SUMMARY OF FINDINGS

• All students who achieved an A in the course had a ML of 3.51 or above, and none of the students who received a C in the course had a ML above a 4.5—with most between 3 and 4.

Course

The program at University of Mississippi school of Nursing is a 5-semester program. Students take Med Surg I in the spring (their 3rd semester), Med Surg II in the fall (4th semester) and then a seminar/NCLEX prep course in the spring before graduation (5th semester). In the spring 2012 semester I taught the Med Surg I course. I had 98 students enrolled in the course (N444 Adult Health I).

prepU is used in all three courses. In Med Surg I students have to achieve a ML of 4 in the assigned chapters in order to pass the course. For Med Surg II the ML requirement is a 6, and for the NCLEX-seminar the ML required is 8. I have been using prepU since the fall of 2010. Med Surg I is a lecture course with a clinical component with two rotations—med surg clinical and pediatrics. There are some additional labs and simulations included as well. Early on in the course students take a math test which focuses on the math they will need for IV medications.

Course Grading Policies and Assessment

Grades in the course are based on:

• 6 exams (one every 2-3 weeks)
• Comprehensive final exam
• prepU mastery level assignments (6)

prepU Implementation

We started using prepU when the sales rep showed it to us along with the new edition of the textbook (Bruner). We know that in order to succeed on the NCLEX students need to have taken upwards of 3,000 practice questions. We have
Students Get Practice With Lots Of Questions

stayed with our book because it comes with prepU and no other book has a product like it! I love that the students can practice with lots of questions. prepU is integrated into the course with mastery level quizzes and students are required to reach at least a mastery level of 4. There are six ML quizzes and they focus on the major part of each unit/the big idea. There are no points for using prepU, but in order to pass the course, students must complete all the requirements.

Student usage data and overall mastery is shown in Table 1.

| Table 1: McNair, Spring 2012 prepU Usage and Mastery |
|-----------------|-----------------|-----------------|---------------|---------------|
| Number of Quizzes | N | Min | Max | M | SD |
| Number of Questions | N | 285.00 | 3168.00 | 719.98 | 452.77 |
| Mastery Level | N | 3.20 | 5.60 | 3.90 | .35 |

Students in my course struggle with priority setting and learning to answer questions relating to the concept. They are usually able to narrow down the choices to 1 of 2, but then it’s difficult for them to determine what is the most important. They tend not to read the question stem properly. This year I did a two-hour prioritization lecture for my students and really focused on helping them with this concept. The test questions we give our students are very straightforward with limited extraneous information. When students encounter questions in which they need to think a little more about what the question is asking, it’s more difficult for them. They also struggle with the basic pathology and physiology concepts. prepU has plenty of questions which address prioritization and they are just like the NCLEX questions.

**Conclusions and Future Use**

I look at the student data in prepU periodically and I let students know if they should be going in and taking more quizzes. It would be great if prepU could send an email report to students letting them know where they stand. Initially, we had all of the assignments with the same due date. But we saw that a lot of the students were not doing the quizzes each week, but rather saving them until the end and doing them all at once. If they do this, they are not reaping the benefits of PrepU and so we have changed the due dates so that there is one due each week. This way they are not cramming everything in at the end.

In the future, I think that if students get a certain score on a unit test then I will require them to do a remediation unit.