

NURSING PROGRAM EXPERIENCES DEVELOPING
AND IMPLEMENTING POLICIES FOR THE
HESI EXIT EXAM™

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ABSTRACT

This descriptive phenomenological study described practices used by Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs to develop and implement progression policies regarding the use of the Elsevier HESI™ Exit Exam (E²) and related remediation methods. Purposive and snowball sampling methods were used to recruit 15 deans, program directors, and faculty from programs identified as using the HESI™ E². Semi-structured telephone interviews were conducted to discern policy practices and implementation experiences. Demographic data about the program and student populations were collected. Data analysis was accomplished using Giorgi's method of reading the transcripts as often as necessary, determining meaningful units of information, grouping these units into themes and finally determining similar meanings for the individuals.

Of the 15 programs, 9 (60%) were BSN; while 6 (40%) were ADN. Three fourths of the schools were publically funded while one fourth were privately funded. Program size ranged from 135 to 684 total students. Students were predominately female (greater than 85%) although four schools had a male student population between 20% and 35%.

Policy development was found to be a cyclical process initiated by *Triggers for Change*, followed by *Policy Modification*, which resulted in the final phase, *Reactions to Change*. This cycle was repeated whenever new triggers occurred. Participating programs had long standing policies that continually evolved based on factors affecting program outcomes and NCLEX-RN success rates. Policy changes were generally triggered by concerns regarding program outcomes, prompting faculty to examine their practices. In most instances faculty actively participated in

Policy Modification either through curriculum committees or with small faculty numbers—using the faculty as a whole. Policies modified included timing of test administration, benchmark score minimums and penalties when benchmarks were not met, remediation practices, and placing value on the test score achieved. Reactions to Policy Changes reflected perceived initial resistance on the part of some students and faculty to the new policy. Resistance gave way to policy acceptance, particularly when benefits of the new policy were recognized.

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CHAPTER I

INTRODUCTION

A nationwide need exists for more point-of-care nurses. According to the United States Department of Labor, Bureau of Labor Statistics (2010), the need for registered nurses (RNs) will increase 22.2 percent by the year 2018. Factors that will make meeting the current targets for needed nurses difficult to achieve include (a) the aging population which will require greater nursing care (b) the age of practicing registered nurses who will reach retirement and leave the nursing workforce in the relatively near future and (c) the limited availability of nursing faculty to prepare new graduates. According to the Health Resources and Services Administration (HSRA, 2010) if current trends continue and the shortage of RN's is not addressed, the scarcity of the nursing workforce is projected to grow to 29 percent by 2020.

In response to the demand for more nurses, programs of nursing have increased their class sizes. However, attrition rate for students enrolled in nursing programs range from 10% to 50% (Brown & Marshall, 2008; Newton & Moore, 2009; THECB, 2008, pp. 4; Starck, Love, & McPherson, 2008; Uyehara, Magnussen, Itano, & Zhang, 2007). According to the National Council of State Boards of Nursing (NCSBN), the 2013, 3rd quarter first time passing rate for the National Council Licensure Examination for Registered Nurses (NCLEX-RN[®]) examination for all nursing programs (Diploma, Associate Degree, and Baccalaureate Degree) was 84.28%. By the fall of 2013, a total of 142,532 nursing students passed the NCLEX-RN examination for the first time. Lack of licensure for first time test takers equates to a loss of 22,406 licensed nurses.

To promote greater student success, nursing programs are designing policies to guide the faculty in management of students with academic difficulty, identify at-risk students early in the

program, and implement the needed remediation to support students as they move forward to graduation and the NCLEX-RN[®] examination. These policies may begin with admission, by selecting only the most qualified candidates for the program. Minimum grade requirements in all classes often restrict progression in the program. Some programs provide academic remediation for at-risk students while others recommend students seek assistance on their own.

Many institutions are using standardized examinations to determine student readiness for the NCLEX-RN[®] and to assess program efficacy (Lauchner, Newman, & Britt, 1999). The Elsevier Exit Examination (E²) is a 160-item exam given to senior nursing students during the last semester of the program. The E² has demonstrated success as a benchmark for progression, with individual student scores serving as a diagnostic tool for remediation (Morrison, Adamson, Nibert, & Hsia, 2004). In addition to testing, many schools of nursing develop program progression policies regarding minimum exit exam score benchmarks to be achieved in order to permit course completion, graduation, and certification for the licensure examination. These policies also serve as a guide for remediation.

Progression policies are varied in their context and process. Very little is known about how policies are developed and instituted in individual programs. Some policies work effectively while others do not as evidenced by frequent policy changes. Progression plans are highly individualized and no one consistent plan is in place as a guide for those schools who are struggling to be successful.

Problem of Study

Placing nurses at the point-of-care is important for maintaining a strong healthcare system. Successful completion of the nursing program is only one piece of the solution; students

must pass the national licensure examination to engage in nursing practice. Many nursing programs are using comprehensive examinations to assess NCLEX-RN[®] readiness. Standardized examinations are often used as benchmarks for remediation. These examinations identify at-risk students earlier, allowing for remediation in weak areas as soon as possible with the intent of supporting NCLEX-RN success (Nibert, Young, & Britt, 2008). Progression policies are developed in response to NCLEX-RN failure, but the practices of nursing programs related to progression policies are seldom uniform. Once decisions about progression policies are made, methods of implementation and remediation need to be better described. Variation exists in program policies regarding student progression and remediation.

There is a gap in the literature related to progression policy practices including how and why these policies came about, who developed the policies; how the policies are implemented, and what factors guide future revisions. The purpose of this phenomenological study was to describe practices used by ADN and BSN programs to create policies regarding the use of the Elsevier HESI[™] E² Exit Examination including policy implementation and remediation.

Rationale for the Study

Nursing programs develop progression policies to guide student transition through the curriculum. These policy practices are becoming more common place in nursing programs and may encompass progress through the entire curriculum or focus on end of program testing with the HESI E² to evaluate readiness for the NCLEX-RN[®]. Because each nursing program develops policies to fit their educational situation, consistency of policies between programs is limited. A wide range of activities and requirements occurs.

Some programs have no policies regarding educational testing utilizing standardized exams. In other programs, progression policies may change admission requirements (Norton,

Relk, Cox, Farley, Lachat, Tucker, & Murray, 2006), curricular requirements (Higgins, 2005; Daley, Kirkpatrick, Frazier, Chung, & Moser, 2003; Siktberg & Dillard, 2001), mandate successful completion of standardized examinations (Sewell, Culpa-Bondal, Colvin, 2008; Jacobs & Koehn, 2006; Morrison, Walsh, & Newman, 2002) or be a combination of these methods in order to allow student progression, graduation, and/or certification to take the licensure examination. Remediation requirements may be a part of some progression policies but in some instances, the resources for remediation are limited.

While much literature (Stuenkel, 2006; Lauchner, et al., 1999; Adamson & Britt, 2009; Young & Willson, 2012) reports a positive relationship between use of exit examinations and success on the licensure examination, nursing program policies regarding program progression are becoming increasingly controversial. Students perceive completing the exit examination as a high stakes process that will interfere with their potential ability to earn a living. Spector and Alexander (2006) admonish that while exit examinations provide valuable information, nursing programs need to exercise prudence in their policies. They emphasize the need to create win-win situations in which there is comprehensive assessment throughout programs and students receive needed remediation base on exam performance. Recommendations include that an exit examination not be used as the sole criterion for graduation. Spector and Alexander further emphasize the need to have written policies indicating the requirements for progression and graduation.

Faculty attitudes are also a mediating factor in establishing policies regarding testing and program progression (Carr, 2011). Faculty may be reticent to use external examinations for student evaluation. In some instances faculty may feel that low performance by students on the external examination are the responsibility of the last semester faculty rather than the entire

program faculty. When low NCLEX-RN pass rates exist, faculty may establish very high minimum standards as a way to remedy the situation. Faculty may feel pressured to make frequent policy changes when student outcomes do not immediately improve.

Nursing programs are developing methods to support program progression and graduate students. However, progression policies and remediation programs lack congruency in nursing education. Policy making and implementation of the resulting policies is a complex process. Greater information is needed regarding how policies are created and implemented, noting the effectiveness of these processes. The focus of this study is to describe practices used by associate and baccalaureate degree nursing programs to create and implement policies regarding the use of the Elsevier HESI™ E².

Philosophical Underpinnings

Descriptive phenomenology provides an account of the experience under study as understood by individuals who are experiencing the event. This descriptive phenomenological study will be guided by the philosophical beliefs of Husserl. The world is everything known through experience in terms of theoretical thought based on experience (Husserl, 1962). Husserl understood “life-world” to be the experience of all of the individuals, “the one world of experience common to all”, (Husserl, 1999, pg. 366). Personal accounts assist researchers in understanding what processes are perceived as real to individuals and how individuals perform their daily work. These experiences will provide the foundation of this qualitative study. Research can facilitate critical reflection by examining a situation through the eyes of the person experiencing the event. “Direct experience gives only singular elements and no generalities, and is thus insufficient”, (Husserl, 1962, p. 77). Descriptive studies have two levels, the naïve description of the participant and the description by the researcher at the conclusion of the study

(Giorgi, 1985). Husserl's concepts of intentionality, transcendental phenomenological reduction, universal essences, and bracketing will be applied to this study.

Intentionality is the notion that conscious acts and mental practices are related and have meanings for the individuals who are experiencing the events. It reflects a personal perspective and interpretation of the world; intentionality can only be understood by the person experiencing the event (Giorgi, 1985). The two sides of intentionality are noesis and the noema. The noetic-noematic relationship is a method of exploring the meaning of the individual's experience (noesis) and the perception that the experience holds for the individual (noema) (Giorgi, 2009).

The concepts of transcendental phenomenological reduction and eidetic reduction will be utilized. Transcendental phenomenological reduction represents a more general perspective of the event and is used as a method to reduce the collected data to the most important aspects under study (Dowling, 2007; Giorgi, 1985). Eidetic reduction is the process whereby the event is reduced to its pure essence (Giorgi, 1985). Phenomenological reduction is similar to peeling the layers of information until common themes emerge among all of the study participants.

Universal essences or eidetic structures are particular phenomenon that makes an event specific to the individual. Husserl believed that essences are the things that make an experience what it is. These things exist in the consciousness of the person, making the person "present to the world" (Koivisto, Janhonen, & Vaisanen, 2002, p. 260).

Bracketing is process researchers use to avoid bringing prior thoughts about a phenomenon to the research setting. Husserl's concept of *epoche* (or bracketing) will be used whereby the researcher will take a new perspective toward the phenomenon under study (Creswell, 2007); this being the first step in phenomenological reduction. The bracketing process by the researcher will avoid any related biases that could influence the outcome of the study. The

researcher collects the data as it is given, making no judgments during the data collection procedure or throughout the data analysis process.

This study should provide insight into individual perceptions of the sense of reality related to educational testing. To adhere to the notion of intentionality, the meaning of progression policy development and implementation practices applied to exit examinations and remediation techniques related to the individual were evaluated in order to find the meaning of the individual's reality of the events. Institutional practices of progression policies were evaluated to determine like and unlike structures. Transcendental phenomenological reduction and eidetic reduction were addressed in order to discover the essence of practices related to developing and implementing progression policies and remediation practices regarding the Elsevier Exit Exam (E²). The intention was to determine what makes the particular phenomenon unique and evident for the individual who is experiencing it. These structures were analyzed to determine the common links or themes between the participants. To ascertain universal essences, this study sought the essential components, or “meaning units”, of the experiences of key personal as they develop and implement policies and remediation plans for nursing students

Research Question

The following research question was investigated in this phenomenological study. What are baccalaureate and associate degree nursing program practices regarding exit exam policy creation, implementation, and remediation?

Summary

There is a projected shortfall in the numbers of registered nurses. In 2013, only 86.4% (NCSBN, 2013) of all first time nursing students successfully completed their licensure examination, which means that almost 20,000 nursing graduates did not pass the NCLEX-RN[®] on

their first attempt. To promote success and build a steady nurse supply, nursing students must successfully complete the programs, graduate, and pass the licensure examinations. To enhance student success, nursing programs are implementing policies of exit testing and remediation. A frequently used exit exam is the Elsevier Exit Exam (E²). Nursing programs across the nation utilize this examination, developing policies regarding student progression and remediation that center on the E² outcome. At this time little is known about the practices of progression policy development and implementation. The purpose of this descriptive phenomenological study was to examine ADN and BSN program practices regarding the Exit Exam and student remediation.

CHAPTER II

LITERATURE REVIEW

This chapter presents a manuscript; a literature review regarding the topic of cheating that is awaiting publication in the peer reviewed professional nursing journal, *Nursing Education Perspectives* (Appendix A). This literature review of cheating originated from an incidental finding discussed by faculty during the dissertation pilot study concerning standardized examinations. A literature summary of this information can be found in Appendix B.

Academic Policies and Practices to Deter Cheating

Abstract

Purpose: The aim of this systematic literature review was to assess the evidence available to facilitate nursing faculty in policy development and implementation of strategies to deter cheating.

Background: No previous comprehensive summary of successful faculty practices was found in the literature to base academic practice.

Methods: A search of six databases was undertaken using the combination of terms: nursing and policy, nursing and student misconduct, nursing and cheating, and nursing and integrity. More than 28,000 publications were reviewed for English language, United States higher education system, and health care programs. Articles were excluded that described bioethical and research

misconduct, admission policy, or workforce issues.

Results: Forty-three articles met criteria and the matrix table lists specific faculty action plans and deterrent strategies by category of misconduct for each publication.

Conclusions: Clearly defined behaviors, processes, and consequences should be delineated by school policies to guide implementation of specific cheating deterrent strategies.

Keywords: academic dishonesty, honor code, nursing, plagiarism, student misconduct

Cheating in colleges and universities is prevalent, with 21% to 90% of college students from all majors reporting cheating (Aaron, Simmons, & Graham-Webb, 2011; Gaberson, 1997; Harper, 2006; Hart & Morgan, 2010; Hayes, Hurtt, & Bee, 2006; McCabe, 2009; McCrink, 2010; Roberson, 2009; Tippitt, Ard, Kline, Tilghman, Chamberlain, & Meagher, 2009; Tomasi, Figiel & Widener, 2009; Wilk & Bowllan, 2011; Woith, Jenkins, & Kerber, 2012). No matter the prevalence of cheating, the educator's professional duty remains the same, to identify the deviant behavior, to resolve unethical issues, and to develop policies and processes that prevent or correct unacceptable behaviors. Unfortunately, faculty often learns misconduct deterrent strategies by trial-and-error experiences.

Academic policies have provided structure for the development of honor codes, implementation of practices to maintain student integrity, and supported academic and legal processes and consequences (Calhoun & Wood, 2010; McCabe, 2009). Most institutions have printed honor codes in school catalogs and program handbooks (Faucher & Caves, 2009; Schmidt, 2006; Wilk & Bowllan, 2011). Honor code ethical behavior has been discussed in faculty and student orientation programs (DiBartolo & Walsh, 2010; Lewenson, Truglio-Londrigan, & Singleton, 2005; Randall, Hoppes, & Bender, 2008), and some schools revisited the

honor code prior to each testing experience (Arhin, 2009; Faucher & Caves, 2009; Langone, 2007).

While faculty are committed to maintaining nursing education's integrity, no comprehensive evidence-based summary of successful faculty practices was found in the literature to assist faculty in confronting academic misconduct. The purpose of this systematic review was to assess the evidence available to facilitate nursing faculty in the development of policy and implementation of strategies to deter cheating.

Methods

The six databases of CINAHL Plus, PubMed, PsychINFO, ERIC, OVID Medline, and Scopus were searched for the years between 1996 and January 2013. Search terms included were: nursing, policy, student misconduct, cheating, and integrity. A global search using all terms in all databases simultaneously found two articles using the Boolean connector "and." When the Boolean connector was replaced with "or," oversampling occurred with more than 798,800 publications retrieved in PubMed alone. Therefore, a separate search of each database was conducted for each set of terms: nursing and policy, nursing and student misconduct, nursing and cheating, and lastly nursing and integrity. There were 28,510 articles identified. Titles and abstracts were reviewed for the inclusion criteria of English language, United States educational system, higher education, and health care discipline. Publications were excluded if they described bioethical issues and research misconduct, admission policy, workforce, or leadership delegation policy. After duplicate publications were removed, 43 articles were retained for full review and are displayed in the matrix table. The academic programs represented in this review are primarily nursing and education with 25 and 7 publications respectively, followed by two reports each from radiology, pharmacy, and physical therapy. One article each was found for clinical allied health,

laboratory science, dental hygiene, psychology, and physician assistant programs.

A university academic integrity policy served as the organizing framework for this systematic review. The honor code addresses academic honesty by classifying unethical behaviors into four categories: (a) acquiring information and providing information; (b) plagiarism and dual submission; (c) acquisition of examination and answers to examinations, conspiracy; and (d) fabrication, misrepresentation, alterations of documents, and forgery (Prairie View A&M University, n.d., pp. 127–130). Specific faculty action plans and academic misconduct deterrent strategies were formulated for each reviewed publication. Action plans and misconduct deterrent strategies were organized by the four honor code categories and serve as exemplars of interventions presented in the publications.

Strategies

Policymaking

Academic integrity policy, honor code, code of conduct, and an honor statement to address cheating require ownership by administrators, faculty, and students. Administrators and faculty should ensure that policies clearly define expected and deviant behaviors to ensure that all stakeholders have the same understanding (Aaron et al., 2011; Bailey, 2001; Danielson, Simon, & Pavlick, 2006; Graham-Webb, Simmons, & Aaron, 2011; Hart & Morgan, 2010; Hayes et al., 2006; McMasters, et al., 2006; Mohr, Ingram, Fell, & Mabey 2011; Osinski, 2003; Owunwanne, Rustagi, & Dada, 2010; Schmidt, 2006; Wolf & Czekanski, 2011). Faculty and students should jointly participate in the policy's development and enforcement, receive initial orientation, and regular reinforcement of the policy (Woith et al., 2012). Policies should be easily accessible to students in handbooks, syllabi, and the college websites (Arhin & Jones, 2009; Berschback, 2011; Danielson et al., 2006; Faucher & Caves, 2009; Harper, 2006; Lewenson et al., 2005; Mohr et al.,

2011; Wilk & Bowllan, 2011). Additionally, administrators and faculty have the responsibility to consistently implement the policy. Operationalizing the procedural statement provides the faculty with explicit guidelines to follow when a student is suspected of academic misconduct (Arhin, 2009; Bailey, 2001; Calhoun & Wood, 2010; Conway-Klaassen & Keil, 2010; Danielson et al., 2006; DiBartolo, & Walsh, 2010; Faucher & Caves, 2009; Gaberson, 1997; Graham-Webb et al., 2011; Hayes et al., 2006; Honny, 2010; Kolanko, Clark, Heinrich, Olive, Serembus, & Sifford, 2006; Langone, 2007; McMasters et al., 2006; Mohr et al., 2011; Mujtaba & Kennedy, 2005; Owunwanne et al., 2010; Randall et al., 2008; Scanlan, 2006; Tippitt et al., 2009; Wolf & Czenkanski, 2011). Delineating the consequences for a specific action prevents student variation in disciplinary practices (Fontana, 2009; Gaberson, 1997; Hard, Conway, & Moran, 2006; Kolanko et al., 2006; Lewenson et al., 2005; McMasters et al., 2006; Mujtaba & Kennedy, 2005; Owunwanne et al., 2010). Students who cheat or witness cheating and see a lack of disciplinary action (Hard et.al, 2006, Schmidt, 2006) or low detection (Owunwanne et al., 2010) and no consequences for the misconduct assume that the behavior is acceptable. A well communicated policy of zero tolerance for misconduct with uniform policy enforcement sends a strong message to the contrary (DiBartolo & Walsh, 2010; Mujtaba & Kennedy, 2005).

When a student has been found guilty of misconduct, faculty may experience a personal feeling of disappointment toward the student, making it difficult to maintain the same positive student-faculty relationship during the remainder of the program (Fontana, 2009; Gaberson, 1997). Also, the liability related to the misconduct accusation can lead to professional feelings of failure, retributions of verbal abuse or physical assault, unfair end of course student evaluation, or risk to tenure (Bailey, 2001; Fontana, 2009). Hence, faculty who discover a student cheating ought to recluse themselves from the disciplinary judgment process to help maintain a productive

student-faculty relationship (Calhoun & Wood, 2010; Fontana, 2009).

Acquiring Information and Providing Information

When presented with academic misconduct scenarios, 54% of students commonly admitted to participating in at least one cheating behavior in their present professional program (Graham-Webb et al., 2011). Arhin (2009) asked students to identify cheating behaviors and 93% correctly identified overt cheating during an exam (i.e., writing notes on body parts or leaving the testing room to look at notes), yet only 27% of students identified providing course work to underclassmen as cheating. In another self-reported survey by McCabe (2009) only 24% of students recognized that receiving help from others on an independent assignment was cheating. Hard et al. (2006) found that 27% of students admitted to planning to cheat from another student's paper, 29% denied planning to cheat but did so anyway, while 30% planned to cheat using unauthorized devices or material to do so. Additionally, 36% of students collaborated with another student to allow him/her to copy from their exam. Acquiring or distributing an exam improperly was reported by 8% of the students (Hard et al., 2006). It is clear that up to a third of students cheat in a premeditated manner and often in collaboration with another student. Therefore, faculty should be aware that students pass exams on to others, acquire textbook test banks, and purchase what they believe to be copies of standardized end of program NCLEX exams.

Two reasons given by students for academic dishonesty were first, a lack of knowledge regarding the behavior (Tippitt, et al., 2009), and second, rationalizing that everyone cheats, so they could also (Schmidt, 2006). Well defined and distributed policy addresses the first issue and engaging the students through interactive learning addresses the second issue (McCurry & Martins, 2010). Assigning projects with a purpose relating to the lecture topic encourages

students to apply new knowledge and skills. In particular, Millennial students aged 18 to 24 years old find attaining knowledge for knowledge's sake to be less rewarding than searching and manipulating information to solve problems (Mangold, 2007). Higher cognitive order exam items (e.g., application or higher level) challenge the students' critical thinking skills (Mujtaba & Kennedy, 2005; Harper, 2006; Mohr, et al., 2011). Millennial students are team players who like to work in groups (McCurry & Martins, 2010), they are technologically savvy, and they benefit by formative feedback on assignments (Arhin, 2009). Classroom discussions and debates provide a forum to explain expected behaviors and to relate honesty concepts to patient outcomes and the nursing professional. Faculty should protect school test banks by limiting the students' access to exams for review, thereby reducing the students' ability to recreate the exam and provide the exam content to other students.

Plagiarism and Dual Submission

Plagiarism is the unethical act of stealing the thoughts of another. Cyber-plagiarism is a term used when a student acquires information from the Internet without acknowledging the author (Harper, 2006; Tomasi et al., 2009). Defining plagiarism and explaining how it relates to professionalism is an important deterrent strategy (Gibson, Blackwell, C., Greenwood, Mobley, & Blackwell, R., 2006; McMasters et al., 2006; Lewenson et al, 2005; Scanlan, 2006). Students should be aware of the institutional consequences for plagiarism (Gibson et al., 2006; Scanlan, 2006).

Teach students proper citation and referencing techniques and reinforce use of a standardize format (e.g., American Psychological Association) throughout the curriculum (Bailey, 2001). It would be beneficial to have student involvement in the checking process with anti-plagiarizing software programs. To evaluate written assignments for plagiarism assures

academic integrity (Scanlan, 2006; Tomasi et al., 2009). Additionally, faculty should maintain electronic copies of papers turned in from previous semester students to crosscheck for plagiarism (Bailey, 2001).

Online misconduct monitoring requires sophisticated technological methods. Some of the methods include using fingerprints to authenticate virtual learners, attaching a camera to the student's computer to record the testing session, and proctoring from a remote location with computer-locking software to prevent Internet access for e-mailing and messaging (Tomasi et al., 2009). Online writing assignments should have a narrow focus to prevent borrowing or purchasing papers from others. Faculty should require students to make frequent submissions to the instructor for ongoing support and assessment of learning (Arhin, 2009). Allowing the student to build on work submitted over time instead of one final paper submission, will assist faculty in recognizing the students' writing style and to identify plagiarism.

Acquisition of Examinations, Answers to Examinations

Traditional Examinations. Most students study and want to succeed; however some students want to succeed at any cost and they will cheat. Faculty need to make it more difficult for the student to successfully cheat. Test security is a primary process to reduce cheating opportunity. Limit the number of faculty who have access to the exam and do not allow student workers to copy exams. Always remember to take the original exam off the printer and copy machines (Danielson et al., 2006). Create multiple versions of the exam using numbering and/or colors for each version, scramble the answer choices on the different versions, change the exam questions each semester, and remember to collect back all exam copies at the end of the testing session (Berschback, 2011; Conway-Klaassen & Keil, 2010; Danielson et al., 2006; Faucher & Caves, 2009; Mohr et al 2011; Piascik & Brazeau, 2010; Rabi, Patton, Fjortoft, and Zgarrick, 2006;

Roberson, 2009; Scanlan, 2006; Tippitt et al., 2009; Tomasi et al., 2009). When blank paper is allowed for calculations, pick up all of the pages at the end of the exam (Berschback, 2011).

It is best for an instructor to be present in the room during an exam not just a proctor, as students perceive proctors to be less astute at monitoring for cheating (Berschback, 2011).

Proctors should walk around the room and make eye contact with students, so students are aware of the proctor's vigilance (Arhin, 2009; Berschback, 2011; DiBartolo & Walsh, 2010; Faucher & Caves, 2009; Hayes et al., 2006; Kolanko et al., 2006; Rabi et al., 2006; Roberson, 2009; Scanlan, 2006; Tippitt et al., 2009; Tomasi et al., 2009). Turning off the WiFi capabilities of the classroom during an exam will make it more difficult to access the Internet (Faucher & Caves, 2009).

However, faculty should be aware that newer wireless devices (fourth generation – “4G”) can work without an Internet connection. Hence, a policy addressing the ban of electronic devices during exams is highly suggested (Arhin, 2009; Berschback, 2011; Danielson et al., 2006; Faucher & Caves, 2009; Mujtaba & Kennedy, 2005; Scanlan, 2006; Schmidt, 2006).

Placing all personal items at the front of the room avoids student behavior that may be considered dishonest (Hayes et al., 2006; Kolanko et al., 2006; Tippitt et al., 2009). Assigned seating and spacing students with empty seats between students separates potential collaborators (Arhin, 2009; Berschback, 2011; Faucher & Caves, 2009; Scanlan, 2006; Kolanko et al 2006; Tippitt et al., 2009). Do not allow students to leave the testing room to go to the bathroom without an escort (Berschback, 2011; Kollanko et al., 2006).

Online Examinations. Distance learning is embedded in educational systems. Courses can be completely online or a hybrid of an online and a face-to-face. Assignments in online courses require clear definitions of acceptable behavior for group versus individual projects to avoid any misunderstandings that might allow misconduct (Conway-Klaassen & Keil, 2010; Danielson et

al., 2006). Distance learning may be anonymous, as the instructor may not know the student by face. Frequent communication with the student allows the faculty to be cognizant of the student's writing style and be able to determine when someone else is completing assignments (Harper, 2006).

Online examinations must be secured in the same manner as classroom examinations, with a few additional techniques. Allow only one question on the computer screen at a time (Tomasi et al., 2009; Conway-Klaassen & Keil, 2010). Shorten the time each question is on the screen. The campus information technology team can assist in this process (Conway-Klaassen & Keil, 2010). Require an online password (Schmidt, 2006; Tomasi et al., 2009) that is different for each test, and change log-in codes just prior to testing (Harper, 2006).

An open book test with each student having a different set of questions (but an equivalent exam) supports critical thinking (Conway-Klaassen & Keil, 2010). Written essay questions on exams require the student to apply knowledge (Tomasi et al., 2009). Change questions each semester to prevent students from passing information on to underclassmen (Harper, 2006). A test question pool can assist faculty in creating parallel or new exams (Tomasi et al., 2009). Proctors are important to maintain academic integrity of online testing. Some possible methods to assure test security include requiring students to test in person on campus with a proctor (McCabe, 2009), specify a location for testing with a vetted proctor present (Conway-Klaassen & Keil, 2010), and use a location other than the testing center with a restricted open test time (Schmidt, 2006). The remote proctor is ideal to maintain online exam integrity. Security features include fingerprints, video and voice recognition, and interference with calculator memory, as well as software to lock the computer desktop (Tomasi et al., 2009). A secure browser will prevent the student from leaving the test window in search of answers from the Internet or another student

(Danielson et al., 2006). A software patch can prevent students from making a copy of the exam (Conway-Klaassen & Keil, 2010).

Fabrication of Information, Misrepresentation, Alterations of Documents, and Forgery

Nurses are considered the most trustworthy profession by 85% of society, making it difficult to comprehend dishonest behavior from students who aspire to be nurses (Gallup, 2012). However, Bailey (2001) reported student misconduct that included falsifying a CPR card, fabricating information in a public health record, faking a home visit, writing a care plan based on a falsified assessment, and missing a clinical experience but writing it up and turning it in for a grade. Tippitt et al. (2009) discussed fabrication of home visits and false information on patients' charts. Circumventing the process of a patient assessment and falsification of a medical record (Faucher & Caves, 2009; Kolanko et al., 2006), as well as sharing laboratory results with another student who did not do the work were other cheating behaviors reported (Calhoun & Wood, 2010).

Gaberson (1997) gave an example of academic fraud when a student asked a staff nurse for assistance with a medication calculation and turned the document in as individual work. Honny's (2010) example of fabricating patient findings instead of performing the task was compounded by billing the insurance company for reimbursement for the fabricated test. An unethical approach used by some students to avoid an exam or assignment deadline was claiming to be sick or reporting that a family member had passed away (Faucher & Caves, 2009; Honny, 2010). Avoiding tasks and reporting that a task was accomplished is unacceptable clinical performance behavior (Wilk & Bowllan, 2011). The primary concern related to fabrication of information by a nursing student is the fear that the unethical behavior may carry over into the workplace and deleteriously affect patient outcomes (Graham-Webb et al., 2011; Harper, 2006;

Honny, 2010; Langone, 2007; Lewenson, et al., 2005; Tippitt et al., 2009).

Nursing is an honorable profession deeply rooted in “doing the right thing.” McCabe (2009) discussed the reality of cheating and methods to address the behavior. Creating a campus culture of honesty has been shown to deter cheating (Calhoun & Wood, 2010; Danielson et al., 2006; DiBartolo & Walsh, 2010; Honny, 2010; McCabe, 2009; Owunwanne et al., 2010; Piascik & Brazeau, 2010; Tippitt et al., 2009), especially when students help to create this culture by being part of the process of writing the policies that govern behavior (Arhin, 2009; Calhoun & Wood 2010; Honny, 2010; Owunwanne et al., 2010). Nursing ethics should be written in the academic policies to make the student accountable (Aaron et al., 2011; Bailey, 2011; Fontana, 2009; Gaberson 1997; Hayes et al., 2006; Honny, 2010; Lewenson et al., 2005; McCabe, 2009; Mujtaba & Kennedy, 2005; Piascik & Brazeau, 2010; Randall et al., 2008; Schmidt, 2006; Tippitt et al., 2009).

Honor codes are effective if the student understands the expectations of the code. Honor codes place culpability on the student and should be clearly written with easy to understand steps that inform the student and guide the administrator and faculty (Calhoun & Wood, 2010). Honor codes, pledges, and statements are well documented as a means of informing students of expected behavior and placing responsibility for this behavior on the student (Arhin, 2009; Arhin & Jones, 2009; Conway-Klaassen & Keil, 2010; Calhoun & Wood, 2010; DiBartolo & Walsh, 2010; Faucher & Caves, 2009; Honny, 2010; Langone, 2007; Lucas & Friedrich, 2005; McCabe, 2009; Mohr et al., 2011; Morin, 2007; Randall et al., 2008; Scanlan, 2006; Tippitt et al., 2009). Some programs require the student to sign a statement or pledge on each assignment (DiBartolo & Walsh, 2010; Faucher & Caves, 2009; Langone, 2007; Morin, 2007; Scanlan, 2006). The first step is to develop standards for student behavior and communicate these standards to all

stakeholders. Student participation can create a culture that views cheating as unacceptable.

Create a just process that will be consistently applied to all violators. The plan will be doomed to failure unless the administration makes a commitment to adhere to and enforce these standards.

Conclusion

This systematic review has summarized evidence to guide nursing faculty in the development of policies and implementation of strategies that deter cheating. Cheating exists in all academic institutions. A culture of honesty supports campus integrity. Strong policies should be in place and follow clear guidelines laid out by the administration, removing the classroom faculty from the disciplinary process.

Academic integrity policies should be published in handbooks, syllabi, and on websites with clear definitions of terms, identifying misconduct behaviors and consequences of infractions. Orientation is an ideal time to acquaint faculty and students with the policy and process. Test security is a primary method to reduce the opportunity for cheating. Multiple exam versions, scrambling answers, using colored paper, and numbering examinations informs students of security implementations. Proctors should monitor students during examinations, assign seating, and escort students on breaks. Writing test questions at higher cognitive levels supports critical thinking and encourages individual thought. Personal items and all electronic equipment ought to be secured during testing. Clearly communicated and implemented cheating deterrent policies and procedures decrease cheating.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive phenomenological research design was used to describe the practices used by Associate Degree Nursing (ADN) and Bachelor of Science in Nursing (BSN) programs to develop and implement progression policies with a focus on the use of the Elsevier HESI™ E² Exit Exam and related remediation methods. “Natural knowledge begins with experiences and remains *within* experiences,” (Husserl, 1962, p. 45). This descriptive phenomenological study described the essence of the experience under study from the perspective of the person who is living within the experience. Key personnel from ADN and BSN nursing programs will be interviewed to determine their experiences regarding policy development and implementation practices related to the E² Exit Exam and remediation methods.

This chapter discusses how the research study was conducted and methods employed to collect and analyze the data. The steps used for the data analysis are discussed as they relate to the research question.

Setting

The setting consisted of large and small associate degree and baccalaureate nursing programs across the United States using the HESI™ E² Exit Exam testing for nursing students prior to program graduation. The programs were ones that contracted with the Elsevier’s Review and Testing Division for the purpose of utilizing an exit examination to assess student readiness for the NCLEX-RN licensure examination.

Participants

Purposeful sampling selection was used to recruit ADN and BSN schools with variable student populations at various locations nationwide. Toward the end of the sampling period, snow-ball sampling was used to identify additional programs eligible for study participation. The methods of selection promoted a representative sample of nursing programs. Volunteer selection was based on program characteristics and included ADN and BSN programs from large and small schools of nursing. Key personnel contacted for study participation included deans and program directors, program coordinators, or specific faculty members who had direct knowledge of progression policy practices for their specific program. Telephone interviews were conducted with the representatives of the selected schools.

Inclusion criteria for the study consisted of large and small sized student populations at ADN and BSN nursing programs selected from the generated list at Elsevier that used the HESI™ Exit Exam (E²) from 9/1/2009 to 8/31/2010. The final sample consisted of 15 participant schools of nursing with recruitment ending after data saturation was reached.

Protection of Human Subjects

This study was approved by the Institutional Review Board at Texas Woman's University (Appendix C). The consent form, signed to participate in the study, reviewed the potential risks and benefits of the study, as well as the right to stop the study at any time. Risks of the study included potential loss of confidentiality through identification of the individual nursing school or the identity of the participant. To protect the confidentiality of the nursing school, pseudonyms were assigned to all participants and their schools. Code numbers were used to identify participant interviews and the master list was kept in a locked file. Only a broad description of geographic location and size of schools was used. The primary investigator (PI) and university advisor had access to the master list that was kept in a locked

file. All identifiers with the exception of code numbers were removed from the transcribed data; only the unique pseudonyms were available on the transcripts. The digital recordings were uploaded to the PI's password protected laptop. The digital voice files were sent electronically to the transcription company using a secure and encrypted server. The information transmitted was password protected to ensure privacy. All hard copies of transcribed data were maintained in a locked file.

Data Collection

Following IRB approval, the research director at Elsevier generated a nationwide list of schools that used the HESI™ Exit Exam from 9/1/2009 to 8/31/2010. An initial telephone call was made to the selected school by the Elsevier research director to elicit initial interest in participation and availability. If the school displayed interest, an introductory email was sent by the investigator to briefly describe the research focus, with an attached letter giving a more detailed description of the study and the requirements of the participant. Individuals selected by the schools had direct knowledge regarding the use of E² Exit Exam testing in their nursing program. Email contact was made with the identified key personnel to set up the initial interview date and time in order to explain the study, secure consent, and set up a time for the interview. The e-mail included a copy of the consent and the school demographic information sheet (Appendix D). The school demographic information sheet was included because participants might need to seek some information prior to the interview. If individuals agreed to participate, they signed the consent prior to the initial interview and returned the consent by secure FAX. The signed consent was returned to the PI for inclusion in the study materials. Once the signed consent was returned, the individual was contacted by email to schedule the telephone interview.

Interviews were conducted from a conference room at the Texas Woman's University, Houston, Texas, or from a private location using a conference-calling format for digital recording; the door was closed for privacy. Prior to each interview, the demographic data sheet for each school was completed. These data allowed for information comparison by program, number of students enrolled, their ethnicity, and gender, age range, and role/title of individual interviewed and number of years as a nursing educator.

The semi-structured interview guide (Appendix E) developed by the investigator consisted of open-ended questions to guide the discussion. The PI directed the interview using the initial question to discuss the institutional nursing exit exam policy (Tell me about your exit exam policy?). In addition, probe questions were used if participant responses were vague (Can you tell me more about that? Can you explain what you mean by that? Can you give me an example of this?) Follow up questions were used for clarification or to further explore new areas of information that may have been introduced. Once interviews were completed, participants were asked if they had any questions for the PI or any additional information to be added to the interview.

Each interview was digitally recorded and transcribed verbatim to a hard copy by an outside transcriptionist company. The hard copies were read and re-read several times in order for the PI to become familiar with the data content. For any aspects of the data that were unclear to the PI, a second phone call was made to the participants for additional assistance related to content validation. As the study progressed the investigator also shared early analytic findings during the second phone call to gather respondent feedback.

Data Analysis

Data analysis was accomplished by using Giorgi's method of phenomenological analysis (Giorgi, 1985, p. 10). The steps are as follows:

1. Read description of experiences to get a sense of the whole. Each interview was read in its entirety for clarity.
2. Go back to the beginning and read through the text once more with the specific aim of discriminating "meaningful units" from within the psychological perspective and with a focus on the phenomenon being researched. Each interview was read in its entirety and then read again (as often as necessary) for clarity.
3. Once "meaning units" have been delineated, the researcher then goes through all of the meaningful units and expresses the psychological insight contained in them more directly. Similar important terms were grouped together to determine common themes.
4. The researcher synthesizes all of the transformed units into a consistent statement of the subject's experience. The common themes were grouped together to determine similar meanings for the individuals.

A professional transcriptionist transcribed information obtained in the interviews verbatim. To verify the accuracy of the transcripts the PI listened to the digital recordings while reviewing the written transcriptions. The interviews were transcribed and analyzed immediately and reviewed prior to the next interview in order to begin identifying key information. As interviews were collected, each interview was compared to prior interviews. The investigator used multiple readings to identify emerging themes and categories, and to place them into meaning units.

In qualitative research accurately capturing the essence of participant experiences is the goal of rigor. This qualitative research study was guided by the principles of credibility,

dependability, confirmability and transferability as outlined by Lincoln and Guba (1985) as discussed below.

Credibility assures the probability that data collected is a true representation of the experience related to the phenomenon being studied. Data were collected from fifteen nursing schools. Sampling was discontinued when saturation of information was reached. The use of actual words from the interviews supported findings (Chiovitti & Piran, 2003). Member checking, a process where data and analytic findings are reviewed by some study participants, provides an additional method for checking the credibility of the analysis. Member checking was completed with selected participants.

Dependability reflects the reliability or consistency of information gathered within the context of the study (Lincoln & Guba, 1985). An audit of the study processes and findings will support the dependability of the study. In this study, the dissertation chair reviewed the processes and outcomes.

Confirmability refers to the objectivity of the study (Lincoln & Guba, 1985). Establishing an audit trail is a key task of confirmability. Audit trails consist of study documentation that allows another researcher to follow decisions made by the original researcher to include the data collection processes, initial raw data, transcript memos, field notes, and personal notes by the PI and/or research assistant (RA). All notes were collected and secured by the PI for review as needed.

Transferability is the possibility that the results of this study could have similar meanings for a similar population under study (Lincoln & Guba, 1985). To facilitate transferability, researchers provide sufficient descriptive information regarding the context of the study and findings to facilitate another researcher to apply these findings in a comparable setting.

Summary

A descriptive phenomenological research design was used to identify progression policy practices at schools of nursing. Interviews were conducted with key personal at the schools to evaluate the practice of exit exam policy development and implementation. To learn what successful procedures were used, interview questions solicited information related to who initiated policy changes, how the policy was implemented, evaluated, and re-evaluated related to remediation methods. Data analysis applied Giorgi's method and was ongoing throughout the study with findings from each interview applied to the interviews.

CHAPTER IV

ANALYSIS OF THE DATA

This chapter represents a manuscript of the study findings submitted to the Journal of Nursing Education for publication. This article provides a description of the research design, methodology and analysis employed and presents the findings including results, implications and recommendations for future research.

Nursing Program Experiences Developing and Implementing Policies for the HESI™ Exit Exam

Abstract

Nursing schools use standardized exit examinations to determine student readiness for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and to assess program effectiveness. Examination use is often accompanied by nursing school policies regarding the number and timing of standardized and exit examinations, benchmarks for student progression, and the remediation process. Progression policies are varied in their context and process, some work effectively while others do not. This descriptive phenomenological study explored how schools develop policies surrounding the use of standardized examinations and in particular, the HESI™ Exit Exam (E²). Key faculty from 15 schools of nursing participated in semi-structured interviews regarding policy development in their nursing programs. Policy making is a cyclical, evolving process based on perceived program needs. The cyclical process included themes related to Triggers for Change, Policy Modification, and Reactions to Change.

In an effort to ensure student success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), schools of nursing have adopted the practice of using exit exam testing to provide an indication of student preparedness. A commonly used exam is the

Elsevier HESI™ Exit Examination (E²). There is a need to improve our understanding of how nursing programs develop policies for using the examinations, determining the benchmarks they require students to achieve, and how they design remediation for students based on their exam performance.

Program guidelines are tailored to fit the philosophy and institutional situation. A wide range of activities is incorporated and usually culminates in exit examination testing. Significant controversy has sometimes surrounded progression policy development, particularly when penalties are attached to unachieved benchmarks (Santo, Frander, & Hawkins, 2013). The purpose of this descriptive phenomenological study was to gain that understanding by exploring the experiences of those responsible for such policy development within nursing schools.

Methods

This descriptive phenomenological study was guided by the philosophical beliefs of Husserl. Husserl believed that essences are the things that make an experience what it is. Essences exist in the consciousness of the person, making the person “present to the world” (Koivisto, Janhonen, & Vaisanen, 2002). Descriptive phenomenology provides a narrative account of the experience under study as understood by the individuals who are experiencing the event. Personal accounts assist researchers in understanding what processes are perceived as real to the individuals and how these individuals go about accomplishing these processes in their daily work.

Sample

Participants were recruited through purposive and snowball sampling. Elsevier provided a list of nursing programs using the E² from 9/1/2009 to 8/31/2010, which was used for initial recruitment. After completing the initial interviews, the investigator used snowball sampling to

recruit additional ADN and BSN schools by asking participants to refer colleagues who might be interested in participating in this study. Recruitment strategies incorporated finding both ADN and BSN programs as well as inclusion of smaller and larger nursing programs.

The final sample consisted of 15 deans, program directors, and faculty, with a mean of 8.75 years of experience in their present role. Of the 15 programs, 60% ($n = 9$) were BSN; while 40% ($n = 6$) were ADN. The majority of the schools were publically funded ($n = 11$, 73%, private $n = 4$, 27%). Program size ranged from 135 to 684 total students. Larger programs were those with greater than 350 total students ($n = 7$, 46%) while smaller programs were those with 350 or less students ($n = 8$, 53%). Eleven (73%) of the schools had a female student population of 85% or greater; while the male student population in four (26%) of the schools was between 20% and 35%. In terms of ethnicity, the total student population represented in the programs was 59% Caucasian and 41% mixed diversity. One school was predominately (90%) African American (AA) students while 5 other schools reported from 17% to 37% AA students. One school was primarily (48%) Hispanic while 6 other schools reported from 11% to 19% Hispanic students. One school had a fairly large population proportion (24%) of Asian students.

Data Collection

Following Institutional Review Board (IRB) approval, participant recruitment began. Program directors of schools of nursing identified as using the HESI E² were contacted regarding study participation. The program director/dean identified a key person knowledgeable about program history regarding exam utilization and policy development. The key person was contacted and given an explanation the study. Demographic information regarding program characteristics was collected and a time set for the semi-structured interview to occur. Conducted via phone, semi-structured interview questions guided participants as they described practices

related to policy development and implementation regarding E² use and remediation. Each interview was digitally recorded and transcribed verbatim by a professional transcriptionist.

Data Analysis

Data analysis was accomplished by using Giorgi's (1985) method of phenomenological analysis. The description of each experience was read in its entirety to get a sense of the whole. Transcripts were read again and as often as necessary for clarity with the specific aim of differentiating meaningful units from within the psychological perspective and with a focus on the phenomenon. Once meaningful units were delineated, the researcher reviewed all units and expressed the psychological insights contained in them more directly. Similar important terms were grouped together to determine common themes. Finally, a synthesis of all the meaningful units was undertaken to determine consistent statements of the subject's experience. Common themes were grouped together to determine similar meanings for the individuals. An audit trail documenting analytic decisions and a table of emerging themes were maintained to promote study rigor. Credibility was ensured through sampling saturation and use member checking with a small group of study participants.

Findings

Findings about faculty policy making for high stakes testing are summarized with a description of patterns, themes, and subthemes. All programs had existing policies, most long standing, but constantly subject to change as perceived needs arose. The cyclical policy making process that emerged from this study incorporated three major themes: Triggers for Change, Policy Modification, and Reactions to Change (Figure 1).

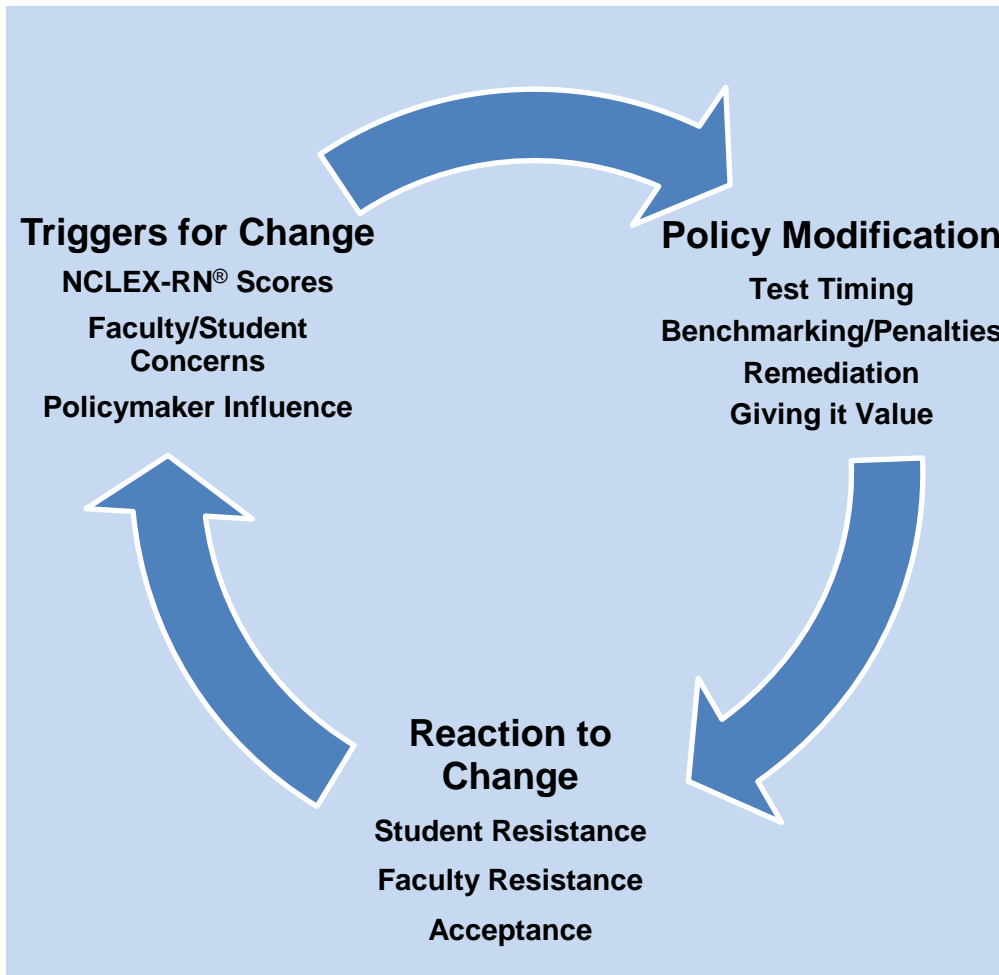


Figure 1. Cyclical Policy Changing Process

Triggers for Change

The cycle begins with nursing programs following their established educational practices, working to promote student success through program completion and passing NCLEX-RN® scores. Then tension, occurring in the form of a negative trigger, forces a review of current school practices and policies. Three triggers for change to high stakes testing policies revealed in this study were: (a) NCLEX-RN® scores, (b) faculty or student concerns, and (c) internal/external policymaker concerns of policymakers. **NCLEX-RN® scores.** A strong trigger for policy change

was the first time NCLEX-RN[®] pass rate of the program's new graduates. With low pass rates, change was deemed necessary because of faculty concerns regarding perceptions of the program's credibility and of program applicants, and undesired scrutiny by the state's Board of Nursing (BON). One ADN program director expressed this concern and the desire to institute exit exam testing. "... *faculty were not pleased with [NCLEX-RN[®] scores], ... they were trying to find many different ways to improve those scores, and this [E²] was one of the ways they decided they would try. And clearly the NCLEX scores have improved considerably.*"

Faculty/student concerns. Some schools set standards for student performance related to program outcomes within their institution. Outcomes from the HESI E² were used as a basis for planning curriculum revision and for program evaluation. One BSN program Dean described it this way, "*so we were not in trouble with the board or anything, but we were not happy with our outcome. We were not meeting our systematic demand for program evaluation outcome so we felt we had to take strong action.*"

Strong action included policy changes for exit testing and remediation.

Standardized testing as a graduation criterion has come under fire from many factions because students were passing course work but unable to pass the E². As one program director indicated

Stress was on everyone. The students, because they had a B in the class from all the class grades and yet they are failing because they could not pass the standardized exam; the faculty because they [students] did pass ours [exams] and they cannot pass this one [E²]

...

Faculty also began to question the ethics of requiring E² passage a graduation criterion.

One faculty shared

That just did not seem ethical, and ... a number of people starting to comment about ... somebody has finished an entire curriculum and then ... they can't graduate and that seemed to be not as ethical as it might be.

Students also forced issues in an effort to promote policy changes. At one school, a BSN student “*who would have been denied his graduation, decided to share his feelings about the policy with the university's provost.*” In another BSN program, students failing the E² forced their school to change the policy of requiring E² success in order to graduate. As one program director shared:

... we had some students that were—not successful and they threatened us that they were going to create a big public display at graduation and call a press conference ... because [student's claimed] the test was discriminatory to Hispanics, and it was all Hispanics that were failing the test.

In each instance, schools were sensitive to faculty and student concerns and subsequently implemented E² policy changes to address the issues.

Cheating was another faculty concern specifically mentioned by six (40%) of the study schools related to testing and test security “*...that the faculty has to address on an ongoing basis*”. Specific methods of cheating ranged from computer screens that were visible to other students to students having “*cell phones in the breast pockets of their shirts can video the whole exam for their buddies*”. Prevention of cheating included procedures such as locking testing rooms prior to exams to prevent hiding of answers under key boards to seat assignments to ensure that friends did not sit close to one another.

Policy maker's influence. Policy makers within and outside of colleges and universities played either a direct or an indirect role in testing policies within nursing programs. Policy makers

included Boards of Nursing (BON), legislatively related bodies such as state educational coordinating boards, university administrators, and the United States Department of Education. Traditionally, state's BONs are governmental agencies responsible for the regulation of nursing practice, enforcing the laws regulating nursing practice, and do not per se set policies regarding curricular development of nursing programs. However, a more accurate depiction is offered by one program administrator: *"The board doesn't ever mandate anything, but they make very strong suggestions"* to encourage curricular changes. In some instances, the BON issued guidelines recommending that standardized testing not be used as a sole criterion for graduation.

Requiring students to achieve a particular benchmark on exit exams has come under scrutiny from other governmental agencies that make decisions regarding higher education. One baccalaureate program director related:

We've had questions from the Coordinating Board. We've had questions from the legislature. We've had questions from the Board of Nursing about using it [E²] as graduation criteria.

Two baccalaureate programs reported that outside policy makers influenced program decisions regarding achievement of minimum test scores in order to graduate. At one school faculty explained, *"the [academics affairs office] suspended our high stakes policy" after a student complaint.*" At another school, a test case was taken to the state's Department of Education and the Education Committee of the state's BON. When faced with outside pressures against using the E² as a graduation requirement, the most frequent strategy schools employed was to shift the E² into a course where the E² score became a part of the course grade. As one dean reported *"There is [sic] some legal issues around that [graduation requirement] and so all of our testing that would be exit, is tied to the course."* This move also helped to reduce student

argument. As one faculty explained: “*Once we attached the [course] grade to it, you know, there was no more discussion*”.

Policy Modification

Triggers influenced the development or re-development of curricular policies. Policy change occurred through two major routes. An atypical route reported by one school was that the policy changes came from “*a corporate decision, which was made by [company name] who own us*”. All other schools reported the process of policy change as stemming from the needs as determined by faculty and supported by program goals. Policy changes represented a faculty wide decision. Schools with large numbers of faculty members used committees to propose changes that were later voted on by the entire faculty.

That really is the faculty policy, and so it comes from the faculty, and usually what happens is that we have a situation in which we have an undergraduate curriculum [committee], and it is initiated in undergraduate curriculum [committee] and then it comes through the faculty meeting, and the faculty vote on it as a whole. And so then it's placed into policy.

In smaller schools, policy changes were managed by involving the faculty as a whole.

Some schools were savvy consumers as they went about policy development. These schools explicitly discussed basing their decisions on the evidence available as exemplified by the following program director statement, “*We've gone to the research, and it kind of varies on what percentage you place on it [E²]*”. Another BSN dean was confident in the E² exam and felt strongly that the evidence supported using this exit exam with her students, “*And I think the independent research that's been done on HESI has been very good. It's not driven by the company. And so I feel pretty comfortable with the decision that's been made around it*”.

Sometimes not all faculty members were convinced changes were needed or did not agree on how the policies should change. A strategy used by one dean when such differences existed was to bring in an outside consultant to a faculty retreat to help resolve the issues.

I had a retreat and I brought in a consultant, and there were some people who wanted to totally re-do the curriculum; others who kind of thought, "Oh, it's pretty good. We'll just tweak it a little bit." So I brought a consultant ... and I said, "Help our faculty think about what they want to do with our curriculum."

Exit examination policies were as varied as the individual nursing programs and also subject to frequent change pending new triggers. Nursing programs developed a range of policies related to timing of testing, benchmarking and penalties, remediation, and giving the E² value in terms of grades. These factors were often inter-related.

Timing of testing. Each school had their own rationale for how and when to give the E² and their justification for the policy was unique the program. One noted commonality was that all programs reported using the exit examination during the senior year of nursing study. However, some schools put the exam early in the semester to allow time for remediation while other programs gave the exam during the final week of the final semester. Schools offering the exam toward the end of the semester tended to use the outcome as information rather than linking consequences such as denying graduation or not allowing students to sit for the NCLEX-RN[®]. For some schools test timing was related to the schools policies regarding remediation. For example, one BSN school administered the E² early in the semester without consequences because it allowed students time to remediate on their lower scoring content areas,

My thought is that I do it early in the semester, and then I have the entire semester to spend coaching them so that they're ready [to take NCLEX-RN®] when they walk out the door."

Several programs used the HESI Exit Exam late in the semester or during final exam week because it served as a self-assessment and did not have consequences attached to exam performance. As one associate degree faculty explained

"...to use the standardized exam at the end of the course ... was a double check for us to see whether or not the students were being adequately prepared with the course material."

One baccalaureate school based the policy decision on their philosophy,

... if you have done the coursework and you have passed the courses with an 80 or above, then you are ready to take boards. And we don't say that you can't graduate from our program over one test.

Benchmarking/penalties. While some programs used the E² outcomes for informational purposes and did not attach consequences to student performance, other programs participated in the process of benchmarking where faculty set a score minimum that students must achieve.

Benchmarking ranged from 800 to 900, with 850 being the average score to pass for E² success, *"We have a benchmark of 800 currently, and if they pass that benchmark then they move to T1 [graduation]."* ; An ADN program shared *"Our benchmark is 850, so anybody [making] less than 850—we counsel them that they're at risk for not being successful on the NCLEX"* ;

Another BSN program with many high risk students indicated how their benchmark changed due to poor NCLEX-RN pass rates: *"It has been 850. We just moved it to 900. ... we were running about 92% [NCLEX_RN pass rate] then it dropped to 88%, and then it dropped to 82% ..."*

At one time, most of the schools attached E² failure to consequences associated to program completion. Two BSN schools in this study continue to base graduation on E² success. For other schools the policy was somewhat gray with the program director or dean making the final decision regarding progression. A second BSN school based their decision on the existing policy,

“...basically after the third HESI [E²] the fact that they cannot pass the HESI [E²], the Dean and the Associate Dean would make the decision. Eventually, we just let them take it [NCLEX-RN].”

Remediation. A key reason schools use exit exam testing is that it allows opportunity for remediation. Student remediation was varied, either student or faculty driven, or a combination of both student. Remediation could be mandatory or students were simply counseled that remediation was necessary to improve NCLEX-RN[®] passage. As one BSN dean put it, *“You need to do this, this and this [E² remediation plan]. And then I am out of the picture”*. Another dean stated, *“Faculty works one on one with that student”*. A third dean reported success with a combination of assisting the students to begin remediation, then allowing them to continue on their own,

“...they come to us for a mentor, and we organize it [remediation] and help them. But we also give the students, I guess, tasks or things that they need to do to study. I can ... recommend all the resources—have the case studies, and go over them with them, but if they don’t do the case studies and then go online and do the exercises, then there’s nothing I can do”

In some instances, retesting on the E² followed remediation. The level of remediation is driven by perceived faculty need. Schools with high NCLEX-RN pass rates may be more likely to

advise students that remediation is needed and share information about resources. Other schools are more proactive. An example of the process is similar to one described by a BSN program director,

... if they [students] receive a score of 850 or greater, then they are exempted from taking the second administration of the tool, although if they wished to they could. This really kind of bumps right into the remediation piece because if they do not receive an 850 on the exam then depending on what their score is they'll either be assigned to 1 or 2 hours of remediation each week ... Then ... we've all [faculty] taken students on to coach ... and in that coaching experience we address ... whatever the student feels they need to address...

All of the schools provided remediation online or written materials for their students, most using the entire package from Elsevier's Evolve system. One-third of the schools used additional remediation programs from other testing companies who offer online learning content. As one program director explained, *"They get the remediation plan from Evolve, yes, but the faculty also helps them with the remediation plan; a review by whoever - Kaplan, Elsevier, ATI, Harris"*. Four schools reported additional assistance through PREP U, a proprietary, customized, adaptive, online learning platform providing NCLEX-RN® remediation for nursing students.

Some schools opted to begin remediation early in their programs by adopting a standardized testing process throughout the program using HESI Specialty Exams, culminating with the HESI E² during the senior year. Each semester, students were given a relevant specialty test that was incorporated into required curricular courses. For some programs tests were given as the final examination while in others the test was in addition to the regular course tests. Most schools counted the Specialty Exams as part of the course grade.

Giving it value. Nursing school success requires time, energy, and effort on the part of the student. When tasks are suggested that students perceive as insignificant, students put forth little or no effort. As one BSN faculty member expressed, *“At first it was just they have to take it [E²] and that was it.”* But many programs discovered that simply taking the test was not enough. An ADN program director stated, *“We discovered if you make the test [E²] mean something they score better, so making the test part of their actual grades they’re more serious when they take it so they can do better on it”.* Several schools gave the E² value by making the exam a percentage of their overall grade usually ranging from 20 to 30%. Most of the faculty have concerns that, *“... if it doesn’t count for something for students they’re like, ‘Okay, well I’m not going to do that’.”* One dean at a BSN school that recently stopped using the E² as a high stakes test said, *“...I would say there is 80% [faculty] relief, and there is 20% [faculty] concern that students will not apply themselves appropriately [without the weight of high stake testing]”.* Overall, the study schools found when there were no consequences attached to the E², students did not take the exam very seriously; did not prepare and this often resulted in low scores.

Reactions to Change

Changes in policies required adaptation on the part of both faculty and students. Initially, when faced with change, resistance occurred with students and faculty alike. However, once the policy became fully implemented, resistance decreased and the policy change was accepted.

Perceived student resistance. Changing the process for standardized testing is often met with opposition. For students, taking an additional exam that did not count toward their degree only added work to an already busy academic schedule. *“Well most of the students are a bit resentful for having to take it [E²] ... It was a very uphill battle with the students to get them accustomed to the HESI test. It took time.”*

One school reported the student mindset as laissez-faire: *“They [students] said, ‘You know, maybe I’ll get lucky and just pass the first time, and if I don’t well then I’ll know how to study for the second time’.*” Faculty found that mindset to be unacceptable. To counteract this attitude, the dean used future jobs as a stimulus, *“... guess what, whoever passes their NCLEX exam first, that’s who is going to end up getting hired.”* To further combat the laissez-faire mindset, the school also developed a program to celebrated E² success,

We started really promoting a culture of first-time pass, and pride in our school, and pride in yourself, and then we actually had first-time-pass pins made and we give those to students in January every year now at kind of a little ceremony. .

Faculty resistance. Resistance to change was not seen as limited to students. Faculties were often viewed as opposed to changing developed courses. Changing curriculum requires additional time and effort from an already over-worked faculty. As one program director reported,

There were problems because we had to change the milieu of many of the mindsets of people here at the college, so that had good and bad implications. ... any time we make a change or implement something new you run into problems.

Resistance was not always the case. One large BSN school indicated the process of implementation was easy, *“It was discussed, it was voted on. It was implemented fairly”*. However, without that level of faculty input, resistance increased. A sudden policy change without faculty input at one BSN program increased resistance, *“We weren’t happy, but there was nothing else we could do about it”*. Such overriding left the faculty feeling distressed. One faculty explained, *“It had already been decided above the dean’s level”*, another program director stated, *“... normally our policies are not overridden like that. It was just one of those high-stakes [issues] ...”*.

Acceptance. Moving toward acceptance of the use of standardized exams involved communication of examination policies very early in the program. One group of students at a BSN school was reported to completely accepting the E² exam because *“It’s just a part of what you have to do”*. As students viewed the NCLEX-RN success of program graduates who were ahead of them, they became more amenable to the process. Over time, students reported not only acceptance of the E², but value. As one program director reported *“... we find that it [E² exam] gives them a feeling of, ‘... I can do this NCLEX. I can pass this test’. So they’re glad after the fact.”* Another group of students returned to the school to inform the faculty of the value they now attached to the E² exam,

We started to have our graduates come back and tell us how important it was to expose everybody to the NCLEX style question, the value that they felt it [E²] was, that certainly added to our winning the students over to accepting these [standardized] exams.

All nursing schools want to excel. A BSN dean saw the E² as a means to measure success and found acceptance from the faculty outcome driven, *“...the [faculty] committee did the research and said, ‘We want to measure our outcomes for that curriculum’.”*

After one BSN school stopped using the E² as a high stakes test, the faculty adopted a wait and see mind-set, *“...it is in evolution right now as to what’s going to happen”*. Similarly, another program who also dropped the requirement indicated *“...we’re a little bit concerned that there are some students that we would have liked to have more time and more remediation ... we’ll see how they do on NCLEX.”*

Discussion

As noted by the National Council of State Boards of Nursing (2011) policies are living documents that evolve and change over time. This study found that policies were developed and

modified according to the needs of those who are involved. In this study policy changes were directly related to triggers such as NCLEX-RN scores, student concerns related to passing, policymaker's influence over policy modification and faculty decisions related to E² implementation strategies. All study schools indicated that NCLEX-RN[®] success was the reason for using the E². Sifford and McDaniel's (2007) study of a remediation program for at risk students also reported that NCLEX-RN[®] success was the driving factor for using the E². Study programs reported student concerns about E² testing requirements impacted policy changes. Similarly, student concerns influence policy beyond their school. Regulatory bodies are scrutinizing exit testing policies. Cheating was a significant issue discussed by 60% of the schools. McCabe (2009) reported that 75% of faculties provide information on cheating and plagiarism to their students and 72% closely monitor students during testing situations. In 2012, the National League for Nursing (NLN) called for fair testing reform.

A range of issues, including graduation requirement, benchmarking, test implementation, remediation and importance of the E² exam, influenced the nature of change for policies. As policies evolved because of internal and external pressures, using the HESI E² was no longer a sole graduation criterion in 87% of the study schools. This finding differs from Langford and Young's (2013) findings that 44.74% of the schools in their study still deny graduation based on an E² passing score. Nursing programs in this study set student success with a benchmark of 850 (66%). Langford and Young had a similar finding of 850 (72.09%) as the benchmark in their study.

Congruent with Sifford and McDaniel's (2007) study, all schools in this study administered the E² during the senior year. Remediation activities are increasing and were required by all of the study schools. This finding differed from Young and Willson's (2012)

finding that 57% of schools required remediation. Giving the E² a grade value was essential according to most of the study schools. Lauer and Yoho (2013) noted that without consequences for test outcomes, students place no value on the E² which could be detrimental to student success.

Initially, faculty and student reactions to policy change were met with resistance, yet over time both groups accepted policy changes. Policy changes developed by faculty committees were easier to accept with administrative support. Gore and Schuessler (2013) also noted administrative support was critical and resistance to major change was commonly overcome with strong administrative vision. Deans/directors specifically mentioned student resistance to policies related to the E². However, it was noted that students often expressed appreciation of the value of the E² after successfully passing board exams.

Conclusion

Policy changes regarding testing and remediation are an evolving process. The cycle begins with a negative trigger generating consideration of needed policy changes. Forcing a change often stimulates improvements until the next trigger occurs and change is once again required. Triggers often come from stakeholders who place value in the outcome to be changed. Exit examination testing is one such trigger affecting students, faculty, nursing programs, and ultimately the community where students will practice. Faculty members need to continue to monitor student achievement and attend to improving curricula, teaching strategies, and evaluation processes that help to promote student success.

CHAPTER V

SUMMARY OF THE STUDY

The purpose of this descriptive phenomenological study was to explore the experiences of the persons responsible for policy development in nursing schools. Chapter V presents a summary of the study, conclusions, implications, and recommendations for further research.

Summary

This qualitative study examined the experiences of the individuals at ADN and BSN nursing programs who were considered the institutional experts regarding the use of the E² exam.

The experts discussed the common practices of their program related to the development and implementation of policies that govern exit examinations and remediation following the examinations. Fifteen schools of nursing were selected from a database generated at Elsevier representing ADN and BSN programs during the years 2009-2010 in a nationwide purposeful sample. As data collection progressed snowball sampling was also used to recruit additional schools meeting the study criteria. The findings of this study reflect responses from six ADN and nine BSN schools of nursing in nine U.S.A. states. Telephone interviews were conducted using open-ended questions asking for a description of the development and implementation of policies and remediation practices at each of the schools of nursing.

Policymaking regarding the use of exit examinations occurs in a cyclical fashion. All programs in this study had long standing policies that continually evolved based on factors affecting program outcomes and NCLEX-RN success rates. Policy changes were generally triggered by concerns regarding program outcomes, prompting faculty to examine their practices. With the exception of one school, all of the schools agreed that their NCLEX-RN scores influenced their decision to implement E². Student concerns at four schools were the driving force behind policy changes and included x, y, and z. In most instances faculty actively participated in the policy change process—either through curriculum committees or with small faculty numbers—using the faculty as a whole. Some policies were influenced by recommendations by the different state’s Boards of Nursing. In some instances decisions regarding exit examination testing were made by outside decision makers. One proprietary school said all policy decisions came from their corporate office. For two other schools, high ranking university administrators revoked the standing policy for exit examination use, which generated a great deal of concern on the part of faculty.

Policies contained a number of different criterion including the timing of the testing, benchmarking requirements that students needed to achieve in order to graduate or take the NCLEX-RN, and remediation requirements. In recent years, questions have arisen regarding the graduation criteria linked to E² exam success. Only two of the schools reported that they continue to require E² success for graduation. Two thirds of the schools use an E² score of 850 as a benchmark. Policy implementation of giving the E² during the senior year was similar for all of the schools. Some schools have newly integrated the E² into a course without consequences. Fifty-four percent of the schools give the E² within a course while forty-six percent use the E² as more of an assessment or diagnostic tool that does not associate consequences with the exam. After completing the E², a plan of individual remediation was provided for each student focusing on content areas where a low student score indicated the need for additional study. While all of the schools provided some form remediation, only one school did not use Elsevier's Evolve remediation program. Five schools combined additional online programs (Kaplan, Elsevier, ATI, Harris) within their remediation program and four other schools reported additional assistance through PREP U, a proprietary, online learning program geared to providing NCLEX-RN remediation. Attaching value to the E² was found to encourage students to study for the standardized exam. Three schools used unique methods to encourage student ownership of the E². One school allowed students who met the benchmark to opt-out of the final exam. Another school celebrated E² success with a ceremony and a third school used future jobs as an incentive.

Students and faculty alike were found to be initially resistant to policy changes. Students were upset because the E² required additional study and time to prepare in an already busy academic schedule. Faculty were also resistant to make changes to an existing curriculum that many felt did not need revision. Acceptance for all came slowly.

Conclusions and Implications

Conclusions derived from this study include:

1. Policy making about Elsevier's HESI Exit Exam testing is a cyclical process that is initiated by negative triggers, followed by policy development and ultimately implementation.
2. Policy development is dependent on the needs of the individual institutions related to issues determined by the stakeholders and policymakers.
3. Faculty are actively involved in making policy decisions for their programs.
4. Remediation is an important means of preparing for the NCLEX-RN.

Institutional policies are continuously evolving and changing as issues impacting the stakeholders arise. Faculty who implement policies should use best practice methods they have developed in their classrooms. Remediation is important for student learning. Mandatory remediation may not be a popular decision but the outcomes support student success.

Implications of this study include:

1. Measuring student readiness to take the NCLEX-RN is important;
2. The students must understand the value of taking the E²;
3. Deans and program directors should encourage faculty input as program policies are crafted and implemented.

The HESI Exit Exam has been shown to be an exceedingly accurate predictor of NCLEX-RN success (Nibert & Morrison, 2013). Students need to understand the importance of the E² assessment and remediation in their personal success in order to take ownership in their ability to pass the NCLEX-RN.

Recommendations for Further Study

Based on the findings of this study, recommendations for further study include:

1. Research regarding the effectiveness of nursing program's specific testing and remediation policies to foster NCLEX-RN success.
2. Evaluation of types of faculty mentoring and individual student remediation for best practices; and
3. Comparison of mandatory and non-mandatory remediation programs and their relationship to NCLEX-RN success.

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APPENDIX A

Manuscript Acceptance Letter

Dear Ms. Stonecypher,

4/19/2013

We are delighted to accept the manuscript, "Academic Policies and Practices to Deter Cheating" for publication in Nursing Education Perspectives. At this moment, I am not certain of the exact publication date. We will contact you when the editing process begins, and you will have an opportunity to review the edited manuscript.

Please print and sign our copyright agreement, which is attached. Please also print a copy of the form for your co-author.

Once you and your co-author have read and signed the form, please mail, fax, or email them to Katie at the address listed below. We recommend you also save a copy of the signed form for your records.

Katie Michalek
Editorial Assistant, Nursing Education Perspectives National League for Nursing
61 Broadway, 33rd Fl.
New York, NY 10006

Fax: 212-812-0391, Attn: Katie Michalek

Email: kmichalek@nln.org

Please be sure to inform our managing editor, Leslie Block (lblock@nln.org or 212-812-0308), if you go on leave or change your contact information.

Again, congratulations on this good work and many thanks for submitting this manuscript to the NLN journal!

Very sincerely,

APPENDIX B

Student Cheating Deterrent Policy and Practice Literature Summary

Table 1

Systematic Review of Student Misconduct with Deterrent Action Plans and Implementation Strategies

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Aaron et al., 2011 Radiology	Descriptive correlational design <ul style="list-style-type: none"> Faculty and students received a scenario-based questionnaire on cheating and unprofessional behavior. N = 217 faculty N = 210 students	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Faculty and students define academic dishonesty and professional integrity. Ensure that students clearly understand what constitutes academic dishonesty and unprofessional behavior. Faculty to promote an open dialogue with students to discuss what constitutes cheating and unprofessional behavior. 	<ul style="list-style-type: none"> Define academic dishonesty. Define and explain professional integrity.
Arhin, 2009 Nursing	Survey research <ul style="list-style-type: none"> Explores cheating perceptions of senior nursing students using 12 scenarios. N = 44	A. Acquiring information, providing information B. Plagiarism and dual submissions D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Inform students what constitutes dishonesty and expectations. Include an honor code on all exams and syllabi. Elicit student participation to develop honor code. Enforce existing testing policies. 	<ul style="list-style-type: none"> Make different exam versions and frequently change questions. Make random seating assignments. Do not allow electronic devices in the exam room. Have adequate number of exam proctors. Use test generating software. Define plagiarism and teach paraphrasing and citing methods. Require submission of working drafts.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Arhin & Jones, 2009 Nursing	Survey research <ul style="list-style-type: none"> • Explores cheating perceptions of nursing and other students using 12 scenarios. N = 161	A. Acquiring information, providing information B. Plagiarism D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Understand student's perception of cheating. • Identify behaviors of academic dishonesty in class and laboratory. • Implement honor code and emphasize its application to laboratory setting. • Focus on the process of experiments versus results. 	<ul style="list-style-type: none"> • Have honor codes with expectations printed in class and laboratory syllabi. • Change laboratory experiments or give different versions of an experiment. • Use oral laboratory reporting. • Implement several different test versions.
Bailey, 2001 Nursing	Exploratory survey <ul style="list-style-type: none"> • Explores faculty's perceptions of cheating, ethical dilemmas, and effectiveness of policies. N = 262	B. Plagiarism D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Teach issues of plagiarism as part of the core content. • Discuss ethical behaviors of professional nurses with students. 	<ul style="list-style-type: none"> • Define plagiarism. • Teach ethical/legal documentation methods. • Implement interactive discussions on ethical behaviors. • Describe role expectations for home visits.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Berschback, 2011 Education	Discussion <ul style="list-style-type: none"> • Describes exam development and implementation methods. 	C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> • Give options for time and scheduling of examinations. • Assure that faculty has knowledge of student cheating methods and prevention strategies. • Adhere to the cheating policy as written in syllabi and follow procedures for make-up test taking. 	<ul style="list-style-type: none"> • Construct exams with scrambled answer choices and enforce exam time limit. • Monitor/proctor testing closely and remain in room. • Implement classroom management strategies such as students are not allowed to leave room during test, randomly assign seating, clear desktops, and do not allow use of calculators with data storage, and limit all electronic device usage. • Disallow hats with brim and monitor beverage containers, tissues, etc., where information could be written.
Calhoun & Wood, 2010 Radiology	Literature review <ul style="list-style-type: none"> • Review of academic misconduct and prevalence and faculty/student responsibilities. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Faculty review policy with students to ensure understanding and ramifications of dishonest behavior. • Student participation in creating honor codes. • Faculty to follow policy consistently with uniform handling of offenses. 	<ul style="list-style-type: none"> • Have honor policies clearly written. • Increase students' understanding of the value of integrity. • Encourage student assistance to create honor codes. • Develop easy to understand procedure for reporting misconduct.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Conway-Klaassen & Keil, 2010 Clinical Laboratory Sciences	Case presentation <ul style="list-style-type: none"> • Use of online exam cheating case presentation. 	C. Acquisition of examinations, answers to examinations, conspiracy Cheating by students during online exams; methods to avoid further dishonesty discussed	<ul style="list-style-type: none"> • Make sure online students have clear definitions of cheating, knowledge of honor codes, and the consequences of misconduct. • Discuss cheating definitions with faculty. • Ensure student understanding of ethical consequences of misconduct on quality of nursing practice and patient care. • Faculty must provide guidance, surveillance, and enforcement of cheating sanctions. 	<ul style="list-style-type: none"> • Review student manual with academic dishonesty definitions and procedures. • Administer an ungraded quiz on cheating and have group discussion of results during orientation. • Limit online testing time and use alternate test question formats, especially short answer questions with open-ended responses. • Develop several equivalent exams per testing session, scramble test items and item choices. • Deliver one question at a time and block returning to prior questions during online testing. • Do not release scores until all students have completed testing. • Install a software patch to prevent printing of exam questions. • Use school or testing vendor location with proctors for testing.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Danielsen et al., 2006 Physician Assistant	Literature review <ul style="list-style-type: none"> Review of cheating prevention and methods to reduce academic dishonesty. 	A. Acquiring information, providing information C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Development and implementation of policies for exams, test review, remediation, and retesting. Define policies clearly on what constitutes dishonest academic conduct. Address cheating during orientation and review policies frequently throughout the curriculum. Ensure faculties are knowledgeable of current cheating practices and curtailment strategies. Reinforce student accountability for code of conduct and to report peer violators. 	<ul style="list-style-type: none"> Provide students with copies of the code of conduct policy. Implement zero tolerance for cheating. Consistently enforce the policy on retesting and remediation. Maintain exam integrity by limiting the number of faculty with exam access; maintain control of copies (e.g., copy machine, mailboxes); and change exams at least yearly. Use a secure browser to prevent Internet searching during online testing. Require proctors to circulate the room during testing.
DiBartolo & Walsh, 2010 Nursing	Literature review <ul style="list-style-type: none"> Describes methods to curtail academic dishonesty. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Create a culture that supports the core values of trust and integrity. Implement testing and plagiarism preventive misconduct strategies. Ensure consistent implementation of academic integrity policy. 	<ul style="list-style-type: none"> Institute orientation programs with ongoing reinforcement of integrity issues throughout the curriculum. Adopt honor codes and signed contracts.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Faucher & Caves, 2009 Nursing	Literature review <ul style="list-style-type: none"> Describes cheating techniques and prevention strategies. 	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Hold academic integrity event with student-led discussion. Institute student contract that binds them to the code of conduct and academic integrity. Use student teams trained to detect cheating to proctor exams. List rules related to electronic devices with clearly stated penalties for adherence failure. 	<ul style="list-style-type: none"> Identify cheating behaviors in syllabi, assignments, on exams, and on the college web page. Require students to sign an honor code contract. Disallow electronic devices in testing room, cut off wireless hotspots, and use security cameras to ensure test security. Use multiple randomized exam versions. Have proctors circulate during testing and engage in prolonged eye contact with students during testing.
Fontana, 2009 Nursing	Qualitative Interviews <ul style="list-style-type: none"> Faculty identifies professional responsibility and willingness to be the accuser. N = 12	No specific conduct discussed. Faculty report on confronting and reporting general academic misconduct.	<ul style="list-style-type: none"> Protect against risk to tenure, retribution, evaluations (administrative and student), physical assault, or violence. Nurture trusting relationships between students and other faculty. Instill ethical responsibility to patients among nursing students. 	<ul style="list-style-type: none"> Rally for administrative support for faculty members who are reporting academic misconduct. Consistently enforce policies for dishonest behavior. Routinely and frequently reinforce the consequences of dishonesty with students.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Gaberson, 1997 Nursing	Literature review <ul style="list-style-type: none"> Discusses cheating and potential effects on present and future professional practice. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations or answers, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Development and reinforcement of an academic integrity policy. Ensure that the policy identifies the integrity code and defines terms. Review the policy on a regularly scheduled base. Faculty to role model realistic expectation of a professional nurse. 	<ul style="list-style-type: none"> Consistently enforce the code of integrity as defined in the student handbook. Communicate the process and consequences of academic dishonesty. Teach moral decision making skills. Set an expectation for professional character development.
Gibson et al., 2006 Nursing and Business	Survey research <ul style="list-style-type: none"> Describes plagiarism prevalence and strategies for prevention. N = 103	B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Faculty uses the Internet and online plagiarism services to verify plagiarism. Incorporate appropriate referencing techniques into core curriculum. Enforce consequences of plagiarism with a transparent detection process. Reduce incidence of purchased term papers. 	<ul style="list-style-type: none"> Define plagiarism, checking methods used, and student consequences. Ensure students' knowledge of appropriate referencing. Faculty use Internet to detect plagiarism. Craft term paper requirements to limit the students' ability to find a previously written paper on the exact topic.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Graham-Webb et al., Dec. 2010, Jan./Feb. 2011 Nursing and Radiology	Descriptive correlational design <ul style="list-style-type: none"> Survey to determine relationship between perceptions of academic dishonesty and professional behavior. N = 195	No specific conduct discussed. Investigators suggested increasing students understanding of academic misconduct.	<ul style="list-style-type: none"> Clarify what constitutes academic dishonesty and unprofessional behavior for both students and faculty. Teach professional ethics and conduct. Students participate in enforcement of academic conduct policy. 	<ul style="list-style-type: none"> Review academic conduct policies frequently. Explore students' perceptions of academic dishonesty and unprofessional behavior. Policies are enforced with student participation. Explore methods to reduce the motivation for cheating.
Hard et al., 2006 Education	Survey research <ul style="list-style-type: none"> Describes beliefs about prevalence of academic misconduct. N = 157 faculty N = 421 students	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Ensure that faculty understands the academic policy and undertakes prevention efforts. Reinforce to faculty that underestimation of misconduct leads to nonattention to prevention strategies. 	<ul style="list-style-type: none"> Clearly explain academic integrity policy and consequences of misconduct. Design assignments that avoid use of unapproved resources. Challenge students when suspected of misconduct.
Harper, 2006 Nursing	Literature research <ul style="list-style-type: none"> Describes unintended outcomes of using technology use in education. 	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Assure that faculty and students have same definitions of academic dishonesty/cheating and the consequences of misconduct. Increase faculty knowledge of technologies and gadgets used in online plagiarism and cheating. 	<ul style="list-style-type: none"> Post and review honor code policies and consequences for test taking misconduct. Change log-in code just prior to beginning the online test and use open book exams. Require draft submissions to learn students' writing style to aid recognition of another's work.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Hart & Morgan, 2010 Nursing	Comparative descriptive design <ul style="list-style-type: none"> Evaluates academic integrity of online versus classroom students. N = 374	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Incorporate academic integrity code in the core curriculum for both online and classroom students. Develop policies that clearly delineate expectations and procedures for reporting. 	<ul style="list-style-type: none"> Develop an assignment to review the academic integrity code and the consequences for violations of code. Institute cheating prevention strategies for unproctored online testing such as timed testing and open-ended test questions. Clearly delineate individual from group assignments.
Hayes et al., 2006 Education	Literature review <ul style="list-style-type: none"> Describes strategies to reduce classroom cheating. 	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Develop content on ethical behavior, academic integrity policy, arbitration procedures, and institutional sanctions. Have regular faculty development where faculty shares student cheating techniques, detection techniques, and journal reports. 	<ul style="list-style-type: none"> Review and discuss academic integrity policy and plagiarism in syllabus with consequences listed. Implement multiple test security strategies such as arranged seating, multiple tests, scrambled test items, no personal belongings, no hats, and proctors circulating during exam.
Honny, 2010 Dental hygiene	Literature review <ul style="list-style-type: none"> Describes academic integrity from social learning theory framework. 	A. Acquiring information, providing information B. Plagiarism and dual submissions D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Use honor codes to guide students' ethical decision making. Develop policies and easy-to-implement disciplinary practices. 	<ul style="list-style-type: none"> Review and implement academic honor code and consequences of misconduct. Institute an honor code system where there is student responsibility for dealing with violators.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Johanson, 2010 Nursing	Literature review <ul style="list-style-type: none"> Discusses how students, educators, and administrators can promote honesty. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Develop and communicate a formal academic integrity policy and formal complaint processes. Implement strategies to prevent misconduct. Initiate faculty development on high technology methods of cheating and plagiarism. Reinforce correct reference citing throughout the curriculum. 	<ul style="list-style-type: none"> Design new course assignments and exams each semester. Teach and discuss plagiarism, professional conduct, and consequences for infractions. Reinforce academic honesty using clinical scenarios focusing on outcomes to patients and the nursing profession.
Kolanko et al., 2006 Nursing	Literature review <ul style="list-style-type: none"> Explores academic dishonesty and low-and high-tech forms of cheating. 	C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Institute test security practices throughout the program. Ensure that school policy is enforced regarding disciplinary action. 	<ul style="list-style-type: none"> Implement testing prevention strategies such as using more than one proctor, students not to leave room during testing session unless escorted. Ban personal items and electronic devices during testing including pagers, calculators, hand-held computers, cameras, and cell phones. Monitor students closely and if suspected of cheating, confront student discreetly.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Langone, 2007 Nursing	Case Report <ul style="list-style-type: none"> Describes use of modified honor code to address cheating and plagiarism. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Develop a code of academic and clinical integrity that uses anonymous reporting. Guarantee enforcement of consequences for student misconduct. Ensure student monitoring and administrative reporting of violators to faculty, director, and dean. 	<ul style="list-style-type: none"> Review academic and clinical integrity code each semester and have students sign and attest to following the principles. Teach system for anonymous reporting of violations including use of locked drop boxes.
Lewenson et al., 2005 Nursing	Case Report <ul style="list-style-type: none"> Describes application of principles to resolve ethical problem. 	A. Acquiring information, providing information C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Establish ongoing review of ethical behavior during orientation using case report(s) for faculty and students. Develop knowledge of acceptable and unacceptable behaviors and conduct among faculty and students. 	<ul style="list-style-type: none"> Teach and discuss plagiarism and professional conduct in classroom. Present case(s) scenarios from school's experience to future students and faculty at orientation. Refine handbook to include examples of behaviors and conduct that is unacceptable.
Lucas et al., 2005 Psychology	Descriptive correlational design <ul style="list-style-type: none"> Found the relationship of work-related deviance and academic cheating. N = 87	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Help students internalize ethical standards and codes of conduct to affect attitudes about cheating. Socialize students in the role of self-enforcement of honor codes. 	<ul style="list-style-type: none"> Assign a thoughtful debate arguing aspects of the honor code. Incorporate a reflective discussion on honor code issues. Implement self-enforced compliance of honor code.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
McCabe, 2009 Nursing	Descriptive survey <ul style="list-style-type: none"> Describes nursing student classroom cheating prevalence and behavior classification. N = 973	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery.	<ul style="list-style-type: none"> Advocate honor codes with clear rules and moral socialization. Faculty to role model professional identity of the nursing profession. Implement strategies to prevent online plagiarism and acquiring plagiarized materials. 	<ul style="list-style-type: none"> Discuss common ethical dilemmas found in clinical settings. Implement fewer online examinations and if possible institute onsite testing. Have students use software programs to self-identify plagiarism in their papers.
McCrink, 2010 Nursing	Survey research <ul style="list-style-type: none"> Nursing students from two schools were asked prevalence, methods, attitudes, and relationship to patient caring. N = 193	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery.	<ul style="list-style-type: none"> Ensure student understanding of academic misconduct and unethical behavior via a clear and comprehensive policy. Review common breaches in patient confidentiality. Socialize students into the profession of nursing and the ethic of caring. 	<ul style="list-style-type: none"> Use case studies to demonstrate unethical behavior's negative effect on patient outcomes and the nursing profession. Reinforce the relationships between falsification of clinical activities (e.g., medications given or vital signs) and patient outcomes. Faculty to role model ethical practice and the ethic of caring.
McMasters et al., 2006 Education	Literature review <ul style="list-style-type: none"> Discusses punishment for academic misconduct within a professional preparation program. 	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Teach moral and ethical enrichment, and academic integrity as core curriculum. Develop clear definitions of misconduct behaviors and written set of procedures for punishment that is consistently implemented. Initiate a faculty review board that files written reprimands in the student record. 	<ul style="list-style-type: none"> Define and discuss academic integrity behavior, plagiarism, cheating, and consequences. Develop case reports using documented incident reports that have occurred with consequences for students to analyze.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Mohr et al., 2011 Physical therapy	Literature review <ul style="list-style-type: none"> Review of cheating behaviors for classroom and clinical. 	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Review, revise, and update academic integrity policies to include purpose, definitions, screening strategies, honor code, due process, and consequences. Increase faculty development on methods used by students in online, clinical, and classroom situations. Ensure consistent enforcement of punishment for misconduct. 	<ul style="list-style-type: none"> Add honor statements and opportunity to report cheating to syllabi and on individual exams. Institute use of misconduct prevention strategies such as ban on use of personal electronic devices during testing, no personal effects at desk, and use of proctoring cameras. Design new critical thinking exams frequently and vary distribution of question sets.
Morin, 2007 Nursing	Case report <ul style="list-style-type: none"> Discusses a disciplinary process and overturned misconduct determination. 	A. Acquiring information, providing information	<ul style="list-style-type: none"> Guarantee that faculty and students have knowledge of misconduct policy. 	<ul style="list-style-type: none"> Institute academic honor code contracts where students on admission attest their intent to adhere to ethical behaviors.
Mujtaba & Kennedy, 2005 Education	Literature review <ul style="list-style-type: none"> Discusses use of Bloom's Taxonomy of learning to decrease cheating. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Focus classroom environment on student discussion, team based assignments, and critical thinking skills. Communicate and implement misconduct prevention strategies. 	<ul style="list-style-type: none"> Incorporate application of concepts in order to master course objectives. Involve students in higher order learning of the concepts (analysis, synthesis, and evaluation). Implement prevention methods such as banning technology devices.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Osinski, 2003 Nursing	Literature review <ul style="list-style-type: none"> Discusses procedural and substantive due process related to academic and disciplinary misconduct. 	No specific conduct discussed. Investigators suggest increasing faculty understanding of due process for academic misconduct.	<ul style="list-style-type: none"> Develop an academic and disciplinary misconduct policy and communicate the policy to all stakeholders. Develop well-defined institutional processes to ensure student rights. Ensure detailed incident documentation and consistent application of the policies. Faculty development on students' rights related to misconduct. 	<ul style="list-style-type: none"> Review grade appeals and grievance policies printed in handbook and course syllabi. Discuss and debate academic conduct to ensure student understanding of expected behaviors, process for violations, and grievance procedure. Institute periodic review of misconduct policies and procedures and revise as indicated.
Owunwanne et al., 2010 Education	Survey research <ul style="list-style-type: none"> Explores students' understanding and proportion of cheating and plagiarism. N=5331	A. Acquiring information, providing information B. Plagiarism and dual submissions	<ul style="list-style-type: none"> Develop an honor code and code of ethics and communicate the codes to all stakeholders. Create a culture of vigilance to prevent misconduct and, if identified, for consistent enforcement of the misconduct policy. 	<ul style="list-style-type: none"> Require an orientation class to discuss and debate honor/ethical codes and penalties for violations. Strengthen misconduct prevention strategies such as restricting use of electronic devices during testing and creating multiple exams for students testing at different times.
Piasek & Brazeau, 2010 Pharmacy	Literature review <ul style="list-style-type: none"> Discusses methods to promote academic integrity. 	B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Establish a culture of academic integrity where the focus is on learning. Develop and disseminate guidelines for suitable behavior. Faculty to role model professionalism. 	<ul style="list-style-type: none"> Discuss and debate academic integrity, guidelines, and clearly define independent from group work. Use performance-based and problem-solving examination questions instead of multiple-choice tests.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Rabi et al., 2006 Pharmacy	Descriptive correlational design <ul style="list-style-type: none"> To describe the attitudes, prevalence, and prevention of academic dishonesty. N = 296	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery.	<ul style="list-style-type: none"> Ensure that faculty and students have the same definitions of cheating. Create a classroom atmosphere that decreases cheating. 	<ul style="list-style-type: none"> Review and discuss misconduct using case scenarios. Clarify which assignments are to be completed independently. Create new exams for students making up exams. Guarantee that all exams are proctored.
Randall et al., 2008 Physical and occupational therapy	Delphi study <ul style="list-style-type: none"> Describe methods for refining an honor code. N = 97	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Use Delphi methodology to define academic integrity and to develop an honor statement. Faculty/students develop procedures to deal with infractions. Infuse academic integrity values into curriculum. 	<ul style="list-style-type: none"> Develop a collaborative faculty/student honor statement that describes acceptable behavior. Expose and discuss honor code and honor statement regularly with students. Launch a student/faculty committee to manage infractions.
Roberson, 2009 Nursing	Descriptive pre- and post-design <ul style="list-style-type: none"> Describes system response system to reduce cheating. N = 221	A. Acquiring information, providing information C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Garner faculty and administration support of use of high technology teaching strategies. Establish faculty development for technology interventions. Maintain low technology misconduct prevention strategies (e.g., room monitors, no personal belongs at desk, etc.). 	<ul style="list-style-type: none"> Implement high technology solutions to reduce classroom cheating such as student response system (SRS). Reinforce low technology misconduct prevention methods such as multiple exam versions and additional faculty proctors.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Scanlan, 2006 Allied health	Literature review <ul style="list-style-type: none"> • Describes strategies to decrease cheating and plagiarism. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Develop and implement a faculty/student honor code. • Faculty to role model professionalism. • Implement misconduct prevention strategies including honor pledges and honesty declarations. 	<ul style="list-style-type: none"> • Build student/faculty teams to communicate the honor code and monitor violations. • Institute mandatory integrity training and reinforcement continually throughout the curriculum. • Encourage student responsibility for academic integrity.
Schmidt, 2006 Nursing	Literature review <ul style="list-style-type: none"> • Discusses cheating behaviors, prevalence, and prevention. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> • Reinforce misconduct prevention strategies. • Enrich students' value for nursing content by role modeling intellectual integrity. • Faculty development on technology gadgets used to cheat. 	<ul style="list-style-type: none"> • Develop and consistently implement policies for testing and post exam review. • Establish teaching and testing strategies to prevent misconduct.
Tippitt et al., 2009 Nursing	Literature review <ul style="list-style-type: none"> • Discusses long- and short-term strategies to prevent misconduct. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Communicate academic policy and class rules listing behavioral expectations and rationales. • Ensure that academic violations are managed according to policy. • Create student-faculty relationships of trust and respect. 	<ul style="list-style-type: none"> • Discuss ethical behaviors of professional nurses at orientation programs. • Write policy and procedures for dishonest behavior so students understand the consequences of their misconduct. • Consistently demonstrate faculty vigilance for enforcement of the honor code and prevention of misconduct throughout the entire curriculum.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Tomasi et al., 2009 Education	<ul style="list-style-type: none"> Discusses remote proctoring system for online students. 	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> Enforce use of strategies to decrease online assignment and exam cheating. Seek administrative and faculty support for implementing a remote proctoring system for online students. 	<ul style="list-style-type: none"> Implement online cheating prevention such as using plagiarizing software, scrambling, and changing exam questions. Explore and implement specific remote proctor for exams/cyber-plagiarism such as fingerprint identification, camera on computer, computer-locking software to prevent e-mailing, messaging, and Internet access.
Wilk & Bowllan, 2011 Nursing	Descriptive focus group <ul style="list-style-type: none"> Describes student involvement to improve academic integrity. N = 20	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> Ensure that code of ethics (COE) is clearly written with expected behaviors and consequences of misconduct. Use student feedback when writing school COE to reflect what the students think is important. Thread the COE content and guidelines throughout the curriculum. 	<ul style="list-style-type: none"> Teach freshman nursing students about the COE during nursing seminars. Students will sign a copy of guidelines and it will be placed in their file. Display printed copy of COE in all classrooms and nursing offices. Encourage faculty to discuss ethical dilemmas in classroom and clinical settings.

Author/Year/ Discipline	Design/Purpose/ Sample	Misconduct Categories	Action Plans	Implementation Strategies
Woith et al., 2012 Nursing	Descriptive mixed- methods <ul style="list-style-type: none"> • Surveys and interviews a subset of nursing students about academic integrity. N = 55	A. Acquiring information, providing information B. Plagiarism and dual submissions C. Acquisition of examinations, answers to examinations, conspiracy D. Fabrication of information, misrepresentation, alterations of documents, and forgery	<ul style="list-style-type: none"> • Ensure a culture of integrity and professionalism by faculty role modeling. • Faculty to set testing schedules of different courses to decrease student time pressures. • Relate dishonesty to clinical setting and patient safety. 	<ul style="list-style-type: none"> • Discuss honor code throughout the course. • Discuss meaning of academic integrity and ethical conduct during each course. • Institute student leaders as peer mentors to promote integrity and personal accountability. • Establish journal clubs to promote academic integrity.
Wolf & Czekanski, 2011 Nursing	Descriptive design <ul style="list-style-type: none"> • Analyzes nursing student complaints. N = 98	A. Acquiring information, providing information C. Acquisition of examinations, answers to examinations, conspiracy	<ul style="list-style-type: none"> • Ensure development of formal complaint policy with definition of formal complaint and follow-up processes. • Initiate quality review of the characteristics of nursing students' formal complaints. 	<ul style="list-style-type: none"> • Ensure clear, frequent communication of testing policies and standards. • Utilize quality review categories such as testing and grading to guide process development.

Note. Misconduct categories adapted from Prairie View A&M University's Policy on Academic Honesty. Prairie View A&M University (n.d).

Undergraduate and graduate 2008–2010 catalog (pp. 127–130). Prairie View, Texas: Author. Retrieved from

http://pantherconnect.com/catalog/docs/09/Undergrad/PDF/Full_Catalog/full_undergrad.pdf

APPENDIX C

IRB Approval Letter



Office of Research
6700 Fannin Street
Houston, TX 77030-2343
713-794-2480 Fax 713-794-2488

March 18, 2013

Ms. Karen Stonecypher
College of Nursing
6700 Fannin Street
Houston, TX 77030

Dear Ms. Stonecypher:

*Re: Nursing Program Experiences of Developing and Implementing HESI Exit Examination
(Protocol #: 17229)*

Your application to the IRB has been reviewed and approved.

This approval lasts for one (1) year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. If you have any questions, please contact the TWU IRB.

The signed consent forms, as applicable, must be filed with the request to close a study file at the completion of the study.

Sincerely,

Carolyn Kelley, PT
Carolyn Kelley, PT, DSc, NCS
Institutional Review Board - Houston

cc. Dr. Karen Lyon, College of Nursing - Houston
Anne Young, EdD, College of Nursing - Houston
Graduate School

APPENDIX D

Demographic Data Sheet

Demographic Data Sheet

Job title of individual being interviewed: _____

Number of years in this position: _____

Program design (circle one): ADN BSN

Public or privately funded (circle one)

Number of students in program: _____

Range of Student Ages: _____

Student gender (percentage): Female ____% Male ____%

Please indicate the percentage of different ethnicities that compose your nursing program

- White/European American _____%
- African American _____%
- Hispanic/Latino _____%
- Asian _____%
- Native American _____%
- Other _____%

Total = 100%

APPENDIX E
Interview Guide

Interview Guide

Your participation in this study is completely voluntary. This conversation will be digitally recorded and transcribed to a hard copy at a later time.

The purpose of this interview is for you to describe the practices related to progression policy development and implementation related to the Elsevier HESI™ E² Exit Examination and remediation methods. If at any time during this interview you do not wish to continue, you may stop the interview. You are under no obligation to complete this interview.

If I have further questions may I contact you at a later time?

Interview Questions:

Question 1: Tell me about the exit exam policy at your school of nursing.

1. How was the decision to initiate an exit exam policy made?
2. Did NCLEX scores affect the decision to develop an exit exam policy?
3. Did the HESI™ E² Exit Examination influence the exit exam policy?
 - a. At what point(s) in your program do you give the HESI™ E² Exit Examination?

b. What is your benchmark score? _____

4. What policies have been developed?

For each policy _____

- a. Describe the policy?
- b. Describe the program?

Question 2: What have been your experiences in implementing this policy?

1. Who is involved in the implementation of the policy?
2. When do the students find out about the policy?

Question 3: Tell me about your remediation methods

1. Who developed the remediation plan?
2. How do you implement the remediation plan?
 - a. When does remediation start?
 - b. Who initiates the remediation process?

Question 4: What kind of regulations or requirements is your school facing?

1. What types of changes are being required?
2. Who is requiring the changes?
3. What is your program doing during this transition period?
4. Who is involved in developing new policies regarding Exit Exam testing that will meet the new regulations?

APPENDIX F

Manuscript Review Letter

Karen Stonecypher
Michael E. DeBakey VA Medical Center
3210 Hereford Circle
Manvel, Texas
United States
77578
March 17, 2014

JNE-2014-108 Version 1.0
Nursing Program Experiences Developing and Implementing Policies for the HESITM Exit
Exam

Dear Ms Stonecypher,

The Journal of Nursing Education has received your manuscript submission and all the necessary
copyright forms. Your manuscript has been screened and has been approved to begin the peer-
review process.

Thank you for your submission.

Sheryl

Sheryl Croce

Senior Peer Review Coordinator
Health Care Books and Journals
scroce@slackinc.com
ph: 856.848.1000

SLACK Incorporated

<http://www.slackinc.com>

A Wyanoke Group Company

APPENDIX G

Publication Letter Release

Dear Publisher,

I would like to deposit the full text of the following article in my dissertation (thesis) to meet the graduate requirements at Texas Woman's University, Denton, Texas.

CHAPTERS SUBMITTED FOR PUBLICATION

Academic Policies and Practices to Deter Cheating

Nursing Education Perspectives, 2014, pp.

Karen Stonecypher, PhD & Pamela Willson, PhD

I am contacting you as a publisher in order to seek your permission to include this article as a chapter in my dissertation. The requested permission extends to any future revisions and editions of my dissertation and to the prospective publication of my dissertation by ProQuest through its UMI® Dissertation Publishing business. I would be grateful if you could return this letter (email) to me with your permission to use the aforementioned article.

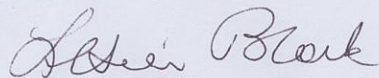
Yours sincerely
Karen Stonecypher
Ph.D. Nursing Student
Texas Woman's University

April 2, 2014

Dear Ms. Stonecypher, I am happy to give you permission to include the above article as a chapter in your dissertation, including revision and publication by ProQuest.

The article will be published in *Nursing Education Perspectives*, Vol 35, No. 3 (pg #s not yet available). It has been published Online Early at <http://www.nlnjournal.org/toc/nhep/0/0>, doi: [10.5480/12-1028.1](https://doi.org/10.5480/12-1028.1).

Sincerely,



Leslie Block, Managing Editor