

Exploring Concept-Based Curriculum: A Paradigm Shift to Improving National Licensure
Examination (NCLEX-RN®) First Time Pass Rates

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June, 2015

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Abstract

A decline in first time National Licensure Examination Registered Nurse (NCLEX-RN®) pass rates places a Kansas rural community college associate degree nursing (ADN) program in jeopardy of losing national accreditation. The pass rates for the first time NCLEX-RN® have not met benchmark for the past three years. Nationally accredited nursing programs must maintain a three-year national mean for licensure exam pass rates; the first time pass rates must be at, or above, the national mean (Accreditation Commission for Education Nursing, 2013). The three-year national mean for the ADN program from 2011 to 2013 was 71.36%, as compared to the national mean 86.55%. Multiple curriculum revisions have been attempted with no improvement in pass rates. The ADN program also performs biannual reviews of course competencies with comparisons to the NCLEX-RN® test plan and cumulative results from Assessment Technologies Institute (ATI) RN Comprehensive Predictor. Despite ADN programs' various efforts to increase NCLEX-RN® pass rates, the pass rates have remained low. Concept-based curriculums increase first time pass rates as high as 90% (Pearson, 2009). This exploratory pilot project proposed that the implementation of a concept-based curriculum should assist the ADN program with improving the first time pass rates for the nursing program.

Keywords: content-based curriculum, concept-based curriculum, NCLEX pass rates

Exploring Concept-Based Curriculum: A Paradigm Shift to Improving National Licensure Examination (NCLEX) Pass Rates

The decline in first time National Licensure Examination Registered Nurse (NCLEX-RN®) pass rates placed a Kansas rural community colleges associate degree nursing (ADN) program in jeopardy of losing national accreditation. The ADN program must illustrate an upward progression towards a three-year NCLEX-RN® first time pass rate average at, or above, the national average as outlined in one of the benchmarks set by the Accreditation Commission for Education Nursing (ACEN). The three-year national mean for the ADN program from 2011 to 2013 was 71.36%, and the three year national mean from 2011 to 2013 was 86.55%. The ADN program's first time NCLEX-RN® pass rates have continued to decline despite three years of program data analysis and implementation of an improvement plan. Even with the changes made by the ADN program, the 2014 preliminary pass rate was 57.27%. The ADN program has not made a major curriculum revision in over a decade. The purpose of this pilot study was to explore if a concept-based curriculum would improve NCLEX-RN® first time pass rates to make a curriculum change recommendation for a Kansas rural community college ADN program.

Background

The community college ADN program serves as the primary nursing education program for approximately 91,400 individuals that reside in a rural area in Kansas. Additionally, the ADN program contributes to decreasing the nursing shortage in rural areas in Kansas. The ADN nursing program has three campuses located throughout the state that provide nursing education to a diverse population. The ADN nursing program also has an ADN hybrid online program. The nursing program accepts licensed practical nurses and paramedics into the ADN program.

Students travel from various cities in Kansas to one of the three college campuses, and students from all across the United States attend the hybrid online nursing program.

The ADN program has been using a content-based curriculum model for the nursing program since 1982 (see Appendix A). This curriculum model is based on the medical model using body systems. Nursing students are inundated with a tremendous amount of nursing content in a short period of time with this model. Moreover, course exam questions are built using a test blue print that correlates with the NCLEX-RN® test blueprint, in which questions are application style and not based on rote memorization. It is reasonable to assume that a student will not perform well on the NCLEX-RN® unless they have testing with a higher order of Bloom's taxonomy content while in the nursing program. The NCLEX-RN® is 100% application, and the students must apply the knowledge learned in the nursing courses to successfully pass the NCLEX-RN®.

The ADN program's first time NCLEX-RN® pass rates illustrate a trending decline, both at the school and in comparison to the national pass rates. The first time NCLEX-RN® pass rates for the ADN program were:

- 2009—84.00%,
- 2010—80.29%,
- 2011—85.22%,
- 2012—72.54, and
- 2013—56.16% (Kansas Board of Nursing, 2013).

The national pass rates for the past three years were:

- 2011—87.89%,
- 2012—90.34%, and

- 2013—83.04% (Kansas Board of Nursing, 2013).

The yearly decline in the ADN program's first time NCLEX-RN® pass rates placed the nursing program under the national three-year average benchmark. Moreover, the 2011-2013 three-year mean was 71.36%, as compared to the national mean of 86.55%.

The ADN program has made several attempts within the last three years to increase its' first time pass rates. The program updated unit objectives and aligned them with cognitive leveling to build through the course progression. Furthermore, the faculty held biannual reviews to compare course competencies with the NCLEX-RN® test plan and cumulative results from the Assessment Technologies Institute's (ATI) RN Comprehensive Predictor. The data analysis and minor curriculum revisions, however, did not improve pass rates. Through the course of this process, it was discovered that a complete curriculum revision had not been explored to determine if a new curriculum would increase pass rates. It was determined that the ADN program should explore a new curriculum design through a pilot study to inform faculty if there is a need to change the way content is delivered, with the hope of increasing first time pass rates.

Purpose and Specific Goals

The purpose of this pilot project was to explore if a change from a content based curriculum to a concept-based curriculum has improved NCLEX-RN® pass rates in similar nursing programs. More specifically, the goal was to determine if research supported that a concept-based curriculum change would increase the first time pass rates for the ADN program. If this was found to be the case, then a recommendation would be made to the college based on the findings.

Project Description

This project was designed to assess the necessity to change the current content-based curriculum to a concept-based curriculum to improve NCLEX-RN® first time pass rates. To address the NCLEX-RN® first time pass rates issue, evidence was reviewed to ascertain whether or not to support a concept-based curriculum change. In addition, NCLEX-RN® pass rates for the ADN program over the past five years were examined and compared to the Kansas and national averages. Data was gathered from similar nursing programs that have implemented a change in curriculum to discern if there was an increase in NCLEX pass rates. Additionally, the data and outcomes from similar nursing programs were compared to the ADN program, national, and Kansas first time pass rates. Another undertaking included the examination of the noncompliant standards identified by the ACEN and the regulations necessary to gain compliance. The present-day crises and potential crises were identified for the ADN program. The ADN program's current objectives, policies and practices were reviewed alongside with the evidence-based practice that would assist meeting all of the nursing program's challenges. Faculty buy-in to a curriculum change was assessed, and to assist with meeting the resistance, Lewin's Change theory combined with Kotter's Eight Phase Change theory was implemented. Lastly, the evidence was evaluated and reviewed to create a recommendation to either change the current curriculum to a concept-based curriculum or remain with the current content-based curriculum.

Summary of Literature

Nursing literature supported that concept-based curriculums are superior to content-based curriculums. Giddens and Brady (2007) stated that there is a need for nursing curriculum reform due to the enormous amount of content nursing students are responsible for learning. Equally

important, the Institute of Medicine (IOM) (2010) referenced the overcrowded curriculum as one of the challenges of the health education reform. Moreover, the IOM (2010) recommended that the nursing curricula be revisited, updated, and improved to keep up with contemporary health care.

Content-Based Curriculum

Nursing education traditionally uses a content-based curriculum. Content is disseminated by body systems based on a medical model theory (Roberts, 2011). Traditional nursing programs have didactic, lab, and clinical courses. The average length of a traditional nursing education course varies according to the setup of the program. Giddens and Brady (2007) indicated that nursing programs traditionally offer curricula which is content loaded and very structured while placing importance on behavioral outcomes that foster linear thinking. This is compounded by the fact that content is continuously added to nursing textbooks and nursing curriculums due to the ever changing health care industry. According to Giddens and Brady (2007), there are three factors that contribute to the amount of content in traditional nursing education curricula: (a) a shift into the information age, (b) changes in the delivery of health care, and (c) teacher-centered pedagogies. The information age is a key reason for the increase in evidence-based practice and the use of technology in health care (Giddens & Brady, 2007). As these increases take place, it is necessary for nursing education to keep up with contemporary trends by adding the content to the nursing curriculum. According to the Institute of Medicine (2010), nursing programs have kept up with changes in health care by condensing material into the curriculum and adding layers of content. Lastly, the content-based curriculum model of teaching and learning leads to students learning by memorization to pass the course rather than applying the appropriate concepts and developing critical thinking skills (Ironsides, 2005;

Yearick, 2013). Applying appropriate concepts to nursing is necessary to pass the NCLEX-RN® and enhance critical thinking skills for actual nursing practice.

Concept-Based Curriculum

A concept-based curriculum is a design set in a student-centered learning environment and that focuses on teaching a general list of concepts linked to designated evidence-based practice exemplars (Roberts & Szoka, 2013). According to Roberts (2011), concept-based curriculum focuses on concepts including environmental settings, the lifespan, as well as and throughout the wellness-illness continuum. Likewise, a concept-based curriculum shifts from the traditional educator-centered instructional strategies to student-centered active learning strategies (Roberts, 2011). With a concept-based curriculum, instructors would spend approximately 25% less time lecturing and using PowerPoint presentations during course time, freeing them up to incorporate more learning activities that focus on learning, not teaching (Roberts, 2011).

Concepts are defined as the way information is classified or the organization of a principle (Giddens, 2013). The concepts for each nursing program may differ; however, concepts are chosen based on current nursing literature. Concepts are selected by faculty, and it is not uncommon to choose 40 to 50 concepts. Once concepts have been chosen, exemplars may be identified. Exemplars are the health issues chosen to illustrate classic examples that can represent the concept(s) during the course (Roberts & Szoka, 2013).

Equally, a concept-based teaching model will provide a curriculum that focuses on role appropriate concepts. The student's role is focused on applying concepts to exemplar diagnosis through learning activities. The instructor's role is focused on assisting the students to learn. On the contrary, with a content-based teaching model, it is difficult for educators to determine what

new knowledge to incorporate, what traditional nursing practice to retain, and what content to discard (Giddens & Brady, 2007). It is predicted that a curriculum shift will allow instructors to teach students how to learn, which will assist with increasing student knowledge and result in improved NCLEX-RN® pass rates.

Synthesis and Congruence to Organizations Strategic Plan to Project

The mission of the ADN program is to prepare competent individuals for a career as a registered nurse at the associate degree level. Similarly, the philosophy of the nursing program emphasizes the mission of the nursing program. In order to maintain the congruency of the mission and philosophy for the ADN program, the strategic plan was to improve their first time NCLEX-RN® pass rates. The ADN program strives to produce competent nurses who demonstrate the ability to use sound nursing judgment and clinical reasoning when in clinical practice. The NCLEX-RN® is a systematic evaluation of each individual's knowledge, skills, and capabilities to perform safe and effective nursing practice. According to the National Council of State Boards of Nursing (2015), the NCLEX-RN® is designed to assess the minimal competency. The first time pass rates are a direct reflection upon the rigor of the nursing program the individual attended.

Project Design

This exploratory pilot study sought to gather information from similar institutions regarding their curriculum and NCLEX-RN® pass rates, review several concept-based curricular models, review noncompliant ACEN standards, and hold informal discussions with current faculty to ascertain their perceptions of the current versus new curriculum. Since no student identifying information was gathered, this project was approved by the Capella University Institutional Review Board. The data collected was obtained from the ADN program's records,

the Kansas State Board of Nursing, and, the North Carolina State Board of Nursing websites.

The North Carolina nursing programs were chosen because of the implementation of the curriculum improvement project (CIP) for associate degree nursing programs. The CIP was a statewide project, and a concept based curriculum was implemented in all of the associate degree programs in North Carolina. The following information was collected to inform this project and recommendation:

- The first time NCLEX-RN® pass rate averages were reviewed for community colleges in North Carolina. Data was reviewed in the time period before and after the implementation of a concept-based curriculum.
- The three-year NCLEX-RN® state and national ADN averages were reviewed for community colleges in North Carolina.
- The noncompliant standards identified by ACEN were reviewed to identify the regulations set to gain compliance.
- Informal discussions were held with the ADN nursing faculty to obtain faculty members' perceptions on the current curriculum as opposed to a concept-based curriculum.
- Concept-based curriculum conferences were attended to gain a clear understanding of concept-based curriculums. Concept-based curricula models were also reviewed to assist with gaining a better understanding.

The information gathered was chosen due to accessibility. Data pertaining to course exams and comprehensive NCLEX-RN® predictors was not collected due to the limited scope of the project.

Findings

Findings were attained from statistical data from similar nursing programs that implemented a concept-based curriculum, discussions with faculty, and concept-based curriculum models. Due to North Carolina implementing a concept-based curriculum in 2007, data gathered was greater than 10 years old which illustrated a definitive picture of first time pass rates prior to the new curriculum implementation. In addition, concept-based curriculum conferences were attended, and models were viewed to attain a clear understanding of concept-based curricula.

Similar Program NCLEX-RN® Findings

An extensive review of other nursing programs that implemented a concept-based curriculum was conducted. The findings revealed that 55 community colleges in North Carolina implemented a concept-based curriculum model. Due to the limitations of the pilot study two community colleges NCLEX-RN® data was chosen for review. Community college one (CC1) depicted an increase in NCLEX-RN® pass rates following the implementation of the concept-based curriculum model. The three-year mean for CC1 prior to the implementation of a concept-based curriculum from 2003 to 2005 was 86% as compared to the national mean which was also 86% (North Carolina Schools, 2014). The three-year mean for CC1 following implementation from 2012 to 2014 was 96% and the national mean was 85% (North Carolina State Board of Nursing, 2014). Table 1 reflects the data collected for two North Carolina community colleges.

Table 1

Three Year Mean for Community Colleges in North Carolina

Year	CC1 NCLEX-RN® Three Year Mean	CC2 NCLEX-RN® Three Year Mean	National NCLEX-RN® Three Year Mean	North Carolina ADN NCLEX-RN® Three Year Mean	ADN National NCLEX-RN® Three Year Mean
2003-2005	86%	92%	86%	88.7%	86.5%
2012-2014	96%	93%	85%	85%	82%
Total Increase or Decrease	↑ 10%	↑ 1%	↓ 1%	↓ 3.7%	↓ 4.5%

Community college two (CC2) was another one of the 55 community colleges that implemented a concept-based curriculum. The three-year mean for CC2 prior to implementation from 2003 to 2005 was 92% as compared to the national mean of 86% (North Carolina Schools, 2014). The three-year mean for CC2 following implementation from 2012 to 2014 was 93% and the national mean was 85% (North Carolina State Board of Nursing, 2014).

Furthermore, data was studied for all of the associate degree programs in North Carolina before and after the implementation of a concept-based curriculum. The three year ADN state mean prior to implementation from 2003 to 2005 was 88.7%, and the ADN national mean from 2003 to 2005 was 86.5% (North Carolina Schools, 2014). The three year ADN state mean following implementation from 2012 to 2014 was 85%, and the ADN national mean from 2012 to 2014 was 82% (North Carolina State Board of Nursing). The overall data illustrated a decline in first time NCLEX-RN® pass rates following the implementation of a concept-based

curriculum (see Table 1). It was determined that further analysis was necessary. It was noted that some associate degree programs did not participate in the curriculum change. The nursing programs that did not participate and the nursing programs that closed following the curriculum change would need to be eliminated from the analysis to gather a true representation of the data. The increased level of difficulty of the NCLEX-RN® also plays a significant role in the first time pass rates. However, in viewing the individual program data, the possibility of a concept-based curriculum contributing to the increase in NCLEX-RN® pass rates cannot be disregarded.

Non-Compliance with National Accreditation Standards

The ADN program receives accreditation from the Accreditation Commission for Education in Nursing (ACEN), formerly the National League for Nursing Accrediting Commission (NLNAC). The ADN program is in noncompliance of standards that are critical to the continuance of the program. Standard #4: Curriculum, and Standard #6: Outcomes are in noncompliance. According to the ACEN (2013) the curriculum must support the achievement of the student learning outcomes and the program outcomes for the ADN program. Moreover, the curriculum must be consistent with safe practices in contemporary health care environments. The outcomes of the program must demonstrate that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing program. Furthermore, the evidence of the achievement in meeting the program outcomes is demonstrated by the students' successful performance on licensure exam.

The nursing program has been placed on a warning status by the ACEN. According to the ACEN (2013) the warning status means the accrediting body will allow the program time to fix the non-compliant standards prior to a revisit. When the accrediting body revisits the

organization, they must be in compliance with all ACEN standards. If the college is not in compliance, the nursing program will lose its national accreditation.

The ADN program has not met the licensure exam standard for the past three years. The ACEN stated that the performance on the licensure exam is measured by the program's three-year mean for the licensure exam, and the pass rate will be at or above the national mean for the same three-year period (Accreditation Commission for Education in Nursing, 2013). Low pass rates for the past three to four years place the school of nursing out of compliance with national accreditation and the Kansas State Board of Nursing. Without national accreditation, the school of nursing may lose potential students. When a student graduates from a non-nationally accredited nursing program, it is difficult for the student to further their nursing career. In some cases, it may be difficult for the student to obtain a registered nurse position in some hospital facilities. If the college loses state accreditation, the student will not be allowed to take the state licensure exam. Additionally, when a student views the low pass rates it raises a red flag that the nursing program is not adequately preparing students for the licensure exam.

Informal Faculty Discussion Findings

There were nine full-time and two part-time faculty members for the ADN program. The discussions with all faculty members took place informally one-on-one. Faculty members were individually asked how they felt regarding the current content-based curriculum. They were also queried about and their perceptions of a concept-based curriculum. Four out of 11 faculty members were disinterested in exploring the possibility of a change to the existing curriculum. Four others of the 11 faculty members felt the current concept-based curriculum was outdated and needed major revisions. Finally, three of the 11 faculty members were undecided. When faculty members were asked about a concept-based curriculum, five of the 11 faculty members

conveyed that they did not know enough about concept-based curricula to voice an opinion.

Four of the 11 faculty members admitted to not knowing much about concept-based curricula but wanted more information on how a concept-based curriculum would enhance learning in the classroom. Lewin's Change Theory and Kotter's Eight Phase Change Model were adopted to assist with faculty-buy in at the ADN program.

"Lewin's theory is a three step process unfreeze, change and refreeze."

- Unfreezing, assist with the heightening the perception of the current problem and the desired change;
- Change, new objectives are implemented; and
- Refreezing, the change takes place and is monitored (Borkowski, 2005).

A great deal of time was spent in the unfreezing step of Lewin's change theory. According to Borkowski (2005), to design and implement a planned change, there must be ample time permitted. Remaining in the unfreezing step allows time for discernment of the root cause for the ADN faculty's resistance to change. Gaining a clear understanding of the faculty's aversion is was essential to advance in the change theory. The change step will assist faculty with understanding the reason for the change, and allow them to participate in the design of the new curriculum. The refreezing step will include faculty's active participation in the new curriculum design and continuous monitoring of faculty buy-in.

Kotter's model is believed to be the best change theory for a proposal (Schmidt & Brown, 2012). The eight phase model includes the following steps: sense of urgency, coalition, create a vision, communicating the vision, empower action, create short term wins, consolidate and produce more gains, and anchor support and change (Schmidt & Brown, 2012). Kotter's model builds on Lewin's change theory to emphasize a successful organizational change. For example,

Kotter's urgency phase and Lewin's unfreezing step both provide a foundation for preparing faculty for the change by establishing a need to change the current curriculum to increase the NCLEX-RN® first time pass rate.

Integrating change theory. Several seasoned faculty members were disinterested in exploring the possibility of a change to the existing curriculum. It was perceived by faculty due to past experiences that any changes to the program was a negative. The root cause of this perception was due to the lack participation in prior decision making processes and feelings of unvalued input. To address the resistance and uncertainty to change, Lewin's and Kotter's theories were used to support the project.

Kotter's creating a sense of urgency phase and Lewin's unfreeze phase. The identification of realities, crises, and potential crises will allow faculty to recognize the necessity for change. If the need for change is communicated effectively, unfreezing may take place. This was done by revealing to the ADN faculty the current NCLEX-RN® pass rates, the ACEN standards that were in noncompliance along with the regulations needed to gain compliance, and the limited time remaining until the ACEN revisit. Although the information provided to faculty was alarming, it took several discussions and presentations to create a sense of urgency or unfreezing.

Once the sense of urgency was accepted by the ADN faculty, the creation of a coalition or partnership was formed. The coalition consisted of nine out of 11 faculty members. This partnership is phase two of Kotter's theory. The evidence to support a new curriculum change was presented to the coalition. We began to develop a realistic and measurable vision for the nursing program. The need and urgency for change with the vision was reiterated to all faculty as well as the program's nursing administrative staff. During the final step of Lewin's theory,

faculty members were monitored for active participation in the new curriculum discussions to ensure that faculty buy-in remained successful and continued to thrive. The final phases of Kotter's Eight Phase Change model (phase's six through eight) will take place during the curriculum change.

Concept-based Curriculum Model Findings

Various concept-based curriculum models were reviewed for this project, specifically Giddens' (2013) and Caputi's (2014) models. It was found that Giddens' or Caputi's model serve as useful guides in the implementation process of a concept-based curriculum. Both models were set up with a series of concepts and exemplifiers. The concept-based curriculum model was designed to be faculty driven. The implementation of a new curriculum such as the concept-based curriculum entailed revisions to the mission, vision, and student learning outcomes of the nursing program. Some institutions use a concept-map to depict the framework of the program. Additionally, it was learned that there were many benefits as well as barriers to implementing a concept-based curriculum design. A benefit of a concept-based curriculum included the opportunity to place learning back in the hands of the students. A student centered learning environment assisted students by increasing their knowledge, critical thinking skills, and allowing them to apply the knowledge learned, ultimately resulting in adequate preparation to pass the NCLEX-RN® on their first attempt. Possible barriers that may have been present with a new curriculum included instructors struggling with the change in andragogy, instructor resistance to change, and difficulty choosing the number of exemplars and/or which exemplars to include.

Discussion

The interpretation of the findings relevant to evidence-based guidelines and the literature review were continually reviewed and interpreted to discern concept-based curriculum strengths and weaknesses. The following strengths of a concept-based curriculum were identified:

- students will have a greater ability to apply knowledge;
- students will spend less time on memorization;
- instructors will spend more time on application and hands on activities rather than lecture;
- students will be adequately prepared to handle the increased levels of patient acuity in the health care setting;
- a new curriculum will enhance critical thinking skills when students encounter non-text book occurrences on the floor; and
- concept-based curriculum will ultimately increase NCLEX-RN® pass rates.

A weakness identified in the findings of the implementation of a concept-based curriculum in 55 community colleges in North Carolina was further research is necessary to explore NCLEX-RN® data. There were ADN programs that did not participate in the implementation process and programs that no longer exist. These institutions would need to be eliminated from the analysis to gather a true representation of the increase in first time NCLEX-RN® pass rates before and after the implementation of a concept-based curriculum. The increased level of difficulty of the NCLEX-RN® also played a significant role in the first time pass rates. Additionally, another weakness identified that would take place during the implementation process was the challenge for instructors to transition from a teacher-centered learning style to a student-centered learning style.

Conclusion

In conclusion, evidence-based practice supported that a concept-based curriculum will possibly increase NCLEX-RN[®] pass rates. The supporting evidence provided vital information for the recommendation of a concept-based curriculum for the ADN program. It was strongly recommended that the current content-based curriculum be changed to a new concept-based curriculum due to the ADN program's trend of decreasing NCLEX-RN[®] pass rates and the failed attempts to reverse the declining trend. A change to the current curriculum will assist the ADN program with achieving the main goal: increasing first time pass rates for the college. The increase in NCLEX-RN[®] pass rates with a change in curriculum will also assist with meeting accreditation standards, as well as produce competent skilled nurses. It was proposed that the implementation take place in the Fall of 2015 with the assistance of a curriculum committee.

Recommendation

It is recommended that a concept-based curriculum should be implemented in the Fall of 2015 to increase first time NCLEX-RN[®] pass rates. A timeline was created and adhered to throughout the course of the project (see Appendix B). The timeline created should continue to be used to assist faculty with meeting deadlines for the implementation process. The proposed curriculum was developed and presented to faculty for approval. The proposed curriculum was approved by faculty to implement change in the ADN program. We propose that the developed curriculum, along with the updated prerequisite courses are designed fit the new curriculum and should be applied in the ADN program at Kansas community college (see Appendix C).

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Appendix A
ADN Program Content-based Curriculum

To be in compliance with Kansas Board of Regents (KBOR) *ADN Nursing Program Alignment*, the nursing program credit hours maximum is 76 credit hours. Currently, there are 76 credit hours: pre-requisite courses 24 credit hours, credit for paramedic/PN courses 27 credit hours, and ADN completion courses 25 credit hours.

Table A1
Nursing Prerequisite and ADN Course Credit Hours

Course	Credit Hours
NUR 201 Transitions in Nursing	1
ENG176 English Composition I	3
COM131 Speech Communication or COM276 Public Speaking or Interpersonal Communication	3
BIO278 Anatomy and Physiology	5
BIO279 Enhanced Anatomy & Physiology	1
BIO165 Microbiology	5
PSY176 General Psychology	3
PSY132 Developmental Psychology	3
	Total: 24 credit hours
Course	Credit Hours

NUR 204 Nursing III Theory	6
NUR 207 Nursing III Clinical	4
HOC 125 Leadership & Management	2
NUR 218 Nursing IV Theory	6
NUR 221 Nursing IV Clinical	4
IDS 298 Directed Study: Nursing	1
	Total: 25 cr. Hr.

Table A2

Sample ADN Program Content-based Curriculum for Course NUR204

Course Description	Objectives
This is the first theory course in the ADN Completion Program. This course introduces complex content as well as building on the knowledge attained at the Practical Nurse (PN) level.	<p>NUR204 contains 6 individual courses. Each course has objectives and most objectives have additional objectives or subcategories.</p> <p>Example:</p> <ol style="list-style-type: none"> 1).Neurosensory Alterations (15 objectives; objectives 7,10,& 11 have 6-3 subcategories) 2).Renal Alterations (5 objectives; objectives 1-4 have subcategories) 3).Hepatic Alterations (9 objectives) 4).Cardiovascular Alterations (20 objectives; objectives 10 and 14 have 4-5 subcategories) 5).Respiratory Alterations (7 objectives; objectives 1 and 7 have 6 subcategories) 6).Nursing care child <p>Gastrointestinal Alterations—one objective with 5</p>

	<p>categories which each has 2 subcategories</p> <p>Neurosensory/musculoskeletal Alterations—1 objective with five subcategories</p> <p>Behavioral Health—one objective with 4 subcategories</p> <p>Cardiovascular Alterations—one objective with 4 sub categories</p> <p>Oncology—one objective with 7 subcategories</p>
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This table does not portray the entire community college nursing curriculum. This table depicts the online course and didactic course of the first semester.

Appendix B
Timeline for Concept-based Curriculum Implementation at ADN Program

Date	Event
October 25-26, 2012	Kansas Council of Associate Degree Nurse Educators (KCADNE) Fall-Forum: Concept-based Curriculum, El Dorado, KS.
October 17, 2013	Fostering Concept-Based Learning: Getting Started Kansas City with Giddens Dean of Nursing, Director of Nursing, and Ms. Brooks, MSN
June 16, 2014	Presentation to faculty by Ms. Brooks, MSN and Dean of Nursing on curriculum history, need for change, Lewin's Change Model, and overview of concept-based curriculum.
June 17, 2014	Nursing faculty curriculum planning committee formed led by Ms. Brooks, MSN with mentoring by Dean of Nursing.
July 28 -29, 2014	Ms. Caputi, RN, MSN, EdD, CNE, ANEF educated faculty regarding new curriculum development with clear "next steps"
September 15, 2014	Presentation to stakeholders on Concept-based Curriculum
October 15, 2015	Follow-up visit with Ms. Caputi, RN, MSN, EdD, CNE, ANEF
November 1, 2014	Request to KSBN for December approval
December 9, 2014	Presentation of curriculum to Kansas Board of Nursing for change approval
January, 2015-June 2015	Faculty to review concepts, textbooks, and attend concept-based training
February, 2015	ACEN and KSBN accreditation visit
Fall 2015	Implementation of concept-based curriculum with approximately 65 credit hours with on-line cohort

Appendix C

Concept-based Curriculum for ADN Program

The Concept-based curriculum for the community college is aligned with the student learning outcomes mandated by the Kansas ADN Curriculum Alignment Outcomes. The concepts and exemplars of the new curriculum design should align with content requirements outlined by the Kansas Board of Nursing Nurse Practice Act 60-2-104; and the client needs identified in the NCLEX-RN® 2013 Test Plan. The courses for the ADN program are aligned with other Kansas community college curriculums which includes general education courses and required prerequisites to prepare for a future implementation of a statewide concept-based curriculum alignment with a four year university.

Student Learning Outcomes/Kansas ADN Alignment

1. Adapt through the use of the nursing process the ability to think critically and make safe and effective clinical judgments incorporating evidenced-based practice
2. Integrate caring behaviors in practicing the art and science of nursing within a diverse population
3. Demonstrate effective communication methods to manage client needs and to interact with other health care team members
4. Collaborate with clients and members of the interdisciplinary health care team to optimize client outcomes
5. Implement professional standards and scope of practice within legal, ethical, and regulatory frameworks
6. Manage care and provide leadership to meet client needs using available resources and current technology
7. Generate teaching and learning processes to promote and maintain health and to reduce risk for a variety of clients (Kansas Board of Regents, 2010)

A prerequisite and curriculum plan developed to align a concept-based curriculum. The new curriculum plan also incorporates courses that would facilitate a seamless transition from the associate degree program to four year university's baccalaureate degree program.

Table C1
Eight Semester ADN-BSN Curriculum Plan

Fall 1 (Freshman)	Hours	Spring 1 (Freshman)	Hours
ENG176 English Comp I	3	BIO278 Anatomy and Physiology	5
PSY176 General Psychology	3	ENG177 English Composition II	3
MTH177 College Algebra	3	CHM186 Fundamentals of Chemistry	5
Com276 Public Speaking or	3	Statistics	3
COM131 Speech Communications	3		
Liberal Arts Elective			
	15	Total:	16
Total:			
Fall 2 (Sophomore)		Spring 2 (Sophomore)	
SOC176 Introduction to Sociology	3	Global Perspectives Elective	3
BIO165 Microbiology	5	Liberal Arts Elective	3
PSY132 Developmental Psychology	3	NURS 353 Pathophysiology	3
BIO137 Nutrition	3	NURS 354 Nursing Pharmacology	3
Humanities Elective	3		
Total:	17	Total:	12
Fall 3 (Junior)		Spring 3 (Junior)	
NUR201 Introduction to Concepts of Nursing Practice	1	NUR 211 Concepts of Nursing Practice II: Acutely Ill Adults and reproducing Family	7
NUR202 Concepts of Nursing Practice I: Wellness and Uncomplicated Conditions	5	NUR212 Application of the Concepts of Nursing Practice II: Acutely Ill Adults and the reproducing family	5
NUR203 Application Concepts of Nursing Practice I: Wellness and uncomplicated Conditions	2	NURS 411: Population Health	3
Critical Thinking in Nursing Practice	2	NURS 412: Nursing in Healthcare Microsystems	3
NURS 356: Using Technology and Informatics to Improve Patient Safety	3		
NURS 357 Introduction to Baccalaureate Nurse Role	3		
Total:	16	Total:	18
Fall 4 (Senior)		Spring 4 (Senior)	
NUR301 Concepts of Nursing Practice III: Adults with High Acuity conditions and Mental Health Illnesses	5	NUR311 Concepts of Nursing Practice IV: Adults and Pediatric Patients with Complex Conditions	5
NUR302 Applications Concepts of Nursing Practice III: Adults with High Acuity and the reproducing Family	2	NUR312 Application of the concepts of Nursing Practice IV: Adults and Pediatric Patients with Complex Conditions	5
		NUR313 Transition to nursing practice	2

NURS 413: Teamwork and Collaboration in Healthcare	3	NURS 416: Evidence-Based Nursing Practice	3
NURS 414: Organizational Influences on Nursing Practice	3	NURS 417: Influences of the Health Care Macrosystem on Nursing Practice	3
NURS 415 Improving Healthcare Quality	3		
Total:	16	Total:	16

Blue=ADN general education requirements; **Blue Bold**=4 year required courses
 Purple font= ADN courses; **Red font**= 4 year university upper level courses for BSN

128 Combined hours.

Table C2
Courses with Concepts and Exemplars

Semester	Course	Course Description	Concepts	Exemplars	Population	SLO
Semester Three (3) Fall 3	NUR201 Introduction to Concepts of Nursing Practice	This course provides a basis for conceptual learning to be applied throughout the nursing curriculum. Emphasis is placed on effective strategies to facilitate academic success by providing guidance in developing academic study and social awareness skills for college and lifelong success.	Professionalism	Leadership Clinical Judgment Communication Ethics Comportment	Across the Lifespan	1,3,4,6,7
			Health Policy	Federal State Local	Across the Lifespan	
			Leadership	Clinical Agency (Executive and Operational Level) Governmental Agency Professional Association		
			Communication	Interpersonal Interviewing Patient/Family Instructions & Teaching Effective listening Interprofessional SBAR Documentation		
			Culture	Health care practices & beliefs Developmental/family roles Patient-Provider Communication	Across the Lifespan	
			Ethics	Organizational Ethics	Across the Lifespan	

				Child abuse Minor consent to treat Confidentiality Cultural conflicts Informed Consents Patient noncompliance Protecting patient rights Advance directives CPR orders	Pediatric Across the Lifespan	
			Family Dynamics	Changes to family Dynamics Dysfunctional Family Dynamics	Across the Lifespan	
			Safety	Care coordination Documentation Communication process Error reporting Fall prevention Medication administration Recognition of adverse events Prevention of pressure ulcers	Across the Lifespan	
			Clinical Judgment	Clinical skills Communication Management of care	Across the Lifespan	
			Collaboration	Nurse-patient collaboration	Across the Lifespan	

	NUR202 Concepts of Nursing Practice I: Wellness and Uncomplicated Conditions	This course provides an introduction to the fundamental concepts important to the practice of nursing including those related to patient-centered nursing, the healthcare environment, and professional nursing practice. Emphasis is placed on the care of patients with a focus on wellness and health promotion, and patients with uncomplicated conditions.	Nutrition	Healthy diet Input/output Lab assessment	Across the lifespan	1,2,7
			Elimination	Stress Incontinence Constipation Diarrhea	Across the lifespan	
			Gas Exchange	Respiratory Assessment	Across the lifespan	
			Glucose Regulation	Diabetes Type 1 & 2 Gestational Diabetes	Across the Lifespan Reproduction	
			Perfusion	Circulation Assessment	Across the Lifespan	
			Tissue Integrity	Abrasion Chemical irritant Hematoma Laceration Atopic dermatitis Cellulitis	Across the Lifespan Elderly	
			Functional Ability	Assessment ADL's	Across the Lifespan	
			Fluid and Electrolyte Balance	Basic Fluid and electrolyte balance	Across the Lifespan	

			Inflammation	Acute Inflammation Bronchitis Bursitis Rheumatic Fever Sinusitis Tonsillitis Autoimmune Based Asthma	Across the Lifespan	
			Infection	Conjunctivitis Urinary tract infection Reproductive infections Otitis media Surgical wounds Measles Mumps	Across the Lifespan	
			Mobility	Sprains Fractures Clubfoot Parkinson's Disease Tendonitis Juvenile rheumatoid arthritis Rheumatoid arthritis Osteoarthritis	Across the Lifespan Pediatric Elderly Adolescence Elderly	
			Coping	Therapeutic Communication Active listening Empathy Physical activity Relaxation techniques Social interactions Spiritual resources Dependency	Across the Lifespan	

	NUR203 Application Concepts of Nursing Practice I: Wellness and uncomplicated Conditions	This course provides the student the opportunity for hands-on patient care applying the fundamental concepts important to nursing practice including those related to patient- centered nursing, the healthcare environment, and professional nursing practice. Includes care of patients with a focus on wellness and health promotion, and patients with uncomplicated conditions. Application of knowledge and skills occurs in the nursing laboratories and clinical settings.	Application of NUR202 concepts in the clinical, lab, and simulation setting.			
Semester Four (4) Spring 3	NUR 211 Concepts of Nursing Practice II: Acutely Ill	This course builds on, and adds to, the fundamental	Nutrition	Eating disorders Vitamin Deficiencies Obesity Hypertension	Across the Lifespan	

	Adults and reproducing Family	concepts presented in the previous nursing course including those related to patient-centered nursing, the healthcare environment, and professional nursing practice. The course provides for the acquisition of knowledge and how to use that knowledge in the care of patients experiencing acute illness and the reproducing family.	Elimination	Prostatitis Renal calculi Pyelonephritis Hemorrhoids Urethral stricture	Across the Lifespan
			Gas exchange	Asthma COPD Anemia Tuberculosis Respiratory syncytial virus (RSV)	Across the Lifespan Adult Across the Lifespan Pediatric
			Glucose Regulation	Pancreatitis Stress response Polycystic ovarian syndrome Cushing's syndrome	Across the Lifespan Reproduction Across the Lifespan
			Perfusion	Hyperlipidemia Pulmonary embolism Raynaud's disease Venous thrombosis Cardiac dysrhythmias Valvular heart disease Congenital defects	Across the Lifespan
			Tissue Integrity	Psoriasis Stevens-Johnsons syndrome Systemic lupus erythematosus	Across the Lifespan
			Functional Ability	Autism Down syndrome Fetal alcohol	Pediatrics

				syndrome		
			Fluid and Electrolyte Balance	Electrolyte and Fluid Imbalances	Across the Lifespan	
			Acid base	Respiratory and Metabolic acidosis Respiratory and Metabolic alkalosis	Across the Lifespan	
			Inflammation	Gastroenteritis Nephritis	Across the Lifespan	
			Infection	Endocarditis Myocarditis Meningitis Encephalitis Hepatitis	Across the Lifespan	
			Mobility	Multiple sclerosis Stroke Spinal Bifida Scoliosis Spinal stenosis	Adult Adult Pediatrics Adolescence Adult/Elderly	
			Sexuality	Sexually transmitted diseases Intimate partner violence Sexuality	Adolescence Adult	
			Reproduction	Contraception Pregnancy Issues with reproduction	Women	
			Thermoregulation	Fever	Across the	

				Heat exhaustion Hyperthyroidism Infection Frostbite environmental exposure	Lifespan	
			Immunity	Immunoglobulin Deficiencies Plasma cell disorders Anaphylaxis	Across the Lifespan	
			Coping	Maladaptive coping behaviors	Across the Lifespan	
	NUR212 Application of the Concepts of Nursing Practice II: Acutely Ill Adults and the reproducing family	This course provides the student the opportunity for hands-on patient care applying additional concepts important to the practice of nursing including those related to patient-centered nursing, the healthcare environment, and professional nursing practice to the care of patients experiencing	Application of NUR211 concepts in the clinical, lab, and simulation setting.			

		acute illness and the reproducing family. Application of knowledge and skills occurs in the nursing laboratories and clinical settings.				
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**Course Names and Descriptions Adapted from Linda Caputi, Inc., ©2014, with permission

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Academic Honesty Policy

Capella University's Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

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Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

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Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name
and date

Keisha Brooks

May 16, 2015

Mentor name
and school

Dr. Linda Matheson

School of Nursing and Health Sciences