NCSBN
National Council of State Boards of Nursing

NCLEX® PROGRAM REPORTS

for the period of JAN 2015 - MAR 2015

NCLEX-RN® REPORTS

Mountain Measurement, Inc.

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NCLEX ® PROGRAM REPORTS

Welcome to the *NCLEX® Program Reports*—a subscription to information specific to your graduates´ performance on the National Council Licensure Examination (NCLEX® examination). These reports describe how your graduates performed on several content dimensions compared against other programs.

There are four main sections to the *NCLEX® Program Reports*: Summary Overview, *NCLEX-RN® Test Plan* Report, Content Dimension Reports, and Test Duration/Test Plan Performance Report.

Summary Overview

The first report in the *NCLEX® Program Reports* is the Summary Overview. The Summary Overview provides information on (1) the rank of your program based on the percentage of your graduates that passed the NCLEX-RN® examination during the current and previous reporting periods and (2) a listing of the provinces, territories, or U.S. states where your graduates applied for licensure during the current and previous reporting periods.

The rank of your program is provided in comparison to other programs in your province or territory and all programs in Canada. Please note that all program rankings are limited to those programs where at least ten graduates tested during the reporting time interval.

The *NCLEX-RN® Test Plan* Report

The *NCLEX-RN® Test Plan* Report presents information on the percentile ranks of your typical graduate´s performance compared to the performance of (1) graduates from programs in your province or territory, (2) graduates from BSN (Bachelor of Science in Nursing) programs in the United States, and (3) graduates from programs in Canada. This report is based on the *NCLEX-RN® Test Plan*. The major component of the test plan is *Client Needs*.

Content Dimension Reports

Each Content Dimension Report is identified in a separate section, including:
- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation and Coping

An introduction explaining these reports is included as the first page of each Content Dimension.

Test Duration/Test Plan Performance Report

This section provides two reports, one on Test Duration and one on Test Plan Performance.

The Test Duration Report includes the average number of questions taken by graduates in your program, graduates from programs in your province or territory, all BSN programs in the United States, and all graduates in Canada. The number of candidates includes all candidates except those testing under extended timing conditions and/or completing less than the minimum number of items. This report also provides the average test time in minutes and the percentage of candidates taking the minimum and maximum number of questions.

The Test Plan Performance Report includes information on performance in each of the *Client Needs* subcategories for your graduates, graduates from programs in your province or territory, all BSN programs in the United States, and all graduates in Canada, as well as an indication of how a candidate precisely at the passing standard would have performed (passing performance). This differs from the Test Plan Report in that performance here is defined with respect to the content domain, rather than in comparison with performance of other graduates.

We hope that you will find the *NCLEX® Program Reports* full of useful information that you will refer to many times. As always, we encourage your feedback. If you have any comments, compliments, or concerns, please write them down and let us know about them. We value your input!

NCLEX ® PROGRAM REPORTS

USING AND INTERPRETING THE *NCLEX® PROGRAM REPORTS*

The *NCLEX® Program Reports* provides detailed information about the NCLEX-RN® examination performance of the graduates of your program who tested for the first time during the six-month period covered by this edition. Information on passing rates and performance on a variety of content dimensions is provided, as are comparisons to graduates from programs in your province or territory, from BSN programs in the United States, and from all programs in Canada. These reports are designed to assist you in evaluating the strengths and weaknesses in your educational program.

The primary statistics included in these reports are percentages, the median and the percentile rank of that median, and the average. Several reports use the median (midpoint in a set of ranked performances), rather than the mean (arithmetic average) as the indicator of typical performance. This approach increases the stability of the results reported because the median is less affected by individuals with extreme performance. Due to the unreliability of results, median performance will not be calculated for programs with fewer than ten first-time candidates.

The percentile ranks compare the median performance of your graduates with that of the graduates in the comparison group. For example, a percentile rank of 84 means that the performance level of 84 percent of the graduates in the reference group was lower than (or equal to) the median performance level of your graduates. You may think of this median performance level as the performance of your "typical" graduate.

Because the range of program median performance is not nearly as great as that of the performance of individual graduates, percentile ranks at the extremes are unlikely. In addition, small differences in performance can lead to relatively large differences in performance percentile ranks. For this reason, some fluctuations in the percentile ranks based on your graduates´ performance can be expected across categories. This effect is greater near the center of the distribution (in the middle of the percentile ranks). In other words, only a small difference in performance separates the 45th and 50th percentiles, while a relatively large difference in performance separates the 90th and 95th percentiles, or the 5th and 10th percentiles.

With the NCLEX-RN examination administered using computerized adaptive testing (CAT), each

candidate receives a unique examination, ranging in length from a minimum of 60 scored items to a maximum of 250 scored items. Every examination, whatever its length, contains a controlled percentage of questions from each of the content areas covered in the *NCLEX-RN® Test Plan*. The *NCLEX® Program Reports* contains information about your graduates´ performance in each of the test plan areas, and also in other content frameworks NOT the same as the *NCLEX-RN® Test Plan*. These Content Dimension Reports provide information about your graduates based on frameworks of: **Nursing Process, Human Functioning, Health Alterations, Wellness/Illness Continuum, Stages of Maturity, and Stress, Adaptation and Coping**. Every NCLEX-RN examination is composed of questions that fulfill the *NCLEX-RN® Test Plan* percentages but, because the selection of questions is not controlled with respect to these other content frameworks, candidates needing fewer questions on their NCLEX-RN examination may not be administered items from some of these content dimension categories. To ensure the reliability of the information provided in these reports, graduates who did not answer at least three questions within a content category are not included in the summary of performance in that category. This exclusion will only occur for the Content Dimension Reports. Median performance will not be calculated if fewer than ten graduates received at least three items in that category.

The Test Duration Report provides information about the number of questions answered and the amount of time spent by your graduates on the NCLEX-RN examination. With CAT, the number of questions answered provides information about how close the candidate was to the passing standard. In comparing your program to other programs, it is useful to examine the average number of questions taken by your graduates who passed and who failed. For example, if the average number of questions taken by your graduates who passed was lower than for the comparison group, this suggests that they demonstrated their competence more quickly than graduates in the comparison groups. Similarly, if your program has a higher percentage of passing graduates take the minimum number of questions, then your passing graduates demonstrated their competence more quickly, indicating a higher level of competence.

The proportion of candidates answering the maximum number of questions reflects the proportion of candidates close to the passing standard. A high proportion of failing candidates answering the maximum number shows that most who failed were close to passing and, conversely, a high proportion of passing candidates answering the maximum number of questions shows that most of the passers did not pass by a large margin.

The Test Plan Performance Report provides information on the median performance of your graduates in each area of the *NCLEX-RN® Test Plan*. Performance is reported as the expected percentage **of all possible questions that could be administered** in a given category that would be answered correctly by a graduate at this median performance level. The measurement model enables this estimate of expected percentages for all the possible questions, even though each graduate took only a much smaller, unique set of questions.

Therefore, these are NOT the actual percentages of questions answered correctly.

The passing performance data should be interpreted as the percentage of **all possible questions** in the test plan area that a candidate with a competence level at precisely the passing standard would be able to answer correctly. This percentage varies across the content areas because the questions within these areas differ in average difficulty. For the content areas where questions are easier, passing performance corresponds to a higher percentage of correct answers. Similarly, for the content areas where questions are more difficult, passing performance corresponds to a lower percentage of correct answers. Comparisons of your graduates´ median performance with the passing performance levels may help you identify potential strengths and weaknesses in your instructional program.

Glossary

Average test time	Mean amount of time candidates took to complete the NCLEX-RN® examination. Maximum amount of time allowed for testing is six hours, unless the candidate has been approved by a regulatory body for extended testing time as a special accommodation.
Client Needs	Subcategories as stated in the *NCLEX-RN® Test Plan* include: Management of Care Basic Care and Comfort Safety and Infection Control Pharmacological and Parenteral Therapies Health Promotion and Maintenance Reduction of Risk Potential Psychosocial Integrity Physiological Adaptation
Computerized Adaptive Testing (CAT)	Computerized adaptive testing is a method for administering tests that uses current computer technology and measurement theory. CAT creates examinations that are unique for each candidate; the exam is assembled interactively as the individual is tested.
First-time candidate	Candidate for whom there is no prior history of taking the NCLEX-RN examination.
Graduate/Candidate	A student who has completed the requirements of an educational program and is now applying for licensure to practice nursing.
Province	Regulatory body to which a graduate is applying for licensure. Province or territory in which your program resides.
Minimum number of items	Each test requires the candidate to complete a minimum number of examination items. For Registered Nurse candidates, the minimum number of items is 60 operational items with 15 pretest items, for a total of 75 items.
Maximum number of items	For Registered Nurse candidates, the maximum number of items is 265 (250 operational items and 15 pretest items).
Nursing Process	A scientific problem-solving approach to client care that for the RN includes assessment, analysis, planning, implementation and evaluation.
Reporting Cycle/ Reporting Period	*NCLEX® Program Reports* are generated cyclically, from April 1 through March 31.
Registration Process	Candidates must apply for licensure to the regulatory body in the province or territory in which they wish to be licensed. Boards of nursing authorize candidacy and send the candidates registration materials.
Test Plan	The test plan approved by the National Council of State Boards of Nursing that governs the content domain of the NCLEX-RN examination. The *NCLEX-RN® Test Plan* consists of one dimension: *Client Needs*.

NCLEX ® PROGRAM REPORTS

The Summary Overview section contains tables to help you understand the performance of graduates from your program who were taking the NCLEX-RN® examination for the first time. Reports in this section include: *Rank of Your Program Based on Percentage of Graduates Passing; Where Your Graduates Applied for Licensure; Percentage of Your Graduates Passing the NCLEX-RN® Examination;* and *Distribution of Programs by Canadian Passing Percentages.*

The first table, *Rank of Your Program Based on Percentage of Graduates Passing* (see sample below), shows how your program's passing rate compares with that of other programs within your province or territory, and within Canada. Beneath the sample table are interpretation hints and more complete explanations of the table entries.

The second table, *Where Your Graduates Applied for Licensure*, includes all of your graduates who took the NCLEX-RN examination for the first time during the reporting period, even if they had applied for licensure before that time. This only reflects the province or territory of **initial licensure**; they may have subsequently applied to additional provinces or territories, but those applications would not appear in this table.

SAMPLE TABLE
RANK OF YOUR PROGRAM BASED ON PERCENTAGE OF GRADUATES PASSING

	APR-SEP 2015	APR-SEP 2016
①　All Programs in Your Province	③　　1 of 8	
②　All Programs Across Canada	12 of 450	

① The numbers in this row tell how the passing rate for your graduates who took the NCLEX-RN examination during this reporting period (if you had ten or more) compares with that of all programs **in your licensing province or territory**. The comparison group is all RN programs in your province or territory that had at least ten graduates take the NCLEX-RN examination during the reporting period.

② The numbers in this row tell how the passing rate for your graduates who took the NCLEX-RN examination during this reporting period (if you had ten or more) compares with that of all RN programs **in Canada.** The comparison group is all RN programs in any of the RN-licensing provinces or territories, that had at least ten graduates taking the NCLEX-RN examination during the reporting period.

③ This ranking was computed using all of your graduates, regardless of where they applied for licensure. The first number is your program´s rank. The second number is the number of programs in the comparison group. The second number will vary slightly across time as the number of programs having at least ten graduates take the NCLEX-RN examination varies.

A problem with any rank ordering arises when there are ties. If more than one program has the same percentage passing, all are assigned the same rank. The assigned rank will be the highest one. For instance, if three programs have 100% passing, all three programs will be assigned the rank of 1. The next highest program will have a rank of 4, because positions 1, 2, and 3 are all taken by programs with 100% passing rates.

RANK OF YOUR PROGRAM BASED ON PERCENTAGE OF GRADUATES PASSING

		JAN-MAR 2015
All Programs in Your Province		1 of 10
All Programs Across Canada		6 of 34

-- Notes --

The rankings are based on the percentage of your graduates passing the NCLEX-RN® examination compared to other programs with at least ten graduates who took the NCLEX-RN examination during the same reporting period.

All nursing programs with the same percentage of graduates passing the NCLEX-RN examination will have the same rank.

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WHERE YOUR GRADUATES APPLIED FOR LICENSURE
JAN-MAR 2015

Province or Territory	Number of Graduates
Alberta	79
British Columbia	2
Saskatchewan	2
OTHER PROVINCES OR TERRITORIES	0
Total Graduates	83

Percentage of Your Graduates Passing the NCLEX-RN® Examination

This section provides information on the number of your graduates who tested during this and previous time periods, the number and percentage who passed, and a comparison with other groups (found in the bar graphs on the following page). Percent passing is rounded at 0.5 and reported as an integer.

PERCENTAGE OF YOUR GRADUATES PASSING THE NCLEX-RN® EXAMINATION

	JAN-MAR 2015
Total Number of Your Graduates Tested	83
Number Passing	71
Percent Passing	86%

--- Notes ---

The numbers in the first row include everyone who tested during this period for the first time and gave your program code. This may include both recent and previous graduates.

The numbers in the second and third rows tell you how many (and what percent) of your first-time candidates who tested during this time period passed.

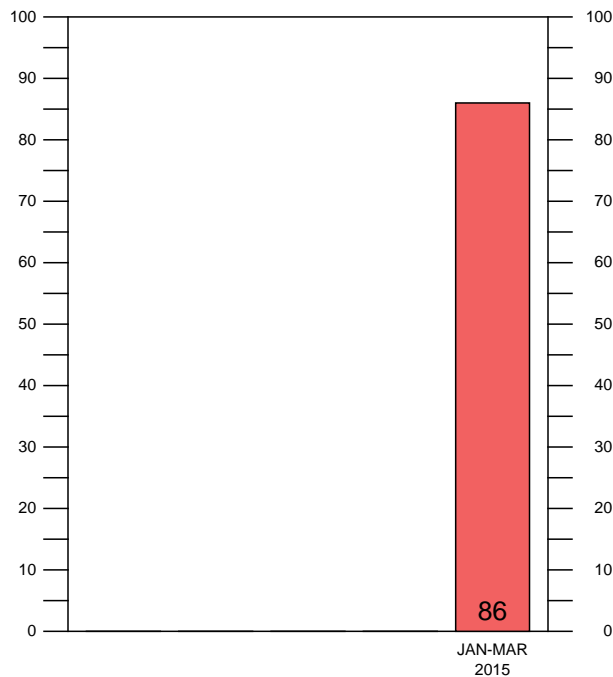## Percentage of Your Graduates Passing the NCLEX-RN® Examination

The bar graphs below show how the passing percentage of your graduates testing for the first time (reported in the previous table) compares to that of other groups.

When historical data are available, a comparison of the current and previous groups will be shown in both the table (found on page 3.3) and the corresponding bar graph chart titled *Percentage of Your Graduates Passing Compared to Previous Periods*.

The bar graph on the right, *Percentage of Your Graduates Passing Compared to Other Groups*, shows how your current group compares to (1) all graduates from programs in your province or territory, (2) all graduates from BSN programs in the U.S., and (3) all graduates from programs in Canada. The height of the bars reflects the percentage of first-time test-takers in that group who passed the NCLEX-RN examination.

PERCENTAGE OF YOUR GRADUATES PASSING

Compared to Previous Periods

Compared to Other Groups
JAN-MAR 2015

---------- Notes ----------

"Other Groups" consist of graduates taking the NCLEX-RN examination for the first time during the same time interval, and are defined as follows.

Province – refers to all RN graduates from programs within your province or territory.

United States – refers to all RN graduates from BSN programs within United States.

Canada – refers to all RN graduates from programs within Canada.

Distribution of Programs by Canadian Passing Percentages

This table shows the number of programs that had at least ten graduates test for the first time during this reporting period who achieved the following passing rates:

- Above 89 percent (in one percentage-point intervals)
- Between 70 and 89 percent (in ten percentage-point intervals)
- Below 70 percent

DISTRIBUTION OF PROGRAMS BY CANADIAN PASSING PERCENTAGES

% of First-time, Canadian-educated Graduates Passing	Total
100	1
99	0
98	0
97	0
96	0
95	0
94	1
93	0
92	0
91	0
90	0
80-89	11
70-79	9
Below 70	12
Total Number of Programs	34

Your Program's Passing Percentage = 86

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NCLEX ® PROGRAM REPORTS

NCLEX-RN® TEST PLAN REPORT

The *NCLEX-RN® Test Plan Report* presents information on your graduates´ performance on the NCLEX-RN examination, based on the content breakdown of the 2013 *NCLEX-RN® Test Plan*, with the following comparison groups: (1) graduates from programs in your province or territory, (2) graduates from the BSN programs in the U.S., and (3) graduates from Canada. The major component of the *NCLEX-RN® Test Plan*, Client Needs, is described below.

NCLEX-RN® TEST PLAN

The content of the *NCLEX-RN® Test Plan* is organized into four major Client Needs categories. Two of the four categories are further divided into a total of six subcategories:

Client Needs	Percentage of Items from each Category/Subcategory

Client Needs

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment
The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

- *Management of Care* – providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and health care personnel.   **17-23%**
- *Safety and Infection Control* – protecting clients, family/significant others and health care personnel from health and environmental hazards.   **9-15%**

Health Promotion and Maintenance   **6-12%**
The nurse provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health programs; and strategies to achieve optimal health.

Psychosocial Integrity   **6-12%**
The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well-being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.

Physiological Integrity
The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

- *Basic Care and Comfort* – providing comfort and assistance in the performance of activities of daily living.   **6-12%**
- *Pharmacological and Parenteral Therapies* – providing care related to the administration of medications and parenteral therapies.   **12-18%**
- *Reduction of Risk Potential* – reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.   **9-15%**
- *Physiological Adaptation* – managing and providing care to clients with acute, chronic, or life-threatening physical health conditions.   **11-17%**

The following processes are integrated into all Client needs categories of the Test Plan: Nursing Process; Caring; Communication and Documentation; and Teaching and Learning.

Note that the "Health Promotion and Maintenance" and "Psychosocial Integrity" categories do not have subcategories.

The figure below illustrates the percentage of test items in each of the Client Needs categories.

Distribution of Content for the NCLEX-RN® Test Plan

Percentage of Items on NCLEX-RN® Examination

The percentage of test questions assigned to each Client Needs category and subcategory in the *NCLEX-RN® Test Plan* is based on the results of the *2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice* (NCSBN, 2012), and expert judgment provided by members of the NCSBN Examination Committee.

Percentile Rank Charts of Test Plan Performance

These charts show how well your program´s typical graduate (taking the NCLEX-RN® examination for the first time during this reporting period) performed in the different Clients Needs subcategories and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in terms of the content breakdown specified in the *NCLEX-RN® Test Plan*. The NCLEX-RN examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the Client Needs subcategories (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of an observed score difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (typical) graduate did as well or better than 75% of the graduates in the country in the first subcategory (Management of Care), but only 50% of graduates in the second subcategory (Safety and Infection Control). In the previous time period, that pattern was reversed."

TEST PLAN REPORT

CLIENT NEEDS

**Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province**

Content Area	Percentile Rank
Management of Care	65
Safety and Infection Control	54
Health Promotion and Maintenance	64
Psychosocial Integrity	65
Basic Care and Comfort	61
Pharmacological and Parenteral Therapies	68
Reduction of Risk Potential	67
Physiological Adaptation	64

-- Notes --

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performances of graduates from programs in your province or territory who took the NCLEX examination during the same time interval. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

TEST PLAN REPORT

CLIENT NEEDS

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Content Area	Percentile Rank
Management of Care	56
Safety and Infection Control	33
Health Promotion and Maintenance	57
Psychosocial Integrity	60
Basic Care and Comfort	58
Pharmacological and Parenteral Therapies	58
Reduction of Risk Potential	52
Physiological Adaptation	52

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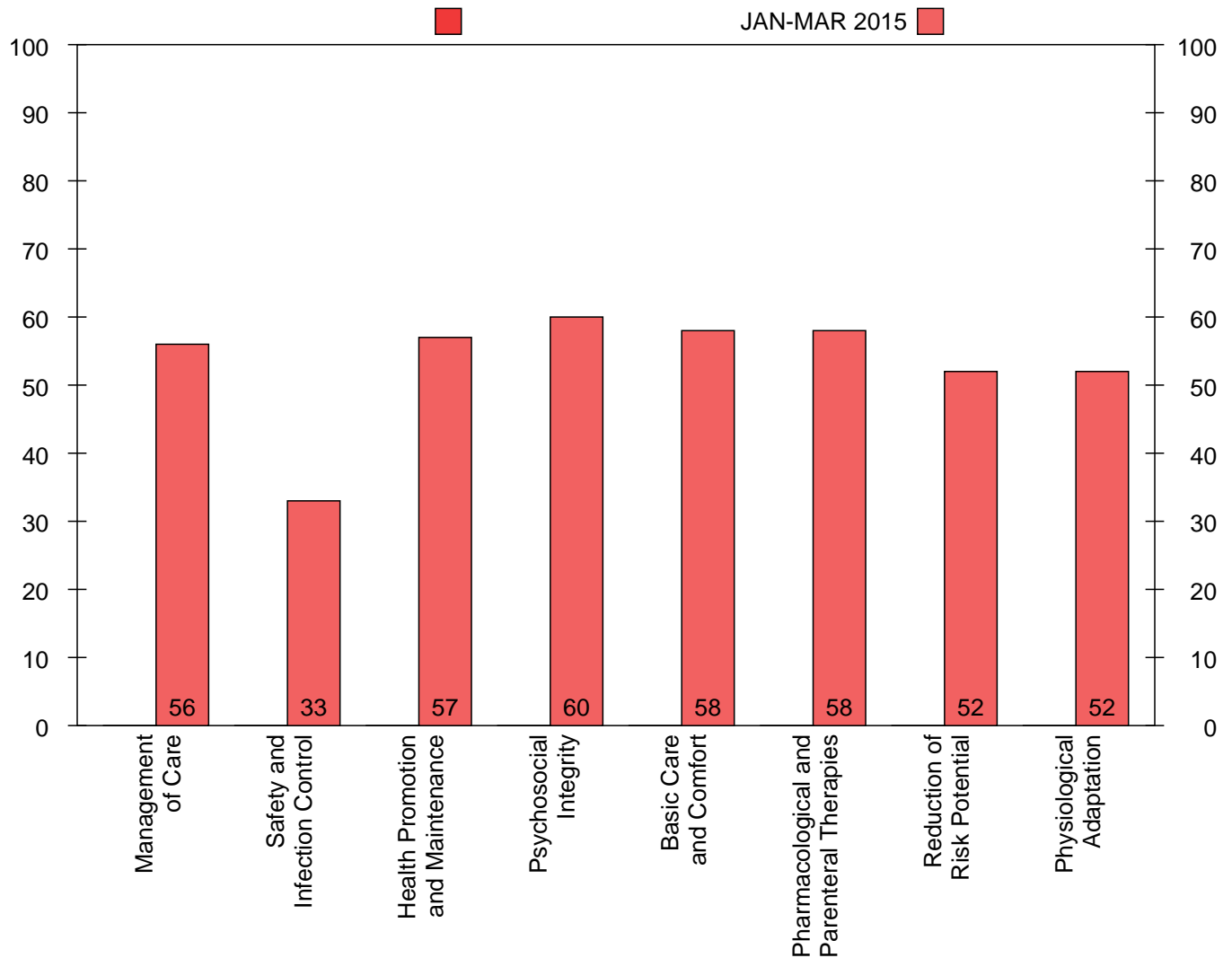
The percentile ranks are based on the median performance of your graduates in each content area, compared with the median performance of graduates from other BSN programs in the U.S. who took the NCLEX examination during the same time interval. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

As noted in the explanation on page 4.3, differences in percentile ranks should be interpreted with caution.

TEST PLAN REPORT

CLIENT NEEDS

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Content Area	Percentile Rank
Management of Care	65
Safety and Infection Control	50
Health Promotion and Maintenance	63
Psychosocial Integrity	65
Basic Care and Comfort	61
Pharmacological and Parenteral Therapies	65
Reduction of Risk Potential	64
Physiological Adaptation	62

-- Notes --

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from Canada who took the NCLEX examination during the same time interval. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
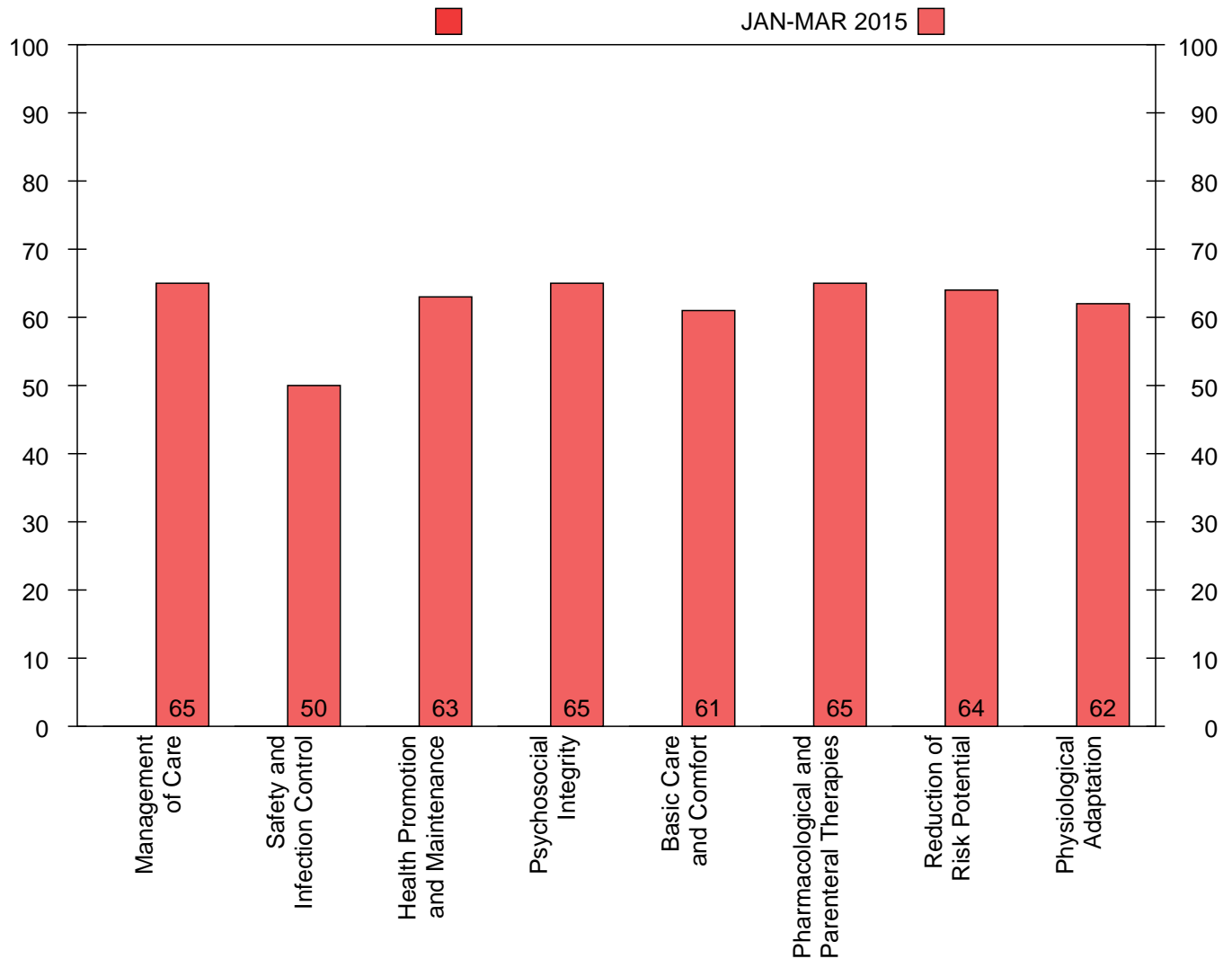
As noted in the explanation on page 4.3, differences in percentile ranks should be interpreted with caution.

NCLEX ® PROGRAM REPORTS

CONTENT DIMENSION REPORTS

Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The first set of the Content Dimension Reports is based on the Nursing Process.

NURSING PROCESS

The Nursing Process provides a framework for organizing and delivering nursing care to clients and groups. The five phases of the nursing process for the RN include: Assessment, Analysis, Planning, Implementation, and Evaluation.

Assessment
This phase consists of establishing a database by gathering objective and subjective client data and confirming the data. The nurse collects information relative to the client, verifies the data, and communicates the assessment data to relevant members of the health care team.

Analysis
This phase consists of the identification of client health care needs and/or problems based on an interpretation of assessment data. The nurse then formulates nursing diagnosis, and communicates the analysis findings to relevant members of the health care team.

Planning
This phase consists of setting goals for meeting client needs and designing strategies to achieve expected client outcomes. The nurse determines the expected client outcomes, develops and modifies the plan of care, formulates outcome criteria, and communicates the plan of care to relevant members of the health care team.

Implementation
This phase consists of initiating and/or completing actions in order to accomplish the defined goals of care. The nurse organizes, manages and provides care to accomplish expected client outcomes, and communicates nursing interventions to relevant members of the health care team.

Evaluation
This phase consists of determining whether or not the client outcomes have been achieved and interventions have been successful. The nurse compares the actual outcomes with expected outcomes of care and communicates the client responses to interventions and/or teaching.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Assessment), but only 50% of graduates in the second content area (Analysis). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

NURSING PROCESS

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

JAN-MAR 2015

Assessment	Analysis	Planning	Implementation	Evaluation
60	66	67	70	67

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

NURSING PROCESS

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Assessment	Analysis	Planning	Implementation	Evaluation
47	54	57	60	55

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
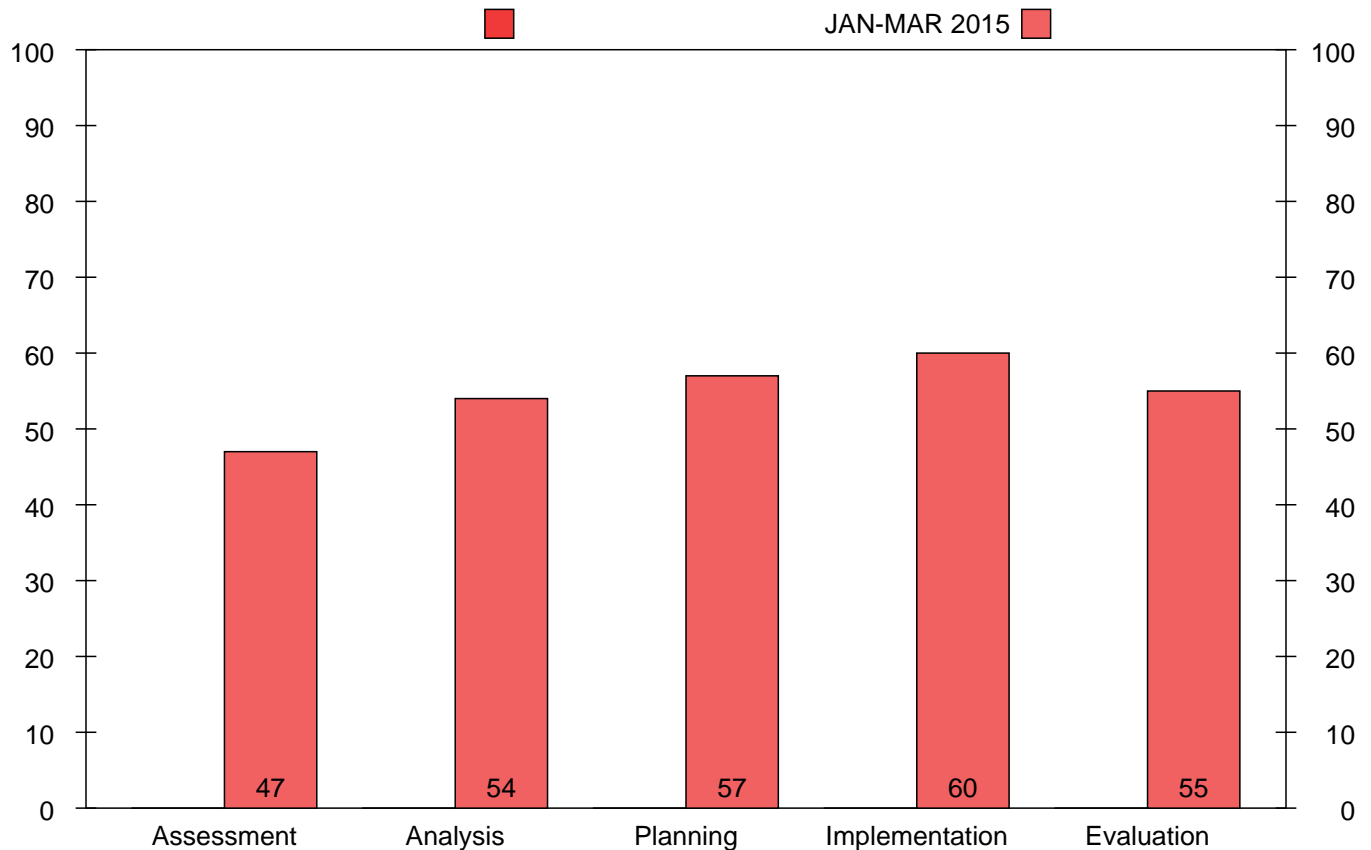
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.1.2, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

NURSING PROCESS

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Assessment	Analysis	Planning	Implementation	Evaluation
59	64	67	69	65

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
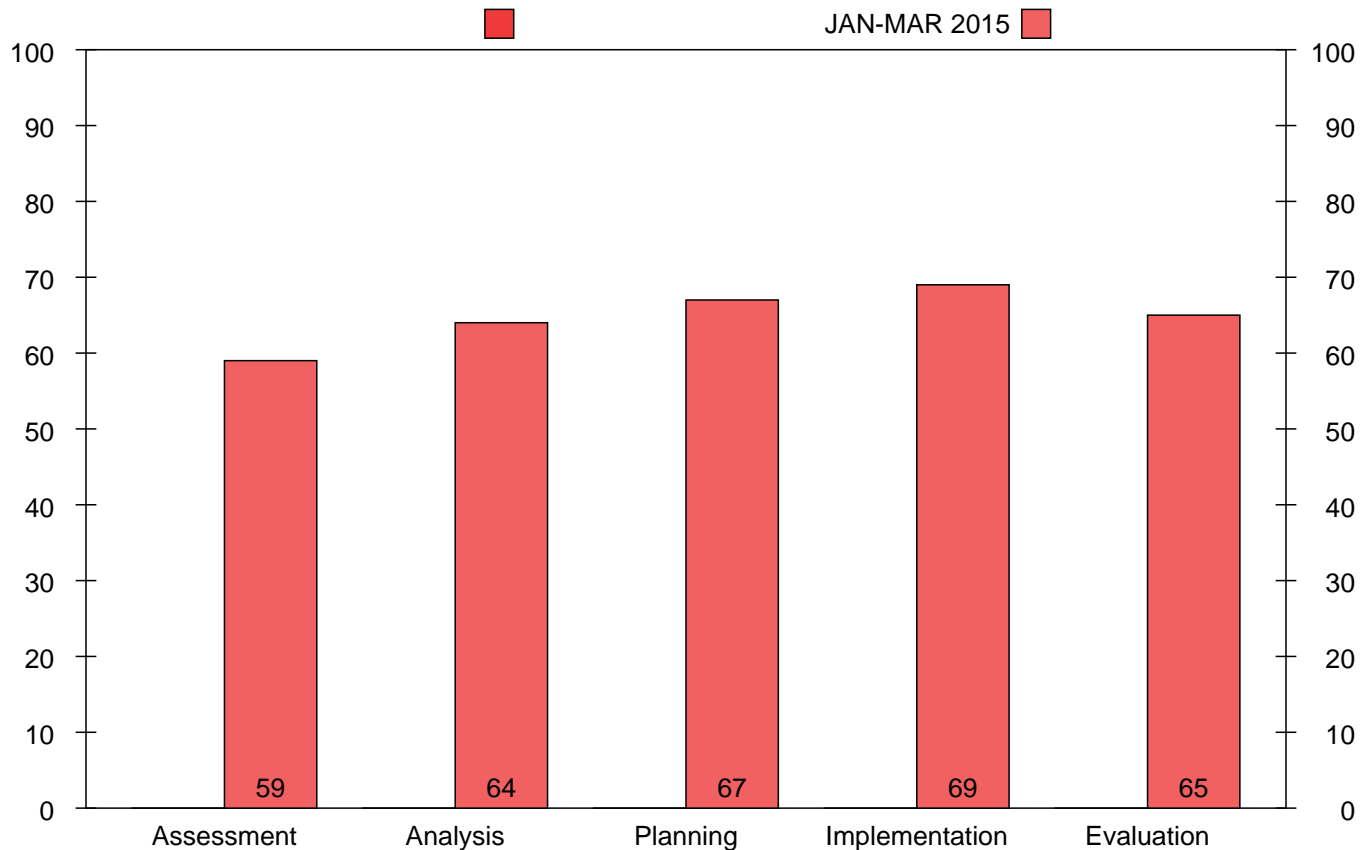
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.1.2, differences in percentile ranks should be interpreted with caution.

NCLEX ® PROGRAM REPORTS

CONTENT DIMENSION REPORTS

Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The second set of the Content Dimension Reports is based on the Categories of Human Functioning.

CATEGORIES OF HUMAN FUNCTIONING

Categories of Human Functioning is a framework that focuses on a client´s ability to maintain essential life functions. The ability to function adequately in each of the categories results in a healthy person. Alterations in **any** category can affect health. Each of the Categories of Human Functioning is described below.

Categories of Human Functioning describe major disturbances to the wellness continuum.

(1) **Protective** (safety): Functions related to protection and defense of the body are classified in the protective category. Physical safety is dependent on protection from infection, injury, accidents, exposure, and abuse. Measures utilized to reduce these threats, such as assessing for side effects of medications and providing perioperative care, are incorporated in this category.

(2) **Sensory-Perceptual** (cognitive-perceptual): Functions related to cognitive, sensory, and perceptual stimuli and the health concerns that develop from overload and deprivations are the basis of this category. Content related to the ability to speak, hear, taste, touch, smell, comprehend and remember are included. Alterations in the central and peripheral nervous system and the senses account for the major health problems included in this category.

(3) **Comfort, Rest, Activity, and Mobility** (activity, sleep, and rest): Topics related to maintaining activities of daily living and the perception of comfort and rest/sleep are the principal components in this category. Alterations are related to factors that interfere with the neuromuscular system.

(4) **Nutrition** (nutritional-metabolic): The consumption of food and fluid and the ability to meet the metabolic needs of the body fall under this category. Normal growth and development influence this category as do disorders that interfere with ingestion, digestion, and metabolism.

(5) **Growth and Development**: Basic concepts of maturation from conception throughout the life span are included in the growth and development category. Childbearing and child rearing are viewed as part of development; thus, any alterations in these areas are included in this category.

(6) **Fluid-Gas Transport**: The ability for an exchange of gases in the lungs and at the cellular level forms an essential category. Alterations exist when the cardio-pulmonary and hematologic systems are affected.

(7) **Psychosocial-Cultural Functions** (psychosocial dimensions): Human interaction, whether it is within the individual, between two or more people, or in a large group, is the basis for this category. Self-concept, therapeutic communication, ethical-legal issues, spiritual needs, grieving and dying are all stages of this category.

(8) **Elimination**: Excretory functions of the bowel and bladder are the components of this category. Alterations in gastrointestinal or urinary patterns are the main causes of health problems in elimination.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.

The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.
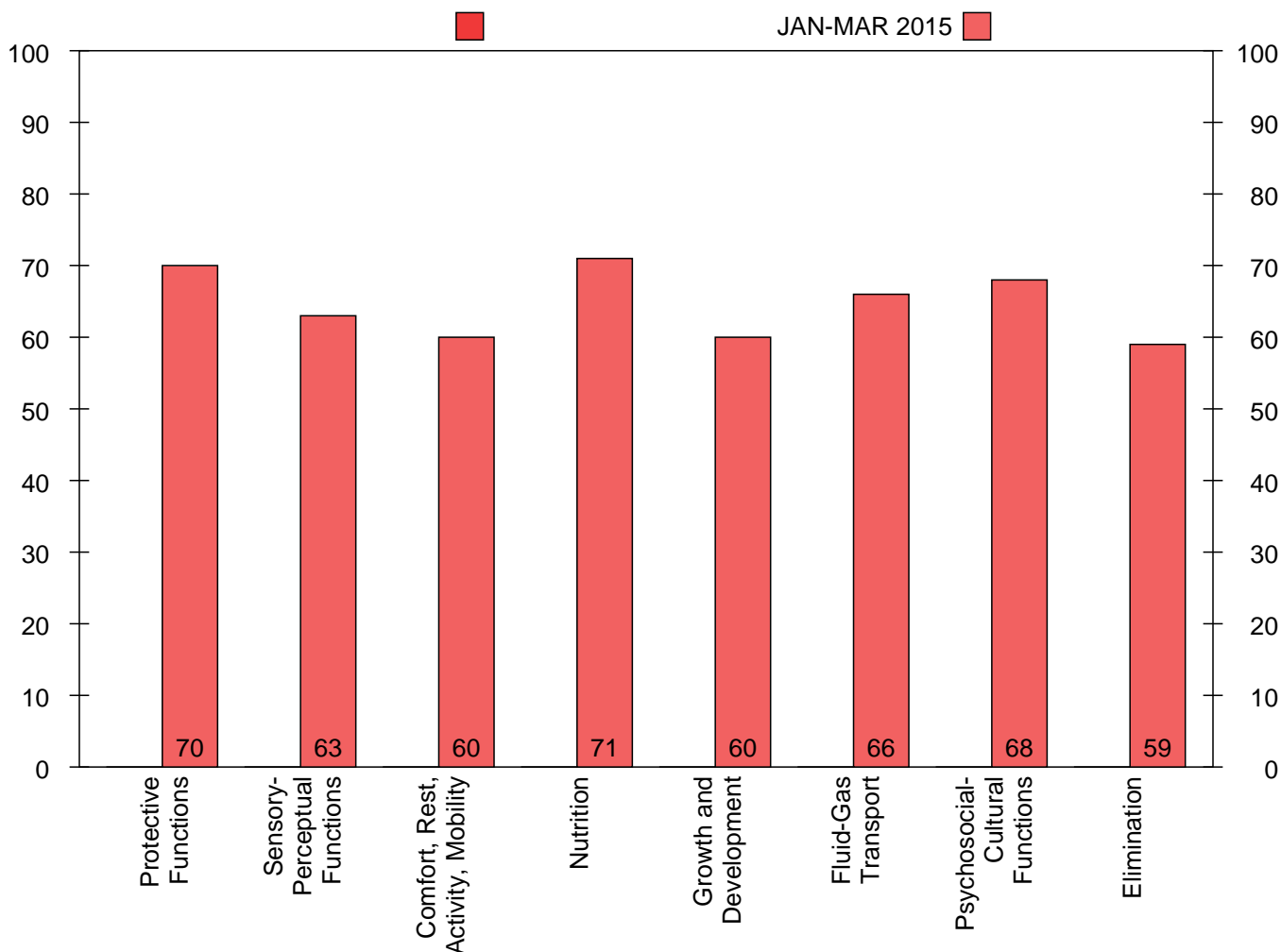
An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Protective Functions), but only 50% of graduates in the second content area (Sensory-Perceptual Functions). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

HUMAN FUNCTIONING

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

JAN-MAR 2015

Category	Percentile Rank
Protective Functions	70
Sensory-Perceptual Functions	63
Comfort, Rest, Activity, Mobility	60
Nutrition	71
Growth and Development	60
Fluid-Gas Transport	66
Psychosocial-Cultural Functions	68
Elimination	59

--- Notes ---

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

HUMAN FUNCTIONING

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Category	Percentile
Protective Functions	57
Sensory-Perceptual Functions	57
Comfort, Rest, Activity, Mobility	48
Nutrition	70
Growth and Development	50
Fluid-Gas Transport	52
Psychosocial-Cultural Functions	59
Elimination	59

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
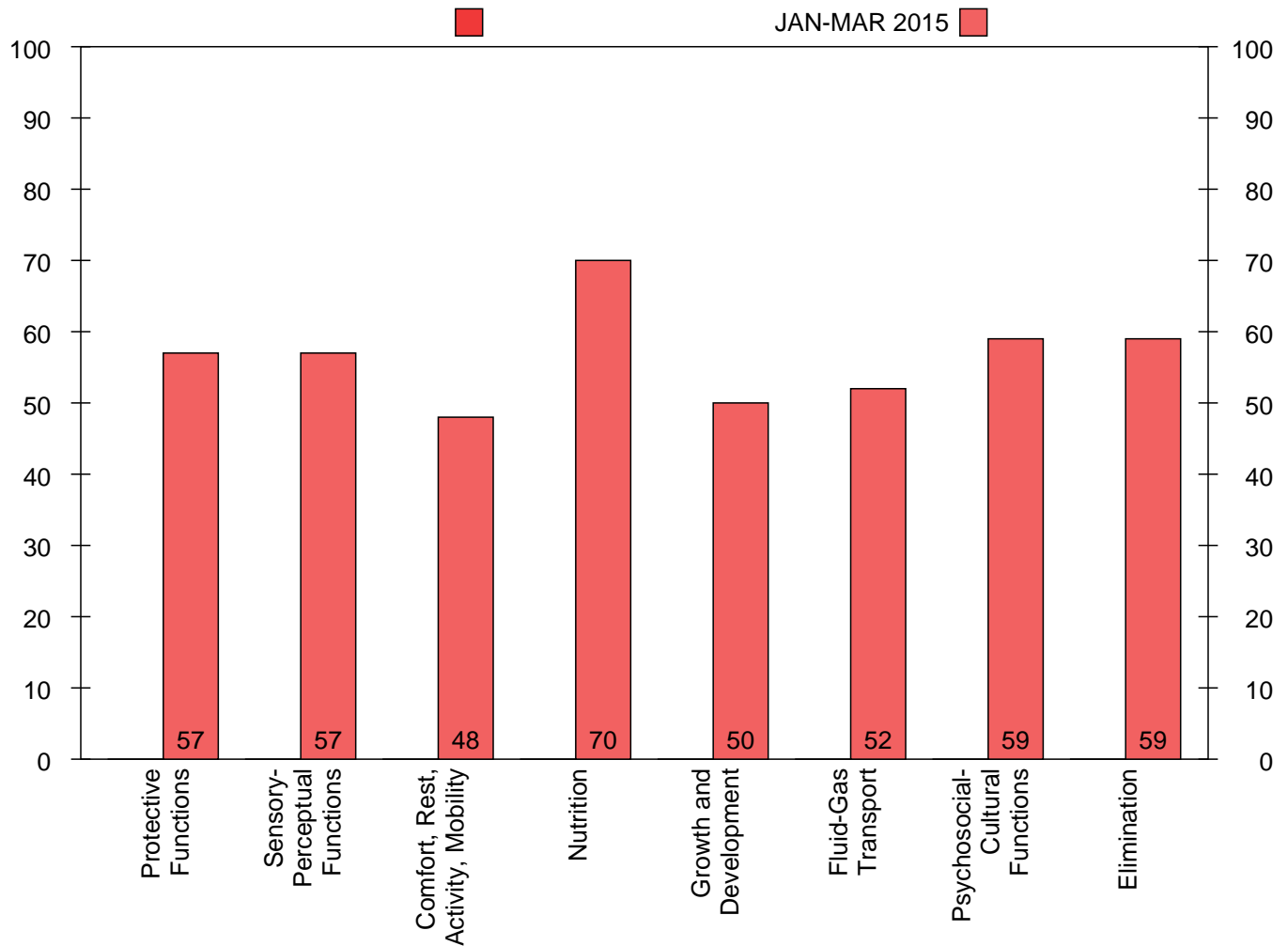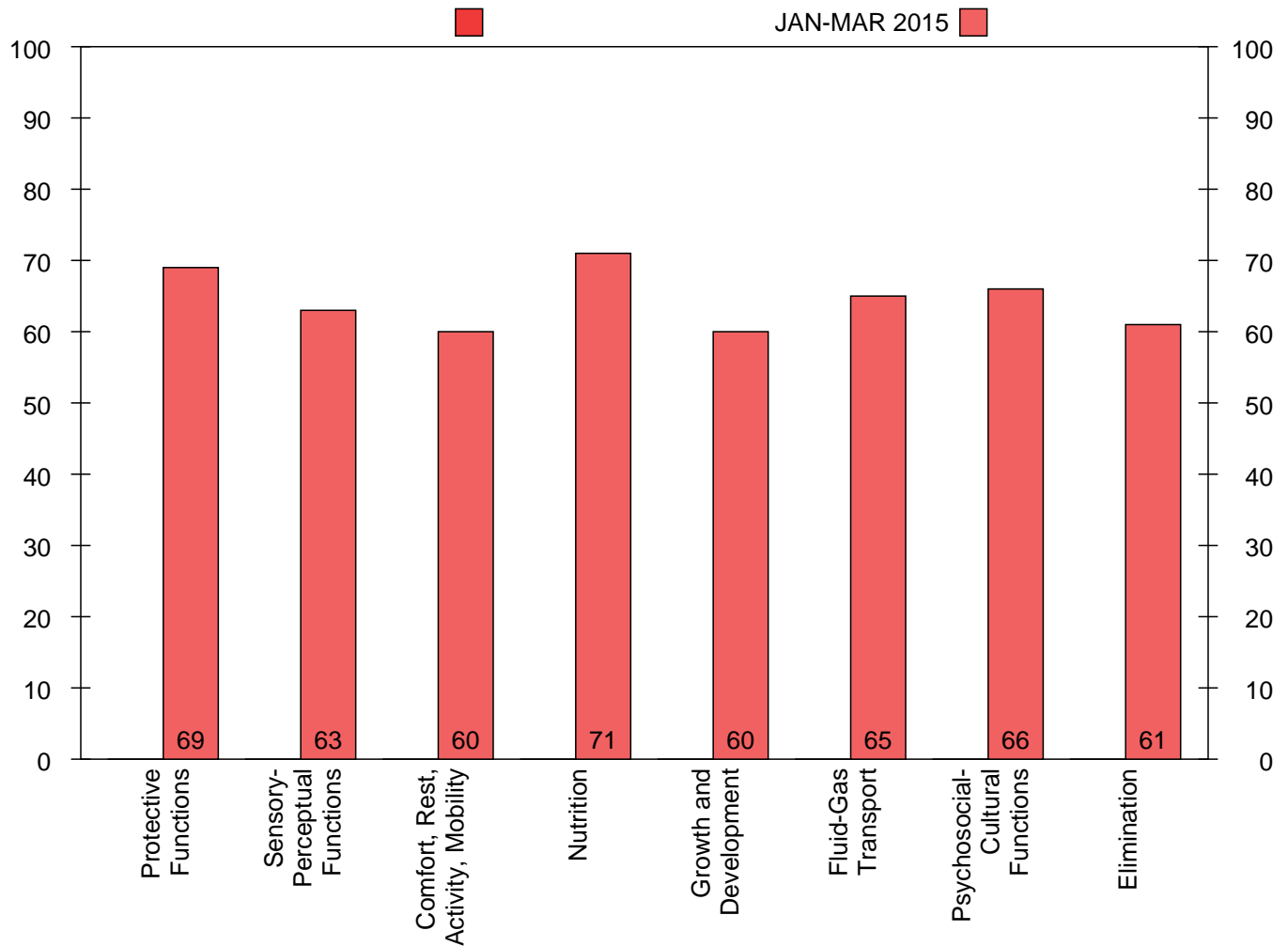
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.2.2, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

HUMAN FUNCTIONING

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Category	Percentile Rank
Protective Functions	69
Sensory-Perceptual Functions	63
Comfort, Rest, Activity, Mobility	60
Nutrition	71
Growth and Development	60
Fluid-Gas Transport	65
Psychosocial-Cultural Functions	66
Elimination	61

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.2.2, differences in percentile ranks should be interpreted with caution.

Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The third set of the Content Dimension Reports is based on the Categories of Health Alterations.

CATEGORIES OF HEALTH ALTERATIONS

Categories of Health Alterations describe the fundamental body systems that may be impacted from changes in the wellness continuum.

(1) **Cardiovascular**: includes the heart, blood, and the vascular and lymphatic systems. Content that relates to multisystem trauma is included in this category.

(2) **Endocrine/Metabolic**: includes all health issues related to the endocrine glands, with the exception of the ovaries and testes. All aspects of care for the client with diabetes mellitus are included within the endocrine system.

(3) **Gastrointestinal**: includes disorders as well as health issues related to the liver, biliary and exocrine pancreas.

(4) **Reproductive**: encompasses childbearing, female and male reproductive disorders, sexuality, and fertility.

(5) **Integumentary/Musculoskeletal**: are combined to include all functions related to skin, bones, and joints.

(6) **Immune**: encompasses health matters related to the body´s ability to protect and defend. Infection, autoimmune diseases, hypersensitivity states and immune complex diseases are included.

(7) **Nervous/Sensory**: incorporates alterations in the central and peripheral nervous system as well as health concerns related to functions of the senses.

(8) **Psychosocial Behaviors**: encompasses concepts of mental health and mental illness. Therapeutic communication and behaviors associated with illness are incorporated.

(9) **Renal/Urinary**: includes function and dysfunction related to the kidneys, bladder, and related structures.

(10) **Respiratory**: incorporates all health considerations associated with gas exchange involving the lungs and related airway structures.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.
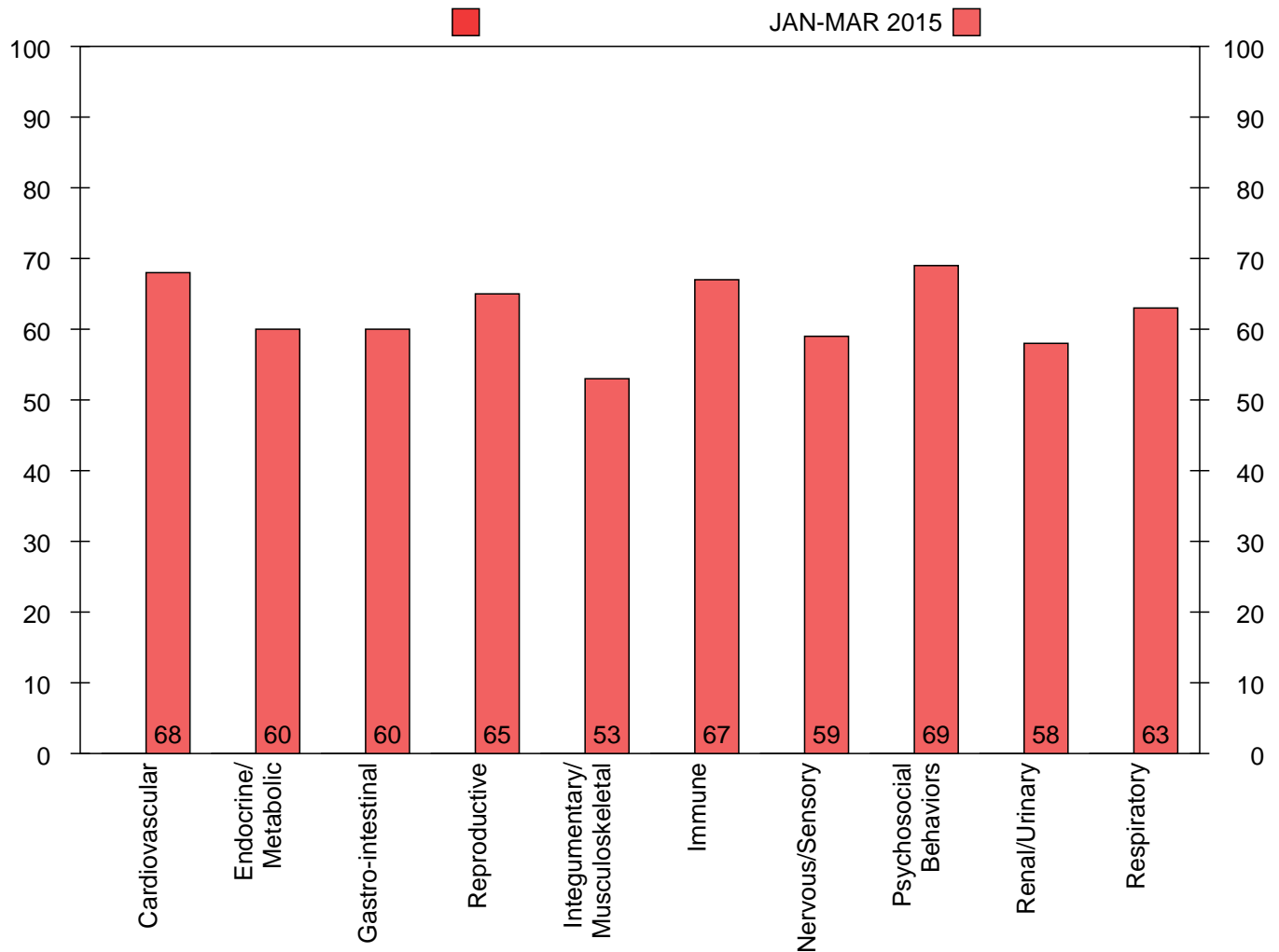
The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Cardiovascular), but only 50% of graduates in the second content area (Endocrine/Metabolic). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

HEALTH ALTERATIONS

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

JAN-MAR 2015

Category	Value
Cardiovascular	68
Endocrine/Metabolic	60
Gastro-intestinal	60
Reproductive	65
Integumentary/Musculoskeletal	53
Immune	67
Nervous/Sensory	59
Psychosocial Behaviors	69
Renal/Urinary	58
Respiratory	63

--- Notes ---

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
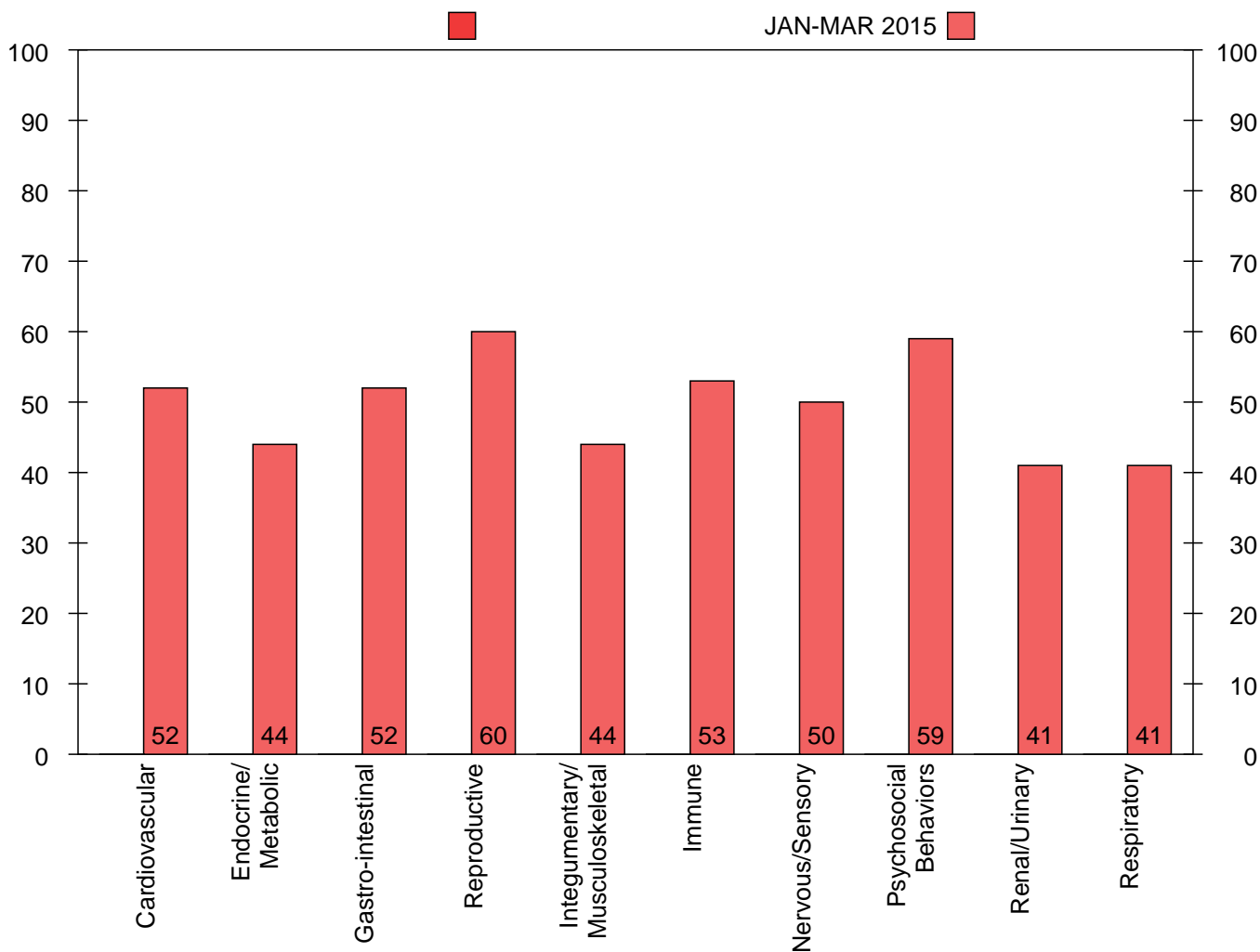
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

HEALTH ALTERATIONS

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Category	Percentile
Cardiovascular	52
Endocrine/Metabolic	44
Gastro-intestinal	52
Reproductive	60
Integumentary/Musculoskeletal	44
Immune	53
Nervous/Sensory	50
Psychosocial Behaviors	59
Renal/Urinary	41
Respiratory	41

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
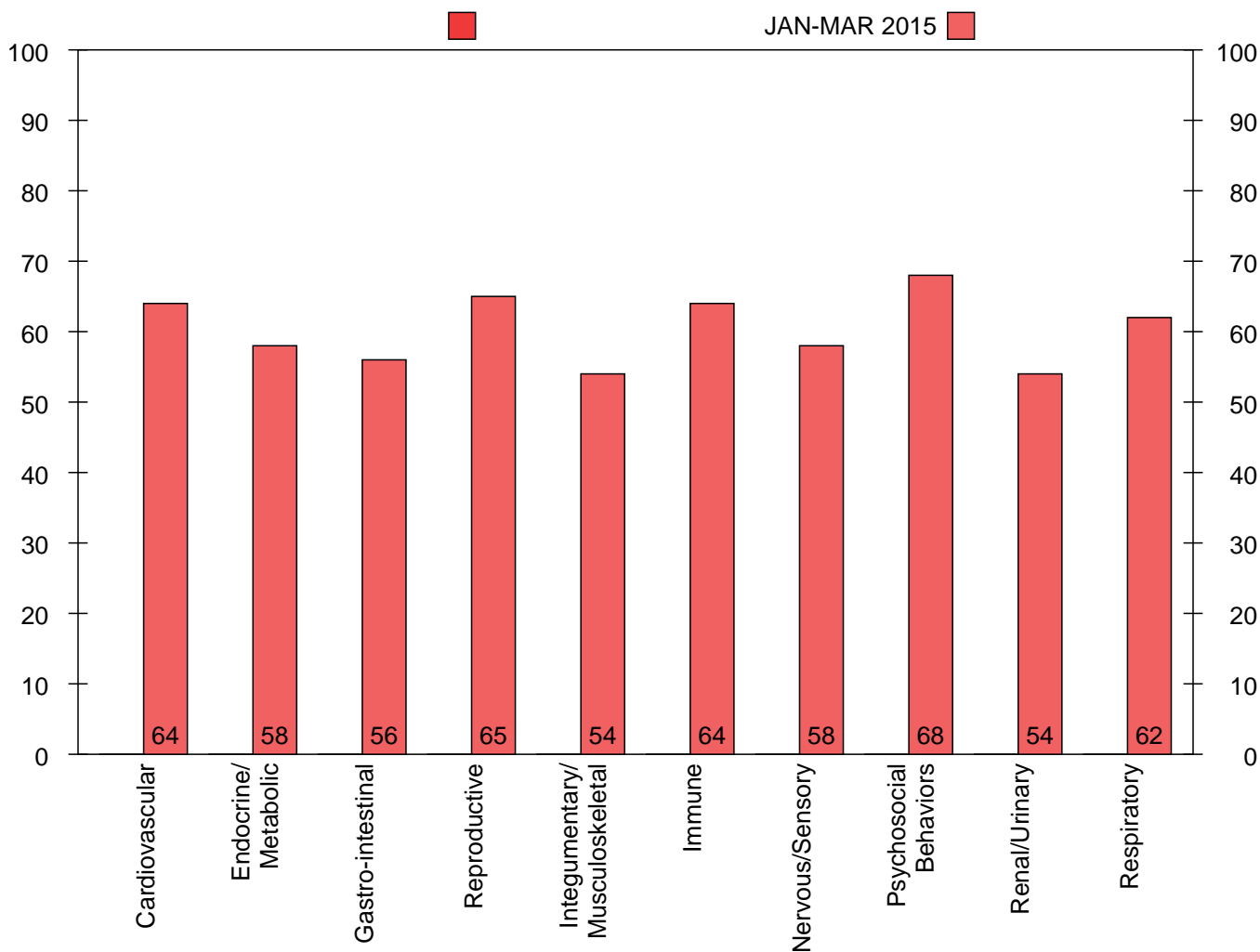
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.3.2, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

HEALTH ALTERATIONS

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Category	Percentile
Cardiovascular	64
Endocrine/Metabolic	58
Gastro-intestinal	56
Reproductive	65
Integumentary/Musculoskeletal	54
Immune	64
Nervous/Sensory	58
Psychosocial Behaviors	68
Renal/Urinary	54
Respiratory	62

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.3.2, differences in percentile ranks should be interpreted with caution.

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Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The fourth set of the Content Dimension Reports is based on the Wellness/Illness Continuum.

CATEGORIES OF WELLNESS/ILLNESS CONTINUUM

The wellness/illness continuum is defined as the range of one´s total health. This continuum is constantly changing in relation to the client´s physical, mental, and social being. Wellness and illness are at opposite ends of the continuum with a multitude of ranges in between. Health and illness are separate but coexisting and interacting. Wellness is a dynamic state that is altered as clients adjust to environmental stimuli and maintain a state of optimal stability. Illness represents a state in which health is diminished or impaired due to the client´s inability to adjust to environmental stimuli. This continuum is ever-changing throughout the life span.

Nursing and the health-illness care delivery system provide services in which clients are recipients in the following categories.

(1) **Health Promotion**: includes prevention of illness, such as immunization of clients, screening for communicable diseases and control of the transmission of infection. Preventive care also involves educating clients regarding lifestyle practices in order to prevent illness. Health promotion is concerned with helping individuals expand their capabilities to live fuller and more satisfying lives. Normal growth and development along with normal childbearing are also included in health promotion.

(2) **Health Maintenance**: includes preservation of the health status of an individual. The client in this category will need ongoing care because of continuous threats to optimum health. These clients need rehabilitative services or may have chronic disease that needs constant monitoring. Clients may be in any age group.

(3) **Health Restoration, Acute/Simple**: encompasses clients who are generally healthy but have an alteration leading to diagnostic testing, injury, or illness. These clients generally have an acute health alteration involving one system. This category also includes clients with complications related to pregnancy and childbirth.

(4) **Health Restoration, Acute/Complex**: includes clients who are experiencing an acute illness but also have a previous chronic illness. The chronic illness may or may not be related to the acute health alteration. Therefore, more than one system is usually involved. These clients enter the health care system for diagnostic testing, complications of the chronic illness, acute illness or injury.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.
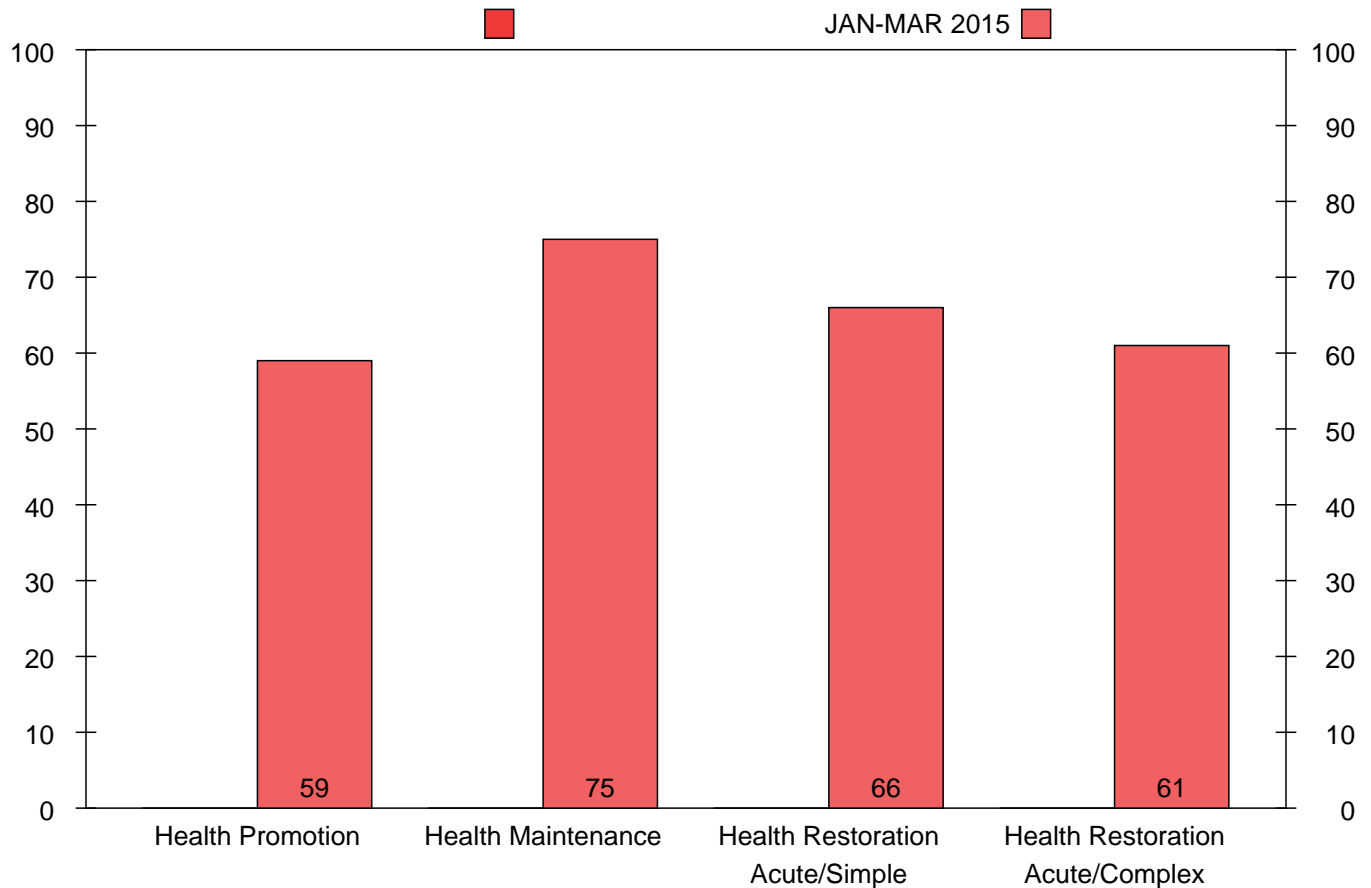
The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Health Promotion), but only 50% of graduates in the second content area (Health Maintenance). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

WELLNESS/ILLNESS CONTINUUM

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

JAN-MAR 2015

Health Promotion	Health Maintenance	Health Restoration Acute/Simple	Health Restoration Acute/Complex
59	75	66	61

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
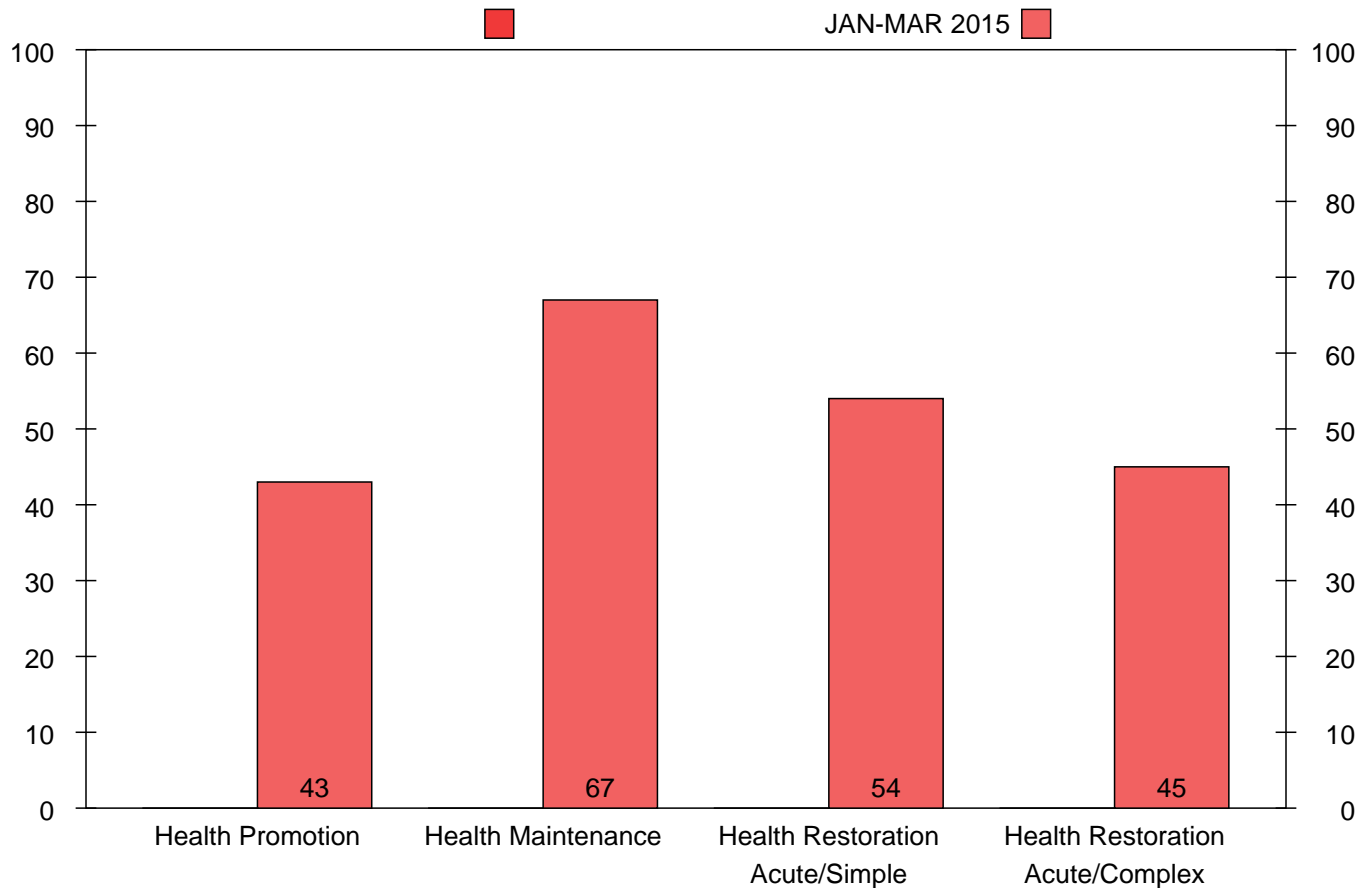
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

WELLNESS/ILLNESS CONTINUUM

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Health Promotion	Health Maintenance	Health Restoration Acute/Simple	Health Restoration Acute/Complex
43	67	54	45

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
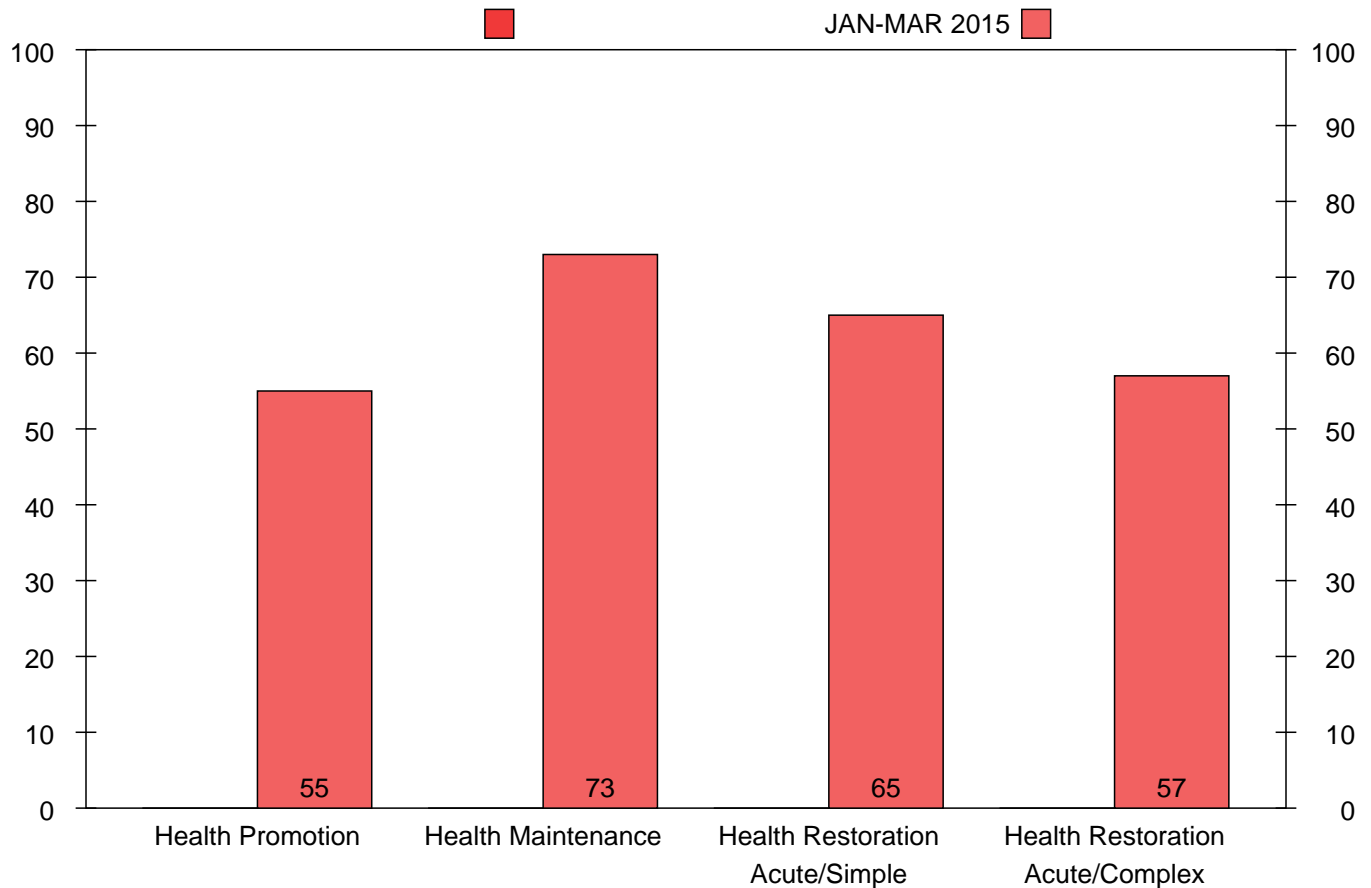
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.4.2, differences in percentile ranks should be interpreted with caution.

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CONTENT DIMENSION REPORT

WELLNESS/ILLNESS CONTINUUM

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Health Promotion	Health Maintenance	Health Restoration Acute/Simple	Health Restoration Acute/Complex
55	73	65	57

--- Notes ---

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.4.2, differences in percentile ranks should be interpreted with caution.

NCLEX ® PROGRAM REPORTS

CONTENT DIMENSION REPORTS

Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The fifth set of the Content Dimension Reports is based on the Stages of Maturity.

STAGES OF MATURITY

The diversity of nursing roles requires nurses to have an understanding of human growth and development. Knowledge of growth and development is needed for recognizing normal patterns and understanding variations in all age groups. Understanding the expected growth and behaviors of each level of maturation provides the nurse with a framework for promoting the health of individuals. The maturational approach assists nurses in organizing typical behaviors that relate to each developmental period and in providing care in order to promote optimum growth and development.

The stages of maturity have been condensed into five specific age categories. Each of these categories is defined below. Some NCLEX® examination questions concern the provision of care to clients whose needs are the same regardless of age or developmental level. These questions are grouped into the sixth category, Life Span.

Maturation Content Categories

(1) **Natal: Prenatal to 1 year**: begins with conception and includes fetal growth and development, birth and the development and health problems of the neonate and infant.

(2) **Childhood: 1-10 years**: includes the growth, development and health problems of the toddler, preschool, and school-aged child.

(3) **Adolescence: 11-19 years**: begins with the onset of puberty and comprises the health issues related to the physical, psychosocial and emotional development leading to adulthood.

(4) **Adulthood: 20-65 years**: encompasses the period when physical growth has halted and the effects of aging begin. There are many health considerations that relate to the social, physiological and biological changes of adulthood.

(5) **Older Adulthood: 66 years and older**: encompasses the aging process that results in inevitable changes affecting the health of the older adult. These age-related changes are often complex and can result in chronic illness, disabilities, and death.

(6) **Life Span**: Certain health concepts are universal and continuous. These concepts do not change with a specific age or developmental level.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.
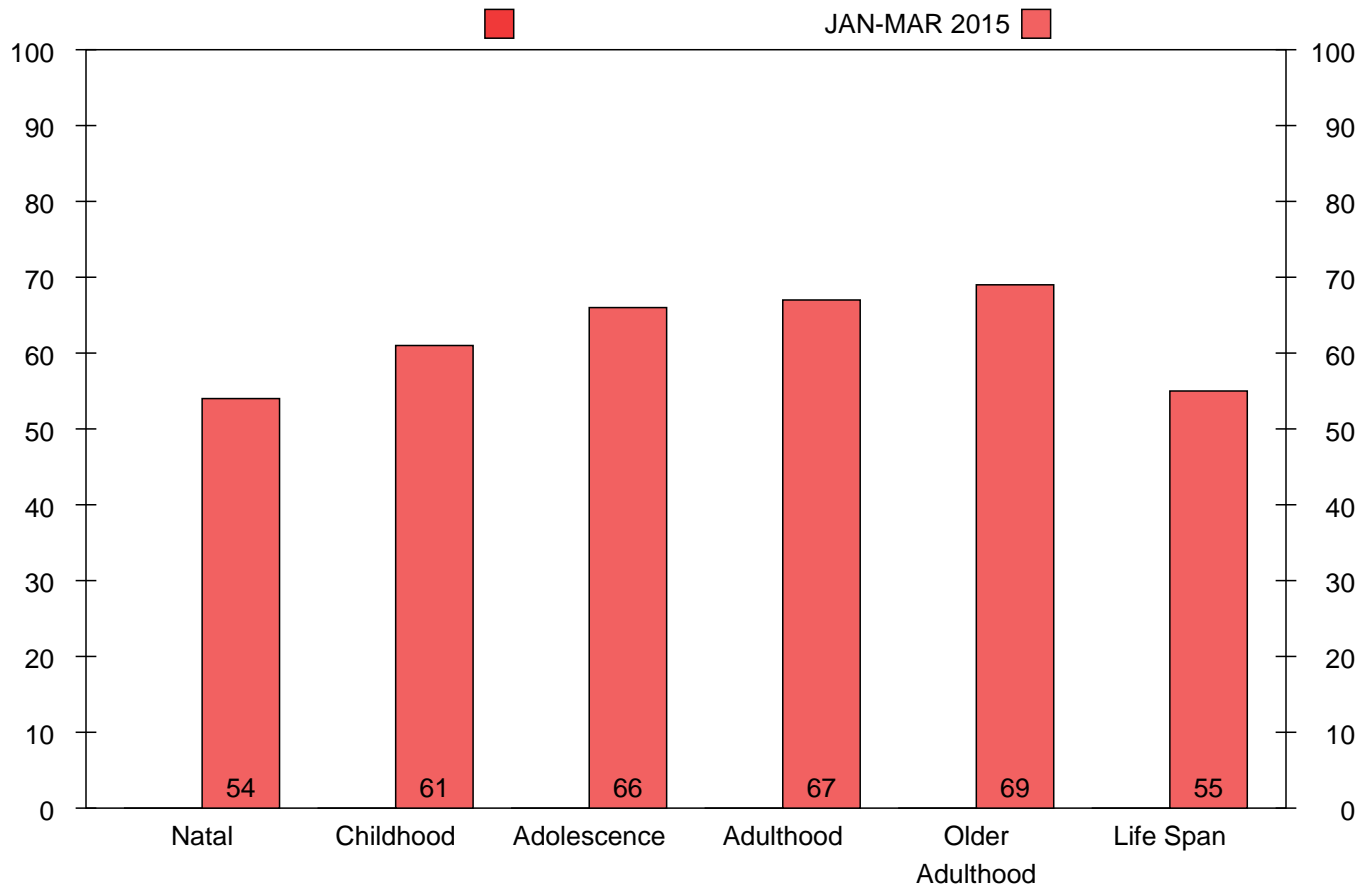
The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Natal), but only 50% of graduates in the second content area (Childhood). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content

area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.
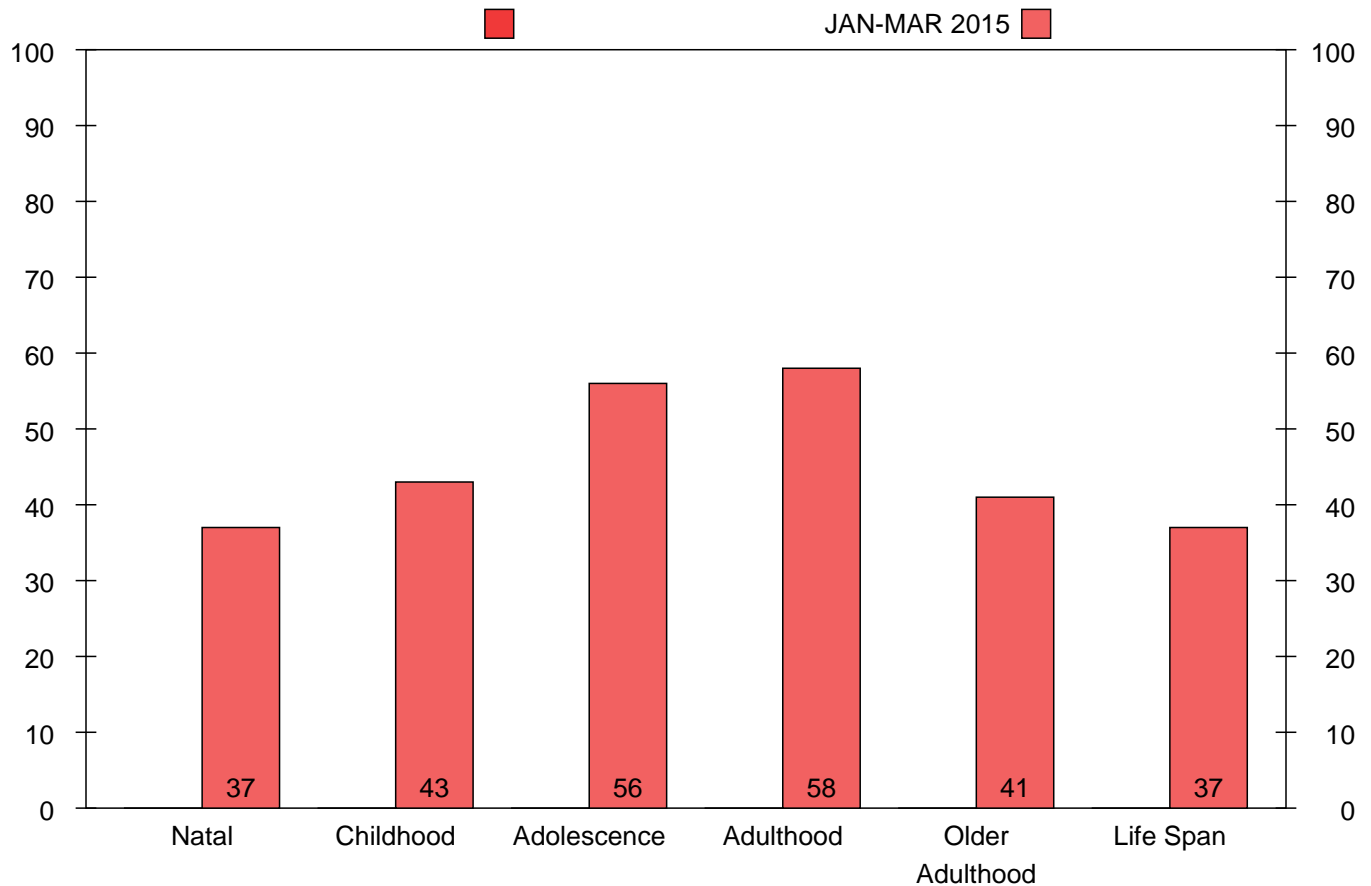
As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

5.5.3   CA12345678 000040 NRN040 11/09/15

CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Natal	Childhood	Adolescence	Adulthood	Older Adulthood	Life Span
37	43	56	58	41	37

--- Notes ---

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
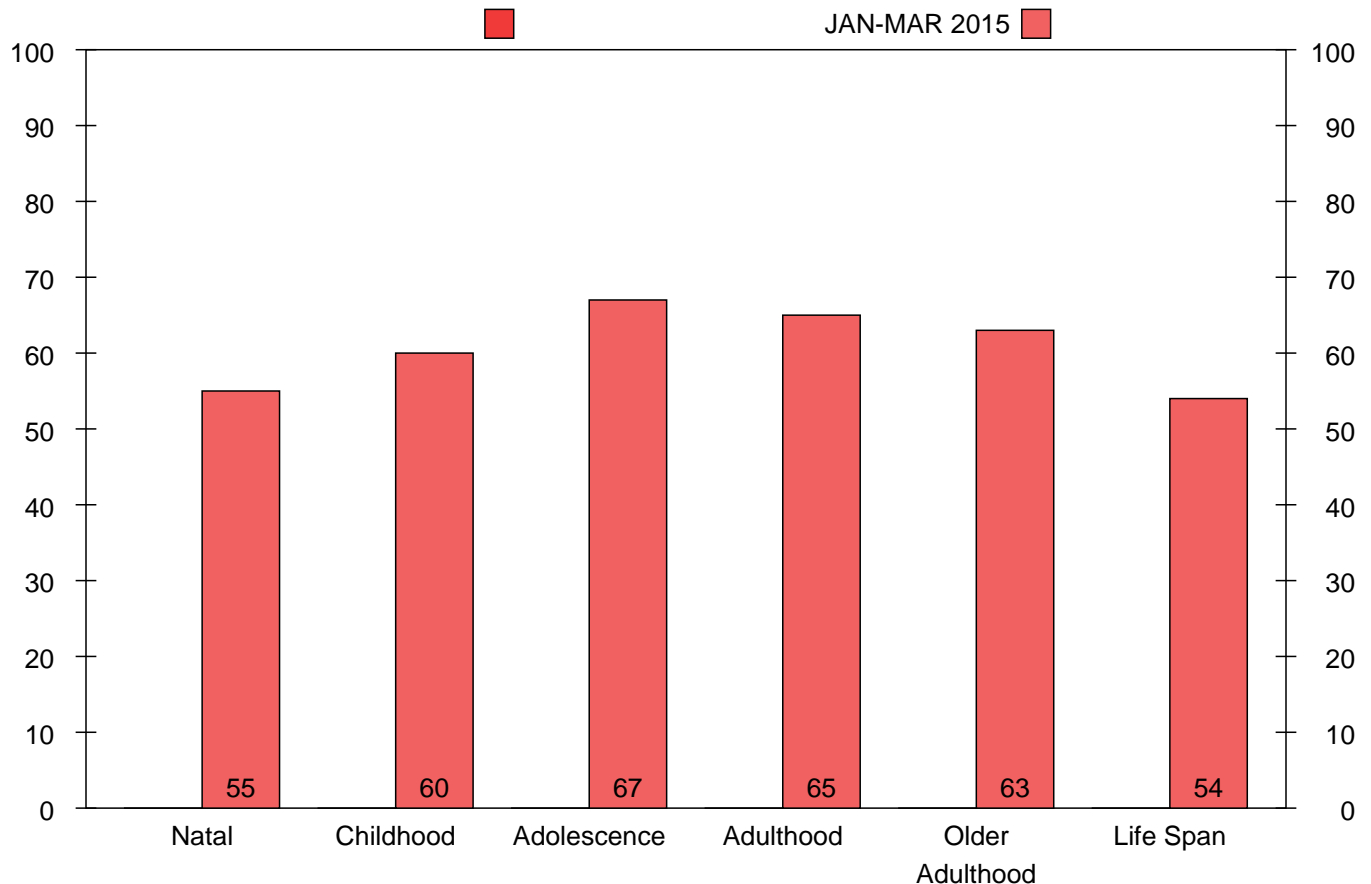
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.5.2, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

STAGES OF MATURITY

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Natal	Childhood	Adolescence	Adulthood	Older Adulthood	Life Span
55	60	67	65	63	54

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.5.2, differences in percentile ranks should be interpreted with caution.

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Nursing is a profession that promotes, maintains and restores health for individuals and their families. Nurses value a holistic approach to client care, utilizing frameworks to organize assessments, develop a plan of care and evaluate the provision of care. These systematic approaches to client care may employ functional health patterns, head-to-toe formats, or a body systems classification. Nursing education programs organize their curricula in a pattern or framework to foster learning. Regardless of the framework utilized for nursing care or nursing education, its components are integrated to ensure that all clients´ physical and behavioral dimensions are included.

The NCLEX® Content Dimension Reports in this section provide information about your graduates based on six frameworks:

- Nursing Process
- Categories of Human Functioning
- Categories of Health Alterations
- Wellness/Illness Continuum
- Stages of Maturity
- Stress, Adaptation, and Coping

The last set of the Content Dimension Reports is based on the Stress, Adaptation, and Coping Model.

STRESS, ADAPTATION, AND COPING

The stress, adaptation, and coping model according to Roy (1980) is the process of adjusting or modifying behavior using biopsychosocial mechanisms to maintain personal integrity. The level of adaptation is determined by the effect of three classes of stimuli: (1) focal stimuli, or those changes that immediately confront the client, (2) contextual stimuli, which include all other measurable and observable stimuli present that contribute to the situation, and (3) residual stimuli, beliefs, characteristics, and attitudes the client had acquired in the past. Each client has his/her own range of adaptation to stimuli in which one responds with ordinary adaptive responses. When one is stimulated, the adaptation response can be categorized according to four modes of adaptation: physiological needs, self-concept, role function, or interdependence. The role of nursing is that of promoting adaptation in all four modes during health and illness.

(1) **Physiologic Needs**: The physiologic mode is an adaptation response associated with variations in activity and rest, elimination, endocrine function, fluid, electrolytes, neurological function, nutrition, oxygenation, senses, and skin integrity.

(2) **Self-Concept**: The self-concept mode is an adaptive response related to self-esteem, personality, identity, body image, depression, anxiety, fear, impaired adjustment, identity confusion, powerlessness, noncompliance, role performance, hopelessness and trauma.

(3) **Role Function**: The role function model is an adaptive response that stems from the inability to perform behaviors related to parenting, family coping, work-related responsibilities or a role acquired as a receptor of the health care system.

(4) **Interdependence**: The interdependence mode reflects a reciprocal relationship that involves giving and receiving between the adapting person and another person in the environment. This adaptive response is evident in grieving, social isolation, potential for violence, impaired social interaction and spiritual distress.

Percentile Rank Charts of Content Dimension Performance

These charts show how well your program´s typical graduate (taking the NCLEX® examination for the first time during this reporting period) performed in different content dimensions and how that compares with the performance of last year´s typical graduate and with graduates in Canada and the United States.

Instead of showing passing rates, as in the Summary Overview section, these charts show how well a graduate at the median competence level from your program performed in specific content areas. The NCLEX examination measurement model allows the calculation of performance on any subset of items by adjusting for their difficulty.

Three types of comparisons are possible from these charts: (1) how your program´s typical graduate compares with the rest of the country, (2) how well your program´s typical graduate does in the content areas (remember that the difficulty of the items has already been taken into account), and (3) how the two reporting periods compare.
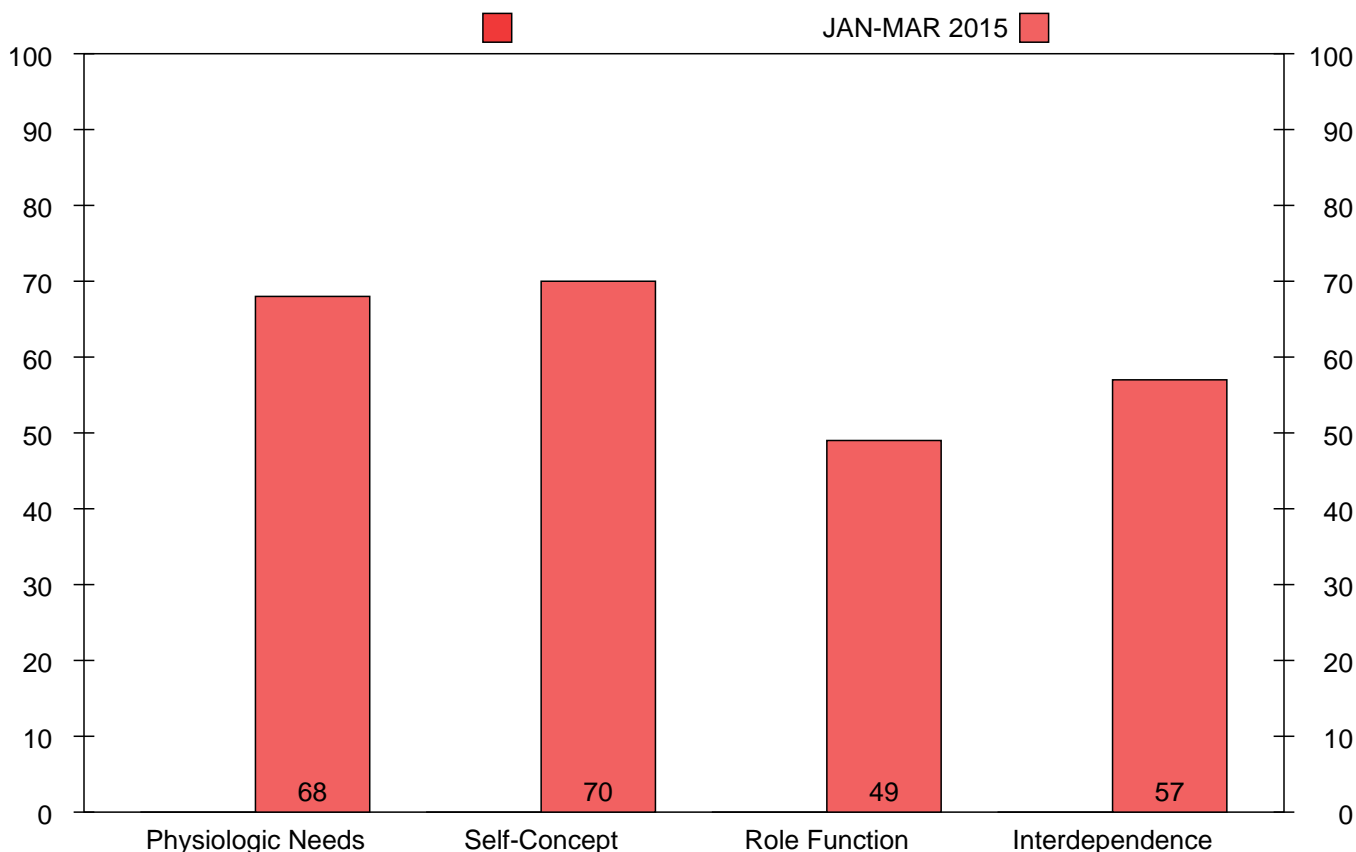
The numbers on the vertical axis of the charts are percentile ranks, indicating the percentage of graduates who performed less well than (or the same as) your typical graduate. Differences in percentile ranks must be interpreted with caution. A single percentile-point spread towards the middle of the scale represents less of a true (observed score) difference than the same spread at the extremes (e.g., 50th and 51st are not as different as 90th and 91st). These charts are most appropriately used to determine areas of general program strength and weakness, and not to make precise comparisons.

An example of a statement that might be made based on data from these charts is, "In this time period, my median (middle) graduate did as well or better than 75% of the graduates in the country in the first content area (Physiologic Needs), but only 50% of graduates in the second content area (Self-Concept). In the previous time period, that pattern was reversed."

CONTENT DIMENSION REPORT

STRESS, ADAPTATION, AND COPING

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Your Province

JAN-MAR 2015

Physiologic Needs	Self-Concept	Role Function	Interdependence
68	70	49	57

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from in programs your province or territory. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
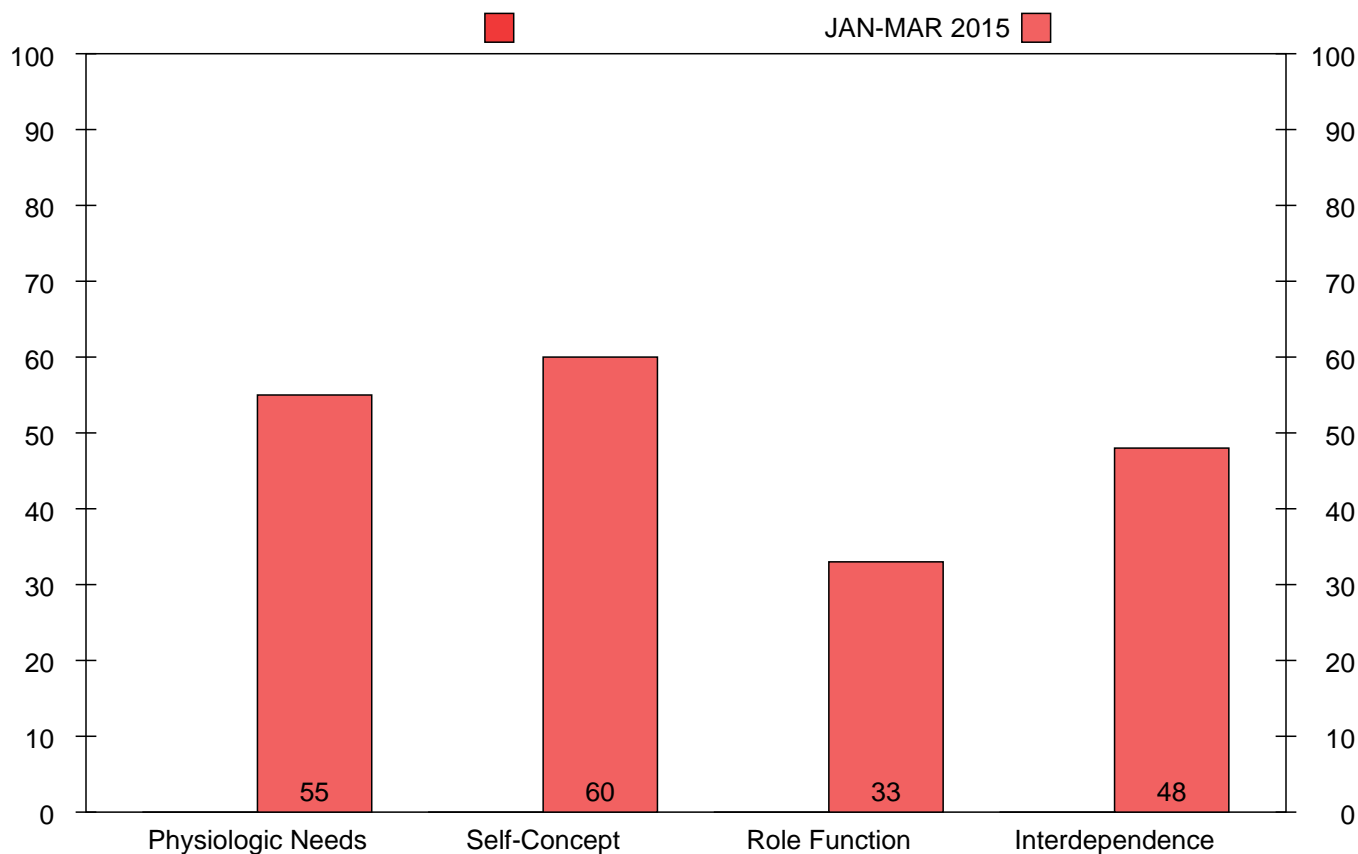
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on the previous page, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

STRESS, ADAPTATION, AND COPING

Percentile Ranks of Your Graduates
Compared to Graduates from BSN programs in the United States

JAN-MAR 2015

Physiologic Needs	Self-Concept	Role Function	Interdependence
55	60	33	48

--- Notes ---

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from all BSN programs in the United States. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).
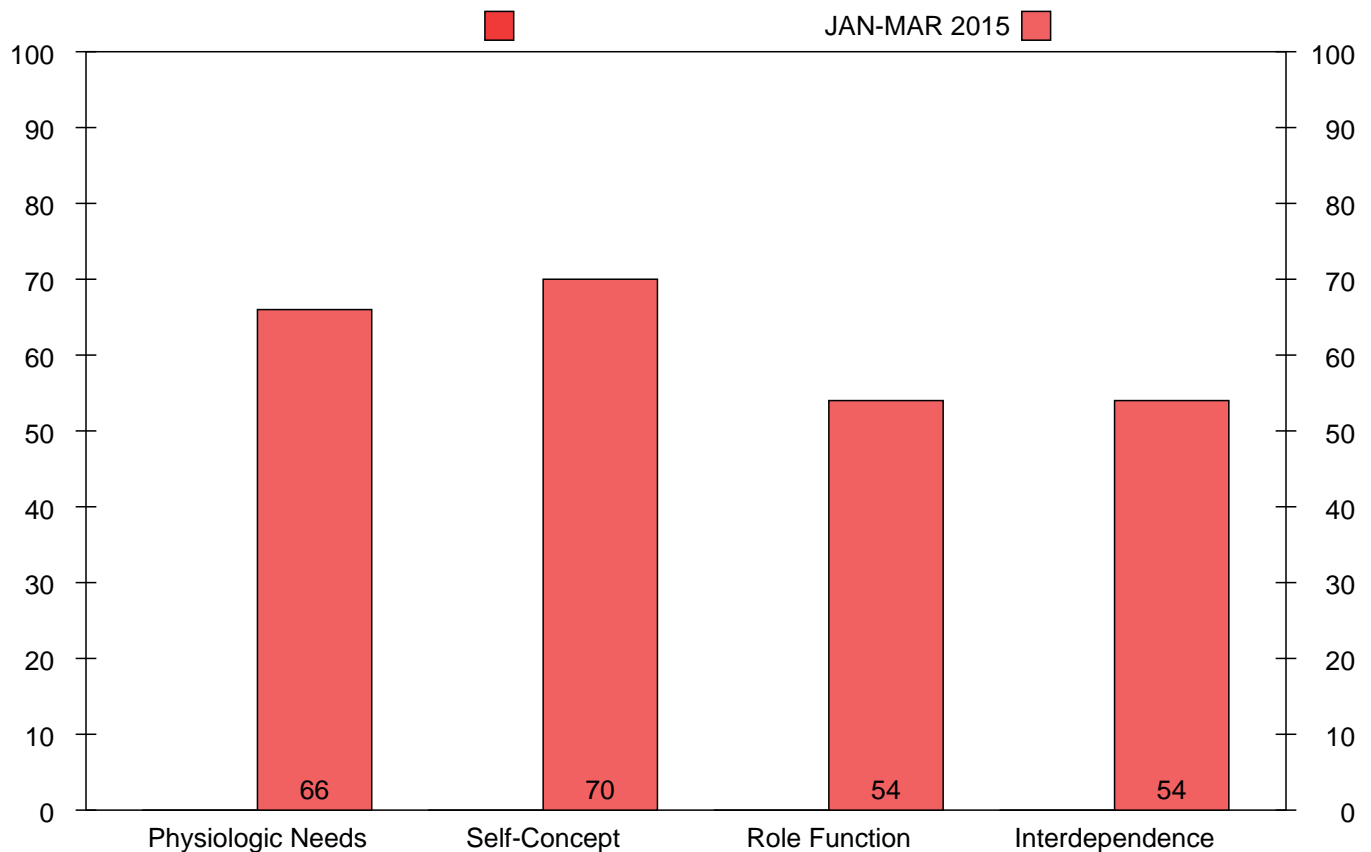
The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.6.2, differences in percentile ranks should be interpreted with caution.

CONTENT DIMENSION REPORT

STRESS, ADAPTATION, AND COPING

Percentile Ranks of Your Graduates
Compared to Graduates from Programs in Canada

JAN-MAR 2015

Physiologic Needs	Self-Concept	Role Function	Interdependence
66	70	54	54

-- Notes --

Due to the variable length of the examination, it is possible that not all of your candidates received a sufficient number of questions (at least three) to be included in each category. If fewer than ten of your candidates received a sufficient number of questions in a given category, the percentile rank of your candidates´ performance for that category is not reported.

The percentile ranks are based on the median performance of your graduates in each content area, compared with the performance of graduates from programs in Canada. The median performance in a given content area falls in the middle of all your graduates´ performances (that is, half of your graduates perform above this level, and half perform below this level).

The number of graduates included in the percentile ranks may differ across categories due to the variable length of the examination. Only graduates who took a sufficient number of questions in each category are included in the percentile ranks.

As noted in the explanation on page 5.6.2, differences in percentile ranks should be interpreted with caution.

This section provides information about your graduates NCLEX-RN® examination testing experiences and about their performance in each of the test plan content areas.

Test Duration Report

The Test Duration Report provides information about the number of questions answered and the amount of time spent on the NCLEX-RN examination by your graduates. The average number of questions taken, the average amount of time spent on the examination and the percent taking the maximum and minimum number of questions are reported separately for those who passed and failed, as well as for the total group.

With CAT, the number of questions answered provides information about how close the candidate was to the passing standard. In comparing your program to other programs, it is useful to examine the average number of questions taken by your graduates who passed and who failed. For example, if the average number of questions taken by your graduates who passed was lower than the

comparison group, this suggests your graduates were able to demonstrate their competence more quickly than were graduates in the comparison groups. Similarly, if you have a higher percentage of your passing graduates take the minimum number of questions, then your passing graduates demonstrated their competence more quickly.

The proportion answering the maximum number of questions reflects the proportion that is close to the passing standard. A high proportion of failing candidates answering the maximum number of questions shows that most who failed were close to passing, and conversely, a high proportion of passing candidates answering the maximum number of questions shows that most of the passers did not pass by a large margin.

Glossary

AVERAGE NUMBER OF QUESTIONS TAKEN	The reported results include 15 pretest items.
MINIMUM NUMBER OF QUESTIONS	The minimum number of items is 75 (which includes 15 pretest items). *Only candidates taking the minimum possible number of questions are included in the results.*
MAXIMUM NUMBER OF QUESTIONS	The maximum number of items is 265 (which includes 15 pretest items).
AVERAGE TEST TIME	The maximum testing time is 360 minutes (six hours). *Candidates testing under extended timing conditions are excluded from the results.*

TEST DURATION REPORT

Average Number of Questions Taken	Graduates from Your Program	Graduates from Your Province	Graduates from All BSN Programs Across the U.S.	Graduates from All Programs Across Canada
Passers	96	120	117	117
Failers	179	168	172	161
All Candidates	108	136	130	131

Average Test Time in Minutes

Passers	114	138	140	138
Failers	208	191	213	195
All Candidates	127	155	157	156

Percentage of Candidates Taking Minimum Number of Questions

Passers	63%	48%	50%	50%
Failers	42%	23%	22%	25%
All Candidates	60%	40%	44%	42%

Percentage of Candidates Taking Maximum Number of Questions

Passers	4%	14%	12%	12%
Failers	50%	32%	33%	27%
All Candidates	11%	20%	17%	17%

Test Plan Performance Report

The Test Plan Performance Report provides information on the performance of your median graduate in each area of the *NCLEX-RN® Test Plan*. Performance is reported as the expected percentage of **all possible questions that could be administered** in a given category that would be answered correctly by a graduate at this performance level. The measurement model enables this estimate of expected percentages on a very large common set of questions, even though each graduate took only a much smaller, unique set of questions. Therefore, these are NOT the actual percentages of questions answered correctly.

Test plan performance is based on the median ability score for your program´s graduates. Therefore, expected percentage correct will be reported only for programs with at least ten candidates testing for the first time during this reporting period. Likewise, test plan performance will not be reported for provinces or territories with fewer than ten candidates testing for the first time during this reporting period.

Passing performance can be interpreted as the percentage of all possible questions that a candidate with an ability precisely at the passing standard would be able to answer correctly. This percentage varies across the content areas because the questions within these areas differ in average difficulty. For the content areas where questions are easier, passing performance corresponds to a higher percentage of correct answers. Similarly, for the content areas where questions are more difficult, passing performance corresponds to a lower percentage of correct answers.

Comparisons of your graduates´ median performance with the passing performance levels may help you identify strengths and weaknesses in your instructional program.

Glossary

EXPECTED PERCENTAGE CORRECT	Derived from your typical graduate´s ability score, expected percentage correct is an estimation of performance. This is not the actual percentage of questions answered correctly.
PASSING PERFORMANCE	The expected percentage correct for a test plan area that would be achieved by a candidate with a competence level precisely at the passing standard.
TEST PLAN PERFORMANCE	Reported as the expected percentage of all possible questions that could be administered in each of Client Needs subcategories that would be answered correctly by your typical graduate.

TEST PLAN PERFORMANCE REPORT
Expected Percentage Correct

Client Needs	Graduates from Your Program	Passing Performance	Graduates from Your Province	Graduates from All BSN Programs Across the U.S.	Graduates from All Programs Across Canada
Management of Care	63%	53%	57%	61%	58%
Safety and Infection Control	55%	53%	54%	61%	55%
Health Promotion and Maintenance	65%	54%	59%	62%	59%
Psychosocial Integrity	66%	54%	65%	62%	60%
Basic Care and Comfort	65%	54%	60%	61%	61%
Pharmacological and Parenteral Therapies	65%	54%	59%	62%	59%
Reduction of Risk Potential	61%	53%	55%	60%	55%
Physiological Adaptation	62%	54%	56%	61%	57%

-- Notes --

Test plan performance is based on the median performance of your graduates in each content area. It is interpreted as the expected percentage of all possible questions that could be administered in a given category that would be answered correctly by your typical graduate.

Passing performance is interpreted as the percentage of all possible questions that could be administered in a given category that corresponds to minimum passing performance.

National Council of State Boards of Nursing, Inc. (2013). *Detailed Test Plan for the National Council Licensure Examination for Registered Nurses.* Chicago: Author.

National Council of State Boards of Nursing, Inc. (2013). *Test Plan for the National Council Licensure Examination for Registered Nurses.* Chicago: Author.

Roy, C. (1980). The Roy Adaptation Model. In Riehl, J. & Roy, C. (Eds.). Conceptual Models for nursing practice. (2nd ed., pp. 179-188). New York: Appleton-Century-Crofts.

National Council of State Boards of Nursing, Inc. (2012). *2011 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice*. Chicago: Author.