A Report of the Project W.I.N: An Approach to Support Accelerated Baccalaureate Nursing Students' Success

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Abstract

Background: SUNY Downstate Medical Center College of Nursing (CON) has implemented a three-prong approach to enrich the Accelerated Baccalaureate (ABSN) program and assist students decrease barriers and obstacles to retention of diverse and economically disadvantaged background students. The overall goal of the Project W.I.N. was to support the educational environment and needs of all students regardless of cultural, ethnic, racial, gender or economic backgrounds. Mentorship was the common thread that integrated throughout the concepts.

Purpose: To present the Project W.I.N. for the ABSN program.

Implementation: The following approaches were implemented. W.I.N: W– A Welcoming environment that supports and fosters self-development. The CON implemented the Pre-Entry Immersion Program (PIP) using the Robert Wood Johnson Foundation, New Careers in Nursing (RWJF/NCIN) PIP-Toolkit to supplement the school orientation for all new incoming students one week prior to starting the ABSN program. I– Individualized developmental academic advisement and support, each student was assigned a designated academic faculty advisor through the duration of the program to monitor student progression. N– Nurturing through mentoring. The CON initiated a formalized mentoring program using the NCIN Mentoring Toolkit in collaboration with the CON utilizing faculty alumni and minority faculty as mentors.

Results: The overall impact of Project W.I.N: improved enrollment, retention, graduation rates and NCLEX-RN pass rate for first time takers. However, it failed to recruit the minority students in the local areas.

Implication/Conclusion: Periodically evaluate Project W.I.N. as a major strategy for student success. Continue to implement the project but step-up efforts to recruit minority students around the neighborhood.

Keywords: WIN project; Accelerated baccalaureate nursing; Success

Background

In 2002, the Institute of Medicine (IOM) reported that a large body of research underscores the existence of health disparities [1]. According to the IOM's report, racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services; hence, more minority health care providers are needed to serve in minority and medically underserved communities to overcome barriers that may affect the quality of care [1]. It is widely known that health professionals from underrepresented backgrounds are more likely to provide care to underserved communities and to conduct health disparities research [2,3]. Similarly, the Sullivan Commission Report on Diversity in the Healthcare Workforce indicated that the nation's health care professions have not kept pace with changing demographics, leading to disparities in health access and outcomes [4]. In response to the report findings in 2008, the Robert Wood Johnson Foundation (RWJF) New Careers in Nursing (NCIN) Scholarship Program was initiated to the call for national action to address the "disconnect" between healthcare providers and the populations they serve. Funded by the RWJF and the American Association of Colleges of Nursing, an investment of over $35 million was made to schools of nursing across the United States. This national program supported over 35,000 students for eight years (2008 to 2015) from diverse or under-represented backgrounds with partial scholarships to pursue degrees in accelerated baccalaureate and master's

Table 1: NCLEX-RN Readiness Plan for Project W.I.N. Using ATI Learning Systems.

Semester	Curriculum Integration of Assessment Technologies Inc. (ATI) Learning Systems
Summer I Semester (Session 1 - First 6 weeks)	**Components of ATI Program:** **Tutorials**: 1) Nurse logic - Critical Reading, Strategy Techniques, Nursing Guidelines, Test Taking, Prioritizing Questions; 2) Skills Module; 3) Learning System RN contains NCLEX-RN type practice tests with rationales for both correct and incorrect answers. **Assessments:** 1) NCLEX-RN -Type Online Practice Assessments (IDs and password are issued to students) and 2) Proctored Online Assessments. Individual Performance Profile is generated by this assessment indicating areas requiring improvement. Remediation information is included. **RN Review Modules:** Content Mastery Series with questions (and answers/rationales) each chapter so students can practice applying their knowledge, NCLEX-RN "connections" that point out areas of detailed test plan that relate to the content within that unit, media supplement, etc. are all included. **Real Life Scenarios:** Interactive online environment that replicates clinical situations faced by nurses in practice used to supplement didactic and clinical learning activities in conjunction with the simulation laboratory.
Summer I Semester (Session 2 - Second 6 weeks)	**Content Mastery/RN Review Module**: RN Pharmacology **Assessments: (**Learning System RN) Pharmacology Practice Test; RN Pharmacology Online Practice A&B **Content Mastery /RN Review Module:** RN Maternal Newborn **Real Life Scenarios** **Assessments: (**Learning System RN) Maternal Newborn 1&2 Practice tests; RN Maternal Newborn Online Practice Exams A&B End-of-Course RN Maternal Newborn Proctored Exam
Fall Semester	**Content Mastery/RN Review Module**: RN Fundamentals, RN Medical/Surgical Nursing **Real Life Scenarios** **Assessments: (**Learning System RN**)** Fundamentals 1&2 Practice Tests. Focused Med/Surg (peri- operative, Endocrine, Gastrointestinal, Infections**)** Online Practice Exams End-of-Course RN Medical/Surgical Proctored Exam
Spring Semester	**Content Mastery/RN Review Module:** RN Nursing Care of Children **Real life Scenarios** **Assessments: (**Learning System RN) Nursing of Children Practice Tests 1&2. RN Nursing of Children Online Practice Exams A&B End-of-Course RN Nursing Care of Children Proctored Exam **Content Mastery/RN Review Module:** RN Medical/Surgical Nursing **Real life Scenarios** **Assessments:** Focused Med/Surg. (Renal, Urinary, Neurosensory, Musculoskeletal) Online Practice Exams. RN Adult Medical-Surgical Online Practice Exam End-of-Course RN Adult Med/Surg. Proctored
Summer II Semester (Session 1 First 6 weeks)	**Content Mastery/RN Review Module:** RN Mental Health Nursing **Real Life Scenarios** **Assessments: (**Learning System RN) Mental Health Practice Tests 1&2. RN Mental Health Online Practice A&B End-of-Course RN Mental Health Proctored Exam **Content Mastery/RN Review Module:** Nursing Leadership and Management **Assessment: (**Learning System RN) Leadership Practice Test, Leadership Online Practice Exams A&B End-of-Course RN Leadership Proctored Exam
Summer II Semester (Session 2 Second 6 weeks)	**Content Mastery/RN Review Module:** RN Community Health Nursing **Real Life Scenarios** **Assessments: (**Learning System RN) Community Health Practice Test. RN Community Health Online Practice Exams A&B End-of-Course Community Health Proctored Exam
Mandatory Preparation Activities: • End of Program Comprehensive RN Predictor Assessment Test • 4 Day NCLEX-RN Live Review Pass The NCLEX-RN Examination the First Time!	**Comprehensive Assessment** online is required and shall constitute 10% of the total course grade in all clinical courses. Proctored Assessment Mode exams are administered at the end of each course and are scheduled by the course faculty. Students are required to do remediation and tutorials based on assessment of strengths and weaknesses identified in the Proficiency Level of student performance. Students are required to achieve Proficiency Level 2 in the assessment exams in order to pass the course and progress to the next course. **Faculty Advisement** students are required to meet faculty advisor prior to course registration and periodically to discuss academic progress. **Learning Contracts** utilized for "at-risk" students to monitor academic progression.

programs [5]. The NCIN was to help alleviate the national nurse shortage and increase diversity among nursing professionals.

The accelerated baccalaureate nursing (ABSN) of the College of Nursing is a 15 months program established in 2004 and the only pre-licensure nursing program [6]. The program ran for four semesters June to August the following year. The four semesters include (Table 1): Summer I (2 to 6 week sessions), Fall, Spring and Summer II (2 to 6 week sessions). Since receiving the RWJFNCIN Scholarship funding in 2009, the CON instituted strategies to enrich the program. One of the strategies was the creation and implementation of a three-prong approach called Project W.I.N. In response to the call to increase minority health care providers to serve in minority and medically underserved communities and overcome barriers to care, the following objectives of Project W.I.N. were established: (1) increase enrollment and retention of students from diverse backgrounds,

(2) increase graduation rates and completion within the designated time frame and (3) increase NCLEX-RN* pass rate for first-time takers. These objectives were congruent with the objectives of the RWJFNCIN Scholarship program. The acronym W.I.N. represents the three-prong approach: W-represents Welcoming; I-represents Individualized; N-represents Nurturing.

Purpose

The purpose of this paper is to present the implementation and the results of the Project W.I.N. as a strategy to enhance the outcomes for the ABSN program.

Project W.I.N. Overview

A review of the literature was conducted to help develop the program. A comprehensive evaluation of the review literature on the issues of the recruitment and retention of minority and

underrepresented students is not new [7]. Indeed, the majority of the recruitment and retention issues discussed in the review are still relevant to the recruitment and retention of minority students today. Consistently, the literature indicated that the barriers included lack of financial support, inadequate emotional and moral support, as well as insufficient academic advising, program mentoring, technical support and professional socialization [8-13]. In addition, barriers to entry to the nursing profession include limited information about career options and nursing education, inflexible and incompatible work and class schedules, and lack of synchronization and coordination between nursing education and auxiliary and allied health care training programs [14].

With the knowledge of the barriers and obstacles that may relate to retention of diverse, minority and underrepresented students, the CON initiated Project W.I.N. To evaluate the project's outcomes, data from 2004 to 2009 (Pre-WIN) and 2010 to 2015 (Post-WIN) were tracked and compared. Data were obtained from the Office of Admissions and the Office of Institutional Research of the University. The information obtained included demographics (gender, race and ethnicity, age at enrollment, retention, graduation rate, and first time-pass rates for NCLEX-RN® test takers). No other personal information was obtained during the review; hence there was no need for Institutional Review Board approval and consents were not necessary.

Implementation

The Project W.I.N. overall goal was to create an educational environment that supports the needs of all students, regardless of cultural, ethnic, racial, gender, or economic backgrounds, with mentorship as the common thread to all the concepts. The following presents the approaches to Project W.I.N.

W– A Welcoming environment that supports and fosters self-development. The CON implemented the Pre-entry Immersion Program (PIP) using the RWJFNCINPIP Toolkit for school orientation of all incoming students one week prior to start of the ABSN program [15]. The PIP was designed to assist new students to adjust to the rigors of the accelerated program through university-based support services such as educational counseling and help with test-taking, enhancing study skills. Included in the PIP were social activities to help students develop relationships with students and faculty. The RWJFNCIN scholars participated in the PIP by sharing perspectives and experiences with the incoming students. A scholar support group was formed with a minority faculty serving as mentor.

I– Individualized developmental academic advisement and support. Each student was assigned a designated academic faculty advisor through the duration of the program to monitor the student's progress. Learning contracts were used as "work plans" for students who required remediation. An NCLEX-RN® Readiness Plan based on the Assessment Technologies Inc (ATI) Learning System was integrated into the curriculum to prepare students for the licensure examination presented in Table 1 [16]. This ATI Learning System was used to enhance and to prepare students for the NCLEX-RN® licensure exam. In like manner, this work plan was instituted with the purpose of individualizing support for students' needs.

At risk students were referred to their academic advisors and or to the university based student support services. Most vulnerable should be identified early [17]. A number of factors are typically associated with NCLEX failure. In the same way, a number of strategies are

Table 2: Ethnic/Demographic profile Pre-W.I.N. and Post-W.I.N.

Demographics	2004-2009 (N=264)	2010-2015 (N=325)
Race and ethnicity		
Caucasians	108 (40.9%)	191 (58.76%)
African-Americans	98 (37.1%)	46 (14.15%)
Asian	40 (15.1%)	48 (14.76%)
Native Americans		2 (0.75%)
Unknown	4 (1.52%)	2 (0.75%)
Hispanic/Latino	14 (5.3%)	36 (11.07%)
Gender		
Females	218 (83%)	268 (82.46)
Males	46 (17%)	57 (17.54%)

recommended to improve program success rates including the use of standardized exams that predict students success, tracking students progression and success throughout the program to identify unique factors related to past student populations, and ensuring that the education program provides along the content opportunities for students to develop critical thinking and analysis skills [17].

N– Nurturing through mentoring. The CON initiated a formalized mentoring program using the RWJFNCIN Mentoring Toolkit as a way of nurturing the students [18]. The mentoring activities were designed to support the nursing faculty in assisting the NCIN scholars and the nursing students with structured opportunities to prepare them for the rigors of an accelerated nursing program. The CON faculty served as mentors and student supports. At the same time, the RWJFNCIN Scholars became mentors ("Scholars as Mentors") to their peers. This concept was initiated to assist incoming students. Scholars were paired with new students to help the new students become immersed with the Accelerated Program. Recent studies showed the power of positive mentoring relationships to improve minority nursing student retention [19]. Mentoring is relevant for both the nursing student and the experienced nurse. Mentoring helps students successfully navigate the complex world of nursing and also helps faculty to become better teachers [20]. Mentors are there to assist, befriend, guide, advice and counsel students [21].

Faculty, nurses and preceptors in clinical training sites representing diverse background served as mentors. Mentorship is related to success in nursing practice that is tied to professionalism, nursing quality improvement, and self-confidence [22]. In a systematic review of the value of peer learning, the findings indicated that peer learning was shown to be as effective as the conventional classroom method in teaching undergraduate nursing students [23].

In addition to increasing confidence and enhanced leadership skills, other benefits of mentoring for the mentee include accelerated acclimation to the culture of the unit/facility, advancement opportunities, enhanced communication skills, especially with the interdisciplinary team, reduced stress, and improved networking ability [23,24]. Mentorship between nurses and other professionals can serve as a means of personal growth in other areas such as leadership and professional development [9].

Analysis of Data

Demographic characteristics pre-W.I.N. and post-W.I.N. data were tracked with the outcome measures and entered into a statistical program SAS 9.4 (PROCs LOGISTIC, NPAR1WAY, FREQ)

Table 3: Comparison between Pre-W.I.N. (2004-2009) and Post-W.I.N. Project (2010-2015).

Outcome Criteria	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	Outcome Criteria	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Enrollment No.	30	43	45	50	60	46	Enrollment No.	58	49	39	60	60	59
Retention Rate %	90%	88%	90%	88%	93%	91.3%	Retention Rate %	100%	100%	100%	98.4%	97.5%	98%
Graduation Rate %	90%	88%	87%	93%	90%	91%	Graduation Rate %	100%	100%	97.5%	98.4%	98.3%	98.3%
No. First time NCLEX- RN® Test Taker %	18	34	33	38	54	38	No. First time NCLEX-RN® Test Taker %	54	47	39	55	58	57
First time NCLEX- RN® Pass Rate %	67%	79%	85%	87%	82%	90%	First time NCLEX-RN® Pass Rate %	94%	95.9%	100%	92%	98.3%	96.6%
							Employment Rate ABSN %	93.8%	89.7%	91.7%	97%	97%	94%

statistical software was used. A generalized Fisher exact test was used to determine whether distribution of ethnicity (with Native American & 'unknown' ethnic categories excluded) changed over calendar time. Exact 2-sided Mann-Whitney tests were used to determine whether number of enrollments or number of candidates sitting for first time NCLEX RN test changed over calendar time. Binomial regression modeling (with exact tests) was used to determine whether retention rate, graduation rate, or first time NCLEX pass rate changed over calendar time. In all analyses, the salient contrast pooled 2003 to 2009 numbers against those of 2009 to 2015.

Results of Outcome Measures

The results indicated that there was no significant change in the ethnic/demographic profile associated with the intervention (p=0.423) as presented in Table 2. In addition, the number of enrollments did not change significantly over time (p=0.234) as presented with a detailed comparison of the four outcomes measures pre-W.I.N. and post-W.I.N. in Table 3. However, the number of first time NCLEX RN test takers did increase significantly post-intervention (p=0.013). Retention rate, graduation rate and NCLEX pass rate all increased significantly post-intervention (p<0.001 in each case). The overall results of the outcome measures were compared between the 2004 to 2009 cohorts before the inception of Project W.I.N. and the 2010 to 2015 cohorts (Figure 1).

Cohorts from under-represented groups were well represented in both groups, reflecting the overall student population served by the CON (Table 2). Two Native Americans were enrolled during the 2010 to 2015 period. The most dramatic increase was noted among Hispanic/Latino students from 5% to 11%, higher percentage than the reported national average of 8.1% for Hispanic students [25]. With regards to Asian American students, there was a decrease by less than 1%, from 15.1% to 14.76%; the National League for Nursing reports 5.9% in 2014. The percentage of men in the program remained almost the same, 17% to 17.54%, nationally 14% [25].

Enrollment: From 2004 to 2015, a total of 589 students enrolled in the ABSN program, 264 in 2004 to 2009 (pre-Project W.I.N.) and 325 in 2010 to 2015 (post-Project W.I.N. inception) shown in Table 2. It is important to point out that there was a significant increase in recruitment and enrollment by18.5%, after the initiation of the W.I.N project. The increase in enrollment not withstanding was mostly in the White female students (58.76%), but a significant decrease in the African American enrollment.

Retention/Graduation rates: Another important improvement in the outcome measures was increased in the retention rates, from 90% to 99% retention rates post W.I.N. Graduation rates likewise

improved, from 90% pre-W.I.N. to 99% post W.I.N. (Table 3). Also presented in Table 3 is the post W.I.N. Project employment rates from 2010 to 2015. There was no employment data available pre-W.I.N. Project, 2004 to 2009 from the Institutional Research and Outcomes Assessment at the institution, therefore no comparison could be made [26].

NCLEX-RN° pass rates: The most significant improvement of all was the NCLEX-RN° first time pass rate (Table 3). The pass rate rose from the average of 82% pre-W.I.N. to 96%, post-W.I.N., an increase of 15%. The average pass rate is higher than the New York State for the NCLEX-RN°: First-time US-educated test takers which is 81% and higher than the 83.59% national average.

Discussion

Project W.I.N was first implemented in the academic year 2009-2010. The overall impact of the project during the first six years of its implementation was tracked and compared outcomes to the previous six years, prior to implementation. As indicated in the outcome results, there were a significant increase in recruitment and enrollment after the initiation of the W.I.N project. The increase was mostly female; this surge in female enrollment still reflects a positive start in increasing student diversity at the CON. The nursing profession is still characterized as almost exclusively or mainly White women profession [27,28]. White RNs are overrepresented relative to the general population. There are 77% female RNs versus 68% females in the general population [28].

It is important to point out that there was a significant decrease in enrollment of African American students from 37.1% to 14.15%. This percentage was higher than the 12.2% the NLN Biennial Report of Percentage of Minorities Enrolled in Basic RN Programs [25]. Nevertheless, the decrease in the enrollment of the African American students in some respects represents a failure in the recruitment efforts. The recruitment strategies fell short of attracting and reaching out to this group of students. Recruitment strategies that work for traditional white students will not always work for racially and ethnically diverse students and that it is important that any institution or profession seeking to attract minorities examine what works better for attracting minority students [7,29]. This could be one of the reasons attributed to the failure to recruit more minority students or that the appealing nature of the ABSN program resulted in a more attractive and competitive program. The CON has now implemented a holistic approach for admission of students and a more targeted effort to recruit more students from the under-represented minority groups.

Retention rates were significantly increased as well. A distinct

improvement of all was the NCLEX-RN® first time pass rate (Table 3). There was a significant increase in the first time pass rate post-W.I.N., higher rate than the New York State for the NCLEX-RN® and first-time US-educated test takers.

The significant increases in almost all outcome measures may be attributed to the strategies inherent with the Project W.I.N. (Table 3 and Figure 1). Mentoring has been identified as an invaluable tool to attract and retain new nurse leaders, as such should be regarded as a means to advance and uphold nursing leaders. The employment rates of the ABSN graduates from 2010 to 2015 after the implementation of the Project W.I.N. were also noted. Employment rates are high indicating that the graduates are staying in nursing, a positive indication that the RWJF/NCIN program intended goals are being met.

Implications/Conclusion

Project W.I.N. has proven to be a successful approach based on the outcome measures Recruitment, Retention, Graduation and first time NCLEX-RN® pass rates and consequently employment rates for the ABSN program despite the failure to enroll more minority students. This approach used by Project W.I.N. can be replicated or modeled by other colleges to help improve students' success. However, much more work is needed to recruit more underrepresented and minority background students.

The CON is committed to continue to find ways to recruit these students. The literature on these issues indicates to the omnipresent need to plan, design, and deliver new and innovative programs that will continue and expand upon what these successful activities have initiated. The CON plans to sustain the Project W.I.N. and will evaluate periodically as a major strategy for nursing students' success.

Acknowledgment

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