Alternative Strategies for Providing Clinical Experiences in a Family Nursing Course

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ABSTRACT

Clinical competency is essential for nursing student preparation although acute clinical experiences are limited. An innovative pedagogical strategy was utilized to meet curricular requirements in a Family Health Nursing course. National Council Licensure Examination-Registered Nurse (NCLEX-RN), Health Education Systems Incorporated (HESI) exit and HESI maternity examination scores increased, and student feedback and faculty satisfaction improved. Program outcomes were not negatively affected by elimination of the acute care clinicals. Community clinical experiences with obstetrical simulation may be utilized as a feasible strategy to meet program outcomes.

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Introduction

The nursing profession is the largest segment of the U.S. workforce (Institute of Medicine [IOM], 2011; U.S. Department of Labor, 2018). The IOM, renamed the National Academy of Medicine, considered the nursing profession critical to the health care of America in their 2010 report, The Future of Nursing: Leading Change, Advancing Health (IOM). This report significantly impacted nursing in several ways, one of which was the availability of clinical sites for associate degree nursing (ADN) programs (U.S. Department of Health and Human Services, 2018). The American Association of Colleges of Nursing (AACN) considers limited clinical sites a barrier to quality nursing education (AACN, 2008). Clinical experiences facilitate critical thinking, clinical judgment, implementation of the nursing process, and skill performance (Tanner, 2006), although the limited availability of acute pediatric and obstetrical clinical settings currently pose a significant nationwide challenge (AACN, as cited in Benner, Surphien, Leonard, & Day, 2010, p. 5; Lippincott Nursing Education, 2017). The availability of acute clinical opportunities for ADN students in our local geographic region is limited by the lack of a nursing shortage, further increasing the competition for job opportunities (Aiken, 2014; U.S. Department of Health and Human Services, 2018). Baccalaureate students receive preferential placement for clinical opportunities to ADN students. Bachelor of Science in Nursing (BSN) graduates are hired before ADN graduates, and of those institutions who hire ADN graduates, the following requirements have been established: pursuit of a BSN degree, earning a BSN within a 3-year time frame, or current employment at the institution. Many institutions agree to hire ADN graduates although refuse clinical or capstone opportunities to these students. Questions have recently emerged in the literature regarding the value of traditional acute clinical experiences to improve critical thinking; students typically wait for extended periods to administer medications, yet remain unable to provide direct nursing care (McNelis et al., 2014). A radical transformation in nursing education is recommended to reconsider whether the time spent in acute clinical experiences sufficiently prepares students to meet the demands of clinical practice (Benner et al., 2010). Community-based clinicals have recently been recommended as a feasible strategy to improve the quality of nursing education (IOM, 2011; McNelis et al., 2014).

Concept-Based Curriculum

The nursing curriculum in a community college ADN program with robust student enrollment was revised to become entirely concept based, beginning in Fall 2013. A concept-based curriculum provides students with the opportunity to rethink clinical objectives (Giddens & Brady, 2007; Giddens, Caputi, & Rodgers, 2015). All curricular revisions were linked to the National Council Licensure Examination (NCLEX) Test Plan (National Council of State Boards of Nursing [NCSBN], 2013). Shortly following the curriculum revisions, in Spring Semester 2014, two of the five ongoing acute obstetrical rotations were no longer available. The loss of these clinical experiences created barriers in maintaining course objectives. To meet the challenge of...
limited acute care obstetrical clinical availability, the faculty developed
an innovative strategy in the Family Health Concepts I course. These
strategies included: relocating the clinical sites from acute settings to
the community; increasing didactic rigor, obstetrical simulation sce-
narios, and additional laboratory skills; and enhancing student support.

The content in Family Health Concepts I emphasizes nursing care
across the life-span and is offered during the second semester of the
program. A second course, Family Health Nursing II, is offered in the
third semester and includes mental health nursing content. A total of
64 hours are required for the clinical component of Family Health
Concepts I: 32 for the community experiences and 32 for obstetrical
simulation. Pediatric content is threaded throughout Family Health
Concepts I, pathophysiology and medical–surgical nursing. All obstet-
rical didactic content and pediatric and obstetric clinical require-
ments are in Family Health Concepts I.

Linkage to National Council Licensure Examination, Registered
Nurse (NCLEX-RN) Client Needs Category

The six concepts that align with the content in Family Health Con-
cepts I include: development, reproduction, culture, immunity,
health promotion, and family dynamics. Each of these concepts are
consistent with the NCLEX-RN Client Needs Category, Health Promo-
tion and Maintenance accounting for 6% to 12% of NCLEX-RN items
(NCSBN Test Plan, 2016). Health Promotion and Maintenance has been
defined by the following: care the nurse provides and directs
to the client, family, and/or significant others to incorporate knowl-
dge of expected growth and development principles; prevention;
and/or early detection of health programs, in addition to strategies
for achieving optimal health (NCSBN, 2016). Content from Family
Health Concepts I that aligns with Health Promotion and Mainte-
nance includes: the Aging Process, Ante/Intra/Postpartum and New-
born Care, Developmental Stages and Transitions, and Health
Promotion/Disease Prevention. Course content consistent with the
NCLEX-RN Program Report (NCSBN) involves the content dimen-
sions of Human Functioning and Health Alteration, and subcate-
gories, Growth and Development and Health Alteration, and the
subcategory Reproduction (NCSBN, 2016).

Community Clinical Experiences and Integration of Critical
Thinking

The community clinical settings in Family Health Concepts I were
highly diverse. The participants were from a variety of ethnic back-
grounds and all ages; pediatrics through adulthood. The clinical skills
encountered in these community clinicals included either a 12-lead
electrocardiogram (ECG), manual blood pressures, glucose screen-
ings, or intramuscular injections. Critical thinking was reinforced
through writing assignments and by instructors during community
clinical visits. Following each experience, students were required to
reflect in writing on how the clinical experience challenged them in
their role as a student nurse and then integrate three concepts from
Family Health Concepts I and one from a previous nursing course. Ex-
amples of the community settings along with opportunities for criti-
cal thinking at each setting include the following:

1. A county program where students observed interdisciplinary
health promotion for targeting women, infants, and children.
   o Health promotion involving short-term and long-term goals for
     all members of the family, along with an education regarding
     community resources from psychologists, social workers, dieti-
     cians, and nurses. Students may participate in home visits.
2. A local pediatric clinical where students observe well or sick child
care visits.
   o Students observe the assessments and treatments while learning
     new skills performed by members of the health care team.
   o Students in the clinic include healthy, chronically ill, and occasion-
     ally, higher acuity illnesses of all ages and cultural backgrounds.
3. An Asian Senior Center where students perform blood pressure
   screenings.
   o Students obtain blood pressures and educate individuals of all
     ages and various cultural backgrounds about glucose levels, di-
     abetes, sodium consumption, stroke, and heart disease risk fac-
     tors at a local mosque.
4. Senior health fairs where students obtain blood pressures and
   educate clients on lifestyle modifications related to hypertension.
   o Students take a manual blood pressure and educate seniors
     from various cultural backgrounds about sodium consumption,
     stroke, and heart disease risk factors.
5. A local mosque where students perform blood pressures and glu-
   cose screenings.
   o Students perform blood glucose and blood pressure assess-
     ments at a local mosque. Family dynamics, culture, health pro-
     motion, and development are reinforced as students have the
     opportunity to interact with individuals of all ages and various
     cultural backgrounds.
6. A local Young Men’s Christian Association (YMCA) where
   students:
   o Assess blood pressures and educate seniors from various cul-
     tural backgrounds about sodium consumption, stroke, and
     heart disease.
   o Two developmental theorists are defined, and physical and
     psychosocial development of the child is analyzed according
to each theory as a clinical writing requirement.
7. Students write an article about health promotion for a local
   agency’s website.
   o The article is reviewed by the instructor and published on the
     website once accepted by the agency.
8. A community special education department where students
   observe nursing care for children with special needs in a school
   setting.
   o Students learn advanced skills with complex assessments for
     medically fragile children in a special education classroom. Ed-
     ucation and ongoing emotional support are also incorporated
     into nursing care.
9. Health fairs where students provided health promotion and pa-
   tient education on:
   o Testicular cancer awareness, breast cancer awareness, and
     ovarian cancer awareness.
   o Health promotion involves educating male and female partici-
     pants from a variety of ages and cultural backgrounds on the
     topics of ovarian and testicular cancer awareness.
   o Breast cancer screening awareness and education at The Susan
     G. Komen Breast Cancer Foundation (KOMEN) events.
10. A flu shot clinic at local health departments and parishes where
    students are able to administer flu vaccinations.
    o Students complete orientations on the topics of the flu, flu
      vaccine, and skill of administering intramuscular injections.
    o Students administer flu shots in parishes or at a community
      site to individuals of all ages.
11. Local high schools where students participate in cardiovascular
    screening by obtaining 12-lead ECGs.
    o Students attend a workshop and learn basic ECG facts, how to
      do a 12-lead ECG, and then complete a brief demographic and
      baseline screening form from several high school students
      prior to obtaining a 12-lead ECG.
12. County Program aimed at obesity prevention through lifestyle
    behaviors where children educate children through play.
    o Students play a game with children of all ages and incorporate
      developmentally appropriate questions about healthy lifestyle
      behaviors.
Integration of Course Concepts With Community Clinical Experiences

Each community clinical experience aligned with at least one concept from Family Health Concepts I and two of the experiences aligned with all six concepts (Table 1).

Clinical Writing Assignments

Two writing assignments were required for the clinical component of Family Health Concepts I, each requiring interviews. The Developmental Assessment requires a student observation of a preschool-aged child at a local YMCA, with the application of two developmental theories. The Family Cultural Assessment requires the student interview an individual from a different culture and develop a plan of care that considers the individual within the context of their culture. A third optional writing assignment, the Writing Workshop, involves writing a blog article for a local volunteer-based organization that was established to address the health problem of pediatric obesity. The articles are written on the topic of health promotion and published on the organization’s website.

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Community clinical experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion</td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• ECG screenings</td>
</tr>
<tr>
<td></td>
<td>• Flu shot clinics</td>
</tr>
<tr>
<td></td>
<td>• YMCA blood pressure screenings</td>
</tr>
<tr>
<td></td>
<td>• Asian Senior Center</td>
</tr>
<tr>
<td></td>
<td>• Glucose and blood pressure screening at a local mosque</td>
</tr>
<tr>
<td></td>
<td>• Senior health fairs</td>
</tr>
<tr>
<td></td>
<td>• County childhood obesity program</td>
</tr>
<tr>
<td></td>
<td>• Writing workshop</td>
</tr>
<tr>
<td></td>
<td>• KOMEN Foundation opportunities</td>
</tr>
<tr>
<td></td>
<td>• Testicular cancer and ovarian screening (NOCC) awareness</td>
</tr>
<tr>
<td>Family dynamics</td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• Observation of nursing care provided to medically fragile children in a special education classroom</td>
</tr>
<tr>
<td></td>
<td>• County health promotion program to prevent childhood obesity</td>
</tr>
<tr>
<td></td>
<td>• Asian Senior Center</td>
</tr>
<tr>
<td></td>
<td>• County childhood obesity program</td>
</tr>
<tr>
<td></td>
<td>• YMCA blood pressure screenings</td>
</tr>
<tr>
<td>Culture</td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• ECG assessments</td>
</tr>
<tr>
<td></td>
<td>• Observation of nursing care provided to medically fragile children in a special education classroom</td>
</tr>
<tr>
<td></td>
<td>• Glucose and blood pressure screening at a local mosque</td>
</tr>
<tr>
<td></td>
<td>• Asian Senior Center</td>
</tr>
<tr>
<td></td>
<td>• YMCA blood pressure screenings</td>
</tr>
<tr>
<td>Development</td>
<td>• Testicular cancer and ovarian screening (National Ovarian Cancer Coalition (NOCC)) awareness</td>
</tr>
<tr>
<td></td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• ECG assessments</td>
</tr>
<tr>
<td></td>
<td>• Observation of nursing care provided to medically fragile children in a special education classroom</td>
</tr>
<tr>
<td></td>
<td>• Testicular cancer awareness and ovarian screening (NOCC) awareness</td>
</tr>
<tr>
<td></td>
<td>• Preschool developmental observations at a local YMCA</td>
</tr>
<tr>
<td></td>
<td>• Blood pressure screening at an Asian Senior Center</td>
</tr>
<tr>
<td></td>
<td>• County childhood obesity prevention program</td>
</tr>
<tr>
<td>Immunity</td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• Flu shot clinics</td>
</tr>
<tr>
<td></td>
<td>• Department of education with nursing care for special needs children</td>
</tr>
<tr>
<td></td>
<td>• Glucose and blood pressure screening at a local mosque</td>
</tr>
<tr>
<td>Reproduction</td>
<td>• A local county program targeting women, infants, and children</td>
</tr>
<tr>
<td></td>
<td>• Pediatric clinic visits</td>
</tr>
<tr>
<td></td>
<td>• Testicular cancer awareness and ovarian screening (NOCC) awareness</td>
</tr>
</tbody>
</table>

Simulation

Obstetrical simulation (32 hours) scenarios were utilized to reinforce the concept, reproduction, and content from Family Health Concepts I involving: antepartum, intrapartum, neonatal, and postpartum nursing care (Table 2).

Effects on Longitudinal Testing

The Health Education Systems, Inc. (HESI) maternity scores demonstrated the highest mean score from the most recent testing in Fall 2018. An increased trend was observed between Spring 2015 and Fall 2018. The lowest scores in Spring 2015 were shortly following the curricular changes (Table 5).

An increased trend was also observed in the mean HESI exit scores (Table 6) between Fall 2016 and Fall 2018. Only the Fall 2016 Version 2 score was higher than the most recent score from Fall 2018.

Effect on Student Satisfaction

Student feedback from course evaluations indicated most of the students (80% to 90.5%) were satisfied with the community clinical experiences. Students considered the clinical experiences beneficial
for learning, although they would like to perform more skills (60% to 80%) and observe a live birth (Table 7).

The feedback from students in the Fall 2018 cohort included the following:

• Able to see and perform what we learn in class and bring the concepts together
• I would recommend every one of my clinical experiences to future student nurses. They each provided an opportunity to observe and learn many aspects of being a nurse or educator.

The feedback from students in the Spring 2018 cohort includes the following:

• Although this was a completely different set of community clinicals, I think that they were so beneficial in this class.
• WIC was great in seeing the social work side that nursing offers and requires, while DMG was one that allowed us to see the medical side in a doctor’s office type setting.

The clinical requirements involved 32 hours of simulation. Student feedback from the Fall 2018 cohort indicated they considered the clinical objectives to be met from simulation (97%), although fewer students (69.2%) agreed in Spring 2018. In 2018, all students recommended simulation experiences (100%) and nearly all students believed simulation was beneficial for learning (84.6%–100%). Interestingly, according to student feedback, nearly all indicated they had an opportunity to practice skills during simulation (92.3%–100%, Table 8).

Following the Spring 2018 simulation experience, students provided the following comments:

• Got to make mistakes in a safe place and learn from them.
• I believe a strength of mine was taking feedback from my peers in a positive way and not letting it affect me personally. I learned a lot from the debriefing and believe it strengthened my knowledge of how to handle tough nursing situations. The staff were also very helpful when any of us were confused or needed assistance during the SIM.
• Implementing critical thinking skills, hands on experience, and a lot of debriefing which is very helpful. Practicing nursing knowledge and interventions in a real-world situation was beneficial in helping me apply critical thinking skills. The mannequins simulating seizures/cyanosis were a nice surprise.
• Helped me implement all kinds of skills that I had learned throughout the program so far. It is definitely less stressful practicing on a mannequin than an actual patient.
• The SIM scenarios mirrored what we were learning in class so it was great to read about, be taught on, and then physically have to treat and deal with the different situations
• I loved SIM this term, I really benefitted from this experience. I wouldn’t have changed a thing.

Effect on Program Outcomes Accreditation Commission for Education in Nursing (ACEN)

The pedagogical strategies, implemented in Fall 2014 demonstrated improvement in several program outcomes. Three items are required by the Accrediting Commission for Education in Nursing in the systematic plan for evaluation (ACEN, 2018): NCLEX-RN pass rates, program completion rates, and job placement data. The most compelling outcome was the significant increase in NCLEX-RN pass rates.

NCLEX-RN Pass Rates

The NCLEX-RN pass rates demonstrated a significant 5-year upward trend between 2013 and 2018 (Table 3). The 2018 pass rate of 94% was the same as in 2012, prior to the curricular change. The lowest pass rate of 62% occurred in 2015, by the first cohort to take NCLEX following the change to a concept-based curriculum (Table 3). Table 4 presents the NCLEX-RN pass rates by cohort since the curricular revisions in 2014.

Program Completion Rates

A summary of the 3-year program completion rates are presented in Table 5, demonstrating a decreased in enrollment from 80 to 70 students between 2013 and 2015.

Table 3

<table>
<thead>
<tr>
<th>Time period</th>
<th>M</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall, 2018</td>
<td>890</td>
<td>561–1171</td>
</tr>
<tr>
<td>Spring, 2018</td>
<td>832</td>
<td>602–1174</td>
</tr>
<tr>
<td>Fall, 2017</td>
<td>844</td>
<td>571–1107</td>
</tr>
<tr>
<td>Spring, 2017</td>
<td>859</td>
<td>479–1109</td>
</tr>
<tr>
<td>Fall, 2016</td>
<td>851</td>
<td>540–1159</td>
</tr>
<tr>
<td>Spring, 2016</td>
<td>791</td>
<td>508–1176</td>
</tr>
<tr>
<td>Fall, 2015</td>
<td>782</td>
<td>433–1236</td>
</tr>
<tr>
<td>Spring, 2015</td>
<td>692</td>
<td>368–972</td>
</tr>
<tr>
<td>Fall, 2014</td>
<td>789</td>
<td>542–1098</td>
</tr>
</tbody>
</table>
of-the-art facilities, resources, trained support staff to manage changes in a nursing curriculum. Our program is equipped with state-of-the-art simulation (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014) was combined with clinical, compared with solely clinical experiences in Family Health Concepts I, an NCSBN curriculum. Consistent with the combined use of simulation along with the clinical experiences is not known. Clinical experience is an essential component in a nursing curriculum (Hartigan-Rogers, Cobbett, Amirault, & Muise-Davis, 2007); however, the didactic strategies and simulation also contributed to the improved outcomes. Health promotion was embedded in the majority of the clinical experiences, and reproduction was the most difficult concept to reinforce in the community settings. Development across the life-span was integrated into several of the community experiences, in addition to family dynamics and culture. Immunity, as a concept, aligned with only a few settings but was highly relevant at those sites.

The HESI maternity scores and student feedback suggest the use of simulation reinforced obstetrical content and nursing care and successfully met the course requirements in spite of a lack of acute obstetrical experiences. The hours allocated for simulation in Family Health Concepts I met the requirements for allowable simulation hours, an issue in many nursing programs experiencing the threat of eliminating obstetrical or pediatric clinical rotations from the curriculum. The feedback from Fall 2018 was most positive among the least favorite by nursing graduates (Hartigan-Rogers and HESI outcomes. (See Tables 3, 4, 7 and 9.)

A consistent upward trend in NCLEX-RN pass rates was observed following the 2015 changes to the curriculum. The magnitude of effect in NCLEX-RN pass rates from the community clinicals is not known; however, the decreased results in 2013 occurred following the increased NCLEX-RN passing standard (NCSBN, 2013). The decreased pass rates were simultaneous to the curricular revisions implemented during Fall 2013. Expert consults (Giddens & Brady, 2007) estimated a 10-point decrease in NCLEX pass rates after the concept-based curriculum was implemented; however, a greater decrease was observed. Of interest is the fact that the lowest NCLEX-RN pass rates were observed in 2013 when an acute obstetrical clinical rotation was part of the Family Health Concepts I course. Furthermore, the increase in NCLEX-RN pass rates coincide with increased HESI exit and HESI maternity scores (Tables 3, 5, and 6). Prior to Fall 2016, the HESI exit scores and HESI maternity scores averaged less than 800 and have consistently increased since that period. Therefore, the program outcomes are only partly because of the logit change (NCSBN). From a faculty perspective, the implementation of the community clinicals contributed to the improved NCLEX and HESI outcomes. (See Tables 3, 4, 7 and 9.)

On average, the student feedback is positive regarding the clinical component (community clinical and simulation) of Family Health Concepts I. The feedback from Fall 2018 was the most positive and the most negative. Community clinicals have been considered among the least favorite by nursing graduates (Hartigan-Rogers et al., 2007), possibly because of a lack of skill involvement, a common problem during clinical experiences (O’Flanagan & Dajee, 2007), estimated a 10-point decrease in NCLEX pass rates after the concept-based curriculum was implemented; however, a greater decrease was observed. Of interest is the fact that the lowest NCLEX-RN pass rates were observed in 2013 when an acute obstetrical clinical rotation was part of the Family Health Concepts I course. Furthermore, the increase in NCLEX-RN pass rates coincide with increased HESI exit and HESI maternity scores (Tables 3, 5, and 6). Prior to Fall 2016, the HESI exit scores and HESI maternity scores averaged less than 800 and have consistently increased since that period. Therefore, the program outcomes are only partly because of the logit change (NCSBN). From a faculty perspective, the implementation of the community clinicals contributed to the improved NCLEX and HESI outcomes. (See Tables 3, 4, 7 and 9.)

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### Table 5
2018 Community clinical experience student agreement

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Spring</th>
<th>Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>The community agency provided the opportunity to practice clinical skills</td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td>This community experience was beneficial to my (or my students’) learning</td>
<td>80%</td>
<td>90.5%</td>
</tr>
</tbody>
</table>

### Table 6
Simulation experience percentage agree

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Spring 2018</th>
<th>Fall 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>The simulated experience provided the opportunity to meet the clinical objectives</td>
<td>69.2%</td>
<td>97%</td>
</tr>
<tr>
<td>The simulated clinical experience provided the opportunity to practice nursing skills</td>
<td>92.3%</td>
<td>100%</td>
</tr>
<tr>
<td>The simulated clinical experience was beneficial to my learning</td>
<td>84.6%</td>
<td>100%</td>
</tr>
<tr>
<td>I would recommend simulated clinical experiences to other students</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 7
NCLEX-RN pass rates between 2012 and 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Pass rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>94%</td>
</tr>
<tr>
<td>2017</td>
<td>89%</td>
</tr>
<tr>
<td>2016</td>
<td>76%</td>
</tr>
<tr>
<td>2015</td>
<td>62%</td>
</tr>
<tr>
<td>2014</td>
<td>79%</td>
</tr>
<tr>
<td>2013</td>
<td>71%</td>
</tr>
<tr>
<td>2012</td>
<td>94%</td>
</tr>
</tbody>
</table>

* Third Quarter 2018.

### Table 8
Three-year program completion rates.

<table>
<thead>
<tr>
<th>Graduating term</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2017</td>
<td>71</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>71</td>
</tr>
<tr>
<td>Fall 2016</td>
<td>71</td>
</tr>
<tr>
<td>Spring 2016</td>
<td>73</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>96</td>
</tr>
<tr>
<td>Spring 2015</td>
<td>85</td>
</tr>
<tr>
<td>Spring 2014</td>
<td>83</td>
</tr>
</tbody>
</table>
Three items are required as part of the ACEN systematic plan for evaluation. These include: NCLEX-RN pass rates, program completion rates, and job placement rates. The program completion rates progressively decreased because of increased rigor during 2015, whereas NCLEX-RN pass rates increased because of increased rigor during the same period. Similarly, a consistent increase in NCLEX-RN scores was observed in 2013 paralleling a decrease in student enrollment from 80 to 70 students. Data from the most recent ACEN report indicated 253 students were enrolled in Fall 2017 with a capacity of 280 students.

Accurate job placement data are difficult to obtain. Methods have been instituted in the program to obtain these data, although it remains difficult. In the local vicinity where the college is located, securing a position in obstetrics or pediatrics is difficult because of low attrition of staff nurses, especially in obstetrical settings. The majority of acute care agencies refuse to hire new graduates for employment in acute obstetrical environments and require, at a minimum, that newly graduated nurses are BSN prepared. Student feedback to date has not indicated graduates are prevented from securing a position in obstetrics because of the lack of an acute clinical experience.

Limitations

Limitations existed in this analysis of program outcomes. One apparent and obvious limitation was the lack of student exposure to acute care clinical experiences and opportunities for skill performance in the clinical setting. Although the extent in which the lack of exposure deters student preparedness was not clearly established, student feedback indicates a desire to witness the birth process. The ability to parse the NCLEX and HESI scores from the community clinical experiences or program outcomes is not possible. Missing data regarding graduate employment in obstetrical or pediatric acute clinical settings since the curricular changes are warranted in future reports and a limitation.

Conclusion

The American Association of Colleges of Nursing considers change in nursing education a priority. Integrity is necessary to maintain the quality standards required for accreditation, and limited clinical site availability threatens clinical integrity. Community clinical experiences pose a reasonable alternative to address the current lack of acute clinical opportunities, especially in ADN programs. The use of pedagogical strategies including a variety of community clinical experiences demonstrated significant improvements in program outcomes. A consistent increased NCLEX-RN pass rates, HESI exit and HESI maternity scores, clinical affiliation agreements increased, and positive feedback from community sites and students resulted. Critical thinking opportunities and skill performance were also incorporated in clinical experiences. These strategies may provide a model for associate degree programs, although they also have implication for BSN and master-entry level programs considering the lack of acute clinical setting availability. Additional strategies involving efficient and effective student preparation to meet the evolving demands of clinical practice are warranted.

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We would like to acknowledge our many clinical affiliates who have been so supportive to our program and students. We are also especially grateful for our wonderful clinical and simulation team in Family Health Concepts I who were instrumental in the implementation of these strategies. Furthermore, we would like to thank our supportive laboratory and simulation staff who equip to educate our nursing student on an ongoing basis.

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References


### Table 9

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* Currently working as a nurse.
* Currently advancing education.