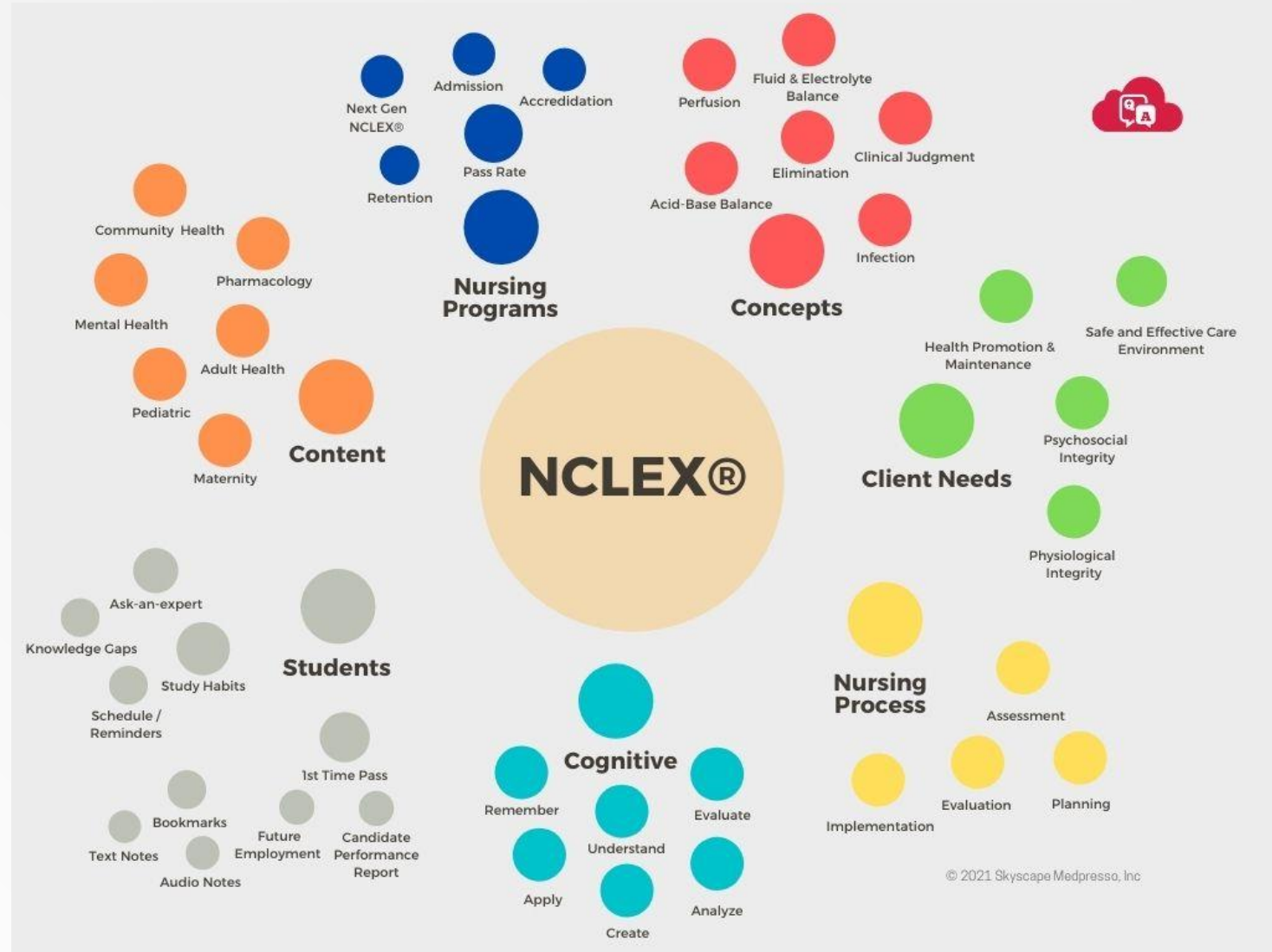


# NCLEX® Preparation in the Classroom & Beyond

PRESENTED BY:

Karin J. Sherrill, RN. MSN, CNE, ANEF,  
FAADN



# Our Speakers

## Her motto...

*"If we finish class and your brain doesn't hurt, I haven't done my job."*



**Karin J. Sherrill, RN, MSN, CNE, ANEF, FAADN**

GateWay Community College, Faculty

Phoenix, AZ

Nursing Education Consultant

# Our Speakers

**His motto...**

*"We can do it."*



**Verinder Bawa**

Skyscape  
Marlborough, MA  
VP Product management

# Objectives

1. Develop manageable strategies that all faculty can use to help students prepare for NCLEX® in every class/semester/term of the program.
  - Program benefits - Leading to higher program pass rate.
  - Student benefits – Earlier/Higher earning potential.
2. Describe instructional design principles that promote higher order thinking in students.
  - Precollege education influences how students process information, think and engage in the classroom.
  - Discuss strategies for developing higher level thinking to increase overall pass rate.

# NCLEX® Pass Rate Outcomes

- RN Pass rate
  - US Educated - 85.14%
  - Repeat Testers - 37.25%
  - Internationally 33.09%
  
- PN Pass rate,
  - US Educated - 83.79%
  - Repeat Testers – 34.57%
  - Internationally – 39.33%

2020 NCLEX® Volume and Pass Rates<sup>1</sup>

Candidates	Jan. – March <sup>2</sup>	April – June <sup>2</sup>	July – Sept.	Oct. – Dec.	YTD Total
<b>RN</b>					
Total	60,007 (77.89%)	69,347 (75.23%)	85,423 (72.11%)		214,777 (74.73%)
First-Time	49,860 (86.16%)	53,461 (87.02%)	64,779 (82.80%)		168,100 (85.14%)
Repeat	10,147 (37.24%)	15,886 (35.57%)	20,644 (38.56%)		46,677 (37.25%)
U.S.-Educated	52,101 (83.66%)	63,003 (79.93%)	76,491 (76.98%)		191,595 (79.77%)
Internationally Educated	7,906 (39.83%)	6,344 (28.56%)	8,932 (30.34%)		23,182 (33.09%)
<b>PN</b>					
Total	12,816 (74.71%)	12,732 (70.72%)	22,670 (72.23%)		48,218 (72.49%)
First-Time	10,191 (85.56%)	9,100 (84.13%)	17,859 (82.60%)		37,150 (83.79%)
Repeat	2,625 (32.61%)	3,632 (37.12%)	4,811 (33.71%)		11,068 (34.57%)
U.S.-Educated	12,560 (75.49%)	12,445 (71.34%)	22,262 (72.86%)		47,267 (73.16%)
Internationally Educated	256 (36.72%)	287 (43.90%)	408 (37.75%)		951 (39.33%)

<sup>1</sup>Number = the number of candidates taking the examination and seeking U.S. licensure.

Percentage = percentage of candidates passing the examination (Pass Rate).

# Polling Question

What is Your Program Pass Rate?

1. 95% +
2. 86% – 94%
3. 80-85%
4. Below 80%
5. I don't know

# NCLEX® Pass Rates – Why it matters...

- Faculty/Program
  - Maintain Accreditation
  - Enrollment
    - Higher Pass rates attract stronger applicants
    - Improves reputation
- Students
  - Earlier employment > Income
  - Gets them into the workforce!





# What can educators do to prepare students for the NCLEX® exam

- From Practice Analysis
  - 12,000 new nurses
  - Most Important/Frequent
  - Fundamentals
- To Test Plan
  - Integrated Processes
  - Client Needs
- To the Bedside
  - Conceptual
  - Reality





# ~~Future~~ PRESENT Situation of Nursing Education

- 2023 RN Test Plan Rollout / Logit Change?
- 2023 Next Gen Rollout
- Global Pandemic – Preliminary Research
  - Substantial physical and psychological issues that lead to burnout and loss from the nursing workforce.
  - Less nursing school clinical experiences leading to extended new-grad transition.

# Higher level thinking

How student's have  
learned-how-to-  
learn **in the past**

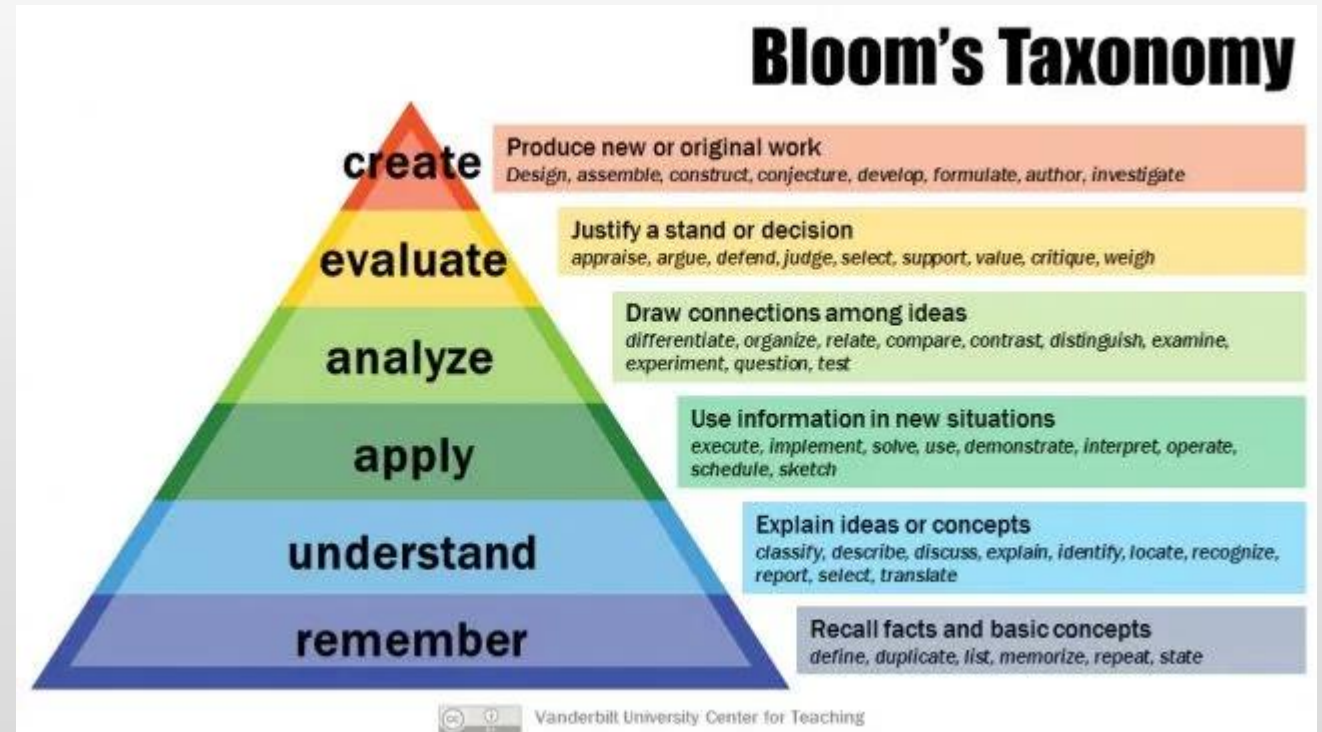


How student's need  
to learn-how-to-  
learn **in the future**



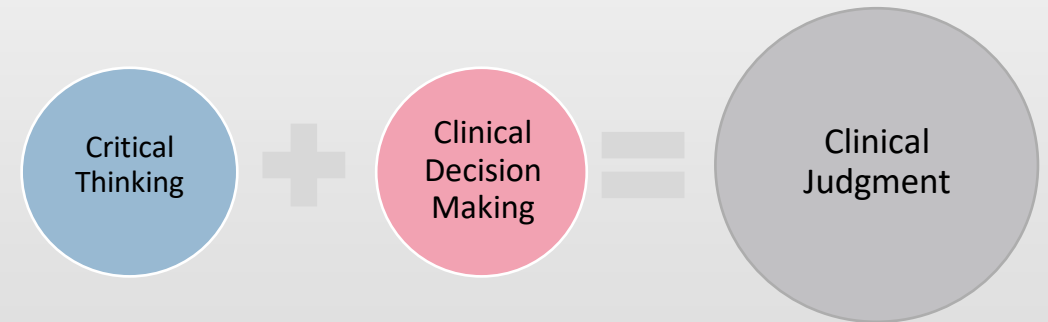
# Every student, Every class, Every semester

- It's not what they know, it's how they know...
- Processing
  - Thinking Pathways
- Integrating
  - Begin in Fundamentals
- Forming habits
  - Repetition

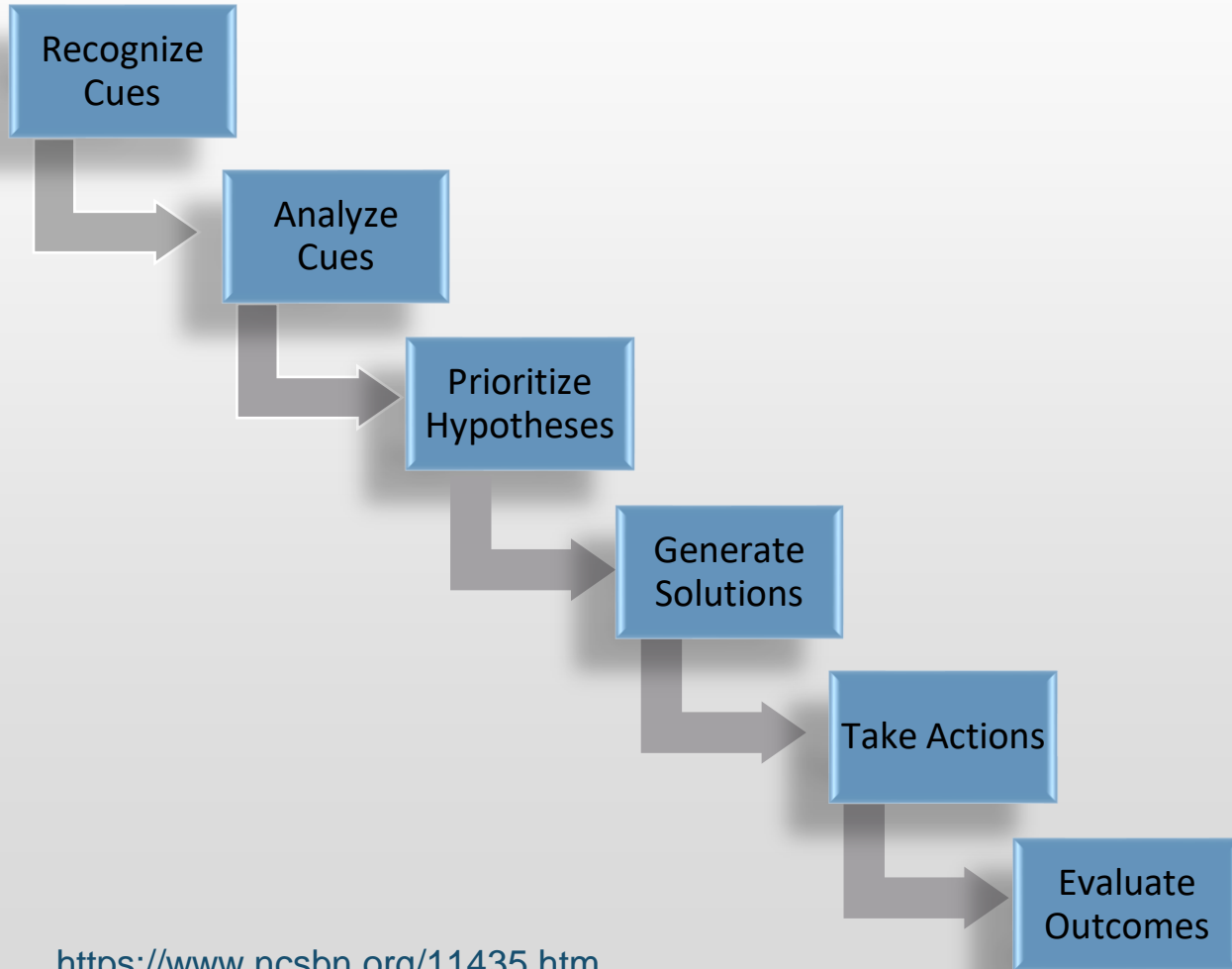


# Clinical Judgment

- The outcome of critical thinking and clinical decision making.
- Why is it important? NCSBN identifies:
  - Increased gap between practice / academia
  - Errors by novice nurses indicate lack in CJ
  - Continuing growth in complexity



# 6 Steps to Clinical Judgment

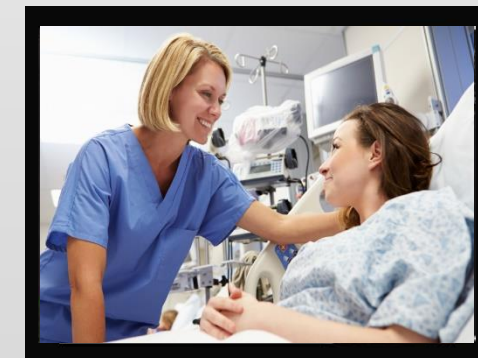
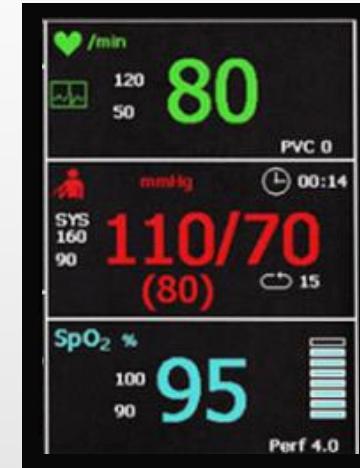


<https://www.ncsbn.org/11435.htm>

1. Recognize Cues
2. Analyze Cues
3. Prioritize Hypotheses
4. Generate Solutions
5. Take Actions
6. Evaluate Outcomes

# #1 Recognize Cues & #2 Analyze Cues

- Example of a **cue** – image, vital signs, lab report, statement by the client or his/her family
- Is this information a concern?
- What is the “worst” **cue**?
- Is this information an indication of improvement or worsening situation?





# CREATE Habits of Cue Recognition and Analysis

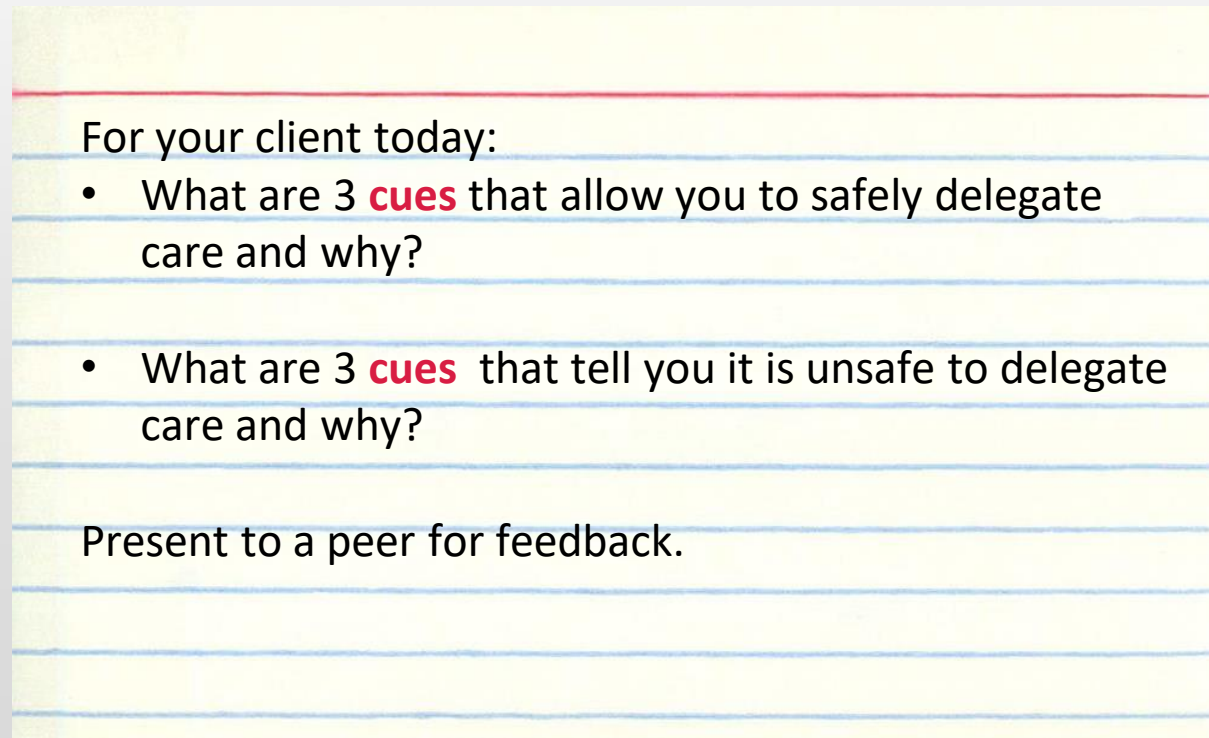
- Practice often and early
  - Start in fundamentals
- During class – here are 3 patients with Crohn's disease, what **cue** is most concerning in each case scenario?
  - Don't tell them every time the 'correct' answer
- Integrated in a lab, sim, and clinical
  - Be overt





# CREATE Habits of Cue Recognition and Analysis

- Students write this on a 3x5 card...
  - Based on REDUCTION of RISK POTENTIAL from the test plan



For your client today:

- What are 3 **cues** that allow you to safely delegate care and why?
- What are 3 **cues** that tell you it is unsafe to delegate care and why?

Present to a peer for feedback.

# CREATE Habits of Cue Recognition and Analysis

- Now students, using the case study
  - Open your lab book
  - Try to create three lab values.



Prenatal Period

## Priority concepts

Development, Reproduction


## Critical thinking

### What Should You Do?

The pregnant client at 8 weeks of gestation tells the nurse that she is experiencing morning sickness upon awakening. By lunchtime, she no longer has issues with nausea and vomiting. What should the nurse instruct the client to do to assist in relief of this common morning discomfort?

Answer located on [link](#)

#### A. Gestation

- A. Time from **fertilization** of the ovum until the estimated date of **delivery**
- B. About 280 days
- C. **Nägele's rule** for estimating the date of delivery, also known as date of birth ([Box 25-1](#))
  1. Use of Nägele's rule requires that the woman have a regular 28-day menstrual cycle.
  2.  Subtract 3 months and add 7 days to the first day of the last menstrual period; then add 1 year if appropriate. Alternatively, add 7 days to the last menstrual period and count forward 9 months.

#### B. Gravidity and Parity

##### A. Gravidity

1. **Gravida** refers to a pregnant woman.
2. *Gravidity* refers to the number of pregnancies.
3. A nulligravida is a woman who has never been pregnant.
4. A primigravida is a woman who is pregnant for the first time.
5. A multigravida is a woman in at least her second pregnancy.

##### B. Parity

1. **Parity** is the number of births (not the number of fetuses, e.g., twins) carried past 20 weeks of gestation, whether or not the fetus was born alive.
2. A nullipara is a woman who has not had a birth at more than 20 weeks of gestation.

# CREATE Habits of Cue Recognition and Analysis

- Review what you find in the Lab Guide

Back Main Index Index Potassium, Blood (K)

potassium

Posttransfusion purpura

Potassium (K)-anion gap and

Potassium (K)-blood

Potassium (K)-urine

Potassium (K)-with calcium and magnesium

Potassium iodide, thyroid-stimulating hormone and

PPD (purified protein derivative) test

PPG (postprandial glucose)

PRA (plasma renin activity)

PRA (progesterone receptor assay)

PRC (plasma renin concentration)

Prealbumin (PAB)

Preeclampsia

Pregnancy....

Pregnancy-associated plasma protein-A (PAPP-A)

**Normal Findings**

- Adult/elderly: 3.5-5.0 mEq/L or 3.5-5.0 mmol/L (SI units)
- Child: 3.4-4.7 mEq/L
- Infant: 4.1-5.3 mEq/L
- Newborn: 3.9-5.9 mEq/L

**Critical Values**

**Possible Critical Values**

- Adult: <2.5 or >6.5 mEq/L
- Newborn: <2.5 or >8 mEq/L

**Test Explanation and Related Physiology**

Potassium (K) is the major cation within the cell. Normal serum K concentration is approximately 4 mEq/L. Because the serum concentration of K is so small, minor changes in concentration have significant consequences. K is excreted by the kidneys, and there is no resorption of K from the kidneys. Therefore if K is not adequately supplied in the diet (or by IV administration in patients who are unable to eat), serum K levels can drop rapidly.

Serum K concentration depends on many factors, including the following:

- Aldosterone.** This hormone tends to increase renal losses of K.
- Sodium resorption.** As sodium is resorbed, K is lost.
- Acid-base balance.** Alkalotic states tend to lower serum K levels by causing a shift of K into the cell. Acidotic states tend to raise serum K levels by reversing that shift.

An electrocardiogram may demonstrate peaked T waves, a widened QRS complex, and depressed ST segment in hyperkalemia.

Hypokalemia is associated with increased cardiac sensitivity to

Back Main Index Index Sodium (Na), Blood

sodium

Society for Maternal-Fetal Medicine (SMFM)

Sodium (Na)-blood

Sodium (Na)-fractional excretion of

Sodium (Na)-potassium level and

Sodium (Na)-urine

Sodium (Na)-values, of children

Sodium resorption

Soft tissue swelling, in bone x-ray

Soluble fms-like tyrosine kinase-1 (sFlt-1)

Somatomedin C

Somatomedins

Somatotrophic-evoked responses (SERs)

Somatotrophic-evoked responses (SERs)-abnormal latency for

Somatotropin hormone (SH). See Growth hormone (GH)

Sonogram. See Ultrasound

**Normal Findings**

- Adult/elderly: 136-145 mEq/L or 136-145 mmol/L (SI units)
- Child: 136-145 mEq/L
- Infant: 134-150 mEq/L
- Newborn: 134-144 mEq/L

**Critical Values**

**Possible Critical Values**

<120 or >160 mEq/L

**Test Explanation and Related Physiology**

Sodium is the major cation in the extracellular space, in which serum levels of approximately 140 mEq/L exist. Therefore sodium salts are the major determinants of extracellular osmolality. The sodium content of the blood is a result of a balance between dietary sodium intake and renal excretion.

Many factors regulate homeostatic sodium balance. Aldosterone causes conservation of sodium by decreasing renal losses. Natriuretic hormone, or third factor, increases renal losses of sodium. Antidiuretic hormone (ADH), which controls the resorption of water at the distal tubules of the kidney, also affects serum sodium levels.

Physiologically, water and sodium are very closely interrelated. As free body water is increased, serum sodium is diluted, and the concentration may decrease. The kidney compensates by conserving sodium and excreting water. If free body water were to decrease, the serum sodium concentration would rise; the kidney would then respond by conserving free water.

**Clinical Concerns**

# #3 Prioritize Hypotheses

- PRIORITIZE, PRIORITIZE, PRIORITIZE

- Which client first?
- Which action first?
- Which VS first?
- Which med first?

**Care of one client  
OR  
Care of multiple clients  
OR  
Plans for teams**




- Hypotheses – (Brainstorming)

- What could be happening?
- Why do you think that?
- What complications are occurring?

# CREATE Habits of Hypotheses

- How did you do with hypothesizing concerns for this client?

1:22


  76% 

Skyscape Clinical Consult


Rheumatoid Arthritis


**Info**

- [Information](#)
  - A. [Epidemiology](#)
  - B. [Criteria for Classification](#)
  - C. [Etiology](#)
  - D. [Symptoms](#)
  - E. [Laboratory Analysis](#)
  - F. [AutoAbs in RA](#)
  - G. [Bone and Joint Radiographs](#)
  - H. [Pulmonary Disease](#)
  - I. [Treatment Overview](#)
  - J. [Specific Therapeutics](#)
  - K. [Methotrexate](#)
  - L. [Tumor Necrosis Factor Alpha](#)
  - M. [Death from RA](#)

**A. Epidemiology** 

1. Prevalence ~1% overall
2. Female to Male ~2.5 to 1
3. Peak incidence age 40-70 years (80% of





# #4 Generate Solutions

- What care is important for each hypothesis?
  - Nursing interventions
  - Medical interventions



# CREATE Habits to Generate Solutions

- How did you do with generating solutions for this client?

< Back Main Index Index

Rheumatoid Arthritis

Search: rheuma

R (RLS)

- RF (Rheumatic fever)...
- Rheumatic fever (RF)...
- Rheumatic heart disease
- Rheumatoid arthritis (RA)...**
- Rhonchi
- RIFLE classification
- Right-sided failure
- RLS (Restless legs syndrome)
- Rolling hiatal hernia
- Roux-en-Y gastric bypass (RYGB)
- Rule of Nines chart
- RYGB (Roux-en-Y gastric bypass)

S

- Salmonella
- Salpingitis
- Salpingo-oophorectomy

**Goals**

The patient with RA will have satisfactory pain relief and minimal loss of functional ability of the affected joints, participate in planning and carrying out the therapeutic regimen, maintain a positive self-image, and perform self-care to the maximum amount possible.

**Nursing Diagnoses**

- Chronic pain
- Impaired physical mobility
- Disturbed body image

**Nursing Interventions**

Prevention of RA is not possible at this time. However, community education programs should include information on symptom recognition to promote early diagnosis and treatment. The primary goals in the management of RA are reduction of inflammation, management of pain, maintenance of joint function, and prevention or correction of joint deformity.

Interventions begin with a careful physical assessment (joint pain, swelling, range of motion, general health status), psychosocial assessment (family support, sexual satisfaction, emotional stress, financial constraints, vocation and career limitations), and environmental concerns (transportation, home, and work modifications).

- Suppression of inflammation may be effectively achieved through the administration of NSAIDs, DMARDs, and biologic/targeted therapies. Discuss the action and side effects of each drug and the importance of necessary laboratory monitoring. Make the drug regimen as understandable as possible.
- Nondrug management may include the use of therapeutic heat and cold, rest, relaxation techniques, joint protection, biofeedback, transcutaneous electrical nerve stimulation (TENS), and hypnosis.
- Lightweight splints may be prescribed to rest an inflamed joint.



# #5 Take Action

- Analyze the nurse's actions at multiple points throughout the shift
  - When did the nurse intervene incorrectly? What did the nurse do? What should the nurse have done instead?
- Need to DO this often in class!
  - Less emphasis on facts
  - More emphasis on concepts and actions



# CREATE Habits for Taking Action

- In class – Up out of your seats AND PAIR UP, pull out your phones and open your MED SURG CLINICAL COMPANION in Skyscape! Review the - PRIORITY NURSING INTERVENTIONS
- After reviewing your clinical companions complete 2 assessments and 2 interventions (clinical imagination) based on the concept we have been studying
- With your partner and your Skyscape app, build a patient – you have 5 minutes....GO!

## #6 Evaluate Outcomes

- Help students take ownership of their classroom prep and classroom follow-up by showing them what to do!!!
- Students take out your phones and let's spend 10 minutes in NCLEX® Practice



# NCLEX® Habits to Improve Outcomes

*NEXT GEN LEARNING FOR NURSING EDUCATION*

# Meet Student, Katie....



- Katie is a second semester student.
- She makes an appointment with instructor because she failed her first exam.
- She said “high school was easy, and I never had to study, I don’t know how to focus my study.”
- What can you suggest?”

# Encourage Katie To ....

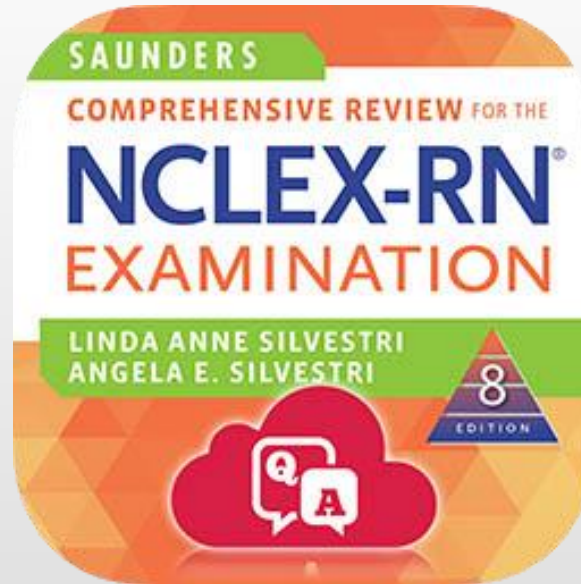
- Form a habit of studying
- Focus on the top 3 priorities of care
- Take 50 to 75 questions each week
  - Sign up for Skyscape's NCLEX® QOW
  - Download NCLEX® Exam Prep App
- Prepare BEFORE class by reviewing material that will be covered
- Summarize readings after each section
- Review notes within 24 hours after class
- Participate in an effective study group
- Seek campus tutoring services for study skill development

# Skyscape Live Demo

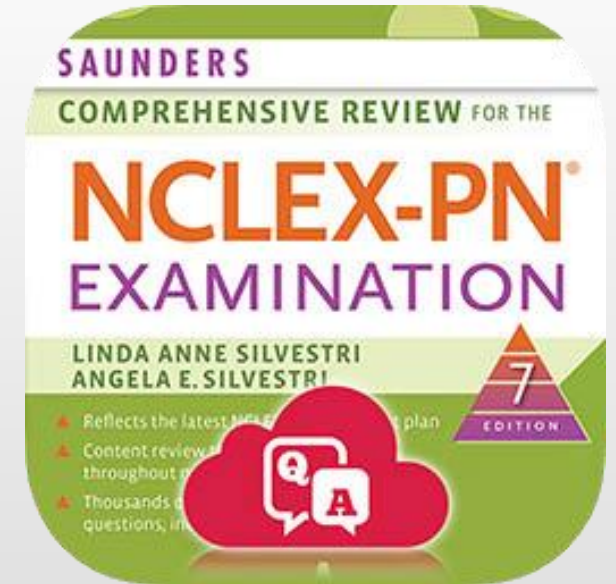
Using NCLEX® Products



# Save Time Studying



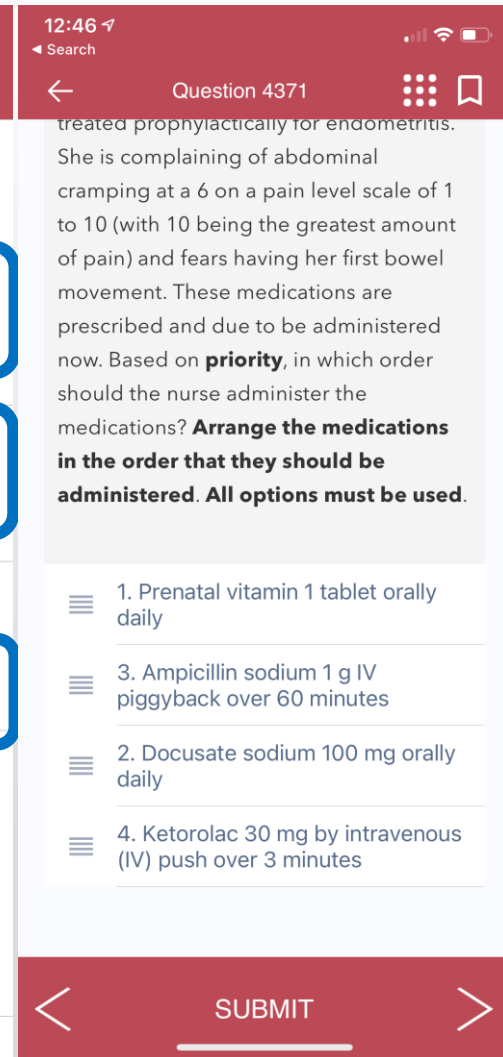
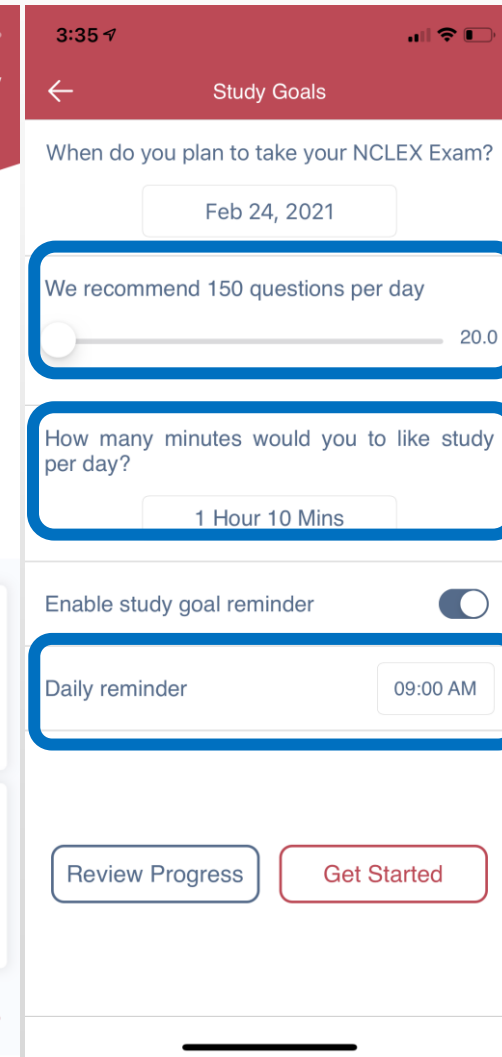
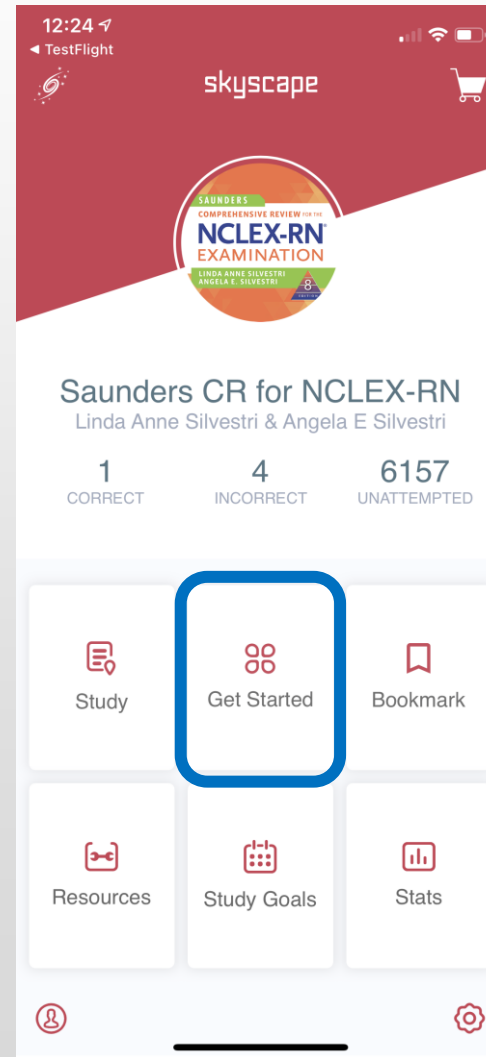
- 6100 Practice Questions
- 25 Next Gen Questions
- 3 Preparedness Quizzes



- 4500 Practice Questions
- 3 Preparedness Quizzes

# Study Habits

- **Set Study Goals**
  - Start early
  - Work backwards from the exam date
- Set number of questions per day
- Set aside time for studying
- Set reminders
- Answer Questions



# Reorder / Prioritization Type Questions

- Stats Screen
- Practice by Question Type
- Select Reorder
- Attempt Reorder questions
  - Drag answer options in order of priority

12:45 12:45 12:45

Search Search Search

← Saunders CR for NCLEX-RN RESET ← Saunders CR for NCLEX-RN RESET ← Question 4371

Focus on your weak areas Focus on your weak areas

All All

Question Type Multiple Choice - Video

Reorder

Question Stats Question Stats

Tap to Review/Attempt Tap to Review/Attempt

Correct 1 of 6162 Correct 0 of 36

Correct Multiple Attempts 0 of 6162 Correct Multiple Attempts 0 of 36

Incorrect 4 of 6162 Incorrect 0 of 36

Skipped 0 of 6162 Skipped 0 of 36

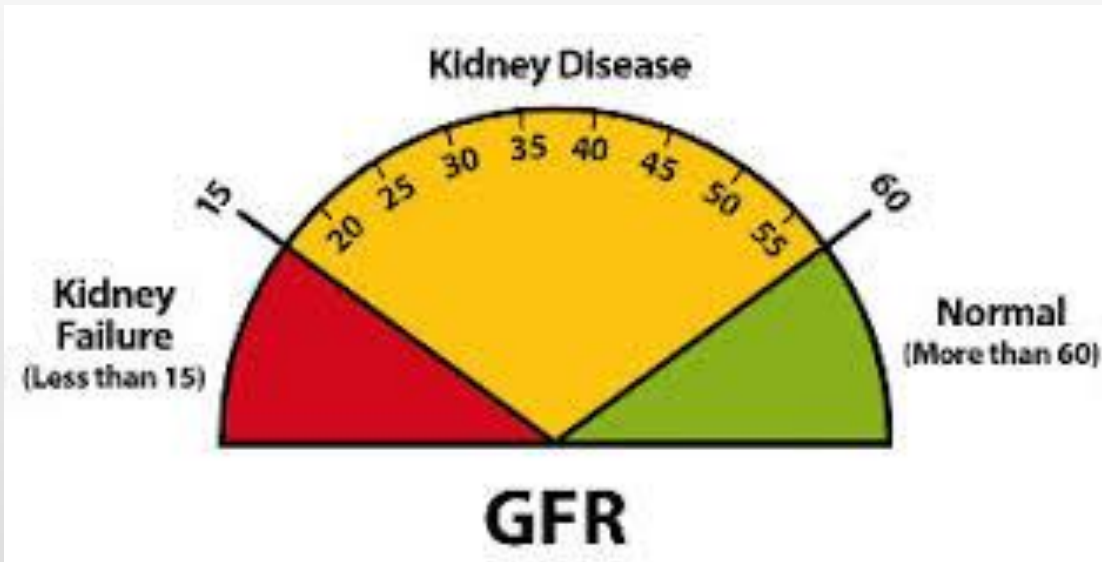
Unattempted 6157 of 6162 Unattempted 36 of 36

A client who is a gravida 3, para 3 had a cesarean section 1 day ago. She is being treated prophylactically for endometritis. She is complaining of abdominal cramping at a 6 on a pain level scale of 1 to 10 (with 10 being the greatest amount of pain) and fears having her first bowel movement. These medications are prescribed and due to be administered now. Based on **priority**, in which order should the nurse administer the medications? **Arrange the medications in the order that they should be administered. All options must be used.**

1. Prenatal vitamin 1 tablet orally daily
2. Docusate sodium 100 mg orally daily
3. Ampicillin sodium 1 g IV piggyback over 60 minutes
4. Ketorolac 30 mg by intravenous

< SUBMIT >

# Know what you Don't Know



60° 93% 9:41 AM

← Question 4686 ⋮

The nurse is reviewing the laboratory results of estimated glomerular filtration rate (eGFR). What are some conditions that can cause a decreased eGFR? **Select all that apply.**

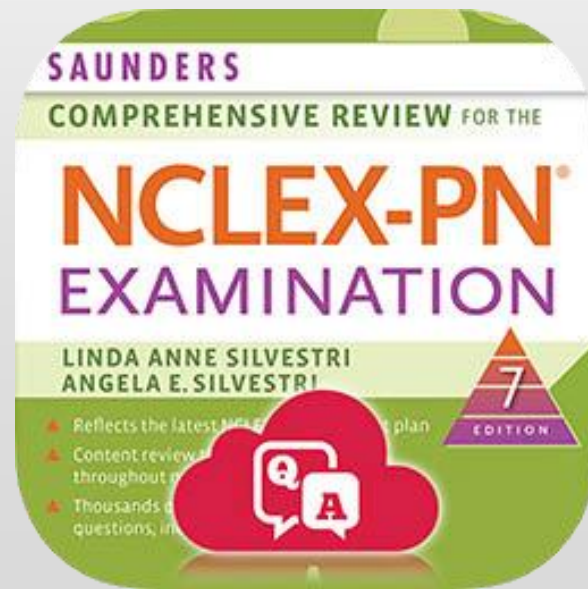
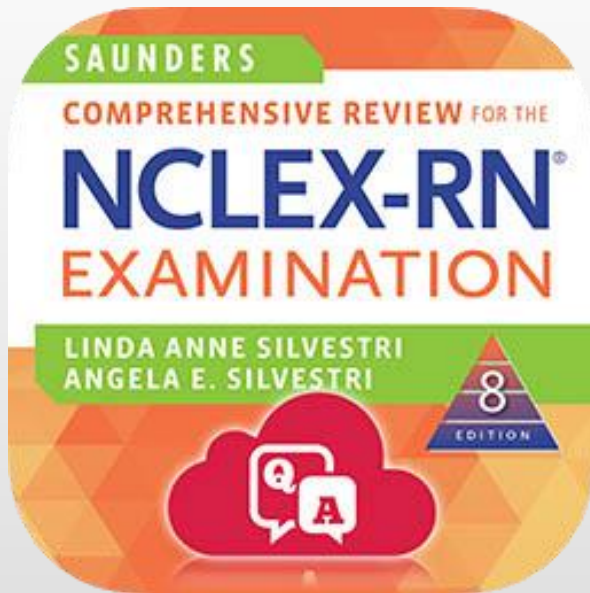
- 1 ☐ Shock
- 2 ☐ Cystitis
- 3 ☐ Dehydration
- 4 ☐ Fluid overload
- 5 ☐ Heart failure (HF)
- 6 ☐ Cirrhosis with ascites

< SUBMIT >

Tap here to fill entire screen

≡ □ ←

# TRACK what you Don't Know



[←](#) Saunders CR for NCL... [RESET](#)

### Focus on your weak areas

All	All
Question Type	
Content need Categ.	
Area of Cognitive Ab.	

### Question Stats

Tap to Review/Attempt

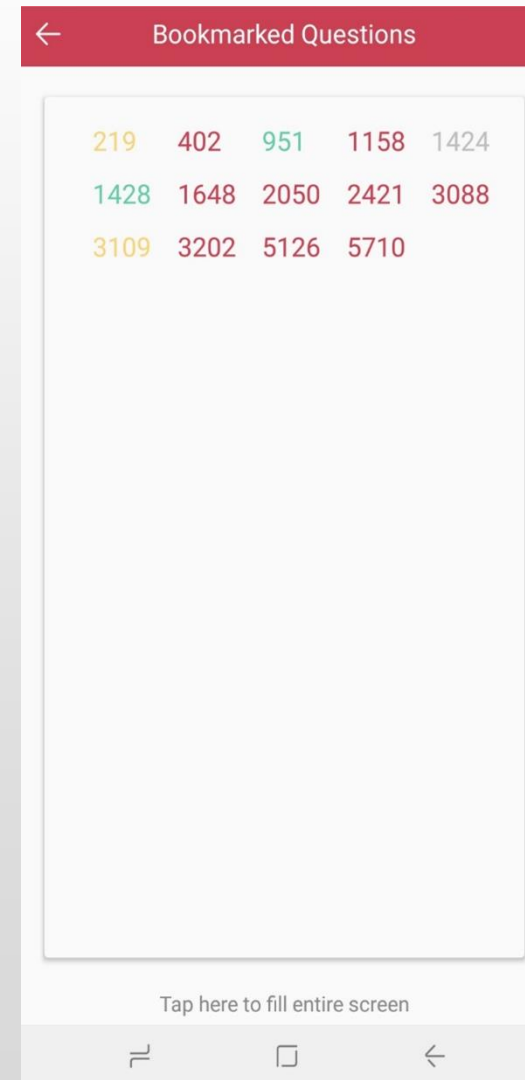
Correct	16 of 6138
Correct Multiple Attempts	2 of 6138
Incorrect	24 of 6138
Skipped	0 of 6138
Unattempted	6096 of 6138

Tap here to fill entire screen

[≡](#) [□](#) [←](#)

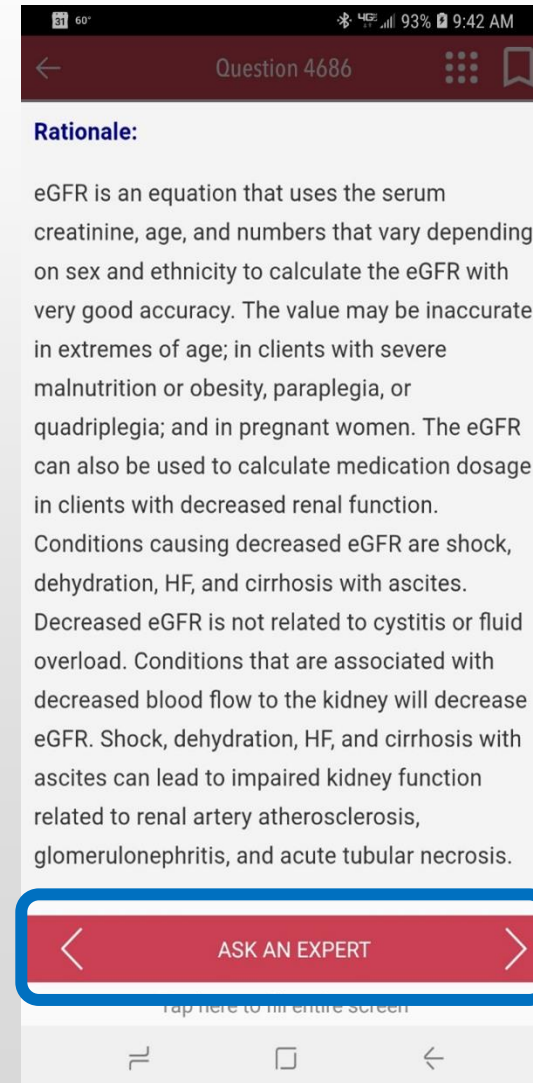


# TRACK what you Don't Know



# Know what you Don't Know

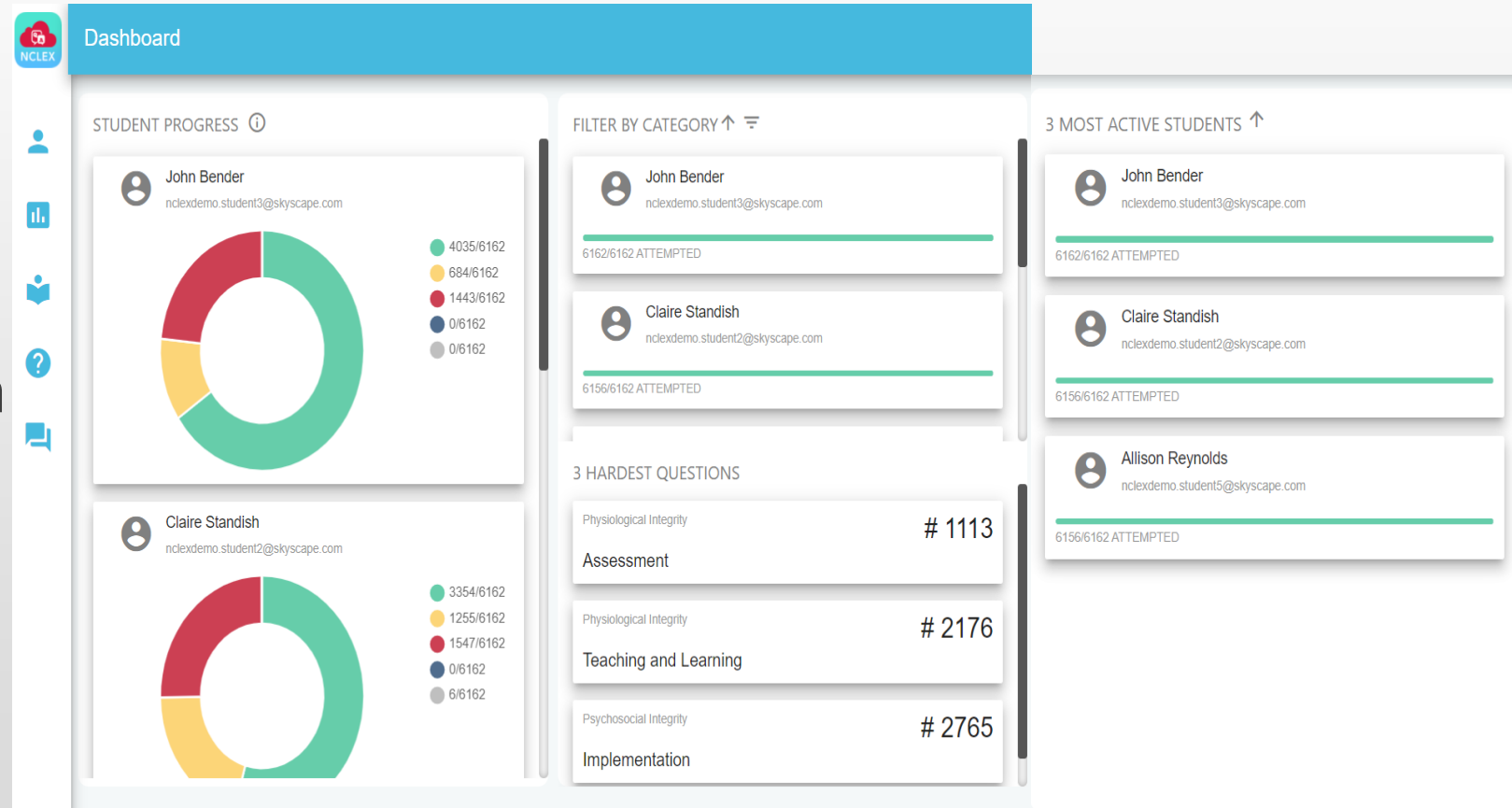
- Each question has rationale
- Features ASK AN EXPERT service where nurse educators are on standby to provide clarification if a student needs help or clarification of an answer or rationale.





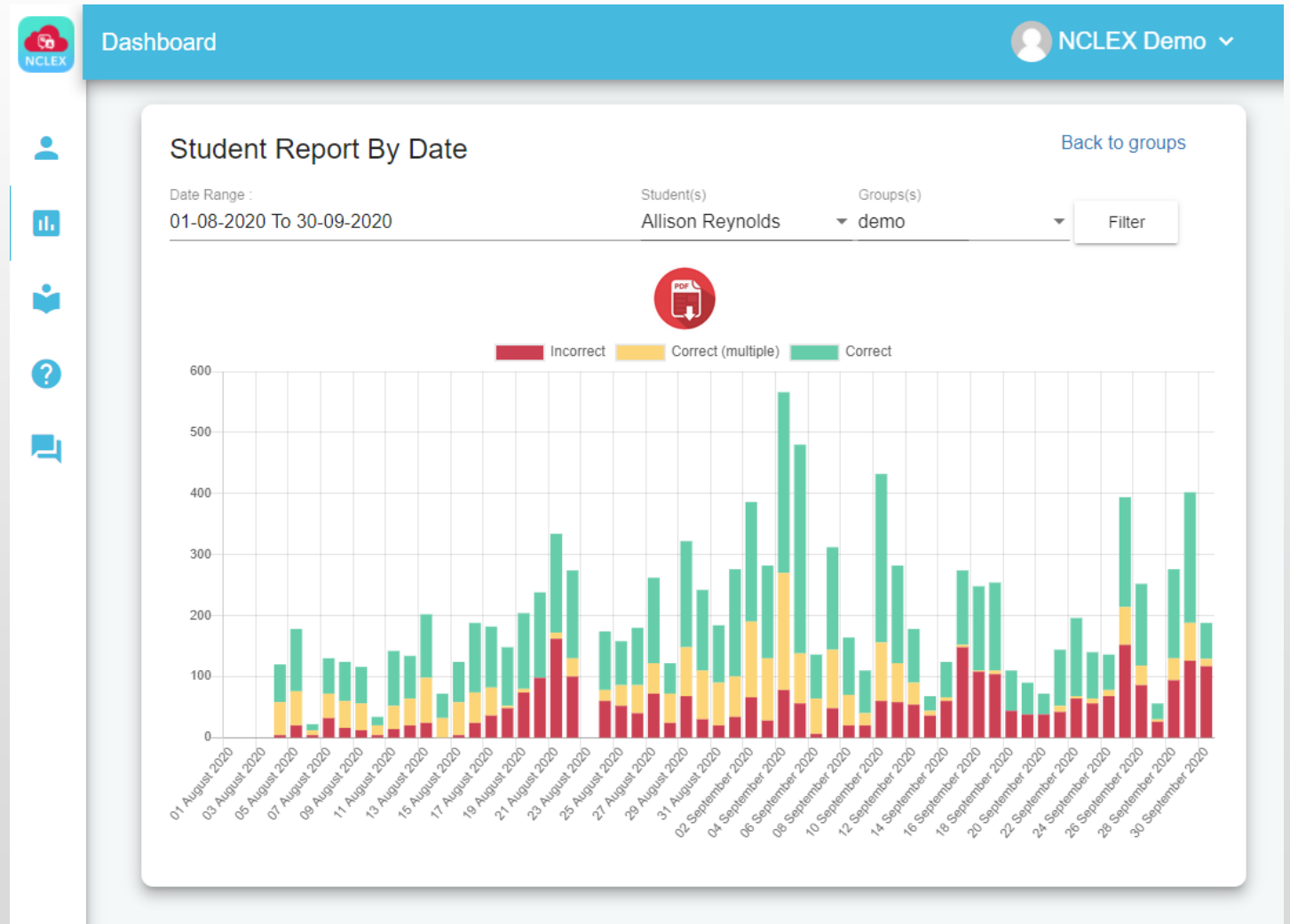
# Faculty Dashboard

- View Student Progress
- Filter by Category
- View Most Active
- View Hardest Question







# Faculty Dashboard – Student Activity Report

- View by student
- View by date range
- View correct
  - First attempt
  - Second Attempt
  - Incorrect



# NCLEX® Question of the Week

- New question weekly
  - Posted online [nclex.skyscape.com](https://nclex.skyscape.com)
  - Social Media channels
- Follow us on
  -  Facebook @skyscapeinc
  -  Instagram @skyscapeinc
  -  LinkedIn skyscape
  -  Twitter @skyscapeinc

 QOW iOS & Android Apps Educators & Tutors App Features [Sign in](#)

## NCLEX® Question of the Week

The nurse is preparing to administer an influenza vaccine. Which finding should alert the nurse to not administer the vaccine?

- ☐ 1. Mild egg allergy.
- ☐ 2. History of Guillain Barre syndrome.
- ☐ 3. Client states they have a stuffy nose.
- ☐ 4. Temperature 99.6 degrees Fahrenheit.

[Check Answer](#)

Share/Challenge your friends



# Q & A

*NEXT GEN LEARNING FOR NURSING EDUCATION*

# Ask a question



Please post your question in the chat window.

# Thank You

- Contact us for more information on Skyscape Solutions
  - Email [education@skyscape.com](mailto:education@skyscape.com)

- **RESOURCES referenced in Webinar**

- *Saunders Comprehensive Review for NCLEX ®*
  - *NurseThink® NCLEX Quizzing app*
  - *NCLEX® Question of the Week*

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- Questions:
  - Email [webinar@skyscape.com](mailto:webinar@skyscape.com)