstrates responsibility and accountability at a level consistent with the expected knowledge base: (I, II, V, VI) Adheres to agency guidelines: (IV, V, VI, VII) Gives accurate reports in the clinical setting: (II, IV, VI, XI) Establishes therapeutic relationships when providing patient centered care: (II, III, VI) Makes evidence-based nursing decisions that are within ethical-legal parameters and consistent with HIPAA regulations: (III, VI) |
### V. Demonstrate leadership principles when managing the care of individuals and groups;

**Essential II: Basic Organizational and Systems Leadership for Quality Care**
- Leadership
- Communication
- Organizational systems
- Safety including National Patient Safety Goals
- Quality care
- Nurse sensitive indicators
- Cost-effectiveness
- Quality improvement

<table>
<thead>
<tr>
<th>Course</th>
<th>SLOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 308 (SLO #4, 5)</td>
<td></td>
</tr>
<tr>
<td>NUR 309 (SLO #9)</td>
<td></td>
</tr>
<tr>
<td>NUR 324 (SLO # 7)</td>
<td></td>
</tr>
<tr>
<td>NUR 326 (SLO # 3)</td>
<td></td>
</tr>
<tr>
<td>NUR 372 (SLO # 2, 5, 7)</td>
<td></td>
</tr>
<tr>
<td>NUR 418 (SLO # 8)</td>
<td></td>
</tr>
<tr>
<td>NUR 420 (SLO # 7)</td>
<td></td>
</tr>
<tr>
<td>NUR 422 (SLO # 2, 3, 9)</td>
<td></td>
</tr>
<tr>
<td>NUR 473 (SLO # 4, 6, 8)</td>
<td></td>
</tr>
</tbody>
</table>

- Adheres to agency guidelines. (IV, V, VI, VII)
- Demonstrates respect for the rights, dignity, culture and individually of all persons, within the context of social justice including but not limited to: maintaining confidentiality consistent with HIPAA regulations, providing privacy, and avoiding stereotyping. (V, VII, X)
- Demonstrates behaviors consistent with professional nursing roles, including, but not limited to: motivation, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. (V, VII, X)

### VIII. Demonstrate caring behaviors when working with individuals and groups;

**Essential IX: Baccalaureate Generalist Nursing Practice**
- Pain of life care, death and dying
- Evidence-based practice

<table>
<thead>
<tr>
<th>Course</th>
<th>SLOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 308 (SLO #6, 7)</td>
<td></td>
</tr>
<tr>
<td>NUR 309 (SLO #7)</td>
<td></td>
</tr>
<tr>
<td>NUR 324 (SLO # 6, 11)</td>
<td></td>
</tr>
<tr>
<td>NUR 372 (SLO # 10)</td>
<td></td>
</tr>
<tr>
<td>NUR 374 (SLO # 3, 7, 9)</td>
<td></td>
</tr>
</tbody>
</table>

- Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII)
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### IX. Facilitates patient centered care including patient education and patient safety employing a range of technologies:

#### Essential IV: Information Management and Patient Care Technology within the Practice of the Baccalaureate Generalist

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Information technology</td>
<td>NUR 326 (SLO# 3, 4, 8)</td>
</tr>
<tr>
<td>• Information literacy</td>
<td>NUR 328 (SLO# 8)</td>
</tr>
<tr>
<td>• Information management for patient safety</td>
<td>NUR 572 (SLO# 2, 4, 10)</td>
</tr>
<tr>
<td>• Patient care technology</td>
<td>NUR 374 (SLO# 6, 10)</td>
</tr>
<tr>
<td>• Information systems and nursing workload measurement</td>
<td>NUR 419 (SLO# 2)</td>
</tr>
<tr>
<td>• Technology and confidentiality, evidence based practice</td>
<td>NUR 420 (SLO# 3)</td>
</tr>
<tr>
<td>• Web-based learning for student and patient</td>
<td>NUR 422 (SLO# 2, 3, 10)</td>
</tr>
<tr>
<td>• NUR 471 (SLO# 2, 4, 8, 9)</td>
<td>NUR 473 (SLO# 5)</td>
</tr>
</tbody>
</table>

- Gives accurate reports in the clinical setting. (II, IV, VI, IX)
- Recognizes hazards and takes appropriate action in order to insure patient safety. (II, V, IX)
- Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)
- Promotes patient centered care with an emphasis on patient safety utilizing available technology. (IX)
- Shows evidence of preparation for the clinical experience. (II, III, IX)

### X. Demonstrates knowledge of social justice principles for a diverse society relevant to health and the

#### Essential V: Health Care Policy, Finance, and Regulatory Environments

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• NUR 307 (SLO # 2, 3, 4, 5, 6)</td>
<td>NUR 308 (SLO # 1, 6, 7)</td>
</tr>
<tr>
<td>• NUR 324 (SLO # 6, 9, 11)</td>
<td>NUR 326 (SLO# 3)</td>
</tr>
</tbody>
</table>

- Demonstrates respect for the rights, dignity, culture and individually of all persons, within
<table>
<thead>
<tr>
<th>Delivery of Health Care</th>
<th>Essential VII: Clinical Prevention and Population Health for Optimizing Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health care policy including financial and regulatory policies and genetics</td>
<td>NUR 328 (SLO# 2, 3)</td>
</tr>
<tr>
<td>• Advocacy for vulnerable populations/health care disparities</td>
<td>NUR 374 (SLO# 2, 3, 7)</td>
</tr>
<tr>
<td>• Reimbursement</td>
<td>NUR 418 (SLO# 8, 9)</td>
</tr>
<tr>
<td>• Legislative processes</td>
<td>NUR 420 (SLO# 6, 7, 8)</td>
</tr>
<tr>
<td>• Health care delivery</td>
<td>NUR 422 (SLO# 3, 4, 5)</td>
</tr>
<tr>
<td>• Advocacy</td>
<td>NUR 471 (SLO# 1, 10)</td>
</tr>
<tr>
<td>• Caring</td>
<td>NUR 473 (SLO# 7)</td>
</tr>
</tbody>
</table>

Concepts:
- Interprofessional teams/collaboration
- Evidence based practice
- Individual and population focused care
- Lifespan – including growth and development and geriatrics
- Technologies
- Culturally appropriate care
- Social justice
- Disaster preparedness, especially with vulnerable populations

|  | the context of social justice including but not limited to maintaining confidentiality consistent with HIPAA regulations, providing privacy, and avoiding stereotyping. (V, VII, X) |
|  | Demonstrates behaviors consistent with professional nursing roles, including, but not limited to: motivation, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. (V, VII, X) |
|  | Promotes patient centered care with an emphasis on patient safety utilizing available technology. (IX) |
|  | Calculates medications correctly. (II, V, IX) |
|  | Administers medications correctly. (II, V, IX) |
NURS 475 COURSE SUMMARY REPORT Spring SEMESTER, 2013

I. Faculty (Course and Clinical) (Designate Course Leader)

Chrystal Lewis, MSN, RN – Course Leader

II. Textbooks
SILVESTRI / SAUNDERS COMP REVIEW NCLEX-RN EXAM (W/CD)
CODE / HESI/SAUNDERS ONLINE REVIEW FOR ENW NCLEX-RN EXAMINATION

III. Number of Credit Hours 1.0

IV. Number of Actual Lecture Hours 2 hrs in class + 4 hrs for Exit exam = 16 hrs

V. Number of Clinical Hours (if applicable) n/a

VI. COURSE SUMMARY

A. # Students Beginning the course 83

B. GRADES
As = 76  Bs = 2
Cs = 0  Ds = 0
F 5  I 0

C. # Students Passing the course 78

D. HESI Exit #1
Exam Mean scores 1008
National Mean 847
# Above scoring above 900: 68

HESI Exit #2
Exam Mean scores 860
National Mean 847
# Above scoring above 900: 4

HESI Exit #3
Exam Mean scores 926
National Mean 847
# Above scoring above 900: 6

E. Number and percentage of Students completing remediation 15/ 18%

F. Mean Score of Student Course Evaluation (may not have these yet) _______
G. Implementation of the following in your course (if applicable)-What activities and evaluation method and outcomes for this semester

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activities</th>
<th>Evaluation Method</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>QSEN Competencies</td>
<td>Incorporated in EXIT Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informatics</td>
<td>Use online review course. Take HESI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VII. SIMULATION SUMMARY (IF APPLICABLE) – not applicable

1. Simulation Evaluation Mean Score (if available)_____________

2. Number of simulations _______

3. Topics of Simulation (specify if IPE)

VIII. CLINICAL SUMMARY

1. Student Evaluation of Clinical Site (if available)

   Not applicable.

XI. Strengths
- Had an 82% pass rate for first attempt on exit exam.
- Utilized small group discussions to work through practice exam questions.
- Students completed HESI practice exams for a grade.
- Reviewed difficult questions as a class.
- Had very clear, concise written directions for assignments. Resulted in remarkably improved communication regarding assignments.

X. Areas for Improvement
- Review time management strategies.
- Some students took the practice exam one time just to get the answers, then answered.
- Some groups were too large for beneficial discussion (8-10 students). Groups became distracted and some conversations became more social in nature.
-
XI. Recommendations

- Change online review course to Comprehensive Review for NCLEX-RN Reviews and Rationales textbook and online course. Allows for three diagnostic pre-tests instead of one. Has smaller module exams. Reflects test plan better.
- Scramble practice question answers and question numbers to encourage thinking about the question and not just the grade.
- Make discussion groups be smaller: 4-5 students/group instead of 8-9.
- Coordinate assignments due during preceptorship time with NUR 473.
NCLEX® PROGRAM REPORTS

for the period of OCT 2012 - MAR 2013

NCLEX-RN® REPORTS
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  Wellness/Illness Continuum
  Stages of Maturity
  Stress, Adaptation and Coping
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References
NCLEX® PROGRAM REPORTS

INTRODUCTION

Welcome to the NCLEX® Program Reports—a subscription to information specific to your graduates’ performance on the National Council Licensure Examination (NCLEX® examination). These reports describe how your graduates performed on several content dimensions compared against other programs both regionally and nationally.

There are four main sections to the NCLEX® Program Reports: Summary Overview, NCLEX-RN® Test Plan Report, Content Dimension Reports, and Test Duration/Test Plan Performance Report.

Summary Overview

The first report in the NCLEX® Program Reports is the Summary Overview. The Summary Overview provides information on (1) the rank of your program based on the percentage of your graduates that passed the NCLEX-RN® examination during the current and previous reporting periods and (2) a listing of the jurisdictions where your graduates applied for licensure during the current and previous reporting periods.

The rank of your program is provided in comparison to other programs in your jurisdiction, all programs in every jurisdiction, and all similar program types across every jurisdiction. Please note that all program rankings are limited to those programs where at least ten graduates tested during the reporting time interval.

The NCLEX-RN® Test Plan Report

The NCLEX-RN® Test Plan Report presents information on the percentile ranks of your typical graduate´s performance compared to the performance of (1) graduates from your jurisdiction, (2) graduates from the same type of educational program as your program, and (3) the national population of graduates. Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Test Plan Report results published prior to March 2000. This report is based on the NCLEX-RN® Test Plan. The major component of the test plan is Client Needs.

Content Dimension Reports

Each Content Dimension Report is identified in a separate section, including:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation and Coping

An introduction explaining these reports is included as the first page of each Content Dimension. Because percentile ranks are now based on graduate comparisons (rather than program comparisons), current results should not be compared to Content Dimension Reports results published prior to March 2000.

Test Duration/Test Plan Performance Report

This section provides two reports, one on Test Duration and one on Test Plan Performance.

The Test Duration Report includes the average number of questions taken by graduates in your program, graduates from your jurisdiction, graduates from similar programs nationwide, and all graduates nationwide. The number of candidates includes all candidates except those testing under extended timing conditions and/or completing less than the minimum number of items. This report also provides the average test time in minutes and the percentage of candidates taking the minimum and maximum number of questions.

The Test Plan Performance Report includes information on performance in each of the Client Needs subcategories for your graduates, graduates from your jurisdiction, graduates from similar programs nationwide, and all graduates nationwide, as well as an indication of how a candidate precisely at the passing standard would have performed (passing performance). This differs from the Test Plan Report in that performance here is defined with respect to the content domain, rather than in comparison with performance of other graduates.

We hope that you will find the NCLEX® Program Reports full of useful information that you will refer to many times. As always, we encourage your feedback. If you have any comments, compliments, or concerns, please write them down and let us know about them. We value your input!
The NCLEX® Program Reports provides detailed information about the NCLEX-RN® examination performance of the graduates of your program who tested for the first time during the twelve-month period covered by this edition. Information on passing rates and performance on a variety of content dimensions is provided, as are jurisdiction, program type, and national comparisons. These reports are designed to assist you in evaluating the strengths and weaknesses in your educational program.

The primary statistics included in these reports are percentages, the median and the percentile rank of that median, and the average. Several reports use the median (midpoint in a set of ranked performances), rather than the mean (arithmetic average) as the indicator of typical performance. This approach increases the stability of the results reported because the median is less affected by individuals with extreme performance. Due to the unreliability of results, median performance will not be calculated for programs with fewer than ten first-time candidates.

The percentile ranks compare the median performance of your graduates with that of the graduates in the comparison group. For example, a percentile rank of 84 means that the performance level of 84 percent of the graduates in the reference group was lower than (or equal to) the median performance level of your graduates. You may think of this median performance level as the performance of your "typical" graduate.

Because the range of program median performance is not nearly as great as that of the performance of individual graduates, percentile ranks at the extremes are unlikely. In addition, small differences in performance can lead to relatively large differences in performance percentile ranks. For this reason, some fluctuations in the percentile ranks based on your graduates’ performance can be expected across categories. This effect is greater near the center of the distribution (in the middle of the percentile ranks). In other words, only a small difference in performance separates the 45th and 50th percentiles, while a relatively large difference in performance separates the 90th and 95th percentiles, or the 5th and 10th percentiles.

With the NCLEX-RN examination administered using computerized adaptive testing (CAT), each candidate receives a unique examination, ranging in length from a minimum of 60 scored items to a maximum of 250 scored items. Every examination, whatever its length, contains a controlled percentage of questions from each of the content areas covered in the NCLEX-RN® Test Plan. The NCLEX® Program Reports contains information about your graduates’ performance in each of the test plan areas, and also in other content frameworks NOT the same as the NCLEX-RN® Test Plan. These Content Dimension Reports provide information about your graduates based on frameworks of: Nursing Process, Human Functioning, Health Alterations, Wellness/Illness Continuum, Stages of Maturity, and Stress, Adaptation and Coping. Every NCLEX-RN examination is composed of questions that fulfill the NCLEX-RN® Test Plan percentages but, because the selection of questions is not controlled with respect to these other content frameworks, candidates needing fewer questions on their NCLEX-RN examination may not be administered items from some of these content dimension categories. To ensure the reliability of the information provided in these reports, graduates who did not answer at least three questions within a content category are not included in the summary of performance in that category. This exclusion will only occur for the Content Dimension Reports. Median performance will not be calculated if fewer than ten graduates received at least three items in that category.

The Test Duration Report provides information about the number of questions answered and the amount of time spent by your graduates on the NCLEX-RN examination. With CAT, the number of questions answered provides information about how close the candidate was to the passing standard. In comparing your program to other programs, it is useful to examine the average number of questions taken by your graduates who passed and who failed. For example, if the average number of questions taken by your graduates who passed was lower than for the comparison group, this suggests that they demonstrated their competence more quickly than graduates in the comparison groups. Similarly, if your program has a higher percentage of passing graduates take the minimum number of questions, then your passing graduates demonstrated their competence more quickly, indicating a higher level of competence.
The proportion of candidates answering the maximum number of questions reflects the proportion of candidates close to the passing standard. A high proportion of failing candidates answering the maximum number shows that most who failed were close to passing and, conversely, a high proportion of passing candidates answering the maximum number of questions shows that most of the passers did not pass by a large margin.

Therefore, these are NOT the actual percentages of questions answered correctly.

The passing performance data should be interpreted as the percentage of all possible questions in the test plan area that a candidate with a competence level at precisely the passing standard would be able to answer correctly. This percentage varies across the content areas because the questions within these areas differ in average difficulty. For the content areas where questions are easier, passing performance corresponds to a higher percentage of correct answers. Similarly, for the content areas where questions are more difficult, passing performance corresponds to a lower percentage of correct answers. Comparisons of your graduates’ median performance with the passing performance levels may help you identify potential strengths and weaknesses in your instructional program.

**Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average test time</td>
<td>Mean amount of time candidates took to complete the NCLEX-RN® examination. Maximum amount of time allowed for testing is six hours, unless the candidate has been approved by a board of nursing for extended testing time as a special accommodation.</td>
</tr>
<tr>
<td>Client Needs</td>
<td>Subcategories as stated in the NCLEX-RN® Test Plan include: Management of Care, Safety and Infection Control, Health Promotion and Maintenance, Psychosocial Integrity, Basic Care and Comfort, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, Physiological Adaptation.</td>
</tr>
<tr>
<td>Computerized Adaptive Testing (CAT)</td>
<td>Computerized adaptive testing is a method for administering tests that uses current computer technology and measurement theory. CAT creates examinations that are unique for each candidate; the exam is assembled interactively as the individual is tested.</td>
</tr>
<tr>
<td>First-time candidate</td>
<td>Candidate for whom there is no prior history of taking the NCLEX-RN examination.</td>
</tr>
<tr>
<td>Graduate/Candidate</td>
<td>A student who has completed the requirements of an educational program and is now applying for licensure to practice nursing.</td>
</tr>
<tr>
<td>Jurisdiction</td>
<td>Board of nursing to which a graduate is applying for licensure. State or territory in which your program resides.</td>
</tr>
<tr>
<td>Minimum number of items</td>
<td>Each test requires the candidate to complete a minimum number of examination items. For Registered Nurse candidates, the minimum number of items is 60 operational items with 15 pretest items, for a total of 75 items.</td>
</tr>
<tr>
<td>Maximum number of items</td>
<td>For Registered Nurse candidates, the maximum number of items is 265 (250 operational items and 15 pretest items).</td>
</tr>
<tr>
<td>National population</td>
<td>First-time U.S.-educated candidates taking the NCLEX-RN examination during the reporting cycle.</td>
</tr>
<tr>
<td>Nursing Process</td>
<td>A scientific problem-solving approach to client care that for the RN includes assessment, analysis, planning, implementation and evaluation.</td>
</tr>
<tr>
<td>Reporting Cycle/Reporting Period</td>
<td>NCLEX® Program Reports are generated cyclically, from April 1 through March 31.</td>
</tr>
<tr>
<td>Registration Process</td>
<td>Candidates must apply for licensure to the board of nursing in the jurisdiction in which they wish to be licensed. Boards of nursing authorize candidacy and send the candidates registration materials.</td>
</tr>
<tr>
<td>Test Plan</td>
<td>The test plan approved by the National Council of State Boards of Nursing that governs the content domain of the NCLEX-RN examination. The NCLEX-RN® Test Plan consists of one dimension: Client Needs.</td>
</tr>
</tbody>
</table>
The Summary Overview section contains tables to help you understand the performance of graduates from your program who were taking the NCLEX-RN® examination for the first time. Reports in this section include: Rank of Your Program Based on Percentage of Graduates Passing; Where Your Graduates Applied for Licensure; Percentage of Your Graduates Passing the NCLEX-RN® Examination; and Distribution of Programs by National Passing Percentages.

The first table, Rank of Your Program Based on Percentage of Graduates Passing (see sample below), shows how your program's passing rate compares with that of other programs within your licensing jurisdiction (state or territory), with that of other programs of a similar type (BSN, Associate Degree, or Diploma), and within the entire United States and its territories. Beneath the sample table are interpretation hints and more complete explanations of the table entries.

The second table, Where Your Graduates Applied for Licensure, includes all of your graduates who took the NCLEX-RN examination for the first time during the reporting period, even if they had applied for licensure before that time. This only reflects the state of initial licensure; they may have subsequently applied to additional states, but those applications would not appear in this table.

### SAMPLE TABLE

**RANK OF YOUR PROGRAM BASED ON PERCENTAGE OF GRADUATES PASSING**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
<th>APR-MAR 2010</th>
<th>APR-MAR 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>①</td>
<td>All Programs in Your Jurisdiction</td>
<td></td>
<td>1 of 8</td>
</tr>
<tr>
<td>②</td>
<td>All Similar Programs Across Every Jurisdiction</td>
<td>10 of 34</td>
<td></td>
</tr>
<tr>
<td>③</td>
<td>All Programs Across Every Jurisdiction</td>
<td>12 of 450</td>
<td></td>
</tr>
</tbody>
</table>

① The numbers in this row tell how the passing rate for your graduates who took the NCLEX-RN examination during this reporting period (if you had ten or more) compares with that of all programs in your licensing jurisdiction. The comparison group is all RN programs (BSN, Associate Degree, and Diploma) in your jurisdiction that had at least ten graduates take the NCLEX-RN examination during the reporting period.

② The numbers in this row tell how the passing rate for your graduates (if you had ten or more taking the NCLEX-RN examination during the reporting period) compares with all similar programs in the United States and its territories (BSN programs, if yours is a BSN program; Associate Degree programs, if yours is an Associate Degree program; or Diploma programs, if yours is a Diploma program). The comparison group is all RN programs of the same type, in any of the RN-licensing jurisdictions, that had at least ten graduates take the NCLEX-RN examination during the reporting period.

③ The numbers in this row tell how the passing rate for your graduates (if you had ten or more taking the NCLEX-RN examination during the reporting period) compares with that of all RN programs in the United States and its territories. The comparison group is all RN programs (BSN, Associate Degree, or Diploma) in any of the RN-licensing jurisdictions, that had at least ten graduates take the NCLEX-RN examination during the reporting period.

④ This ranking was computed using all of your graduates, regardless of where they applied for licensure. The first number is your program's rank. The second number is the number of programs in the comparison group. The second number will vary slightly across time as the number of programs having at least ten graduates take the NCLEX-RN examination varies.

A problem with any rank ordering arises when there are ties. If more than one program has the same percentage passing, all are assigned the same rank. The assigned rank will be the highest one. For instance, if three programs have 100% passing, all three programs will be assigned the rank of 1. The next highest program will have a rank of 4, because positions 1, 2, and 3 are all taken by programs with 100% passing rates.
<table>
<thead>
<tr>
<th></th>
<th>OCT-MAR 2012</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs in Your Jurisdiction</td>
<td>4 of 19</td>
<td>5 of 21</td>
</tr>
<tr>
<td>All Similar Programs Across Every Jurisdiction</td>
<td>99 of 404</td>
<td>67 of 426</td>
</tr>
<tr>
<td>All Programs Across Every Jurisdiction</td>
<td>208 of 1075</td>
<td>159 of 1130</td>
</tr>
</tbody>
</table>

Notes: The rankings are based on the percentage of your graduates passing the NCLEX-RN® examination compared to other programs with at least ten graduates who took the NCLEX-RN examination during the same reporting period. All nursing programs with the same percentage of graduates passing the NCLEX-RN examination will have the same rank.
### WHERE YOUR GRADUATES APPLIED FOR LICENSURE

**OCT-MAR 2012**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>64</td>
</tr>
<tr>
<td>Florida</td>
<td>2</td>
</tr>
<tr>
<td>Louisiana-RN</td>
<td>2</td>
</tr>
<tr>
<td>Tennessee</td>
<td>2</td>
</tr>
<tr>
<td>Texas</td>
<td>2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>1</td>
</tr>
<tr>
<td>Georgia-RN</td>
<td>1</td>
</tr>
<tr>
<td>Hawaii</td>
<td>1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1</td>
</tr>
<tr>
<td>Utah</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Graduates</strong></td>
<td><strong>77</strong></td>
</tr>
</tbody>
</table>

### WHERE YOUR GRADUATES APPLIED FOR LICENSURE

**OCT-MAR 2013**

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>81</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4</td>
</tr>
<tr>
<td>Georgia-RN</td>
<td>2</td>
</tr>
<tr>
<td>Florida</td>
<td>1</td>
</tr>
<tr>
<td>Texas</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Graduates</strong></td>
<td><strong>89</strong></td>
</tr>
</tbody>
</table>
**Percentage of Your Graduates Passing the NCLEX-RN® Examination**

This section provides information on the number of your graduates who tested during this and previous time periods, the number and percentage who passed, and a comparison with other groups (found in the bar graphs on the following page). Percent passing is rounded at 0.5 and reported as an integer.

### PERCENTAGE OF YOUR GRADUATES PASSING THE NCLEX-RN® EXAMINATION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Your</td>
<td>75</td>
<td>87</td>
<td>77</td>
<td>85</td>
<td>89</td>
</tr>
<tr>
<td>Graduates Tested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number Passing</td>
<td>73</td>
<td>85</td>
<td>75</td>
<td>83</td>
<td>87</td>
</tr>
<tr>
<td>Percent Passing</td>
<td>97%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>

---

**Notes**

The numbers in the first row include everyone who tested during this period for the first time and gave your program code. This may include both recent and previous graduates.

The numbers in the second and third rows tell you how many (and what percent) of your first-time candidates who tested during this time period passed.
Percentage of Your Graduates Passing the NCLEX-RN® Examination

The bar graphs below show how the passing percentage of your graduates testing for the first time (reported in the previous table) compares to that of other groups.

When historical data are available, a comparison of the current and previous groups will be shown in both the table (found on page 3.3) and the corresponding bar graph chart titled Percentage of Your Graduates Passing Compared to Previous Periods.

The bar graph on the right, Percentage of Your Graduates Passing Compared to Other Groups, shows how your current group compares to (1) all graduates from your state or territory, (2) all graduates from programs of the same type as your program (BSN, Associate Degree, or Diploma), and (3) all graduates in the national population. The height of the bars reflects the percentage of first-time test-takers in that group who passed the NCLEX-RN examination.

PERCENTAGE OF YOUR GRADUATES PASSING

Compared to Previous Periods

<table>
<thead>
<tr>
<th>Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT-MAR 2011</td>
<td>97</td>
</tr>
<tr>
<td>APR-SEP 2011</td>
<td>98</td>
</tr>
<tr>
<td>OCT-MAR 2012</td>
<td>97</td>
</tr>
<tr>
<td>APR-SEP 2012</td>
<td>98</td>
</tr>
<tr>
<td>OCT-MAR 2013</td>
<td>98</td>
</tr>
</tbody>
</table>

Compared to Other Groups

<table>
<thead>
<tr>
<th>Category</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Graduates</td>
<td>98</td>
</tr>
<tr>
<td>Jurisdiction</td>
<td>91</td>
</tr>
<tr>
<td>Similar Programs</td>
<td>91</td>
</tr>
<tr>
<td>National</td>
<td>89</td>
</tr>
</tbody>
</table>

Notes

"Other Groups" consist of graduates taking the NCLEX-RN examination for the first time during the same time interval, and are defined as follows:

Jurisdiction – refers to all RN graduates within your state or jurisdiction.

Similar Programs – refers to RN graduates from the same type of program as your program. All RN programs are classified as either BSN, Associate Degree, or Diploma programs.

National – refers to all RN graduates within the fifty states, the District of Columbia, and the U.S. territories.
Distribution of Programs by National Passing Percentages

This table shows the number of programs of each type (BSN, Associate Degree, and Diploma) that had at least ten graduates test for the first time during this reporting period who achieved the following passing rates:

- Above 89 percent (in one percentage-point intervals)
- Between 70 and 89 percent (in ten percentage-point intervals)
- Below 70 percent

### DISTRIBUTION OF PROGRAMS BY NATIONAL PASSING PERCENTAGES

<table>
<thead>
<tr>
<th>% of First-time, U.S.-educated Graduates Passing</th>
<th>BSN</th>
<th>AD</th>
<th>DIP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>60</td>
<td>80</td>
<td>6</td>
<td>146</td>
</tr>
<tr>
<td>99</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>98</td>
<td>25</td>
<td>26</td>
<td>1</td>
<td>52</td>
</tr>
<tr>
<td>97</td>
<td>28</td>
<td>34</td>
<td>2</td>
<td>64</td>
</tr>
<tr>
<td>96</td>
<td>31</td>
<td>42</td>
<td>1</td>
<td>74</td>
</tr>
<tr>
<td>95</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>94</td>
<td>24</td>
<td>46</td>
<td>2</td>
<td>72</td>
</tr>
<tr>
<td>93</td>
<td>15</td>
<td>34</td>
<td>2</td>
<td>51</td>
</tr>
<tr>
<td>92</td>
<td>26</td>
<td>43</td>
<td>2</td>
<td>71</td>
</tr>
<tr>
<td>91</td>
<td>27</td>
<td>26</td>
<td>0</td>
<td>53</td>
</tr>
<tr>
<td>90</td>
<td>19</td>
<td>33</td>
<td>1</td>
<td>53</td>
</tr>
<tr>
<td>80-89</td>
<td>83</td>
<td>157</td>
<td>6</td>
<td>246</td>
</tr>
<tr>
<td>70-79</td>
<td>30</td>
<td>64</td>
<td>2</td>
<td>96</td>
</tr>
<tr>
<td>Below 70</td>
<td>21</td>
<td>55</td>
<td>2</td>
<td>78</td>
</tr>
<tr>
<td><strong>Total Number of Programs</strong></td>
<td>426</td>
<td>677</td>
<td>27</td>
<td>1130</td>
</tr>
</tbody>
</table>

Your Program’s Passing Percentage = 98

---

Notes

BSN refers to Baccalaureate programs; AD refers to Associate Degree programs; DIP refers to Diploma programs.
The NCLEX-RN® Test Plan Report presents information on your graduates’ performance on the NCLEX-RN examination, based on the content breakdown of the 2009 NCLEX-RN® Test Plan, with the following comparison groups: (1) graduates from your jurisdiction, (2) graduates from the same type of educational program (BSN, Associate Degree, or Diploma), and (3) the national population of graduates. The major component of the NCLEX-RN® Test Plan, Client Needs, is described below.

**NCLEX-RN® TEST PLAN**

The content of the NCLEX-RN® Test Plan is organized into four major Client Needs categories. Two of the four categories are further divided into a total of six subcategories:

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>All content categories and subcategories reflect client needs across the life span in a variety of settings.</td>
<td></td>
</tr>
<tr>
<td><strong>Safe and Effective Care Environment</strong></td>
<td></td>
</tr>
<tr>
<td>The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.</td>
<td></td>
</tr>
<tr>
<td>• Management of Care – providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and health care personnel.</td>
<td>16-22%</td>
</tr>
<tr>
<td>• Safety and Infection Control – protecting clients, family/significant others and health care personnel from health and environmental hazards.</td>
<td>8-14%</td>
</tr>
<tr>
<td><strong>Health Promotion and Maintenance</strong></td>
<td></td>
</tr>
<tr>
<td>The nurse provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health programs; and strategies to achieve optimal health.</td>
<td>6-12%</td>
</tr>
<tr>
<td><strong>Psychosocial Integrity</strong></td>
<td></td>
</tr>
<tr>
<td>The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.</td>
<td>6-12%</td>
</tr>
<tr>
<td><strong>Physiological Integrity</strong></td>
<td></td>
</tr>
<tr>
<td>The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.</td>
<td></td>
</tr>
<tr>
<td>• Basic Care and Comfort – providing comfort and assistance in the performance of activities of daily living.</td>
<td>6-12%</td>
</tr>
<tr>
<td>• Pharmacological and Parenteral Therapies – providing care related to the administration of medications and parenteral therapies.</td>
<td>13-19%</td>
</tr>
<tr>
<td>• Reduction of Risk Potential – reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.</td>
<td>10-16%</td>
</tr>
<tr>
<td>• Physiological Adaptation – managing and providing care to clients with acute, chronic, or life-threatening physical health conditions.</td>
<td>11-17%</td>
</tr>
</tbody>
</table>

The following processes are integrated into all Client needs categories of the Test Plan: Nursing Process; Caring; Communication and Documentation; and Teaching and Learning.

Note that the "Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.
The percentage of test questions assigned to each Client Needs category and subcategory in the NCLEX-RN® Test Plan is based on the results of the Report of Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2009), and expert judgment provided by members of the NCSBN Examination Committee.
Percentile Rank Charts of Test Plan Performance

These charts show how well your program’s typical graduate (taking the NCLEX-RN® examination for the first time during this reporting period) performed in the different Clients Needs subcategories and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in terms of the content breakdown specified in the NCLEX-RN® Test Plan. The NCLEX-RN examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the Client Needs subcategories (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of an observed score difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (typical) graduate did as well or better than 75% of the graduates in the country in the first subcategory (Management of Care), but only 50% of graduates in the second subcategory (Safety and Infection Control). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Test Plan Report results published prior to March 2000.
TEST PLAN REPORT

CLIENT NEEDS

Percentile Ranks of Your Graduates Compared to Graduates from Your Jurisdiction

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performances of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates' performances.

Notes

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

Management of Care

Safety and Infection Control

Health Promotion and Maintenance

Psychosocial Integrity

Basic Care and Comfort

Pharmacological and Parenteral Therapies

Reduction of Risk Potential

Physiological Adaptation

OCT-MAR 2012

OCT-MAR 2013
TEST PLAN REPORT

CLIENT NEEDS

Percentile Ranks of Your Graduates
Compared to National Population of Graduates from Similar Programs

OCT-MAR 2012  OCT-MAR 2013

<table>
<thead>
<tr>
<th>Content Area</th>
<th>OCT-MAR 2012</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Care</td>
<td>62</td>
<td>51</td>
</tr>
<tr>
<td>Safety and Infection Control</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>55</td>
<td>52</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>61</td>
<td>58</td>
</tr>
<tr>
<td>Basic Care and Comfort</td>
<td>51</td>
<td>47</td>
</tr>
<tr>
<td>Pharmacological and Parenteral Therapies</td>
<td>56</td>
<td>53</td>
</tr>
<tr>
<td>Reduction of Risk Potential</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Physiological Adaptation</td>
<td>62</td>
<td>66</td>
</tr>
</tbody>
</table>

Notes:
The percentile ranks are based on the median performance of your graduates in each content area, compared with the median performance of graduates from other similar programs. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

"Similar Programs" refers to graduates from RN programs of the same type as your program who took the NCLEX examination during the same reporting period.
All RN programs are classified as either BSN, Associate Degree, or Diploma programs.
As noted in the explanation on page 4.3, differences in percentile ranks should be interpreted with caution.
The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates in the national population. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

Notes

The national population refers to graduates from all programs in the fifty states, the District of Columbia, and the U.S. territories who took the NCLEX examination during the same time interval.

As noted in the explanation on page 4.3, differences in percentile ranks should be interpreted with caution.
Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients’ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The first set of the Content Dimension Reports is based on the Nursing Process.

**NURSING PROCESS**

The Nursing Process provides a framework for organizing and delivering nursing care to clients and groups. The five phases of the nursing process for the RN include: Assessment, Analysis, Planning, Implementation, and Evaluation.

**Assessment**
This phase consists of establishing a database by gathering objective and subjective client data and confirming the data. The nurse collects information relative to the client, verifies the data, and communicates the assessment data to relevant members of the health care team.

**Analysis**
This phase consists of the identification of client health care needs and/or problems based on an interpretation of assessment data. The nurse then formulates nursing diagnosis, and communicates the analysis findings to relevant members of the health care team.

**Planning**
This phase consists of setting goals for meeting client needs and designing strategies to achieve expected client outcomes. The nurse determines the expected client outcomes, develops and modifies the plan of care, formulates outcome criteria, and communicates the plan of care to relevant members of the health care team.

**Implementation**
This phase consists of initiating and/or completing actions in order to accomplish the defined goals of care. The nurse organizes, manages and provides care to accomplish expected client outcomes, and communicates nursing interventions to relevant members of the health care team.

**Evaluation**
This phase consists of determining whether or not the client outcomes have been achieved and interventions have been successful. The nurse compares the actual outcomes with expected outcomes of care and communicates the client responses to interventions and/or teaching.
Percentile Rank Charts of Content Dimension Performance

These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Assessment), but only 50% of graduates in the second content area (Analysis). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
CONTENT DIMENSION REPORT

NURSING PROCESS

Percentile Ranks of Your Graduates Compared to Graduates from Your Jurisdiction

OCT-MAR 2012  OCT-MAR 2013

<table>
<thead>
<tr>
<th>Dimension</th>
<th>OCT-MAR 2012</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>65</td>
<td>63</td>
</tr>
<tr>
<td>Analysis</td>
<td>63</td>
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<td>Planning</td>
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<td>Implementation</td>
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<td>51</td>
</tr>
<tr>
<td>Evaluation</td>
<td>56</td>
<td>51</td>
</tr>
</tbody>
</table>

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

NURSING PROCESS

Percentile Ranks of Your Graduates Compared to National Population of Graduates from Similar Programs

OCT-MAR 2012  OCT-MAR 2013

Assessment  59  62
Analysis  56  65
Planning  61  53
Implementation  59  51
Evaluation  48  45

Notes

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all similar programs. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.1.2, differences in percentile ranks should be interpreted with caution.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates in the national population. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.1.2, differences in percentile ranks should be interpreted with caution.
Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients’ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The second set of the Content Dimension Reports is based on the Categories of Human Functioning.

**CATEGORIES OF HUMAN FUNCTIONING**

Categories of Human Functioning is a framework that focuses on a client’s ability to maintain essential life functions. The ability to function adequately in each of the categories results in a healthy person. Alterations in any category can affect health. Each of the Categories of Human Functioning is described below.

Categories of Human Functioning describe major disturbances to the wellness continuum.

1. **Protective (safety):** Functions related to protection and defense of the body are classified in the protective category. Physical safety is dependent on protection from infection, injury, accidents, exposure, and abuse. Measures utilized to reduce these threats, such as assessing for side effects of medications and providing perioperative care, are incorporated in this category.

2. **Sensory-Perceptual (cognitive-perceptual):** Functions related to cognitive, sensory, and perceptual stimuli and the health concerns that develop from overload and deprivations are the basis of this category. Content related to the ability to speak, hear, taste, touch, smell, comprehend and remember are included. Alterations in the central and peripheral nervous system and the senses account for the major health problems included in this category.

3. **Comfort, Rest, Activity, and Mobility (activity, sleep, and rest):** Topics related to maintaining activities of daily living and the perception of comfort and rest/sleep are the principal components in this category. Alterations are related to factors that interfere with the neuromuscular system.

4. **Nutrition (nutritional-metabolic):** The consumption of food and fluid and the ability to meet the metabolic needs of the body fall under this category. Normal growth and development influence this category as do disorders that interfere with ingestion, digestion, and metabolism.

5. **Growth and Development:** Basic concepts of maturation from conception throughout the life span are included in the growth and development category. Childbearing and child rearing are viewed as part of development; thus, any alterations in these areas are included in this category.

6. **Fluid-Gas Transport:** The ability for an exchange of gases in the lungs and at the cellular level forms an essential category. Alterations exist when the cardio-pulmonary and hematologic systems are affected.

7. **Psychosocial-Cultural Functions (psychosocial dimensions):** Human interaction, whether it is within the individual, between two or more people, or in a large group, is the basis for this category. Self-concept, therapeutic communication, ethical-legal issues, spiritual needs, grieving and dying are all stages of this category.

8. **Elimination:** Excretory functions of the bowel and bladder are the components of this category. Alterations in gastrointestinal or urinary patterns are the main causes of health problems in elimination.
These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Protective Functions), but only 50% of graduates in the second content area (Sensory-Perceptual Functions). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT
HUMAN FUNCTIONING
Percentile Ranks of Your Graduates
Compared to National Population of Graduates from Similar Programs

OCT-MAR 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentile Rank</th>
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<tr>
<td>Protective Functions</td>
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<td>Sensory-Perceptual Functions</td>
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<tr>
<td>Comfort, Rest, Activity, Mobility</td>
<td>55</td>
</tr>
<tr>
<td>Nutrition</td>
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</tr>
<tr>
<td>Growth and Development</td>
<td>48</td>
</tr>
<tr>
<td>Fluid-Gas Transport</td>
<td>54</td>
</tr>
<tr>
<td>Psychosocial-Cultural Functions</td>
<td>46</td>
</tr>
<tr>
<td>Elimination</td>
<td>56</td>
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OCT-MAR 2013

<table>
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<tr>
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Notes
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

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The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.2.2, differences in percentile ranks should be interpreted with caution.
### CONTENT DIMENSION REPORT

**HUMAN FUNCTIONING**

Percentile Ranks of Your Graduates Compared to National Population of Graduates

<table>
<thead>
<tr>
<th>Category</th>
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<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective Functions</td>
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<tr>
<td>Sensory-Perceptual Functions</td>
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<tr>
<td>Comfort, Rest, Activity, Mobility</td>
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<td>Growth and Development</td>
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<td>Psychosocial-Cultural Functions</td>
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<td>66</td>
</tr>
<tr>
<td>Elimination</td>
<td>41</td>
<td>56</td>
</tr>
</tbody>
</table>

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**Notes**

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates in the national population. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.2.2, differences in percentile ranks should be interpreted with caution.
Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients’ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The third set of the Content Dimension Reports is based on the Categories of Health Alterations.

**CATEGORIES OF HEALTH ALTERATIONS**

Categories of Health Alterations describe the fundamental body systems that may be impacted from changes in the wellness continuum.

1. **Cardiovascular**: includes the heart, blood, and the vascular and lymphatic systems. Content that relates to multisystem trauma is included in this category.

2. **Endocrine/Metabolic**: includes all health issues related to the endocrine glands, with the exception of the ovaries and testes. All aspects of care for the client with diabetes mellitus are included within the endocrine system.

3. **Gastrointestinal**: includes disorders as well as health issues related to the liver, biliary and exocrine pancreas.

4. **Reproductive**: encompasses childbearing, female and male reproductive disorders, sexuality, and fertility.

5. **Integumentary/Musculoskeletal**: are combined to include all functions related to skin, bones, and joints.

6. **Immune**: encompasses health matters related to the body’s ability to protect and defend. Infection, autoimmune diseases, hypersensitivity states and immune complex diseases are included.

7. **Nervous/Sensory**: incorporates alterations in the central and peripheral nervous system as well as health concerns related to functions of the senses.

8. **Psychosocial Behaviors**: encompasses concepts of mental health and mental illness. Therapeutic communication and behaviors associated with illness are incorporated.

9. **Renal/Urinary**: includes function and dysfunction related to the kidneys, bladder, and related structures.

10. **Respiratory**: incorporates all health considerations associated with gas exchange involving the lungs and related airway structures.
These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Cardiovascular), but only 50% of graduates in the second content area (Endocrine/Metabolic). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

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The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

HEALTH ALTERATIONS

Percentile Ranks of Your Graduates Compared to National Population of Graduates from Similar Programs

OCT-MAR 2012  OCT-MAR 2013

Cardiovascular  64  64
Endocrine/Metabolic  58  49
Gastro-intestinal  38  54
Reproductive  58  59
Integumentary/Musculoskeletal  55  59
Immune  48  40
Nervous/Sensory  49  50
Psychosocial Behaviors  55  59
Renal/Urinary  62  60
Respiratory  56  66

Notes
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

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The NCLEX Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The fourth set of the Content Dimension Reports is based on the Wellness/Illness Continuum.

**CATEGORIES OF WELLNESS/IllNESS CONTINUUM**

The wellness/illness continuum is defined as the range of one’s total health. This continuum is constantly changing in relation to the client’s physical, mental, and social being. Wellness and illness are at opposite ends of the continuum with a multitude of ranges in between. Health and illness are separate but coexisting and interacting. Wellness is a dynamic state that is altered as clients adjust to environmental stimuli and maintain a state of optimal stability. Illness represents a state in which health is diminished or impaired due to the client’s inability to adjust to environmental stimuli. This continuum is ever-changing throughout the life span.

Nursing and the health-illness care delivery system provide services in which clients are recipients in the following categories.

1. **Health Promotion**: includes prevention of illness, such as immunization of clients, screening for communicable diseases and control of the transmission of infection. Preventive care also involves educating clients regarding lifestyle practices in order to prevent illness. Health promotion is concerned with helping individuals expand their capabilities to live fuller and more satisfying lives. Normal growth and development along with normal childbearing are also included in health promotion.

2. **Health Maintenance**: includes preservation of the health status of an individual. The client in this category will need ongoing care because of continuous threats to optimum health. These clients need rehabilitative services or may have chronic disease that needs constant monitoring. Clients may be in any age group.

3. **Health Restoration, Acute/Simple**: encompasses clients who are generally healthy but have an alteration leading to diagnostic testing, injury, or illness. These clients generally have an acute health alteration involving one system. This category also includes clients with complications related to pregnancy and childbirth.

4. **Health Restoration, Acute/Complex**: includes clients who are experiencing an acute illness but also have a previous chronic illness. The chronic illness may or may not be related to the acute health alteration. Therefore, more than one system is usually involved. These clients enter the health care system for diagnostic testing, complications of the chronic illness, acute illness or injury.
These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Health Promotion), but only 50% of graduates in the second content area (Health Maintenance). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
## CONTENT DIMENSION REPORT

### WELLNESS/ILLNESS CONTINUUM

Percentile Ranks of Your Graduates Compared to Graduates from Your Jurisdiction

<table>
<thead>
<tr>
<th>Category</th>
<th>OCT-MAR 2012</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>64</td>
<td>53</td>
</tr>
<tr>
<td>Health Maintenance</td>
<td>58</td>
<td>62</td>
</tr>
<tr>
<td>Health Restoration Acute/Simple</td>
<td>66</td>
<td>46</td>
</tr>
<tr>
<td>Health Restoration Acute/Complex</td>
<td>62</td>
<td>58</td>
</tr>
</tbody>
</table>

### Notes

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all similar programs. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.4.2, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

WELLNESS/ILLNESS CONTINUUM

Percentile Ranks of Your Graduates Compared to National Population of Graduates

OCT-MAR 2012 | OCT-MAR 2013

- Health Promotion: 60 | 52
- Health Maintenance: 51 | 61
- Health Restoration Acute/Simple: 62 | 51
- Health Restoration Acute/Complex: 60 | 60

---

**Notes**

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates in the national population. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.4.2, differences in percentile ranks should be interpreted with caution.

---

5.4.5
Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients’ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Ilness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The fifth set of the Content Dimension Reports is based on the Stages of Maturity.

**STAGES OF MATURITY**

The diversity of nursing roles requires nurses to have an understanding of human growth and development. Knowledge of growth and development is needed for recognizing normal patterns and understanding variations in all age groups. Understanding the expected growth and behaviors of each level of maturation provides the nurse with a framework for promoting the health of individuals. The maturational approach assists nurses in organizing typical behaviors that relate to each developmental period and in providing care in order to promote optimum growth and development.

The stages of maturity have been condensed into five specific age categories. Each of these categories is defined below. Some NCLEX® examination questions concern the provision of care to clients whose needs are the same regardless of age or developmental level. These questions are grouped into the sixth category, Life Span.

**Maturation Content Categories**

1. **Natal: Prenatal to 1 year**: begins with conception and includes fetal growth and development, birth and the development and health problems of the neonate and infant.

2. **Childhood: 1-10 years**: includes the growth, development and health problems of the toddler, preschool, and school-aged child.

3. **Adolescence: 11-19 years**: begins with the onset of puberty and comprises the health issues related to the physical, psychosocial and emotional development leading to adulthood.

4. **Adulthood: 20-65 years**: encompasses the period when physical growth has halted and the effects of aging begin. There are many health considerations that relate to the social, physiological and biological changes of adulthood.

5. **Older Adulthood: 66 years and older**: encompasses the aging process that results in inevitable changes affecting the health of the older adult. These age-related changes are often complex and can result in chronic illness, disabilities, and death.

6. **Life Span**: Certain health concepts are universal and continuous. These concepts do not change with a specific age or developmental level.
Percentile Rank Charts of Content Dimension Performance

These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories. Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Natal), but only 50% of graduates in the second content area (Childhood). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to Graduates from Your Jurisdiction

OCT-MAR 2012  OCT-MAR 2013

Natal  60  60
Childhood  55  57
Adolescence  67  57
Adulthood  66  54
Older Adulthood  62  51
Life Span

Notes

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to National Population of Graduates from Similar Programs

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

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As noted in the explanation on page 5.5.2, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to National Population of Graduates

OCT-MAR 2012
OCT-MAR 2013

<table>
<thead>
<tr>
<th>Stage</th>
<th>OCT-MAR 2012</th>
<th>OCT-MAR 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natal</td>
<td>47</td>
<td>60</td>
</tr>
<tr>
<td>Childhood</td>
<td>62</td>
<td>56</td>
</tr>
<tr>
<td>Adolescence</td>
<td>63</td>
<td>57</td>
</tr>
<tr>
<td>Adulthood</td>
<td>58</td>
<td>52</td>
</tr>
<tr>
<td>Older</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Adulthood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Span</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

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Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients’ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The last set of the Content Dimension Reports is based on the Stress, Adaptation, and Coping Model.

**STRESS, ADAPTATION, AND COPING**

The stress, adaptation, and coping model according to Roy (1980) is the process of adjusting or modifying behavior using biopsychosocial mechanisms to maintain personal integrity. The level of adaptation is determined by the effect of three classes of stimuli: (1) focal stimuli, or those changes that immediately confront the client, (2) contextual stimuli, which include all other measurable and observable stimuli present that contribute to the situation, and (3) residual stimuli, beliefs, characteristics, and attitudes the client had acquired in the past. Each client has his/her own range of adaptation to stimuli in which one responds with ordinary adaptive responses. When one is stimulated, the adaptation response can be categorized according to four modes of adaptation: physiological needs, self-concept, role function, or interdependence. The role of nursing is that of promoting adaptation in all four modes during health and illness.

1. **Physiologic Needs**: The physiologic mode is an adaptation response associated with variations in activity and rest, elimination, endocrine function, fluid, electrolytes, neurological function, nutrition, oxygenation, senses, and skin integrity.

2. **Self-Concept**: The self-concept mode is an adaptive response related to self-esteem, personality, identity, body image, depression, anxiety, fear, impaired adjustment, identity confusion, powerlessness, noncompliance, role performance, hopelessness and trauma.

3. **Role Function**: The role function model is an adaptive response that stems from the inability to perform behaviors related to parenting, family coping, work-related responsibilities or a role acquired as a receptor of the health care system.

4. **Interdependence**: The interdependence mode reflects a reciprocal relationship that involves giving and receiving between the adapting person and another person in the environment. This adaptive response is evident in grieving, social isolation, potential for violence, impaired social interaction and spiritual distress.
Percentile Rank Charts of Content Dimension Performance

These charts show how well your program’s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year’s typical graduate and with graduates across the United States and its territories.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program’s typical graduate compares with the rest of the country, (2) how well your program’s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Physiologic Needs), but only 50% of graduates in the second content area (Self-Concept). In the previous time period, that pattern was reversed."

Prior to March 2000, percentile ranks were based on program comparisons (rather than graduate comparisons). For this reason, current results should not be compared to Content Dimension Report results published prior to March 2000.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from your jurisdiction. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.
CONTENT DIMENSION REPORT

STRESS, ADAPTATION, AND COPING

Percentile Ranks of Your Graduates
Compared to National Population of Graduates from Similar Programs

OCT-MAR 2012 □ □ □ □
OCT-MAR 2013 □ □ □ □

Physiologic Needs
Self-Concept
Role Function
Interdependence

Due to the variable length of the examination, it is possible
that not all of your candidates received a sufficient number
of questions (at least three) to be included in each category.
If fewer than ten of your candidates received a sufficient
number of questions in a given category, the percentile rank
of your candidates’ performance for that category is not
reported.

The percentile ranks are based on the median performance
of your graduates in each content area, compared with the
performance of graduates from all similar programs. The
median performance in a given content area falls in the
middle of all your graduates’ performances (that is, half of your graduates perform
above this level, and half perform below this level).

The number of graduates included in the percentile ranks
may differ across categories due to the variable length of
the examination. Only graduates who took a sufficient
number of questions in each category are included in the
percentile ranks.

As noted in the explanation on page 5.6.2, differences in
percentile ranks should be interpreted with caution.
Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates’ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates in the national population. The median performance in a given content area falls in the middle of all your graduates’ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.6.2, differences in percentile ranks should be interpreted with caution.
This section provides information about your graduates NCLEX-RN® examination testing experiences and about their performance in each of the test plan content areas.

### Test Duration Report

The Test Duration Report provides information about the number of questions answered and the amount of time spent on the NCLEX-RN examination by your graduates. The average number of questions taken, the average amount of time spent on the examination and the percent taking the maximum and minimum number of questions are reported separately for those who passed and failed, as well as for the total group.

With CAT, the number of questions answered provides information about how close the candidate was to the passing standard. In comparing your program to other programs, it is useful to examine the average number of questions taken by your graduates who passed and who failed. For example, if the average number of questions taken by your graduates who passed was lower than the comparison group, this suggests your graduates were able to demonstrate their competence more quickly than were graduates in the comparison groups. Similarly, if you have a higher percentage of your passing graduates take the minimum number of questions, then your passing graduates demonstrated their competence more quickly.

The proportion answering the maximum number of questions reflects the proportion that is close to the passing standard. A high proportion of failing candidates answering the maximum number of questions shows that most who failed were close to passing, and conversely, a high proportion of passing candidates answering the maximum number of questions shows that most of the passers did not pass by a large margin.

### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVERAGE NUMBER OF QUESTIONS TAKEN</td>
<td>The reported results include 15 pretest items.</td>
</tr>
<tr>
<td>MINIMUM NUMBER OF QUESTIONS</td>
<td>The minimum number of items is 75 (which includes 15 pretest items). Only candidates taking the minimum possible number of questions are included in the results.</td>
</tr>
<tr>
<td>MAXIMUM NUMBER OF QUESTIONS</td>
<td>The maximum number of items is 265 (which includes 15 pretest items).</td>
</tr>
<tr>
<td>AVERAGE TEST TIME</td>
<td>The maximum testing time is 360 minutes (six hours). Candidates testing under extended timing conditions are excluded from the results.</td>
</tr>
</tbody>
</table>
### TEST DURATION REPORT

<table>
<thead>
<tr>
<th>Average Number of Questions Taken</th>
<th>Graduates from Your Program</th>
<th>Graduates from Your Jurisdiction</th>
<th>Graduates from Similar Programs Across Every Jurisdiction</th>
<th>Graduates from All Programs Across Every Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passers</td>
<td>92</td>
<td>103</td>
<td>103</td>
<td>106</td>
</tr>
<tr>
<td>Failers</td>
<td>247</td>
<td>188</td>
<td>181</td>
<td>181</td>
</tr>
<tr>
<td>All Candidates</td>
<td>95</td>
<td>111</td>
<td>110</td>
<td>114</td>
</tr>
</tbody>
</table>

### Average Test Time in Minutes

<table>
<thead>
<tr>
<th></th>
<th>Passers</th>
<th>Failers</th>
<th>All Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passers</td>
<td>123</td>
<td>367</td>
<td>129</td>
</tr>
<tr>
<td>Failers</td>
<td>125</td>
<td>218</td>
<td>133</td>
</tr>
<tr>
<td>All Candidates</td>
<td>127</td>
<td>217</td>
<td>135</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Percentage of Candidates Taking Minimum Number of Questions

<table>
<thead>
<tr>
<th></th>
<th>Passers</th>
<th>Failers</th>
<th>All Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passers</td>
<td>61%</td>
<td>0%</td>
<td>60%</td>
</tr>
<tr>
<td>Failers</td>
<td>59%</td>
<td>18%</td>
<td>56%</td>
</tr>
<tr>
<td>All Candidates</td>
<td>59%</td>
<td>20%</td>
<td>55%</td>
</tr>
</tbody>
</table>

### Percentage of Candidates Taking Maximum Number of Questions

<table>
<thead>
<tr>
<th></th>
<th>Passers</th>
<th>Failers</th>
<th>All Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passers</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Failers</td>
<td>7%</td>
<td>39%</td>
<td>10%</td>
</tr>
<tr>
<td>All Candidates</td>
<td>7%</td>
<td>39%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Percentage of Candidates Taking Minimum Number of Questions**

**Percentage of Candidates Taking Maximum Number of Questions**
Test Plan Performance Report

The Test Plan Performance Report provides information on the performance of your median graduate in each area of the NCLEX-RN® Test Plan. Performance is reported as the expected percentage of all possible questions that could be administered in a given category that would be answered correctly by a graduate at this performance level. The measurement model enables this estimate of expected percentages on a very large common set of questions, even though each graduate took only a much smaller, unique set of questions. Therefore, these are NOT the actual percentages of questions answered correctly.

Test plan performance is based on the median ability score for your program’s graduates. Therefore, expected percentage correct will be reported only for programs with at least ten candidates testing for the first time during this reporting period. Likewise, test plan performance will not be reported for jurisdictions with fewer than ten candidates testing for the first time during this reporting period.

Passing performance can be interpreted as the percentage of all possible questions that a candidate with an ability precisely at the passing standard would be able to answer correctly. This percentage varies across the content areas because the questions within these areas differ in average difficulty. For the content areas where questions are easier, passing performance corresponds to a higher percentage of correct answers. Similarly, for the content areas where questions are more difficult, passing performance corresponds to a lower percentage of correct answers.

Comparisons of your graduates’ median performance with the passing performance levels may help you identify strengths and weaknesses in your instructional program.

Glossary

<table>
<thead>
<tr>
<th>Expected Percentage Correct</th>
<th>Derived from your typical graduate’s ability score, expected percentage correct is an estimation of performance. This is not the actual percentage of questions answered correctly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passing Performance</td>
<td>The expected percentage correct for a test plan area that would be achieved by a candidate with a competence level precisely at the passing standard.</td>
</tr>
<tr>
<td>Test Plan Performance</td>
<td>Reported as the expected percentage of all possible questions that could be administered in each of Client Needs subcategories that would be answered correctly by your typical graduate.</td>
</tr>
</tbody>
</table>
## TEST PLAN PERFORMANCE REPORT
### Expected Percentage Correct

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Graduates from Your Program</th>
<th>Passing Performance</th>
<th>Graduates from Your Jurisdiction</th>
<th>Graduates from Similar Programs Across Every Jurisdiction</th>
<th>Graduates from All Programs Across Every Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Care</td>
<td>61%</td>
<td>50%</td>
<td>60%</td>
<td>61%</td>
<td>60%</td>
</tr>
<tr>
<td>Safety and Infection Control</td>
<td>57%</td>
<td>50%</td>
<td>59%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>Health Promotion and Maintenance</td>
<td>61%</td>
<td>51%</td>
<td>59%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>64%</td>
<td>51%</td>
<td>59%</td>
<td>61%</td>
<td>59%</td>
</tr>
<tr>
<td>Basic Care and Comfort</td>
<td>59%</td>
<td>50%</td>
<td>59%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>Pharmacological and Parenteral Therapies</td>
<td>61%</td>
<td>50%</td>
<td>60%</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>Reduction of Risk Potential</td>
<td>61%</td>
<td>50%</td>
<td>60%</td>
<td>59%</td>
<td>59%</td>
</tr>
<tr>
<td>Physiological Adaptation</td>
<td>66%</td>
<td>50%</td>
<td>61%</td>
<td>60%</td>
<td>59%</td>
</tr>
</tbody>
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**Notes**

Test plan performance is based on the median performance of your graduates in each content area. It is interpreted as the expected percentage of all possible questions that could be administered in a given category that would be answered correctly by your typical graduate.

Passing performance is interpreted as the percentage of all possible questions that could be administered in a given category that corresponds to minimum passing performance.
REFERENCES


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Capstone College of Nursing  
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<table>
<thead>
<tr>
<th>Program Objectives</th>
<th>BSN Essentials</th>
<th>Student Learning Objectives (SLO) (Course #, SLO #)</th>
<th>Clinical Objectives</th>
</tr>
</thead>
</table>
| I. Synthesize knowledge from the disciplines of nursing, the sciences, and the humanities as the basis for decision-making for the professional practice of nursing. | Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice  
Concepts:  
Natural and social sciences  
Language competence  
Genetics, genomics  
Essential IX: Baccalaureate Generalist Nursing Practice  
Concepts:  
End of life care, death and dying  
Evidence based practice  
Lifelong learning  
Comorbidities/chronic illness/mental health  
Mastery of core principles in order to guide nursing skills  
Communication  
Changing population demographics  
Complementary and alternative therapies  
Health literacy consideration | NUR 305 (SLO # 1, 2, 3, 4, 6)  
NUR 307 (SLO # 1, 2, 4, 5, 6)  
NUR 308 (SLO # 2, 8)  
NUR 324 (SLO # 1, 10, 12)  
NUR 326 (SLO # 1, 2)  
NUR 328 (SLO # 9)  
NUR 372 (SLO # 1)  
NUR 374 (SLO # 1, 8)  
NUR 418 (SLO # 1, 2, 4, 5, 6, 7)  
NUR 420 (SLO # 1, 2)  
NUR 422 (SLO # 1, 4, 5, 6, 8)  
NUR 471 (SLO # 1, 3, 5, 8, 9)  
NUR 473 (SLO # 1, 2, 9, 10) | Demonstrates responsibility and accountability at a level consistent with the expected knowledge base. (I, II, V, VI) |

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II. Utilize critical thinking such as inquiry and analysis in promoting, attaining, or restoring health throughout the life span.  

| Essential IX: Baccalaureate Generalist Nursing Practice | NUR 305 (SLO #1, 2, 3, 6)  
NUR 308 (SLO # 3, 6)  
NUR 309 (SLO#1)  
NUR 324 (SLO# 2, 3, 8, 10, 12)  
NUR 326 (SLO# 2, 9)  
NUR 328 (SLO# 2, 8)  
NUR 372 (SLO# 2, 3, 4, 5, 6, 8, 9, 10)  
NUR 374 (SLO# 2, 6, 8, 10)  
NUR 418 (SLO# 2, 4, 5, 6, 7)  
NUR 420 (SLO# 3, 4)  
NUR 422 (SLO# 3, 6, 12, 13)  
NUR 471 (SLO# 2)  
NUR 473 (SLO# 1, 9, 10) | Demonstrates responsibility and accountability at a level consistent with the expected knowledge base. (I, II, V, VI)  
Gives accurate reports in the clinical setting. (II, IV, VI, XI)  
Recognizes hazards and takes appropriate action in order to insure patient safety. (II, V, IX)  
Maintains medical and surgical asepsis. (II, III)  
Performs psychomotor skills at expected competency level. (II, III)  
Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII)  
Establishes therapeutic relationships when providing patient centered care. (II, III, VI)  
Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)  
Calculates medications correctly. (II, V, IX)  
Administers medications correctly. (II, V, IX)  
Shows evidence of preparation for the clinical experience. (II, III, IX) |

Concepts:  
End of life care, death and dying  
Evidence based practice  
Lifelong learning  
Comorbidities/chronic illness/mental health  
Mastery of core principles in order to guide nursing skills  
Communication  
Changing population demographics  
Complementary and alternative therapies  
Health literacy consideration
### III. Incorporate evidence-based practice in the delivery of patient-centered care;

**Essential III: Beginning Scholarship for Evidence-Based Practice**

**Concepts:**
- Translation into practice
- Identification of practice issues
- Evaluation of outcomes
- Participation in quality improvement
- Levels of evidence
- PICO format (Problem, Intervention, Comparison, Outcome)
- Link nursing actions to quality indicators

**NUR 305 (SLO # 2, 3, 4, 5, 6)**
- NUR 308 (SLO # 6)
- NUR 309 (SLO # 3, 5)
- NUR 324 (SLO # 2, 3, 8, 10, 12)
- NUR 326 (SLO # 1, 3, 7, 7, 9)
- NUR 328 (SLO # 1, 4, 5, 7, 7, 8, 9)
- NUR 372 (SLO # 2, 3, 4, 5, 6, 8, 9, 10)
- NUR 374 (SLO # 2, 3, 6, 8, 10)
- NUR 418 (SLO # 7)
- NUR 420 (SLO # 4)
- NUR 422 (SLO # 3, 4, 7, 13)
- NUR 473 (SLO # 3, 5)
- NUR 471 (SLO # 3, 5)

**Maintains medical and surgical asepsis. (II, III)**

**Performs psychomotor skills at expected competency level. (II, III)**

**Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII)**

**Establishes therapeutic relationships when providing patient centered care. (II, III, VI)**

**Makes evidence-based nursing decisions that are within ethical-legal parameters and consistent with HIPAA regulations. (III, VI)**

**Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)**

**Shows evidence of preparation for the clinical experience. (II, III, IX)**

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### IV. Employ skilled communication to collaborate with interprofessional and intraprofessional

**Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes**

**Concepts:**

**NUR 306 (SLO # 4, 6)**
- NUR 309 (SLO # 4, 6, 8)
- NUR 324 (SLO # 2, 7, 12)
- NUR 326 (SLO # 8)
- NUR 372 (SLO # 6)

**Adheres to agency guidelines. (IV, V, VI, VII)**

**Gives accurate reports in the clinical setting. (II, IV, VI, XI)**
<table>
<thead>
<tr>
<th>V.</th>
<th>Demonstrate responsibility and accountability for personal and professional growth and professional nursing practice decisions;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration Examples:</td>
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<tr>
<td>-</td>
<td>NUR 374 (SLO# 4)</td>
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<td>NUR 418 (SLO# 3, 5)</td>
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<td>NUR 420 (SLO# 3, 5, 6, 8)</td>
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<td>NUR 471 (SLO# 8, 9)</td>
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<td>-</td>
<td>NUR 473 (SLO# 8, 9, 10)</td>
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<tr>
<td>Essential VIII: Professionalism and Professional Values</td>
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<td>Concepts:</td>
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<td>-</td>
<td>Practice arts</td>
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<td>Professional behavior</td>
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<td>Professional growth and development throughout the lifespan</td>
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<td>Ethics/social justice</td>
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<td>Communication</td>
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<tr>
<td>Interprofessional teams</td>
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<td></td>
<td>Demonstrates responsibility and accountability at a level consistent with the expected knowledge base: (I, II, V, VI)</td>
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<td></td>
<td>Adheres to agency guidelines. (IV, V, VI, VII)</td>
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<td></td>
<td>Recognizes hazards and takes appropriate action in order to insure patient safety. (II, V, IX)</td>
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<tr>
<td></td>
<td>Demonstrates respect for the rights, dignity, culture and individually of all persons, within the context of social justice including but not limited to: maintaining confidentiality consistent with HIPAA regulations, providing privacy, and avoiding stereotyping. (V, VII, X)</td>
</tr>
<tr>
<td></td>
<td>Demonstrates behaviors consistent with professional nursing roles, including, but not limited to: motivation, communication, leadership,</td>
</tr>
</tbody>
</table>
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| VI. Provide patient centered care using skilled communication techniques within a framework of legal, ethical and professional standards | Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Concepts:
  - Interprofessional collaboration/education
  - Teamwork
  - Participatory decision making
  - Individual and shared accountability |

| | NUR 308 (SLO# 5, 6) |
| | NUR 309 (SLO#5) |
| | NUR 324 (SLO# 2, 7, 9) |
| | NUR 326 (SLO# 5, 8) |
| | NUR 328 (SLO# 2, 3) |
| | NUR 372 (SLO# 5) |
| | NUR 374 (SLO# 7) |
| | NUR 418 (SLO# 3, 9) |
| | NUR 420 (SLO# 1) |
| | NUR 422 (SLO# 12, 13) |
| | NUR 471 (SLO# 2, 4, 6, 7) |
| | NUR 473 (SLO# 5, 6) |

| | Demonstrates responsibility and accountability at a level consistent with the expected knowledge base: (I, II, V, VI) |
| | Adheres to agency guidelines. (IV, V, VI, VII) |
| | Gives accurate reports in the clinical setting. (II, IV, VI, XI) |
| | Establishes therapeutic relationships when providing patient centered care. (II, III, VI) |
| | Makes evidence-based nursing decisions that are within ethical-legal parameters and consistent with HIPAA regulations. (III, VI) |
| VII. Demonstrate leadership principles when managing the care of individuals and groups; | Essential II: Basic Organizational and Systems Leadership for Quality Care | Adheres to agency guidelines. (IV, V, VI, VII) | NUR 308 (SLO #4)  
NUR 309 (SLO #5)  
NUR 324 (SLO #7)  
NUR 328 (SLO #3)  
NUR 372 (SLO #2, 5, 7)  
NUR 418 (SLO #8)  
NUR 420 (SLO #7)  
NUR 422 (SLO #2, 3, 9)  
NUR 473 (SLO #4, 6, 8) |
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<tr>
<td></td>
<td>Concepts:</td>
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<td>• Leadership</td>
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<td>• Communication</td>
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<td>• Organizational systems</td>
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<td>• Safety including National Patient Safety Goals</td>
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<td>• Quality care</td>
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<td>• Nurse sensitive indicators</td>
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<td>• Cost-effectiveness</td>
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<td></td>
<td>• Quality improvement</td>
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</table>
| VIII. Demonstrate caring behaviors when working with individuals and groups; | Essential IX: Baccalaureate Generalist Nursing Practice | Demonstrates caring behaviors when working with individuals and groups. (II, III, VIII) | NUR 308 (SLO #6)  
NUR 309 (SLO #7)  
NUR 324 (SLO #6, 11)  
NUR 372 (SLO #10)  
NUR 374 (SLO #3, 7, 9) |
| | Concepts: | ||
| | • End of life care, death and dying | ||
| | • Evidence-based practice | ||
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| IX. | Facilitates patient centered care including patient education and patient safety employing a range of technologies; Essential IV: Information Management and Patient Care Technology within the Practice of the Baccalaureate Generalist Concepts: | NUR 326 (SLO# 3, 4, 8)  
NUR 328 (SLO# 8)  
NUR 372 (SLO# 2, 4, 10)  
NUR 374 (SLO# 6, 10)  
NUR 418 (SLO# 2)  
NUR 420 (SLO# 3)  
NUR 422 (SLO# 2, 3, 10)  
NUR 471 (SLO# 2, 4, 8, 9)  
NUR 473 (SLO# 5)  
NUR 478 (SLO# 4, 6, 9)  
NUR 480 (SLO# 4, 5, 8)  
NUR 471 (SLO# 1) |
|---|---|---|
| | Lifelong learning  
Comorbidities/chronic illness/mental health  
Mastery of core principles in order to guide nursing skills  
Communication  
Changing population demographics  
Complementary and alternative therapies  
Health literacy consideration | Gives accurate reports in the clinical setting. (II, IV, VI, IX)  
Recognizes hazards and takes appropriate action in order to insure patient safety. (II, V, IX)  
Utilizes the nursing process at a level consistent with the expected knowledge base. (II, III, IX)  
Promotes patient centered care with an emphasis on patient safety utilizing available technology. (IX)  
Shows evidence of preparation for the clinical experience. (II, III, IX) |
| X. | Demonstrate knowledge of social justice principles for a diverse society relevant to health and the Essential V: Health Care Policy, Finance, and Regulatory Environments Concepts: | NUR 307 (SLO # 2, 3, 4, 5, 6)  
NUR 308 (SLO # 1,6, 7)  
NUR 324 (SLO# 6, 9, 11)  
NUR 330 (SLO# 3)  
NUR 307 (SLO# 4, 6, 9) |
| | Demonstrates respect for the rights, dignity, culture and individually of all persons, within |
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<table>
<thead>
<tr>
<th>Essential VII: Clinical Prevention and Population Health for Optimizing Health</th>
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<tbody>
<tr>
<td>Concepts:</td>
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<tr>
<td>• Interprofessional teams/collaboration</td>
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<tr>
<td>• Evidence based practice</td>
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<tr>
<td>• Individual and population focused care</td>
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<tr>
<td>• Lifespan – including growth and development and geriatrics</td>
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<tr>
<td>• Technologies</td>
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<tr>
<td>• Culturally appropriate care</td>
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<tr>
<td>• Social justice</td>
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<tr>
<td>• Disaster preparedness, especially with vulnerable populations</td>
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<tr>
<th>Delivery of health care</th>
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<tbody>
<tr>
<td>• Health care policy including financial and regulatory policies and genetics</td>
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<tr>
<td>• Advocacy for vulnerable populations/health care disparities</td>
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<tr>
<td>• Reimbursement</td>
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<tr>
<td>• Legislative processes</td>
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<tr>
<td>• Health care delivery</td>
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<tr>
<td>• Advocacy</td>
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<tr>
<td>• Caring</td>
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| NUR 328 (SLO# 2, 3) |
| NUR 374 (SLO# 2, 3, 7) |
| NUR 418 (SLO# 8, 9) |
| NUR 420 (SLO# 6, 7, 8) |
| NUR 422 (SLO# 3, 4, 5) |
| NUR 471 (SLO# 3, 10) |
| NUR 473 (SLO# 7) |

| the context of social justice including but not limited to: maintaining confidentiality consistent with HIPAA regulations, providing privacy, and avoiding stereotyping. (V, VII, X) |
| Demonstrates behaviors consistent with professional nursing roles, including, but not limited to: motivation, communication, leadership, organizational skills, ability to work under stress, appearance, punctuality, and attendance. (V, VII, X) |
| Promotes patient centered care with an emphasis on patient safety utilizing available technology. (IX) |
| Calculates medications correctly. (II, V, IX) |
| Administers medications correctly. (II, V, IX) |
Curriculum Maps #2 (What assessment measures will be employed in which courses for each SLO)

<table>
<thead>
<tr>
<th>Course Prefix/Number</th>
<th>Student Learning Outcome 1</th>
<th>Student Learning Outcome 2</th>
<th>Student Learning Outcome 3</th>
<th>Student Learning Outcome 4</th>
<th>Student Learning Outcome 5</th>
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<tr>
<td>NUR 324</td>
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<td>Final exam</td>
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<td>NUR 473</td>
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Course Prefix/Number