Guidelines for a Progression and Remediation Policy Using Standardized Tests to Prepare Associate Degree Nursing Students for the NCLEX-RN at a Rural Community College

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To the Faculty of Washington State University

The members of the Committee appointed to examine the project of Kimberly Ann Heroff find it satisfactory and recommend that it be accepted.

[Signatures]

Chair

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Abstract

NCLEX-RN failure has serious consequences for the new graduate, the nursing program, and the nursing profession. Since the shortage of nursing faculty has limited the number of student admissions to nursing programs nationwide, students who are unsuccessful in passing the NCLEX further compromises the nursing shortage and the nursing program’s accreditation status. Many nursing programs use standardized assessments to help students prepare for the NCLEX-RN. By simulating the test and predicting the likelihood of success, computerized standard assessments provide feedback, allowing nursing faculty to identify at-risk students, remediate, and develop test-taking strategies prior to the NCLEX-RN. While the use of standardized tests generally improves NCLEX-RN pass rates, it also has the potential to increase student stress, especially when passing is required for progression in the nursing program. This paper explores the experiences of nursing students and faculty at a rural community college that recently implemented a policy that requires students to achieve passing scores on standardized assessments to progress in the nursing program. Guidelines for nursing programs considering such a policy will also be addressed.
Introduction

Many nursing programs use standardized assessments and remediation activities to help students prepare for the NCLEX-RN. By simulating the NCLEX-RN and predicting success, computerized standard assessments provide rapid feedback allowing nursing faculty to identify at-risk students and remediate nursing content and developing test-taking strategies prior to the NCLEX-RN.

NCLEX-RN failure has serious consequences for the new graduate, the nursing program, and the nursing profession. Since the shortage of nursing faculty has limited the number of student admissions to nursing programs nationwide, students who are unsuccessful in passing the NCLEX-RN further contribute to the nursing shortage as well as compromising the nursing program’s accreditation status.

While the use of standardized tests has the potential to improve NCLEX-RN pass rates, there is also the potential to increase student stress, especially when passing is required for progression in the nursing program. The nursing faculty at a rural community college recently developed and implemented a progression policy that requires students to achieve passing scores on standardized assessments to progress in the nursing program. This paper explores the experiences of nursing students and faculty at this rural community college with implementing and refining such a policy. Guidelines for nursing programs considering such a policy will also be addressed.
Literature Review

ProQuest and OVID databases were searched for literature on the subject of “NCLEX-RN preparation”. Other key words used were “standardized tests”, “NCLEX-RN”, and “at-risk students”. Searches were narrowed to full text research articles in English published within the last five years.

While admission criteria for nursing programs vary, each program strives to admit those candidates who are likely to do well in a rigorous program and pass the NCLEX-RN on their first attempt. Much research has been done to determine which factors impact NCLEX-RN pass rates and many attempts have been made to identify predictors of NCLEX-RN success or failure. According to Ross, et al. (1996), it has been easier to predict which students are likely to pass rather than those who are likely to fail. At this point, a set of predictors for NCLEX-RN success or failure that can be applied to all nursing student populations has yet to be identified (Stuenkel, 2006).

Many nursing programs are developing progression policies that use standardized tests to identify student weaknesses and provide advising and remediation throughout the program. In addition to rapidly identifying at-risk students, standardized tests are being used to identify and strengthen weak areas in the curriculum. According to Holstein, Zanigrilli, and Taboas (2006), there are three commonly used standardized testing products used by nursing programs at this time; they are Educational Resources (ERI), Health Educational Systems Incorporated (HESI), and Assessment Technologies Institute (ATI).

Other concepts that emerged were NCLEX-RN preparation strategies used by hospitals to help the new graduate prepare for the NCLEX-RN, the experience of nurse
graduates who fail the NCLEX-RN, promoting NCLEX-RN success while lowering attrition rates in nursing education programs, NCLEX-RN strategies specific to baccalaureate nursing graduates, comparisons of standardized testing software, and post-graduation factors that predicted NCLEX-RN success or failure.

Identified gaps in the literature included common predictors of NCLEX-RN success or failure, determinants as to why students who are at risk for NCLEX-RN failure are hesitant to use resources available to them, the impact of the use of standardized tests on individual program NCLEX-RN pass rates, NCLEX-RN strategies specific to associate degree nursing graduates, specific standardized test benchmarks identifying students for NCLEX-RN failure, and student perceptions of the value of the use of standardized tests as a tool to prepare for the NCLEX-RN. Most of the articles in the literature search referred to the Health Education Systems Incorporated (HESI) standardized test, while only one article mentioned the Assessment Technology Institute (ATI) standardized test.

Another significant gap identified in the literature search was related to student and faculty experiences with the use of standardized tests to prepare for the NCLEX-RN. Many articles referenced the interventions of nursing faculty in preparing students for the NCLEX-RN, but not those of the student. As mentioned earlier, with computerized testing come issues like technical difficulties, finding time to take them in an already heavy student schedule, and the required remediation activities if the testing indicates the need.
Definition of Terms

Feedback

Performance results from the standardized tests that are provided to help students and nursing faculty identify specific areas for review and remediation in preparation for the NCLEX-RN.

NCLEX-RN

National Council Licensure Examination for Registered Nurses. Examination used by state boards of nursing to test the entry-level nursing competence of candidates for licensure as registered nurses.

Pass Rate

Percentage of graduates of a school of nursing who pass the NCLEX-RN on their first attempt.

Progression Policy

A (nursing) school policy that either withholds progression, graduation, or permission to take the NCLEX-RN until the student has achieved a designated score on the standardized exam(s) indicating that he or she will probably pass the NCLEX-RN on the first attempt.

Standardized Test

A proctored, standardized exam, based on the NCLEX-RN blueprint, administered at the end of each nursing content area. This diagnostic tool provides scores for mastery of nursing content areas, nursing process, critical thinking phases, and cognitive levels. The NCLEX test plan correlation for each item can be used as a resource for directed study (Assessment Technology Institute, 2007).
Phenomenon of Interest

NCLEX-RN Pass Rates for the 2004-2005 Academic Year

Despite the use of standardized tests across the nursing curriculum, the 2004-2005 NCLEX-RN pass rate for this community college program was 78% for first-time takers. The Washington State Department of Health Nursing Care Quality Assurance Commission has a regulatory requirement of an 80% pass rate (2005). In response, the nursing faculty implemented the requirement that each standardized test in a series be passed at the designated percentile (predicting success in specific NCLEX-RN content area) in order to progress in the nursing program (Appendix A). The 2005-2006 NCLEX-RN pass rate rose to 93%.

Consequences of NCLEX-RN Failure

In contrast to students in many traditional liberal arts and sciences programs, success for the nursing student does not come with simply graduating, but rather with the ability of the student to successfully pass the NCLEX-RN. According to Yellen and Geoffrion (2001), more than 50% of graduates who take the NCLEX-RN are from associate degree programs. Eddy and Epeneter (2002) identified that both successful and unsuccessful NCLEX-RN candidates felt unprepared to answer the types of questions they encountered on the NCLEX-RN.

Failure to pass the NCLEX-RN may jeopardize practice opportunities for the new graduate, as well as result in a loss of self-esteem and a sense of failure (Billings et al., 1996). NCLEX-RN failure also has serious consequences for the nursing program and the nursing profession. Since the shortage of nursing faculty has limited the number of student admissions to nursing programs across the nation, students who are unsuccessful
in passing the NCLEX-RN only further contribute to the nursing shortage as well as the nursing program’s accreditation status.

Implementation of Progression Policy

Policy Highlights

The ATI Content Mastery Series, based on the NCLEX-RN blueprint, consists of review modules in the form of books, case studies, critical thinking exercises, practice questions, and CD’s, to help students learn, review, or remediate content-specific nursing material including nursing fundamentals, medical/surgical nursing, maternal/newborn nursing, nursing care of children, mental health nursing, pharmacology, community health nursing, nursing leadership, nutrition, and nursing management that correlates with nursing content across the curriculum. According to Davenport (2007) faculty should make students aware of the need to begin NCLEX-RN preparation early in their academic career rather than view it as an activity to be completed in the final semester or quarter of the program.

The ATI Content-Mastery exams are scheduled shortly after the content is presented in theory class. Before taking the proctored Content-Mastery exams, however, students are required to prepare by completing two ATI non-proctored exams on the same content with a passing score of 90%. These non-proctored exams become their “ticket in the door” to the proctored exams. The non-proctored exams not only help the students prepare for the proctored exams by identifying areas for review, but give students valuable practice in answering test questions. Becker (personal communication, February 22, 2008) discussed using practice questions as one strategy for NCLEX-RN preparation. He estimates that by completing the ATI non-proctored and proctored Content-Mastery exams for each content area, students complete well over 1200
questions. This helps students develop their test-taking skills and builds endurance for the NCLEX-RN.

After the appropriate Content-Mastery exam is completed, students who fail to achieve the designated benchmark score indicating they are a good risk to pass the NCLEX-RN are provided with resources for self-directed remediation that must be completed prior to retaking the failed exam. Remediation activities start with a review of the Individual Performance Profile and the development of a plan to utilize available multimedia resources to review the content. The student's nursing faculty advisor will determine when conditions of remediation have been satisfied. At that time, the student is allowed to retake the Content-Mastery examination. Students are required to wait at least 48 hours between examinations to allow appropriate time for advising and completion of remediation activities.

Efforts are made to provide policy information and ATI materials to part-time clinical instructors and to link the NCLEX-RN content to clinical experiences. According to Poorman and Mastorovich (2004) nursing students often fail to link the importance of clinical experiences to NCLEX questions that address critical thinking, delegation, and prioritization of care. Thinking and clinical decision-making are skills like any other learned and practiced in the clinical setting.

Each quarter, the theory syllabus outlines the Content-Mastery exams that are to be taken during the quarter along with the benchmark score to be achieved. Students are also notified that they must achieve a minimum score of 90% on two versions of the content-specific, online practice examinations and provide documentation of such. This builds in practice questions. Guidelines for remediation, retaking failed exams, and
grading policies are also included (Appendix B). Students then sign a contract indicating that they understand and agree to abide by the policy and a copy is placed in their student file.

Theoretical Perspective

Constructivism (Piaget)

Eddy and Epeneter (2002) found that students who were unsuccessful on their first attempt at the NCLEX-RN perceived that their lack of success was the responsibility of others. Indeed, another study by Ross, et al., found that very few students who were identified by nursing faculty to be at risk for NCLEX-RN failure took practice examinations, sought faculty assistance, developed a plan of study, or attended an offered review course (1996). In other words, at-risk students seem unmotivated to use study resources available to them or to develop and follow a plan of study. Ross, Nice, May and Billings (1996) suggest that faculty members require all students to use practice examinations until a recommended passing score is achieved.

Early identification of at-risk students is preferable to identification during the last quarter or semester of the nursing program, and offers a chance to address factors such as poor program preparation, poor study habits, inadequate test-taking skills, excessive employment, and anxiety that contribute to academic and NCLEX failure. Coaching and mentoring from the faculty are viewed by students to be helpful strategies (Davenport, 2007).

Constructivism, an educational model primarily developed by Piaget, states that learners (students) go through a stage-like progression where the successful learner reconciles previous experiences and new experiences (Hood and Leddy, 2003). In other
words, learners’ new ideas or concepts are constructed based upon their past knowledge and experiences, necessary for synthesizing information learned throughout one’s nursing education and applying it to direct patient care, nursing theory courses, and NCLEX-RN questions.

According to Peters (2000), if new knowledge is influenced by and built on existing knowledge, the role of the nurse educator is that of mediator between the curriculum and the student. This requires the educator to become empathetic to the individual constructs of the student. The student, however, must accept ownership of learning because the focus becomes not “being taught”, but on “learning”. Constructivist-based teaching therefore, encourages participation as well as the ownership of the learning by the student. Furthermore, the active learning that the constructivist approach promotes also helps students develop an awareness of how their own learning best happens and progresses. This in turn helps students discover how they best learn and become better “equipped” to modify their study habits and enhance their own learning.

Prior to taking the tests, students are reminded that they will be expected to bring forward with them the material that they learned throughout the program and apply it while answering questions on the Content-Mastery Exams. For instance, the Maternal-Child health ATI exam covers basic nursing care as well as care of the high-risk OB patient. Basic nursing care is taught in the first year of the program and high-risk nursing care is taught in the second year. That means that students won’t be able to “cram” and then forget the material; it must be brought forward and applied throughout.
The remediation policy also recognizes the value of student ownership. Students who do not pass the ATI Content-Mastery exams at the designated Proficiency Level bear the responsibility to self-remediate before retaking the failed test. According to Peters (2000) a constructivist teacher is one who designs active learning experiences that require learners to reflect on and evaluate their learning experiences as well as build on previous learning experiences. The instructor responsible for teaching each of the content areas developed a list of multimedia remediation resources to be shared with students during remediation advising. In order to actively make use of these resources, and reconcile it with existing knowledge, students are required to wait at least 48 hours between examinations to allow appropriate time for advising and remediation activities.

Student's Experiences With the Use of Standardized Tests

Risk Factors for Community College Students

According to Miller and Steinmann (2005), the population of students served by community colleges is continually changing. Community colleges have historically been a bridge for students from diverse backgrounds to the opportunities afforded by higher education. However, 42% of the students who enter community college do so with reading, writing, or math skills that are below college level and are hindered by their lack of academic preparedness (Perin, 2006).

Like many community college students, the students in this program are often adult learners who have limited exposure to higher education, are raising families alone or with a partner, work full time, and are economically disadvantaged (Anonymous, 2002). Furthermore, this serves students from many rural communities and many of the students commute an hour or more to attend classes and clinical. Because of pressing
economic need, recent graduates are either looking for work or starting new jobs, leaving them with little time to study for the NCLEX-RN. Nibert, Young and Britt (2006) cite common barriers to success in college as lack of academic preparation in science and English, poor career preparation in high school, and financial constraints.

Stark, Feikema and Wtngarden (2002) remind us that it is important to identify non-academic risk factors such as family crisis, financial difficulties, illness, anxiety, lack of confidence, and other life events that have the potential to impact NCLEX-RN performance. The economic and geographic context of the rural setting can place students at risk. Travel time, lower educational levels, student perceptions of limited job opportunities, limited clinical sites, and communication problems that come with serving a small population scattered over a large area, such as this students, all must be considered (Pennington, Williams and Karvonen, 2006).

Uses/Benefits of Standardized Tests for At-Risk Students

While testing cannot be substituted for quality instruction and advising, standardized tests, used across the curriculum, rapidly identify student weaknesses with questions that simulate the NCLEX-RN so that remedial activities can be used to improve the student's likelihood of becoming a successful first-time NCLEX-RN candidate. In addition to identifying opportunities for student remediation, the results of standardized tests, especially when used across the curriculum, can be used for evaluation of the curriculum. Data obtained from the tests assist faculty in making appropriate curricular changes by examining the content being taught, as well as methods of instruction in both clinical and theory (Morrison, Free and Newman, 2005).
Most standardized tests are taken on the computer. With computerized testing, however, come issues like technical difficulties, finding time to prepare for and take them in an already heavy student schedule, and the required remediation activities if one does not pass. While the rise in the pass rate is pleasing, many nursing students have negative views of the tests and of the requirement to pass them.

It should also be noted that several students who did well on the standardized tests and therefore required little or no remediation developed a false sense of security and tended to think that no other preparation for the NCLEX-RN was necessary. Sadly, this way of thinking did result in a few NCLEX-RN failures. Once again, faculty should make students aware of the need to begin NCLEX-RN preparation early in their academic career rather than view it as an activity to be completed in the final semester or quarter of the program (Davenport, 2007), and stress that the students have a responsibility to continue their preparation after graduation.

Remediation Experience

At-risk students are not likely to participate in optional learning experiences voluntarily, develop a study plan, or use study resources. Therefore, intervention programs for these students will be successful only if they are mandatory (Ross, et al., 1996). This perspective, in combination with the prospect that failure to pass just one standardized test will prohibit progression in the nursing program, has the potential to create a negative student view of the use of standardized tests as an effective tool for NCLEX-RN preparation.

While a number of interventions have been proven successful in helping students prepare for the NCLEX-RN, many nursing programs are using standardized assessments.
to help students prepare for the exam. By simulating the NCLEX-RN and predicting success, computerized standard assessments provide rapid feedback, allowing nursing faculty to identify “at-risk” students, remediate, and develop test-taking strategies prior to the NCLEX-RN. As mentioned earlier, Davenport (2007) states that faculty should make students aware of the need to begin NCLEX-RN preparation early in their academic career rather than view it as an activity to be completed in the final semester or quarter of the program. In other words, remediation is more likely to be successful if done throughout the program rather than waiting until the last quarter or semester of the program.

Post-Graduation Factors

Because of pressing economic need, many recent graduates of the nursing program are either looking for work or starting new jobs, often leaving them with little time to prepare for the NCLEX-RN. Beginning with the first day of their second year in the program and continuing throughout the school year, students are reminded of their responsibility to continue to prepare for the NCLEX after graduation. Students are discouraged from planning “big” events such as weddings, vacations, and relocation until after they have taken the NCLEX-RN and are advised how to plan carefully for the day of testing.

Near the end of their second year, students receive a memo reminding them that NCLEX-RN pass rates show a strong correlation between when the test is taken in relationship to graduation and encouraging them to prepare for and schedule their NCLEX-RN as soon as they reasonably can do so. The memo also contains resources for studying, including instructions for accessing the ATI online practice exams. Students
who have been identified by nursing faculty as at-risk to fail the NCLEX-RN, based on review of theory grades and performance on ATI Content-Mastery exams across the year, receive another memo advising them that they would benefit from a formal NCLEX-RN review course prior to attempting to take the exam.

Faculty Challenges/Concerns

Time

The shortage of nursing faculty continues to be a significant issue with many recruitment and retention issues affecting both associate degree nursing faculty and baccalaureate/graduate degree nursing faculty. The unique nature of the associate degree nursing educator’s role and salary, however, present ongoing challenges for the public institutions in which they reside. While associate degree nursing educators generally do not have the service and research requirements of their baccalaureate/graduate degree counterparts, their teaching workload tends to be much greater (Brady, 2006). Rather than measured by credit load, the associate degree workload is likely to be measured in contact hours which average 20 to 24 hours in a week and typically includes both classroom and clinical components. Indeed, Voignier, Herman and Brouse (1998) discussed a study that reported the average full-time faculty workload exceeded 40 hours per week.

In 2006, the associate degree nursing faculty vacancy rate hovered at about 5.6% with the assumption that the number would increase as increasing numbers of nursing faculty retire and associate degree programs continue to grow their enrollment in response to the needs of their communities. Pennington, et al (2006) discussed the unique challenges faced by rural community colleges in recruiting and retaining faculty
who may not be attracted to a rural lifestyle and whose values may differ greatly from those of the local population. The result is an increase in the student-to-full-time-faculty ratio leaving fewer full-time faculty available to advise and remediate students who are struggling clinically or academically (Brady, 2006). Indeed, Higgins (2005) discusses a study in which nursing faculty stated that they could better meet the needs of the students if they were not assigned so many tasks that took them away from teaching.

After the initial implementation of the remediation and progression policy, the nursing faculty felt overwhelmed with panic-stricken students who seemed sure that they would fail out of the program because of the new policy. The initial procedure required students to meet with their faculty advisors after each failed Content-Mastery exam to sign a contract and discuss options for remediation. This drastically increased the workload of the nursing faculty and resulted in inconsistent remediation expectations among faculty members. Many students had the expectations that their faculty advisor would tutor them in the content in which they were deficient, rather than taking responsibility for their own remediation.

This resulted in a revision to the policy in which only one contract would be signed at the beginning of each quarter. The faculty also met to discuss how remediation was being carried out and agreed upon guidelines to insure a more consistent remediation experience for each student. Finally, the instructor responsible for teaching each of the content areas developed a list of multimedia remediation resources available through the school to be shared with students during remediation advising.

It should be noted that, at the time of this writing, no student has been lost because of this policy. The desirable retention rate set by the National League for
Nursing Accrediting Commission is 80%. (Uyehare, Magnuson, Itano, and Shuquang, 2007). This nursing program continually meets and exceeds this standard.

Resources

In a recent study of challenges faced by community colleges Pennington and colleagues (2006) identified the most consistent staffing problem as being the inability to find qualified employees for rural community colleges. This was true not just for faculty, but every category of employee. Nursing faculty who rely on support staff may experience heavier workloads if these positions remain vacant.

Rural community colleges are also challenged by communication issues, especially those that relate to technology. With students living in many outlying areas, it is important for faculty to remember that many of these students may not have access to high-speed internet connections. Many may have no internet access or rely on dial-up connections to work from home. As a result, these students are required to spend more time using the campus computer labs. When this policy was first implemented, the time nursing students spent using computer labs on campus greatly increased, generating resentment from students in other programs who also needed to use the labs.

The actual computerized testing sessions and subsequent retakes increased the demand on the computer labs and on the information technology staff. There was also the issue of the availability of sufficient bandwidth to support the online tests in large numbers without disrupting other technology, such as interactive television classes being taught at the same time. Close work and communication with the information technology department resolved most of these issues.
These issues were addressed by educating faculty, staff, and, to some degree, administration about the value of the standardized tests and the resources needed to support them. The tests are now scheduled at times other than when interactive television is being used and a small computer lab was set up and designated for nursing students to reduce the congestion in the computer labs.

Preparation

While there are many computerized testing packages available to simulate NCLEX-RN questions and provide feedback about a student’s potential for success, Anderson (2007) states that the key to whatever testing package is chosen is the ability of the students and faculty to correctly interpret the results and incorporate them into a plan of study. Training and ongoing support should be provided so that faculty members are comfortable interpreting what content areas have been identified as weak, as well as the student’s probability of passing the NCLEX-RN. Furthermore, simply providing students with exam scores does little to prompt action. Students must understand how the scores affect their potential for success on the NCLEX-RN.

Discussion

Progression policies using standardized tests have the potential to ensure that newly graduated nurses are practicing at a safe and competent level. Increasing the NCLEX-RN pass rates will directly increase the number of graduate nurses who are available to fill vacant positions nationwide. Society at large, faced with a growing shortage of Registered Nurses coupled with an increase in an aging population needing nursing care, stands to benefit from an increase in NCLEX-RN pass rates and a resultant increase in numbers of registered nurses.
As the role of the nurse continues to change and advance, the NCLEX-RN will reflect those changes. Students who are unsuccessful in passing the NCLEX-RN only further compromise the nursing shortage as well as the nursing program’s accreditation status. The use of standardized tests as a way to prepare students for the NCLEX-RN is felt to be valuable by the nursing faculty. Many nursing programs currently use standardized assessments to help students prepare for the NCLEX-RN. Since the literature search yielded no studies in which the perceptions and experiences of the students using standardized tests in this manner were explored, the experiences of this community college nursing program could be used as a starting point to generate such a study.

At the very least the experience of the nursing faculty at this rural community college could be of value to nursing faculty in planning and implementing such a progression policy, making the transition easier for both the students and faculty. These guidelines would certainly “pave the way” for further studies that might include topics such as student or faculty response to interventions implemented in response to the feedback obtained here. Perhaps members of a nursing faculty would be inclined to take one of the standardized tests and share his or her experience of the testing process.

Stark, et al (2002) discusses empowerment as essential not only in helping students recognize their unique strengths and challenges in preparation for the NCLEX-RN, but for a successful nursing career as well. The nursing faculty created a progression and remediation policy with an emphasis on personal responsibility and accountability enhanced by faculty advising, and the results have been pleasing. A summary of the guidelines follows.
Summary of Guidelines for a Progression and Remediation Policy Using Standardized Tests to Prepare Associate Degree Nursing Students for the NCLEX-RN at a Rural Community College

- Make participation in standardized testing and remediation mandatory.
- Use standardized tests and preparation for the NCLEX-RN throughout the program rather than in the final semester or quarter.
- Make clear any additional fees for which students will be responsible, especially if they take an examination more than once.
- Tie NCLEX-RN preparation to the curriculum, including clinical and theory.
- Provide training, if necessary, for faculty to correctly interpret the results and incorporate them into a plan of study.
- Include the Content-Mastery exam scores in the students’ theory grades to encourage accountability for the material.
- Consider the impact of the increased demand on technology prior to initiating policy.
- Consider the impact of the increased demand on nursing faculty prior to initiating policy.
- Develop materials to ensure that all faculty are providing an equivalent remediation experience.
- Consider that students in rural areas may not have access to high-speed internet or to the internet from home.
• Focus on the student's responsibility to continue to prepare for the NCLEX-RN after graduation and offer the use of practice questions and exam retakes offered through the organization that provides the standardized test product.
References


Appendix A

Initiation of ATI Remediation Contract
Content Mastery

Date: ____________________________
To: ______________________________________
From: ______________________________________

ISSUE OF CONCERN: Failure to achieve the required **ATI proficiency Level II cut score** on the ATI_________ Content Mastery examination.

Critical Expectations:
- Student must achieve the designated **ATI proficiency level II cut score** on the ATI above content mastery examination in order to progress in the WWCC Nursing Program.

REMEDIATION CONTRACT REQUIREMENTS:
- The student will review the specific "Topics to Review" as identified on the ATI content mastery examination **Individual Performance Profile** and will develop a plan to utilize available computerized resources in the above area of nursing.
- The student will access the Instructor Resource Package for NCLEX-RN computer software program in the WWCC computer lab to review relevant content and perform a 20 point quiz (see attached instructions).
- The student will show proof that the 20 point quiz in the relevant content area has been mastered at or above 90% level.
- The Nursing Faculty Advisor will determine when conditions of this contract have been satisfied. At that time, the student will be allowed to retake the ATI **above Content Mastery examination** at a time scheduled by the Level II faculty.
- If the student does not achieve the designated **ATI proficiency level II cut score** on the above ATI Content Mastery examination by the end of the quarter, an Incomplete "I" grade will be issued.
- Failure to clear the Incomplete "I" grade by the end of the second week of the subsequent quarter will result in conversion of the "I" grade to a "C-" and the student will not be allowed to progress.

Student: ____________________________  Instructor: ____________________________
Date: ____________________________  Date: ____________________________
Assessment Technologies Institute (ATI) Testing:

Appendix B

- Three (3) computerized Content Mastery examinations will be administered this quarter: Maternal-Newborn Nursing, Mental-Health Nursing, and Leadership. Students will be allowed to take these examinations (or retakes) only at times as scheduled by the Level II faculty.
- Before being allowed to take the Content Mastery examinations, the student must achieve a minimum score of 90% on both versions of the content-specific, online practice examinations and provide documentation of such.
- On the Content Mastery examinations, a Proficiency Level Two score must be achieved.
- Failure to achieve the designated proficiency level will require content-specific remediation. The student will sign a remediation contract, be provided with a list of remediation resources, and will develop and implement a remediation plan prior to being allowed to retake any Content Mastery examination. Students will not be allowed to retake any ATI exam within 48 hours of test failure. Additional fees may be charged to students to retake an ATI examination.
- If the designated proficiency level is not achieved on all Content Mastery examinations by the end of the quarter, an incomplete ("I") grade contract will be instituted. Failure to clear the incomplete ("I") grade contract by the end of the second week of the subsequent quarter will result in conversion of the "I" grade to a 'C-' and the student will not be allowed to progress.
- Failure to achieve the designated proficiency level on the Content Mastery examination will result in non-progression in the nursing program.
College Strategic Plan Goal #1: Create an inclusive environment that reflects the mission and vision of the College and exemplifies its core values.

|---------------------------|-------------------------------------|
| 1. Select qualified candidates for admission to the 3 tracks | Spring 2008: 49 Admissions  
Spokane: CBPF 2, FNP 8, PMHNP 1  
Yakima: FNP 2  
Tri-Cities/WW: CBPF 2, FNP 4, PMHNP 2, Post-PMHNP: 1  
Vancouver: CBPF 8, FNP 14, Post-FNP 1, PMHNP 4 |
| 2. Evaluate oral interviews | Fall 2008: 39 Admissions  
Spokane: CBPF 1, FNP 7, Post-FNP 1, PMHNP 1  
Yakima: FNP 2  
Tri-Cities/WW: FNP 1, PMHNP 1  
Vancouver: CBPF 4, FNP 19, Post-FNP 2 |
| 3. Add PhD program candidates to those reviewed in GPC | 2. PMHNP program doing, in process  
3. Candidates reviewed and endorsed through GPC |

College Strategic Plan Goal #2: Implement high quality innovative programs using a wide range of technical and instructional measures.

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<tr>
<td>1. Maintain website relevant to graduate student issues: access to graduate application</td>
<td>1. Application available on each campus website. Further coordination with WSU Graduate School personnel to assure timely submissions of application and notification of status.</td>
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<tr>
<td>2. In conjunction with Outcomes Committee, work toward improving EBI surveys for graduating students</td>
<td>2. Committee chairs now distribute EBI and collect at student’s project or thesis presentation.</td>
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**College Strategic Plan Goal #3:** Focus the transformation of health care delivery to address health disparities.

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<td>1. Encouraged faculty and students to identify areas where additional curricular content would be useful and add to overall mission of the college</td>
<td>1. Ongoing</td>
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**College Strategic Plan Goal #4:** Establish and promote interdisciplinary collaborations with a focus on evidence-based practice and excellence in nursing research.

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<tr>
<td>1. Development of DNP curriculum supported by GPC and taken to Faculty Organization for endorsement</td>
<td>1. Program in review at University level.</td>
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<tr>
<td>2. Address PhD program development and progression</td>
<td>2. Submitted change in by-laws to include members of PhD &amp; DNP committee, as well as PhD &amp; DNP student representatives.</td>
</tr>
<tr>
<td>3. Explore alternatives for achievement of master's degree by streamlining project.</td>
<td>3. Alternatives to thesis/non-thesis were explored and presented to graduate faculty and at faculty organization. This will continue in fall 2008 with revision of existing research class to interface with masters projects.</td>
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College Strategic Plan Goal #5: Bridge barriers to health care through the development, nurturance and expansion of partnerships.

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<tr>
<td>1. Encourage and expand representation of student attendance on GPC.</td>
<td>1. Several student issues addressed and referred to appropriate persons.</td>
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College Strategic Plan Goal #6: Leverage resources through entrepreneurship, stewardship, scholarship, and partnership for the advancement of the college.

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<tr>
<td>1. Expansion of PhD program and proposed DNP program support masters level statistics as graduate course.</td>
<td>1. Statistics course developed and added as option at master's level.</td>
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College Strategic Plan Goal #7: Provide world class educational experiences for undergraduate and graduate nurses reflective of a multicultural and diverse society.

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<tr>
<td>1. Ongoing development of DNP has included inclusion of cultural awareness in curricular content</td>
<td>1. Continue to work on this goal in existing curriculum.</td>
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College Strategic Plan Goal #8: Implement strategies that allow continued focus on the mission, vision, and goals during complex organizational change.

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<tr>
<td>1. Include formation of PhD and DNP program into curricular considerations.</td>
<td>1. Faculty and student representatives of these programs added to the committee.</td>
</tr>
<tr>
<td>2. Support changes in IRB submissions and process</td>
<td>2. IRB changes reviewed in GPC and disseminated by Kris Miller to faculty and students.</td>
</tr>
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</table>

RECOMMENDATIONS FOR 2008/2009

1. Continue working on thesis/non-thesis option and revise nursing research course to support transition, present to faculty and involve graduate faculty in project
2. Continue to work between campuses to provide equal opportunities to resources.
3. Improve data collection for student outcomes
4. Continue to evaluate work of GPC and utility of one committee for admissions and curricular issues.

Committee Members
Merry Armstrong
Lorrie Dawson
Lorna Schumann
Janet Purath
Anne Hirsch
Ginny Guido
Kris Miller
Angela Starkweather
Margaret Ruby
R 10/10/07/mc Committee Annual Report Template