**ASN Faculty Curriculum Meeting**

**November 17, 2022**

**Data & Facts from Dr. Holland**

* NCLEX pass rate is 63.04%
* 40 students form Spring 22 have not taken the NCLEX
* Cohorts have not been consistent through the years
* Concept Base Curriculum Fall 16- Fall 22
* Population Base Curriculum started Fall 21

**Cohort Information (Provided by Sarah Hamula)**

**Fall 2016**

* Double Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day

**Spring 2017**

* Double Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day

**Summer 2017- ANEW Began**

* Double Cohort Lee ANEW

**Fall 2017**

* Double Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day

**Spring 2018**

* Double Cohort Lee Day
* Double Cohort Lee ANEW
* Single Cohort Collier Day
* Single Cohort Collier ANEW- First ANEW on Collier
* Single Cohort Charlotte Day

**Fall 2018**

* Double Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day
* Single Cohort Charlotte ANEW- First ANEW on Charlotte
* Single Cohort Collier ANEW
* Double Cohort Lee ANEW

**Spring 2019- No ANEW Cohorts**

* Double Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day

**Fall 2019- Forward**

* Single Cohort Lee Day
* Single Cohort Collier Day
* Single Cohort Charlotte Day
* Single Cohort Lee ANEW
* Single Cohort Collier ANEW
* Single Cohort Charlotte ANEW

**Faculty Thoughts**

* Students pass the course, failed content
* Language issue for some students
* Students struggle with basic math
* NCLEX has changes the number of questions and the amount of time
* E/W “part-time”
* Pass rate better when courses are in person verse online
* Students are not reading content that is assigned
* Make the HESI Review mandatory
* Can we switch back to ATI?
* Students fail the course, if they do not complete all the assignments
* Orientation to show what is like to be in Nursing School
* Have a document that students sign stating a set number of hours they can work, outside of the program.
* Students need to work on medical terminology

**HESI Presented by David Logan**

The HESI committee met and had a few recommendations.

* Raise the benchmark from 850 to 900
* Remediation is crucial for students to succeed
* Need at least 2 weeks in between exams to complete remediation
* ***NEW***: All students should have remediation between after 1st exam
* Students with score of 850 or higher will have 50% reduction in grade for not completing remediation
* Students below 850, remediation is the ticket to second test.
* ***NEW***: assigning EAQ testing

Discussion was had to raise the HESI score form 850, to 900. Even though majority agreed, no vote was taking.

*EAQ*

* Keep Prep U and add EAQ
* Assign EAQ tests
* Develop “How to “for faculty on assigning EAQs

*Bes practice of the EAQ*

* Early exposure
* Level 1 should have Novice Mastery
* Level 2 should have Intermediate Mastery
* Level 3 and 4 should have Proficient Mastery

*Remediation*

* All students should do some type of remediation between the 1st exam and the 2nd exam
* Students who score below 850 must have completed remediation before they the 2nd exam. This is the ticket to be able to take the exam.
* Need 2 weeks in between the 1st & 2nd exam to complete remediation

*How to use HESI in each Course*

* NGN questions for class discussion
* EAQ for assignment
* HESI case studies assigned and discussed during class

*Grade Recommendations for the HESI Exams*

* >1050 95%
* 1001-1050 90%
* 950-1000 85%
* 900-949 82%
* 875-899 80%
* 850-874 78%
* 800-849 75%
* 750-799 71%
* 700-749 67%
* < 699 59%

Discussion was had on raising the grade percentages 5% so if a student scores above 1050, they can earn 100%. See attachment.

* 0% on for the HESI, if remediation is not completed
* Currently faculty is not using the HIS like they should while teaching.

It was suggested that all E/W exams are in person. Not just online.

***VOTE***: Starting in the Spring, all E/W course exams should be held on campus. Vote passed by Faulty

**Doc-u-Care**

* Isn’t being enforced
* Are in the Simulations that we use
* Use new Next Gen Sims with sbar

**Each Course was presented to the group by the courses leads:**

**1020C Fundamentals 1**

* Uses Taylor book
* Gap: Too vague
* Needs fund systems based
* Intro disease-no application
* Why? 5 days clinical (45)
* Docucare: Students need more exposure
* Nursing
* Reinforce!!
* Sims with Docucare
* Practicum- all sims
* Complete head to toe assessments based on what facility they are in.

**1068 Health Assessment**

* Documents- Nurse Notes
* Course Group
* Terminology
* Use New Gen vSims

**1050C Fundamentals II**

* General topics but not a lot of in-depth disease processes
* Legal Dimensions of NSG
* Collab practice & Care
* Blood transfusions- add to practicum
* Clinical hours down for Fun 1 & 2
* ? LTC clinicals for Fun 1

*Things to add*

* Appendicitis
* HTN to oxygenation
* DM to Nutrition Chapter
* Focus more on Hemorrhage & TPN

*CAs*

* Need to observe student more during their assessments
* Goal: head to toe assessment done in whatever type of facility is available.
* Should know what students should be doing each week, so everyone & everything is in alignment

**2211 Adult Health 1**

* Take whole body and divides into 2

**2213 Adult Health 2**

* An extension of MS I

**1511 Mental Health**

* A lot of assessment
* 3 clinicals
* Uses different style of communication with patients
* Student may need to travel
* Simulation Plan
* Scenarios

**Suggestions**

* Suggestion, shorten Adult Health II to 12 weeks to allow 4 weeks for preceptorship or have a Mini A & Mini B
* Preceptorship, Peds with Adult Health II
* Idea to have Peds/Ob together and have a Course 1 and Course 2

**Vote**: To add 1 credit from Fundamentals II, from Maternal clinical, to put on some MS in course. Vote passed by faculty

Also, to be considered, Removed from Health Assessment didactic to add to Adult Health I.

**Things to remember:**

* Sarah Hamula pointed out that in order for students to get finical aid, insurance and/or housing, they must at least 12 credit hours.
* 19% if the NCLEX is Pharm base
* 10% is OB or Peds

Dr. Holland will send out what credits use to be in 2009-2010 so we see the comparison to what we are now.