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R.N. State Board Review Course Curriculum Project

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BY

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Abstract

Nursing students, after completing two to four years of nursing education, are required to pass state board licensing exams in order to practice as professional registered nurses. Approximately 15 percent of all candidates fail these exams and must wait six months to repeat the test. This State Board Review Curriculum was designed to review and acquire the basic knowledge necessary to pass the Nursing Council Licensing Exam (NCLEX). The curriculum organization models the NCLEX by utilizing the nursing process format and through the integration of medical, surgical and behavioral concepts throughout the life cycle. The conceptual framework utilized man as a dynamic individual constantly striving to maintain homeostasis despite multiple stressors. These organizational tools provided a unique and systematic approach to the curriculum while the activities promoted repetition and reinforcement of knowledge. Individual evaluation was an integral ongoing component of the course and was a catalyst for further independent study and review.

TABLE OF CONTENTS

Chapter One

R.N. State Board Review Course Rationale

Nursing students pursuing a professional nursing degree (RN) are prepared at three different levels of education ranging from two to four years in length. Upon successful completion of an Associate Degree, Diploma or Baccalaureate Program, each candidate for licensure must take and pass the National Council Licensing Exam (NCLEX). The NCLEX is an objective test with multiple choice answers and is used to test candidates for competency to provide safe nursing care in any health situation (Smith, 1983). Although nursing students are academically prepared to take the NCLEX, approximately 15 percent fail the exam on the initial attempt (Dubs, 1975).

The Associate Degree Nursing graduate is the product of an innovative two year curriculum with fewer courses in nursing than traditional programs and a broader grouping of subject matter but, with all the essential content and learning experiences as specified by state regulations. The resultant time shortened and condensed curriculum eliminated time for review, overlapping and overlearning and produced the single largest group of state board examination failures (Rhines, 1977). Although state board examination scores are not an adequate composite view of nursing education program effectiveness, they are often used to evaluate nursing schools (Behn, 1978). Nursing educators are, therefore highly interested and dedicated to 100 percent passage of the NCLEX by their students.

Regina Dubbs (1975) investigated the relationship between student's state board examination scores and the student's grades in nursing school and found that the cumulative grade point average and the nursing theory grades were the best indicators of success or failure on the state board exam and thus provide a means for referral of weak students to a review course or an individual study program.

Deardorff, Denner & Miller (1976) also researched ways to identify potential failures of the State Board Examination. National League for Nursing Achievement tests compare an individual student's mastery of course content with a norm group of students from a variety of programs throughout the United States. The tests not only help identify a student's level of achievement in different areas but also provide experience in taking standardized tests similar in content and format to state board exams. Nursing faculties also utilize National League for Nursing Achievement tests to identify specific strengths and weaknesses in their curriculums in order to promote success for all students on the NCLEX. The findings of this study suggest that raw scores on the National League for Nursing tests correlate highly with state board exam scores and are an effective predictor of state board examination scores. With this information, students with low National League for Nursing test scores could be referred for further individual review and study in preparation for the NCLEX.

This curriculum was designed for the purpose of enhancing the individual student's ability to perform successfully on the NCLEX by providing information about the exam, reviewing nursing

content, developing test taking skills and promoting self-evaluation.

The NCLEX was initiated in July of 1982 and replaced the old State Board Test Pool Examination (SBTPE). It is a single comprehensive examination of 480 questions which focuses on nursing behaviors, systems of client health requirements and levels of cognitive ability with an integrated content of knowledge. Prior to the NCLEX the licensure test was based upon the medical model which consisted of five separate areas including Medical, Surgical, Pediatric, Obstetrical and Psychiatric. Because of this newly designed test, many nursing education programs and curriculums have not been ammended to reflect the integrated model. This curriculum project focused on nursing behaviors applied to integrated health care situations throughout the life cycle. The curriculum also provided information about the structure, format, content areas and grading of the NCLEX (Smith, 1983).

Knowing how to take tests is essential and this ability can be developed and enhanced through experience and guidance. Fear, anxiety and apprehension about examinations is common and can affect how one thinks, remembers and analyzes questions. This curriculum included test-taking approaches, the psychology of test-taking, and provided an opportunity to master test-taking techniques and to evaluate the individual student's knowledge base.

Individual evaluation was an ongoing integral component of the curriculum which helped identify content and nursing process areas of strength and areas where further study, review and

practice were needed. Practice tests, group testing skills and actual sample NCLEX questions were included throughout the curriculum.

This curriculum was designed for the recent Associate Degree and other nursing graduates who are preparing to take the NCLEX for the first time or for those who have failed it previously in order to provide a generalized systematic review of nursing content, to help identify areas of weakness, and to stimulate further independent study and review. It entailed approximately 30 hours of group and individual instruction over a five day period and included a four hour NCLEX format sample exam with individual student diagnostic profiles.

Chapter Two

Review of the Literature

In reviewing the literature both manually and computer assisted, it became readily apparent that there was very little research directly related to nursing review courses and there were only a few actual curriculums in print. Those curriculums that were available were in the form of review books or tapes and were not supported by specific goals and objectives for learning. One review program by Lagerquist 1982, claimed that over 20,000 graduates had taken the program since 1976 and of those 98 percent of the U.S. enrollees passed the state board R.N. licensing exam in the first attempt with 75 percent of the scores well over the minimum.

In 1982 the new NCLEX-RN was used for the first time with a new format and again information about the new exam was extremely limited. Despite these obstacles an extensive review of related literature was achieved and outlined into areas including information about the NCLEX-RN, curriculum approaches, teaching strategies and group learning.

The NCLEX-RN Structure, Implementation and Scoring

In many ways, a review course resembles a minicourse as it is a short-term academic or non-academic, high interest instructional course. Heitzmann (1977) found that there was a growing trend for schools to operate in the domain of feelings, attitudes and values coupled with learning and student interest. He found that student input for ideas for courses was essential and that minicourses

improved teacher morale.

Gudaitis (1972) studied the effects of minicourses and found that students were more receptive to these courses than traditional mandatory ones and that they felt the courses were more interesting and stimulating. They also appeared to improve the teacher-pupil relationship.

In a secondary school, high school seniors selected and planned minicourses for two weeks with their faculty. The team teaching approach was used with much enthusiasm shown by the faculty and students. Attendance and attitudes increased significantly with these courses (Goswich, 1981).

In 1972 the National Council of State Boards initiated a validity study to determine the relevancy of the SBTPE format which had been used since 1952. Through this study 12,000 critical requirements for safe and effective nursing practice were delineated. These incidents occurred when the nurse's behavior significantly affected patient care. The study affirmed the validity of the SBTPE as relevant to current practice but recommended that behaviors as described in the Nursing Process be utilized. These behaviors included assessment, analysis, planning, implementation and evaluation (National Council of State Boards, 1983). In addition to these behaviors, the levels of cognitive ability as defined in Bloom's Taxonomy of Educational Objectives including knowledge base, comprehension, application and analysis were also to be tested in the new exam (Smith, S., 1983).

In McQuaid, 1980, the exam content was summarized by saying the practice of nursing requires knowledge of: (a) normal growth

and development, (b) basic human needs, (c) coping mechanisms, (d) actual or potential health problems, (e) effects of age, sex, culture, ethnicity and/or religion on health needs, and (f) ways by which nursing can assist individuals to maintain health and cope with health problems.

In the new test plan three systems were outlined for categorizing the nurse's role (Smith, S., 1983) and included: (a) the locus of decision making is centered in the nurse when clients are unable to make decisions regarding their physical or psychological care, (b) the locus of decision is shared by the nurse and client, and (c) the locus of decision is centered in the client for health promotion or prevention.

The examination tests the nurse's ability to apply her knowledge of nursing by asking questions about health care situations that demand nursing intervention. It is designed to test essential knowledge in nursing and to make certain one has the ability to apply that knowledge in clinical situations (Dvorak, 1982).

Questions for the exam were reviewed and screened to make certain that test items were not culturally, sexually, or racially biased. The vocabulary should not exceed the tenth grade level of reading. Approximately ten percent of the test items were "try out" questions which were not included in the candidate's score. From the time a question was written to the time it was used may have involved 18 to 24 months which was important when considering the content of the exam and recent nursing or medical practice (National Council of State Boards, 1983).

Scoring the exam is done using the modified Angoff method, a

criterion referenced standard-setting method, rather than the norm referencing previously utilized with the old SPTPE. There is no penalty for guessing and it is actually better to guess than leave a question unanswered. Scores range from 800 to 3200 with 1600 needed for passing. Approximately 85 percent will pass the exam on the first attempt (Dvorak, 1982).

The more information the student has about the exam, the better he/she will be able to cope with anxiety related to the unknown and ill prepared (Smith, S., 1983). Smith reviewed physical and emotional preparation prior to the exam and how to deal with anxiety. Since the NCLEX is a timed examination, hints were also given to improve one's utilization of time during the exam. Effective test-taking techniques were also reviewed.

Johnson (1968) studied the value of imparting information regarding sensations as a methodology for reducing anxiety during a threatening event. He found that it was more valuable to impart knowledge and not emotional response. Information reduces the client's fear of the unknown and makes the experience predictable and understandable.

Curriculum Approaches

In determining the curriculum for a specified body of knowledge and a specific group of students, it was important to first define the curriculum and its integral components. Stenthouse (1975) stated, "a curriculum is an attempt to communicate the essential principles and features of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice" (p. 26). He continued saying that

method, content and implementation are all a part of the curriculum.

Joyce and Weil (1972) believed that curriculum was an entire educational program designed to accomplish specific goals. It consisted of the broader environment within which teaching took place and included content and teaching strategies.

Taba (1962) stated that all curricula are composed of the following basic elements: (a) a statement of aims and objectives, (b) selection and organization of content, (c) strategies for learning and teaching, and (d) evaluation strategies. These basic elements are essential to all curriculum projects and were explored in the following literature review.

Before learning objectives and goals can be defined it is essential to consider the student and his developmental needs. Nursing students consist primarily of young adults who have reached full mental potential but who continue to learn both formally and informally in college, on the job and with continuing education.

Young adults according to Murray (1975) are more vocal, persuasive and involved. They stimulate diversity and quality in higher education patterns. The young adult wants to learn more about something or learn to do something better and he wants a voice in planning his education. "The young adult prides himself in being mentally alert, progressive and motivated" (Murray, 1975, p. 218). He normally has the capacity to make social and occupational contributions, to do a high level of abstract thinking and creative problem solving.

Erikson (1963) described the developmental crisis as "intimacy versus self-isolation" (p. 18). Intimacy is reaching out and using the self to form a commitment to and an intense, lasting relationship with person, or evan a cause, an institution or a creative effort. The person can give himself to the tasks at hand and has the poise and ease in his lifestyle because his identity is firm. He has a steady conviction of who he is as he continues through life.

In Allport (1961) the young adult was described as a person who translates the abstract knowledge into practical action to help reach his goals. He is consistent and this produces basic standards of morality and conduct. He never stops searching for new attitudes and ideas and constantly seeks evidence to validate his beliefs.

Gestalt field theories hold that man is active and purposive and perceives the world around him and thus is changed by his environment through his perception of it. Learning is a mastery of structuring perceptions so that meaning will result. The teacher must provide the opportunity and the place to learn and the adult must come willingly based on his awareness of personal need. The adult learner benefits from personal learning goals and objectives and is aided by knowing exactly what the course requirements are (Neff, 1972).

Mortimer Adler according to Kidd (1959) is noted for his emphasis upon the learning of adults and proclaims that learning is for the mature and for developing maturity. He believed we devote too much time on the child and his education when we should focus

on the product of education "the end of education is one of overcoming the deficiencies of immaturity" (p. 139).

John Dewey often emphasized the importance of adult learning by saying that education needs to be reconceived not as merely a preparation for maturity but as a continuous growth of the mind. Real education comes after we leave school and there is no reason why it should stop before death (Kidd, 1959).

William Kilpatrick like John Dewey believed that learning was living and that schools should provide experiences of living. He felt that individuality developed as a result of interaction with other selves, in a social process and that education conceived in this way does not end at any prescribed period (Kidd, 1959).

The young adult should have input into curriculum initiation and formulation as he is a valuable source of information and highly interested. He can be very instrumental in defining the conceptual framework for the curriculum. Bevis (1978) defined conceptual framework or nursing model as the decision making guide for the curriculum building process. It dictates the philosophical base, the setting, the student and the knowledge component.

Smith (1982) described a nursing model as a reflection of theory which allows for empirical study and validates or disproves the theory or causes revision in a theory's formulization. It provides a conceptual basis, needed unity, coordination and integration for curriculum development. Recognition of the underlying model facilitates the selection and organization of learning experiences and provides guidance in the selection of nurisng content, course design and implementation.

Joyce and Weil (1972) stated "models for teaching are models for creating environments, they provide rough specifications which can be used to design and actualize learning environments" (p. 162). They propose a balance theory in which an optimal relationship exists between educational objectives, curriculum design and instructional strategies on a one-to-one basis.

Nurses are seeking to build a nursing model that addresses itself to nursing's domain of practice, to the care of human beings. Bevis (1978) continued saying that dualism, the division of man and the sciences that explain him in terms of mind and body, is better suited to the disease oriented systems of medicine than to nursing. Nursing's domain of practice is what happens to people before, during and after health problems, while the medical model involves the diagnosis and treatment of diseases in people. "Nursing science is currently seeking ways to elaborate this within its practice domain; therefore it is generating theories about its practice domain that have holistic perceptions of clients and organismic nursing care responses" (Bevis, 1978, p. 3).

The movement of society toward sexual equality in rights, privileges and responsibilities is probably the social factor most influential in nursing today. Autonomy, accountability and authority are the hallmark of the new nurse, and current nursing curriculum should include those elements that reinforce this trend (Bevis, 1978).

Borgman (1981) agreed that curriculum planners should look to the changing needs of society, consumer involvement in the system and diverse student populations when changing curriculum. These

processes should be a part of the dynamic conceptual framework and serve as the foundation for the curriculum.

Models provide a way of simplifying a complex piece of reality into something manageable so it can be analyzed, studied and dealt with. Brown (1981) explained that every model relies on a set of concepts or theories which give substance to the model. Nursing model philosophies typically entail theories that express man exists within a developmental framework, change is inherent in the system to maintain homeostasis, man is an interrelated biological, psychosocial and spiritual system subject to change and man's spirit is at the center of his being. These theories are maintained in this proposed curriculum project using the Nursing Process as the internal organizer.

Curriculum building is a process and has three characteristics including inherent purpose, internal organization and infinite creativity. Bevis (1978) stated that "process is a series of acts or progressive changes toward a desired end goal. Processes are not mutually exclusive, they overlap, feed into each other, articulate and support" (p. 8).

The nursing process as defined by Yura (1978) is the core and essence of nursing and is central to all nursing actions, is applicable in any setting and within any frame of reference. Phases in the nursing process are identifiable, organized and deliberate. It includes the stages of assessment, analysis, planning, intervention and evaluation. This nursing process framework is integrated into the new NCLEX-RN by defining behaviors in terms of assessing, analyzing, planning, implementing and evaluating and

the exam places equal emphasis on each of these phases.

Objectives, social forces, human development, learning and knowledge should all be considered interrelated in curriculum planning according to Hass (1980). He stated that overall objectives constitute the most important curriculum criterion and promote systematic planning.

Consideration must be given to determine the desired behavioral outcomes of a course. Bevis (1978) lists several basic sources that must be used when devising behavioral expectations for a specific course. These include (a) the conceptual framework, (b) curriculum commitments, (c) program objectives, (d) achievement and level objectives, and (e) the course description. Course objectives must reflect the level of theory attained through previous educational experiences and the changing trends in education. The McBeth Model depicting change is sequential, emergent and transformational, is a common model used when writing behavioral objectives.

Haas (1980) believed that learners should be aware of teacher and curriculum objectives and should share in defining these objectives. He stated that the student is the major untapped resource in curriculum planning.

In addition to the nursing process as the organizational method for this curriculum and the NCLEX, integration is also apparent in both. Curriculum, according to Quiring (1982) is integrated in the sense that it departs from the traditional medical model of organization. Integration refers to the blending of particular subject areas such as nutrition, pharmacology and behavioral

and biological science components. Quiring lists three classic principles in curriculum organization and these include continuity for recurring emphasis, sequence for breadth and depth of the learner's development and integration for increased unity of behavior.

Integration (Smith, E., 1981) is the end product of the student's educational experience which helps to form it into a more complete, harmonious and corrdinated entity. This review course curriculum can be used as this end product of integration because there is little time for repetition or overlapping in a two year curriculum.

In a study done by Koehler (1982) it was found that State Board Examination failures increased by 10 percent after an integrated curriculum was established in an associate degree nursing program. However, these scores were obtained prior to the new NCLEX-RN, an integrated exam, being used. It was also found that the new integrated curriculum allowed the students to take the licensing exam six months earlier than before which actually shortened the curriculum length. It was felt that these findings contributed to the increase in exam failures.

Malcomb (1981) studied the ability to predict state board examination scores within an integrated curriculum and found the relationship between National League for Nursing and state board exam scores appeared to be remarkably constant across curricula and time and that there was not a significant difference between scores within integrated and medical model curriculums.

Strategies for Teaching

The teaching process according to deTornyay (1971) can be divided into relatively discrete components that can be used in different combinations in teaching styles. These components can be taught, practiced, evaluated, predicted and understood so that more effective teaching behaviors can be determined. Different learners learn in distinct ways and it follows that the teacher who can select the teaching technique and strategy to achieve the learning goal will be more effective.

deTornyay (1971) defined a teaching strategy as a formulated plan designed to bring about specific changes in students. It involves someone imparting something to someone else by some process. It provides a pattern and a sequence of teaching behaviors that are consciously and systematically designed. Group process in the classroom is one form of strategy useful with adult learners. Activity on the part of the student is essential to learning as he needs to be actively involved in the learning process. The most effective learning experience will be one which contains interest, vividness and intensity such as discussion groups. In a group discussion all students benefit from the other's knowledge and experience (Neff, 1972). Theodore Brameld, a reconstructionist, felt national and international purposes must be governors of education and that social processes provide the context for learning. He identified five main sources of content which include: (a) one's own experience as well as the experience of others, (b) the free process of communication, (c) through action, and (d) through group dynamics (Kidd, 1959). Brameld and others have made applications

of small group theory to adult learning and have developed novel approaches to teaching.

According to Schmuck (1971) peers are especially influential in group process in the classroom. They provide emotional support and help formulate one's attitude toward success, power, prestige and respect. When group goals are the same as individual goals, group teaching is effective.

A learning group forms around a specific need or interest area and involves a teacher or leader. Loomis (1979) continues saying that group work instills universiality by showing that others share common experiences, fears, needs, etc. Altruism, a sharing of a part of oneself, is also evident in group work and promotes group cohesion and purpose.

For group teaching to be effective, the content discussed needs to be familiar enough to all members so that all individuals can interact freely. Participants need to understand the group objectives, and goals should be relevant to each member (Smallegan, 1982).

Group process allows nursing students the opportunity to approximate a situation they will face in the future. They are encouraged to deal openly with conflict and express differences in their opinions and solutions. Marilyn Lammert, (1981) a registered nurse and author stated that nurses as well as other professional workers are part of large scale organizations in increasing numbers; tasks are becoming more complex and interdependent, and diverse specialists often come together for relatively short periods of time to solve problems.

A learning group is primarily concerned with individual learning with an agenda that is flexible and responsive to the needs of its members, as defined by Flynn (1972). These members act upon and react to each other through interactions. He stated that learning occurs through the introduction of information, through communication and through the development of balance in attitudes. Learning involves change and results in internalization of ideas and ways of thought and feeling, and a congruence of concepts.

In order for a discussion to be meaningful and valuable as a learning experience, it must have some guidance to keep the group pursuing productive goals. The instructor's role includes facilitating communication of all group members, challenging students, identifying when the group needs more information or direction and creating a climate for free discussion. The instructor needs to be a sensitive observer of group process to avoid domination by some students and withdrawal of others. Classification of issues and minority viewpoints should be encouraged to seek individual student's ideas while helping group members solve problems together (deTornyay, 1971).

Gulley (1978) emphasized that the group leader is also responsible for preparing the environment for the discussion. Physically, participants or students should be seated so that everyone can face each other if possible. If students are seated at a table they will feel free to refer to notes or outlines they have. Students should be comfortable but not too comfortable as an atmosphere of industrious informality is to be encouraged. The goal

of the meeting is to accomplish something and the environment should encourage participation. This author believes that the format and content of a state board review course lends itself well to the group process style of teaching coupled with the lecture format to help actively involve the adult learner in the educational process. Because adults learn in a variety of patterns, instruction can be adjusted to reach adults who approach learning from a variety of stances. They can learn if interested from any teaching strategy or teacher. Small group instruction is standard practice in the field of adult education because adults want to participate in their own curriculum building and learning.

Curriculum Regulations and Guidelines

Although this review curriculum is not obligated to follow federal, state and school guidelines, these are helpful in planning a new course offering. The National League for Nursing is an accrediting agency which publishes guidelines for nursing courses within a formal nursing program of study. The National League for Nursing actively seeks to gain from various groups their understanding, assistance and support in its efforts to improve nursing education through the accreditation of educational programs in nursing. The achievement of accreditation in nursing indicates to the general public and the educational community that these nursing programs have clear and appropriate educational objectives and are providing conditions under which these objectives can be fulfilled.

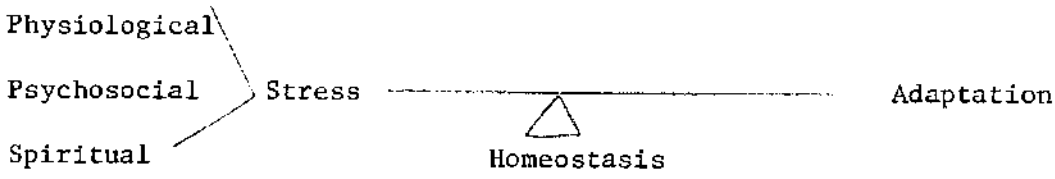
The guidelines that were met by this curriculum include: (a) the program of learning implements the philosophy, purposes

and objectives of the unit in nursing, (b) the program of learning meets the requirements of the parent institution for the associate degree and the state requirements for eligibility to write the State Board Examination, (c) the conceptual framework of the program of learning is clearly stated and implemented, (d) the program of learning provides learning experiences which develop specific knowledge, concepts, understandings, skills and facts pertaining to cultural diversity, (e) the program of learning is reflected by the objectives, philosophy and purpose, (f) the objectives of each nursing course are expressed in measurable terms, (g) evaluation methods and tools are developed and used by faculty for the purpose of measuring student achievement, (h) the program of learning provides for individual differences in learning and abilities, and (i) the program is systematically evaluated. These guidelines are listed and explained in detail in the National League for Nursing publication, Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree (National League for Nursing, 1976).

Based on these guidelines, any nursing offering included within the formal nursing education program needs to make certain each course follows the conceptual framework as established by the school. This review course curriculum followed the defined conceptual framework as described.

The nursing faculty views the person as an individual of great dignity and worth. The human person and society are recognized as unique beings that are continually striving to maintain homeostasis within an ever-changing environment. All persons are affected by

stress and they adapt in some way. The conceptual framwork of the nursing program at St. Mary's College contains three basic components -- setting, student and subject.



The setting is predominantly rural within a Christian educational institution. Although the population density is changing, the socio-economic climate of the area remains essentially the same. The stable, basically middle-class backgrounds from which the students come, provide a solid base on which to grow and traditional values with which to work.

The current student profile indicates a homogeneity of ethinic background that is typical of the surrounding area. Twenty-four percent of the students are between the ages of seventeen and twenty, with seventy percent between twenty-one and fifty. Eight percent of the total nursing students are male. Ninety-four percent have work experience and sixty-seven percent of this number have been employed in health related jobs.

The subject component of the conceptual framework builds on the view of the person as expressed earlier. They are individuals of great worth, continually striving to satisfy their basic and unique needs. Throughout their lifespan, persons react to stress from their external and internal environments and attempt to maintain a dynamic equilibrium -- homeostasis. When stress becomes severe enough to interfere with the maintenance of one's physiological, spiritual or psychosocial homeostasis, intervention is

necessary.

The role of the associate degree nurse is to identify the individual's health-care needs and to plan, implement and evaluate a program of care that will assist one in attaining optimum adaptation to his total environment.

Considering the conclusions drawn from studying the setting, student, subject and the conceptual framework, the conceptual model was expanded to guide in the development of a cohesive curriculum. This curriculum was designed to enable the students to become associate degree nurses capable of effective intervention in the diverse client-care centers,(1983 as summarized from St. Mary's College Nursing Conceptual Framework).

Representative Curriculum Guides

After an extensive library search, it became evident that there were no formal curriculum guides available for an overall systematic review of nursing. There were, however, numerous study-guides, books, tapes and sample tests currently being marketed ranging in price from 15 to 700 dollars. An evaluation of these review materials revealed that although each format had strong points, none provided a complete preparation for taking the NCLEX-RN.

In Sandra Smith's Practice Tests for RN Licensure (1983), preparation both physically and mentally for the NCLEX is presented along with practice tests consisting of more than 1500 questions with answers and rationales. The eight comprehensive tests were designed to simulate the new NCLEX and include self-assessment and evaluation grids. The grids offer immediate feedback to identify individual strengths and weaknesses in order to improve examination scores.

The National Council of State Boards of Nursing publish their own text, The National Council Licensure Examination for Registered Nurses, which includes information on how to study for the new NCLEX exam and the preparation and scoring of it. The text also contains a practice test of 382 questions drawn from the actual test pool. Although this review guide is prepared by the National Council that monitors and controls the NCLEX and is organized like the new exam, it lacks goals and objectives and does not provide an overall review of nursing content.

Addison-Wesley's Nursing Examination Review (Lagerquist, 1981)

discussed the mechanics and format of the old State Board Test Pool Examination as well as test-taking strategies. The book was divided into five main subject areas that were covered in the previous RN licensure examination. The content was presented in outline form, highlighting principles and guidelines for nursing approaches, key concepts and theories. Questions were included following each unit to test the individual's skills in applying concepts and principles to the test-taking situation. The answers and rationales for these questions were provided and the explanation for the correct response. This text again lacked specific goals and objectives for study and was designed for the old SBTPE

Review for Nurses Tapes a complete review program for the NCLEX by Sally Lagerquist (1982) included a written outline and taped lectures of the five content areas of the old exam; psychiatric, maternity, medical, surgical and pediatric. The content section was complete with behavioral objectives and references for each area. Questions were also included at the end of each section. This review program, however, was structured according to the old SBTPE and the medical model rather than the integrated nursing process format.

Various testing formats were available to help prepare for the NCLEX-RN with emphasis on specific information about individual performance in the knowledge and skills areas tested by NCLEX. These programs help candidates to identify individual weaknesses, but do not provide more knowledge in these areas so an additional study text is also necessary.

All these studyguides and tests help in preparing the

candidate for the NCLEX-RN, but none of them offer a complete program of preparation with behavioral objectives, content areas that are integrated with the nursing process format, and individual evaluation.

Summary of the Literature

The need for a state board review course can be assessed by examining the individual's theory grades while in school and his NLN test scores. These have been shown by research to be valuable predictors of state board examination scores. Need may also be expressed by students who feel the desire to improve self-confidence while organizing and reviewing nursing content. Research based on minicourses which are similar to state board review courses has shown that students and teachers benefit greatly from these offerings because they are initiated and planned with the students and based on their specific needs.

The introduction of the new NCLEX-RN in 1982 created a need for more information about the test[5] so students could be adequately prepared to successfully pass the exam. The NCLEX differs from the old SBTPE in that it is one exam given in four parts with an integrated content. It is designed to test nursing behaviors, as related to the Nursing Process, and the ability of the candidate to apply nursing knowledge to health care situations.

The curriculum for a review course needs to be planned utilizing goals and objectives that are consistent with the adult learner and his developmental stage. Young adults want to be active in planning their own education programs, are highly motivated and have the ability to do high level abstract thinking.

The use of a conceptual framework or nursing model in curriculum planning provides a logical organization of the content. It gives needed unity to the course while helping the adult learner integrate and analyze nursing knowledge. The conceptual framework should include societal needs, consumer involvement and the student.

The nursing process approach organizes curriculum content into five phases including assessment, analysis, planning, implementation and evaluation. It is applicable in any setting and within any frame of reference.

Integration of nursing knowledge allows the student to apply the nursing process completely to the client. Integration allows one to see the client with diverse needs which include physical, social and psychological components.

Teaching strategies provide a pattern for imparting knowledge and should be designed according to the needs of the learner. Adult learners need to be actively involved in their education and group process allows for this while stimulating interest and intensity. The group process format is very useful when group and individual goals are the same and provides diversity in teaching strategies.

A nursing review course provides a way to sytematically interrelate nursing knowledge but is not an essential component of the nursing curriculum and therefore, is not bound by federal or state regulations. These guidelines, however, provide helpful information when planning adjunct nursing courses and should be reviewed. The conceptual framework of the department of nursing lends itself well to the review course format and can aid in content

organization. A review of current studyguides for the NCLEX-RN is useful in planning a complete program for the review of nursing. This literature review provided the conceptual basis for the planning and implementation of the RN State Board Review Course Curriculum.

Chapter Three

State Board Review Course Curriculum

The overall goal of this curriculum project as stated was to aid the participant in the acquisition and review of knowledge related to total human needs throughout the lifespan. Although this was a broad statement, it was meant to cover the basic information contained in an accredited R.N. nursing program to prepare students to take the licensing exam. It was, therefore, necessary to construct a broad range of goals and objectives so that a typical nursing curriculum of two to three years duration could be adequately reviewed in 30 hours of classroom instruction and additional optional time as deemed necessary by the student. All other goals and objectives were derived from the overall goal (Goal I), of the curriculum and used the nursing process as an organizational tool.

The nursing process organization served to introduce the content in a manner that was employed in the construction of the National Council Licensing Exam (NCLEX) and used the steps of assessment, analysis, planning, implementation and evaluation. Although the content of this curriculum was not unique, the organization and presentation utilizing the steps of the nursing process were innovative and provided a systematic review of nursing.

The organization of the content was also governed by the integration of medical and surgical concepts with the developmental stages throughout the lifespan and stressors interfering with homeostasis. These concepts provided the conceptual framework for

the curriculum project and dictated a logical systematic organization of content. Each goal and objective of the curriculum was formulated utilizing the concepts of nursing process, developmental stages and homeostasis. While the nursing process additionally served as a presentation tool, principles of adult education were also instituted in the enabling activities.

The enabling activities were designed to promote the acquisition, repetition and reinforcement of knowledge in a time conservative manner and, therefore, eliminated the use of elaborate or highly creative methods. The basic core of the activities consisted of lecture/discussion groups using adult educational methods and the construction of charts, tables and review sheets by the participants. Review audio tapes of each lecture were made available to the participants and could be borrowed from the library for personal use for a 48 hour time period. Alternative and optional films and filmstrips as well as textbook resources were also available as needed for repetition or reinforcement utilizing additional sensory stimulation and input. Need for the optional activities was continuously assessed by the individual participant both subjectively and objectively throughout the course.

Continuous individual evaluation served as a catalyst for the participants and outlined specific areas of deficient knowledge. During the discussion/lecture groups participants evaluated areas of weakness and were able to choose additional optional activities as necessary. A State Board Review Question textbook was also utilized with the curriculum and provided an objective continuous evaluation of each participant in specific nursing content areas.

The textbook of questions was also used to analyze the structure of test questions and to discuss testing strategies.

The final evaluation, the National League for Nursing Comprehensive Nursing Exam, was given at the completion of the course in two, 2 hour sessions in order to simulate the NCLEX and to provide one final objective individualized evaluation. Results were received from this exam within ten days of the testing date and each participant received a personal performance report and normalized percentile score based on 900 Associate Degree and Diploma students in the United States for 1983 (see Appendix, NLN Test Service).

The most significant evaluation for each student and the review course will be the NCLEX. The result of the NCLEX will be analyzed and will dictate the continuance of the review course and/or any modifications that might be necessary to improve student performance on the R.N. licensing exam.

GOALS

Using the Nursing Process, the student will be able to:

I. acquire and review knowledge of total human needs throughout the life span.

II. understand and apply test-taking strategies to reduce anxiety and improve testing skills.

III. demonstrate knowledge and understanding of the nursing care of children and adolescents.

IV. effectively assess, analyze and plan the care for young adults during the reproductive years.

V. recognize and understand common stressors and disease patterns throughout the adult life cycle and plan the appropriate intervention.

VI. demonstrate knowledge and understanding of the care for the client with emotional or behavioral problems related to various stages in the life cycle.

Objectives

After completing the R.N. State Board Review Course, the participant will be able to:

1. define each disease entity presented and apply the nursing process to describe the medical and nursing management of children and adolescents. I, III

2. identify specific physical and emotional tasks unique to each stage of growth and development. I, III

3. discuss the immunization schedule for children and list the medications, actions and ages due.

4. state the child's anticipated response to hospitalization and illness according to each stage of growth and development. I, III

5. list common stressors and discuss alterations in parenting and safety with the potential consequences to the child, according to each stage of growth and development. I, III, V

6. discuss the expected range of normal physical and emotional values for a woman during the reproductive years, pregnancy, labor and the postpartum period. I, IV

7. select and describe appropriate therapeutic and educational nursing interventions for the woman during her reproductive years related to the menstrual cycle and common gynecological problems. I, IV

8. describe the childbearing cycle in relation to maternal physical and emotional adaptation to pregnancy, preparation for labor and parenting. I, IV

9. describe the expected emotional and physical responses of the father and siblings during the mother's childbearing cycle. I, IV

10. identify and list the common signs and symptoms of the most frequent complications during the childbearing cycle. I, IV

11. summarize the expected range of biophysical and behavior characteristics of the normal newborn. I, IV

12. discuss the appropriate nursing care and goals for selected neonatal problems and disorders. I, IV

13. list the priority assessments necessary for the preoperative patient. I, V

14. define each disease process in the adult life cycle reviewed, and identify specific assessment parameters. I, V

15. discuss the pathophysiology and adaptation to common stressors related to oxygenation, perception and coordination, metabolism and fluid and electrolytes. I, V

16. identify and plan appropriate nursing interventions for a given acute or chronic health problem in the adult. I, V

17. assess and describe, in behavioral terms, common adaptions of stress related to various stages in the life cycle. I, V, VI

18. identify common maladaptive coping responses to stress. I, VI

19. describe the role of the nurse in crisis intervention. I, VI

20. list specific nursing actions related to health promotion and therapeutic intervention in disturbances of perceptions, thoughts and inappropriate adaptations. I, VI

21. list areas for teaching in the promotion of positive mental health. I, VI

22. identify common psychiatric medications and state the desired effect, dosage and nursing implications of each. I, VI

23. describe and/or demonstrate various stress reducing activities and exercises. I, II

24. list common errors made during test-taking and discuss strategies to eliminate each. I, II

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
1. After completing the R.N. State Board Review Course, the participant will be able to define each disease entity presented and apply the nursing process to describe the medical and nursing management of children and adolescents. I, III	1. a. Listen to the lecture of Pediatric diseases. b. Make a list of each disease with a brief definition. c. Listen to the review tape on nursing management of Pediatric diseases.	1. a. Using the disease and definition list, cover the definition of each disease with a piece of paper and try to define each disease until 100% is obtained. b. List three nursing interventions specific to each disease. c. Using a State Board Review Question book, complete the section of Pediatric diseases obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
2. The participant will be able to identify specific physical and emotional tasks unique to each stage of growth and development. I, III	2. a. Listen to the lecture on growth and developmental tasks. b. Make a chart for the infant, toddler, preschool child, school age child and the adolescent. Make four columns entitled characteristics and tasks, play, medications, and nutrition (see appendix, Growth and Development). Complete each column while listening to the	2. a. Using the chart on growth and development, cover each column and list three entries for each. b. Using a State Board Review Question book, complete the section on growth and development obtaining 75% correct.

Performance Objective	Enabling Activities	Evaluation
	lecture and tape on growth and development. c. View the filmstrip on growth and development.	

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
3. The participant will be able to discuss the immunization schedule for children and list the medication, action and age due. I, III	3. a. Listen to the lecture on immunizations. b. Review the immunization schedule for infants, toddlers, preschool and school age children.	3. a. Construct a chart on immunizations listing the medication, action and age due for each (see appendix, Immunization schedule).

R. N. State Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
4. The participant will be able to state the child's anticipated response to hospitalization and illness according to each stage of growth and development. I, III	4. a. Listen to the lecture on adaptation to hospitalization and illness. b. View the film on childhood hospitalization and preparation. c. Listen to the tape on preparation for hospitalization.	4. a. Prepare a careplan for a 6 year old girl who is hospitalized for the first time for a tonsilectomy. b. List three nursing interventions for a hospitalized infant and preschooler based on their anticipated response (see Appendix, Patient Care Study).

R. N. Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
5. The participant will be able to list common stressors and discuss alterations in parenting and safety with the potential consequences to the child, according to each stage of growth and development. I, III, V	5. a. Listen to the lecture on stressors and safety. b. Review the phamphlets and film from Parent Effectiveness Training. c. Review Pediatric textbook.	5.a. Write a short paragraph on three childhood stressors and include parental interventions and the potential consequences for the child. b. Prepare a careplan for an adolescent undergoing drug rehabilitation and include physical and emotional concerns.

Performance Objective	Enabling Activities	Evaluation
6. The participant will be able to discuss the expected range of normal physical and emotional values for a woman during the reproductive years, pregnancy, labor and delivery, and the postpartum period. I, IV	6. a. Listen to the lecture on the reproductive years. b. View the film on the reproductive years.	6. a. List five normal values for a woman during the following phases: reproductive years (pre-pregnancy), pregnancy, labor and delivery, and the postpartum period.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
7. The participant will be able to select and describe appropriate therapeutic and educational nursing interventions for the woman during her reproductive years related to the menstrual cycle and common gynecological problems. I, IV	7. a. Listen to the lecture on gynecological problems. b. Listen to the tape on problems related to the reproductive years. c. Review obstetrical and gynecological textbook.	7. a. List six gynecological problems and the appropriate medical and nursing intervention, including teaching needs. b. In a State Board Review Question book, complete the section on gynecological nursing obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
8. The participant will be able to describe the childbearing cycle in relation to maternal physical and emotional adaptations to pregnancy, preparation for labor and parenting. I, IV	8. a. Listen to the lecture on the childbearing cycle. b. Listen to the tape on adaptation to pregnancy. c. Review an anatomy and physiology textbook on the reproductive cycle. d. Review the reproductive charts.	8. a. Briefly describe maternal physical and emotional adaptation to childbearing. b. Prepare a prenatal careplan and follow it through labor and delivery. c. In a State Board Review Question book, complete the section on labor and delivery and prenatal care obtaining 75% correct.

Performance Objective	Enabling Activities	Evaluation
9. The participant will be able to describe the emotional and physical responses of the father and siblings during the mother's childbearing cycle. I, IV	9. a. Listen to the lecture on the family and the newborn. b. Discuss in groups the care of the family during childbearing.	9. a. Prepare a family careplan for the parents of a newborn and a 3 year old girl. Include areas of teaching needed, as well as physical and emotional concerns.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
10. The participant will be able to identify and list the common signs and symptoms of the most frequent complications during the childbearing cycle. I, IV	10. a. Listen to the lecture on the complications of pregnancy. b. Review a nursing textbook on complications of pregnancy. c. View the film on the complications of pregnancy.	10. a. List five of the most common complications of childbearing including preeclampsia and postpartal hemorrhage and include the clinical signs and symptoms of each. b. In a State Board Review Question book complete the section on postpartal care obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
11. The participant will be able to summarize the expected range of biophysical and behavioral characteristics of the normal newborn. I, IV	11. a. Listen to the lecture on the normal newborn. b. View the film on the amazing newborn. c. Divide into discussion groups and review the care and characteristics of the newborn. d. Review the textbook on maternal nursing and care of the newborn.	11. a. List 5-10 physical and behavioral characteristics of the newborn. b. In a State Board Question book, complete the section on the care of the newborn obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
12. The participant will be able to discuss the appropriate nursing care and goals for selected neonatal problems or disorders. I, IV	12. a. Listen to the lecture on neonatal disorders. b. Review the film on the premature infant. c. Listen to the tape on newborn disorders. d. Review a textbook on newborn complications.	12. a. Prepare a careplan for a premature infant with respiratory distress and one for a newborn with congenital heart disease (see Appendix, Patient Care Study). b. In a State Board Review Book of Questions, complete the section on newborn disorders obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
13. The participant will be able to list the priority assessments necessary for the preoperative patient. I, IV	13. a. Listen to the lecture on preoperative assessments and care. b. Divide into groups and discuss preoperative assessment values. c. Listen to the review tapes on the surgical patient.	13. a. Construct a preoperative checklist and include the normal values for each assessment (see Appendix Preop Checklist).

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
14. The participant will be able to define each major disease process in the adult life cycle reviewed, and identify specific assessment parameters. I, V	14. a. Listen to the lecture on adult disease. b. Divide into groups and discuss adult disorders. c. Listen to the review tapes on acute and chronic adult health problems. d. Review a Medical and Surgical textbook.	14. a. List 10-15 of the most common adult health problems and include the appropriate assessments specific to each. b. In a State Board Question Review book, complete the section on adult medical and surgical problems obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
15. The participant will be able to discuss the pathophysiology and adaptation to common stressors related to oxygenation, perception and coordination, metabolism, and fluid and electrolytes. I, V	15. a. Listen to the lecture on stressors b. Down the left side of a sheet of paper make four columns entitled; oxygenation, perception and coordination, metabolism, and fluid and electrolytes Across the top of the paper write stressors, pathophysiology and adaptation. From the lecture, briefly fill in these columns (see	15. a. Given a list of 10 stressors, identify the system involved for each and briefly state the pathophysiology and adaptive mechanisms. b. Using a review book of State Board Questions, complete the medical and surgical section obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
	Appendix, Stressors). c. Listen to the review tape on stressors. d. Review an anatomy and physiology textbook.	

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
16. The participant will be able to identify and plan appropriate nursing interventions for a given acute or chronic health problem in the adult. I, V	16. a. Listen to the lecture on nursing care for the adult client. b. Review a medical and surgical textbook. c. Review medical and surgical careplans. d. Listen to the review tape on nursing the adult client.	16. a. Prepare three patient care studies outlining specific interventions for a client with COPD, CHF and hypertension.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
17. The participant will be able to assess and describe in behavioral terms, common normal adaptations of stress related to various stages in the life cycle. I, V, VI	17. a. Listen to the lecture on adaptations of stress. b. Review a psychiatric nursing textbook. c. Listen to the review tape on adaptations of stress. d. View the filmstrip on stress.	17. a. After viewing the filmstrip on stress, identify the five ways the clients in the film adapted to stress. b. List three normal behavioral adaptations to stress for a toddler, a school age child, an adolescent and an adult.

Performance Objective	Enabling Activities	Evaluating
18. The participant will be able to identify common maladaptive coping responses to stress. I, VI	18. a. Listen to the lecture on maladaptive coping mechanisms. b. In small discussion groups list and discuss common abnormal coping responses. c. Review a psychiatric textbook on stress.	18. a. List three common maladaptive coping responses related to the following stressors; unemployment, a chronic illness, and aging.

Performance Objective	Enabling Activities	Evaluation
19. The participant will be able to describe the role of the nurse in crisis intervention. I, VI	19. a. Listen to the lecture on crisis intervention. b. Review a psychiatric textbook. c. Listen to the review tape on crisis. d. Break into groups of five and role play using the three given situations (see Appendix, Crisis). After each brief session, critique the intervention of the nurse	19. a. Discuss three therapeutic interventions for a client attempting suicide, an alcoholic and a sudden injury or death in the immediate family.

Performance Objective	Enabling Activities	Evaluation
20. The participant will be able to list specific nursing actions related to health promotion and therapeutic intervention in disturbances of perceptions, thoughts, and inappropriate adaptations. I, VI	20. a. Listen to the lecture on disturbances of perceptions and thoughts. b. Review a psychiatric textbook. c. Listen to the review tape on therapeutic interventions for clients with disturbances of perceptions and/or thoughts.	20. a. List three specific nursing actions for each of the following clients; paranoid schizophrenic, anorexic, severely depressed and a hallucinating patient.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
21. The participant will be able to list areas for teaching in the promotion of positive mental health. I, VI	21. a. Listen to the lecture on the promotion of mental health. b. Review a psychiatric textbook. c. Listen to the review tape on the promotion of good mental health. d. Construct a chart of activities or ways to promote positive mental health.	21. a. State three areas or categories that should be included in a teaching plan for the promotion of mental health, and include activities. b. Using a State Board Question Review book, complete the section of psychiatric nursing obtaining 75% correct.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
	e. Divide these activities into categories or an outline. Review these with classmates and friends.	

Performance Objective	Enabling Activities	Evaluation
22. The participant will be able to identify common psychiatric medications and state the desired effect, dosage and nursing implications of each. I, VI	22. a. Listen to the lecture on psychiatric medications. b. Make a chart with four columns labeled; drug, desired effect, dosage and nursing implications. Complete this chart for the medications discussed in the lecture. (see Appendix, Psychiatric Medications) c. Cover the last three columns of the chart and quiz yourself on each medication.	22. a. Given a list of medications, identify the psychiatric drugs and discuss the action, dosage and nursing implications of each.

Performance Objective	Enabling Activities	Evaluation
	d. Review a psychiatric text-book.	

Performance Objective	Enabling Activities	Evaluation
23. The participant will be able to describe and/or demonstrate various stress reducing activities and exercises. I, II.	23. a. Listen to the lecture on stress reduction. b. View the film of stress reduction. c. Practice stress reduction exercises while listening to the tape on techniques of relaxation.	23. a. Properly demonstrate two ways to reduce physical and emotional stress. Take your blood pressure and pulse before and after the exercises. There should be a reduction in each if stress has been reduced.

R. N. State Board Review Course Curriculum

Performance Objective	Enabling Activities	Evaluation
24. The participant will be able to list common errors made during test taking and discuss strategies to eliminate each. I, II	24. a. Listen to the lecture on how to take tests and ways to improve memory. b. Review sample questions and identify the locus of decision, the stem and step of the nursing process involved.	24. a. Using state board review questions, list potential erros that should be avoided with each question. (see Appendix, Sample Questions. b. Take the NLN Comprehensive Test at the completion of the course and review the graded response. Look for patterns in questions missed and areas of weakness. A score above the 50 percentile is good.

APPENDICES

national league for nursing · ten columbus circle · new york, new york 10019

NLN TEST SERVICE

64

PERFORMANCE PROFILE
COMPREHENSIVE NURSING ACHIEVEMENT TEST-SOPH EDITION
TEST CODE: 85 3013

EXAMINEE:

TEST DATE: 05/26/83

TOTAL TEST SCORE*	NORMALIZED PERCENTILE	ADVISORY SCORE % CORRECT	NORMS GROUP MEDIAN % CORRECT
217	74		

SUBSCALES

	ADVISORY SCORE % CORRECT	NORMS GROUP MEDIAN % CORRECT
AREAS OF HUMAN FUNCTIONING		
A. BODY DEFENSES AND SUPPORTIVE CARE	80 OF 46	73
B. PERCEPTUAL/COGNITIVE FUNCTION	67 OF 9	68
C. BODY MECHANICS/REST, ACTIVITY	89 OF 9	87
D. NUTRITION AND DIET	78 OF 18	76
E. REPRODUCTION, GROWTH AND DEVELOPMENT	76 OF 29	71
F. FLUID-GAS TRANSPORT	73 OF 37	72
G. INTRA-AND INTERPERSONAL FUNCTIONING	66 OF 44	73
H. ELIMINATION	100 OF 12	76
I. GENERAL	78 OF 9	74
NURSING PROCESS		
1. ASSESSING	74 OF 31	67
2. ANALYZING	79 OF 52	80
3. PLANNING	74 OF 42	74
4. IMPLEMENTING	75 OF 57	70
5. EVALUATING	76 OF 29	72
CLINICAL AREA		
I. MEDICAL NURSING	90 OF 41	74
II. SURGICAL NURSING	79 OF 43	79
III. OBSTETRIC NURSING	68 OF 41	77
IV. PEDIATRIC NURSING	74 OF 46	66
V. PSYCHIATRIC NURSING	78 OF 41	69

* THIS IS A STANDARD SCORE WITH A MEAN OF 200 AND A STANDARD DEVIATION OF 27 BASED ON THE PERFORMANCE OF 900 ASSOCIATE DEGREE/DIPLOMA STUDENTS IN 21 PROGRAMS IN 17 STATES IN 1983.

STANDARD ERROR OF MEASUREMENT = 11.2

REPORT DATE
06/09/83

PROGRAM CODE:
43-242

NLN ORDER NUMBER 61355

Growth and Development Chart

	Characteristics and Tasks	Play	Medications	Nutrition
Infant				
Toddler				
Preschool				
School age				
Adolescent				

Immunization Schedule

	Medication/ Disease	Action	Time Schedule
Infant			
Toddler			
Preschool			
School age			

Stressors

	Stressors	Pathophysiology	Adaptation
Oxygenation			
Perception and Control			
Metabolism			
Fluid and Electrolyte			

Patient Care Study

Student _____ Date of Clinical Experience _____

Pt. Initials _____ Pt. Room # _____ Pt. Age _____ Sex _____ Religion _____

Pt. Maritial Status _____ No. of Children _____ Occupation _____

Admitting Diagnosis _____ Final Diagnosis _____

Dates and Identification of Surgical Procedures _____

Developmental Task _____

Diet _____

Nursing Diagnosis	Objective/Goal	Intervention Nursing Action	Evaluation

Medication and Treatment

Name, classification, action and uses, side effects, and toxic effects, contraindications, usual dosage and routes of administration and nursing responsibilities specific to this drug (modify as needed for treatments done).	Patient's dosage, route of administration, and condition for which he is receiving drug.

Therapeutic Procedures and Diagnostic Tests

Name of Tests List all tests which are pertinent or abnormal	Reasoning for performing test and nurse responsibility	Normal Results	Pt.'s Results	What these results signify

Short term patient goals:

Long term patient goals:

Student's learning goals:

Cultural considerations and insights:

What did you learn in caring for this patient?:

Bibiology (Title, Author, Page):

Preoperative Checklist

Assessments

Vital signs

Laboratory work

- Hemoglobin and hematocrit
- Urinalysis
- Type and crossmatch for blood
- UCG
- EKG

Medications

Past illnesses or surgeries

Allergies

Nothing by mouth

Skin preparation

Consent signed

Knowledge of surgery

Preoperative teaching

Crisis Intervention

Case Situation I

A 37 year old unemployed male who has obviously been drinking is verbally and physically abusive to his wife while you are making a home health visit to the family. His six year old daughter is present. What would be your approach and how would you handle this situation?

Case Situation II

You are manning a 24 hour suicide prevention hotline and you receive a call from Linda, a young teenage girl who has just taken six Seconal sleeping pills. How would you try to reach her?

Case Situation III

A mother is pacing in the emergency room asking to see her 4 year old daughter who was brought in critically injured after being hit by a car in front of her home. The father is not present.

Psychiatric Medications

Medication/ Class	Action	Dosage	Nursing Implications
Thorazine			
Mellaril			
Linthium			
Trilafon			
Stelazine			
Compazine			
Clorpromazine			
Haldol			
Atarax			
Vistaril			
Valium			
Equanil			
Tranxene			

Sample Test

1. Mr. Lock seems improved and is sent home on a trial visit. He is then admitted to the intensive care unit for treatment for a self-inflicted gunshot wound in the chest. When he is somewhat improved, Mr. Lock remarks, "Everyone here must think I'm some kind of freak."

   Which of these responses would be most therapeutic?

   1. "None of us thinks that you are a freak."
   2. "You feel that others are judging you."
   3. "I understand that you were upset when this happened."
   4. "What made you so desperate that you did a thing like this?"

2. Mr. and Mrs. Morris discuss birth control with the nurse. In selecting a method of birth control, the Morrises should give priority to which of these factors?

   1. Mrs. Morris' age.
   2. The length of their marriage.
   3. The technique they find most acceptable.
   4. The success rate of a particular method.

   Ms. Mary Curran, who was discharged two days ago from the postpartum unit, is visiting her newborn girl on the pediatric unit. Baby Girl Curran has a cleft lip and cleft palate.

3. The nurse should expect that because Ms. Curran has an infant with an obvious physical defect, Ms. Curran may demonstrate which of these feelings?

   1. She may have difficulty loving such an infant and responding warmly to it.
   2. She will overtly express love for the infant because mother love is instinctive.
   3. She will express mixed feelings for the infant and will require psychiatric treatment to overcome.
   4. She may express guilt that will require her visits with the infant to be curtailed.

4. All of the following information is provided by Mr. Marlow. Which point should the nurse suspect as being the provoding factor of his asthmatic attack?

   1. He wore a new suit made of a synthetic material two days ago.
   2. He smoked more cigarettes than usual during the past week.
   3. He has been up late at night playing cards with his friends.
   4. He slept on a new feather pillow.

5. The chief purpose of the first Apgar scoring of a newborn is to

   1. obtain a baseline for comparison with the infant's future development.
   2. evaluate the efficiency of the infant's vital functions.
   3. assess the effectiveness of the initial care given to the infant.
   4. determine the presence of gross malformations in the infant.

Raymond Danburn, 14 years old, is admitted to the hospital for treatment of ulcerative colitis.

6. Raymond is receiving methantheline (Banthine) bromide. The chief purpose of this drug for Raymond is to:

   1. suppress inflammation of the bowel.
   2. reduce peristalic activity.
   3. neutralize acid in the gastrointestinal tract.
   4. increase bowel tone.

James Will, 18 years old and living away from home for the first time, is a freshman in college. He is admitted to the hospital because he has been having episodes in which he runs about, screams, and drops to the floor and lies notionless for a few minutes after which he gets up, mumbles, "I'm sorry," and behaves normally. His school record has been satisfactory, but his contacts with his peer group have decreased greatly because of these episodes. On the basis of diagnostic studies, it has been determined that Mr. Will's illness is schizophrenia, catatonic type.

7. Stereotyped behavior such as that shown by Mr. Will can be <u>best</u> explained as

   1. a way of assuring predictability

2. a device to gain help and treatment.
3. a means of increasing interpersonal distance.
4. an attempt to control inner and outer forces.

8. The behavior demonstrated by patients such as Mr. Will is usually thought to be indicative of
   1. damage to the cortex of the brain.
   2. an expression of intrapersonal conflict.
   3. a deficiency of vitamin B complex in the diet.
   4. a disturbance in intellectual functioning.

9. Upon Mr. Will's admission, his needs would best be met by a plan that provides
   1. an introduction to each member of the staff.
   2. a climate that makes few demands on him.
   3. a minimal sensory stimulation.
   4. time for him to reflect on his problems without interference.

10. Family therapy is recommended for Mr. Will. When explaining the purpose of this type of therapy to Mr. Will's family, which of the following information would it be important to convey to them?
    1. Family members can reinforce the therapist's recommendations between sessions.
    2. Family members need advice in dealing with the identified patient's behavior.
    3. Joint treatment permits equal participation, eliminating anxieties that might otherwise lead to termination of treatment.
    4. Joint treatment alters family interaction, facilitating change in the behavior of the identified patient.

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