

**Kansas State Board of Nursing
Education Committee Agenda
September 15, 2026**

Agency Mission: To protect and promote the welfare of the people of Kansas.

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: 8:30 a.m. – Until Finished

- I. Quorum (minimum of 2 members present) – Yes
- II. Call to Order
- III. Review of On-Site Packet
- IV. Additions/Revisions to the agenda
- V. Announcements
- VI. Approval of Minutes: June 9, 2026
July 22, 2026
- VII. Consent Agenda
 - A. Petition Summary 2/21/26 to 8/15/26
 - B. Education Staff Report
 - C. Site Survey Schedules 2026-27
- VIII. Old Business
 - A. Mid-America College of Health Sciences – PN
- IX. New Business
 - A. CNE approvals
 - a. Renewals (4)
 - b. Initial (2)
 - B. Proposal – Site Survey Process / Efficiency
 - C. Discussion – Education Committee Articles
- X. Agenda for December 2026 Committee meeting
- XI. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

You are invited to a Zoom webinar!
When: Sep 15, 2026 08:30 AM Central Time (US and Canada)
Topic: Kansas State Board of Nursing - Education Committee

Join from PC, Mac, iPad, or Android:
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Petition for Permission to Test/Retest NCLEX Summary
3/2/2026 to 5/31/26

Petitioner Name	NCLEX Test	Repeat	Grad Date	Conditions applied to approval	Date Petition Received
Josephine Ndamayu	PN	No	Apr-26	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	5/6/2026
Alondra Bolivar-Jimenez	RN	Yes	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	5/13/2026
Monika Shrestha	RN	No - never taken NCLEX	Dec 2020; came to U.S. Jan. 2024	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	5/31/2026

Petition for Permission to Test/Retest NCLEX Summary
5/31/26 to 8/25/26

Petitioner Name	NCLEX Test	Repeat Petition	Grad Date	Conditions applied to approval	Date Petition Received
Maria Diaz	RN	No	Nov. 2022	1) Additional 20 hours of study for each area on study plan 2) Total of 30 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score 4) Audit nursing class(es) to review all unsuccessful areas	6/26/2026
Kamry Landa	PN	No	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	7/23/2026
Sharon Korir	PN	No	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	8/7/2026
Darius Thomas	RN	No	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	8/17/2026

Petitioner Name	NCLEX Test	Repeat Petition	Grad Date	Conditions applied to approval	Date Petition Received
Emily Gauna	RN	No	May-24	1) Additional 10 hours of study for each area on study plan 2) Total of 15 hours of observational clinical to cover all unsuccessful areas on exam 3) Successful completion of formal Review Course with predictability score	8/17/2026



Staff Report

Date: September 16, 2026

TO: KSBN Board Members

FR: Janelle B. Martin, MHSA, RN
Nursing Education Compliance Officer

RE: September 2026 Education Staff Report

Purpose of the Agenda Item and/or the Board Action Requested:

This report is an update on the activities of the Education Compliance Officer for March 13, 2026, through Sept. 1, 2026, in support of the KSBN strategic plan. No Board action is requested at this time.

Strategic Outcome and actions to support the outcome:

Priority Objective 3 – 4 Oversee nursing education programs and continuing nursing education providers to ensure requirements in the Nurse Practice Act are met:

- **KAR 60-2-102**
 - **Four completed site surveys in the second quarter:**
 - ✓ *WSU Tech College – PN reapproval survey*
 - ✓ *Mid-America College of Health Sciences – PN program – follow-up/focus survey per board action*
 - ✓ *Ottawa University – BSN program – follow up after first graduation survey*
 - ✓ *Donnelly College – nursing programs – follow-up/focus survey per board action*
 - **Changes in Nursing Program and Program Administration 3/1/2026 to 9/1/2026:**
 - ✓ *4/1/2026 Dodge City Community College – announced that Mechele Hailey, VP Academic Affairs will also assume responsibility as the Program Administrator for the nursing program. Nikki Debnam, MSN, RN was placed as the Interim Division Chair for nursing.*
 - ✓ *Mid-America College of Health Sciences announced a second change this year in nursing program leadership. Director Natalie Roberts-Wilner MSN/MHA, RN, Gero-BC who began 1/2/26, resigned and former Director Sue Watson, MSN, RN has been brought back as full-time Director for the PN program effective 4/26/2026.*
 - ✓ *6/4/2026 – Manhattan Area Technical College announced that Easlyn Koch, MSN, CNE, RNC-OB, RNC-MNN, C-EFM will be the new Director of Nursing for the PN and ADN programs. Easlyn has been faculty with the MATC programs prior to this appointment.*

September 2026 Education Staff Report - September 16, 2026

- ✓ 7/1/2026 – Fort Scott Community College announced a new Director of Nursing, Jodi Stewart, MSN, RN. Jodi is a FSCC nursing alumnus!
- ✓ 7/1/2026 – Southwestern College announced the retirement of Shona Turner as the Director of Nursing. Sara Denly, MSN, RN will be the new Director of Nursing.
- ✓ 7/6/2026 – Chamberlain University announced the retirement of Tona Leiker as the BSN program director of the new Chamberlain program in OP. Dr. Trisha Phipps, PhD, MSN, RN, CNE will be the new program director.
- ✓ 7/7/2026 – University of Saint Mary announced the retirement of Karen Kidder and that Dr. Christina Sirna, DNP, MSN, BS, RN will be the Interim Chair for the Nursing Division and the BSN program director.
- ✓ 9/1/2026 Flint Hills Technical College announced a new program director, Emily Dieker, MSN, APRN-CNS for the PN program.

○ KAR 60-2-103

- **56 Faculty Qualification Reports received in 2Q26.** Fifty-six (56) were processed and approved, 5 were incomplete and returned for additional information.
 - ✓ 43 (77%) were **initial FQRs**; Fifteen (35%) of the initials were for those on hire exceptions and degree plans, which means they did not meet regulatory requirements for faculty prior to the change in statute on 7/1/26 (K.A.R. 60-2-103). This is down from 55% for 2025 and 43% in 1Q26.
 - ✓ 13 (23%) were **updates**; 54% of updates were for those on continued hire exceptions or degree plans (same as 126); 15% were for those completing degree plans.
 - ✓ 55% were for BSN faculty (up from 35%); 25% for ADN faculty (down from 45%); 20% for PN faculty
- *FQRs continue to be processed via secure email (since Sept. 2024) until new SoftDocs system is in place. No date has been set at this time for when that will be completed. Delay has been due to IT audits and cybersecurity priorities.*

○ KAR 60-2-104

- *Three Minor curriculum change requests were approved this quarter:*
 - ✓ Neosho Community College
 - ✓ Washburn University
 - ✓ Fort Hays Tech|NC - Hays

Priority Objective 3 – 5 Communication provided is high quality, clear, accurate, current and includes effective methods available to give feedback to the Board:

- Submitted response and reviewed results for fifteen (15) NCSBN web surveys for Education on the following topics:
 - Clinical Placement Systems – MS BON
 - English Proficiency processes – MA BON
 - Certificates of Graduation for Licensure approval – MA BON
 - Survey costs for nursing education programs – OH BON
 - TOEFL scoring scales – WA BON
 - NP preceptorships – DE BON

September 2026 Education Staff Report - September 16, 2026

- Nursing education standards – MA BON
 - Number of approved nursing programs – OH BON
 - Out of state nursing education programs – AL BON
 - Military transition to civilian HC – VA BON
 - Student Clinical approval processes – VA BON
 - APRN fluoroscopy - LA-RN
 - Licensing APRN without graduate degree – MA BON
 - Wound care & sharp instrument debridement – MI BON
- *Education Annual Report – annual report debriefing with NCSBN*
- *The NCSBN annual core survey was completed by all 64 undergraduate programs and 18 graduate programs. Data is still in the process of being verified for reporting. Raw data is expected in-house by mid-September.*
 - *National Nursing Database on NCSBN website: <https://www.ncsbn.org/nursing-regulation/education/national-nursing-education-database.page>*
 - *Reminder: KSBN worked with NCSBN to produce a Kansas dashboard (similar to the one just developed for the national program data). The Kansas dashboard is available on the KSBN website (2023 KS data): https://ksbn.kansas.gov/wp-content/uploads/2025/10/25-KansasAggregateReport-digital_final.pdf.*
- *Other Education Activities:*
- ***LMHT task force follow up*** – *task force has not met since the changes with the KSBN Board. Plans are to re-convene this fall and discuss priorities for moving forward with a focus on regulation revision and LMHT test revision.*
 - *NCSBN Education Network monthly calls – stay connected with other state boards on education topics such as status on remote proctoring for NCLEX, Model Education Rules & Act from NCSBN, site visit guidelines, innovations in nursing education, ANCC certifications, update on the regulatory approval guidelines, and coming soon is a call regarding guidance to NRBs when legislators /policymakers want to make changes that the NRB does not feel should be made..*
 - *Attended Kansas Nurse Educator conference in Wichita, KS, July 15-16. Over 200 KS educators attended the event.*
 - *Invited to attend and participate in an event: Towards Consistency for Behavioral Health Paraprofessionals National Roundtable in Indianapolis, IN. Kansas was invited to attend after discussion regarding the current LMHT program in KS. The roundtable was convened by the Bowen Center for Health Workforce Research and Policy. They will be updating the “Report on State Approaches to BH paraprofessionals” that was reviewed at the roundtable based on the feedback received during the roundtable. A final version is planned to be released by September 10th.*
 - *Attended NCSBN Annual meeting in Chicago on August 19-21. Participated in discussion with other Education consultants regarding important topics of student clinical, out of state nursing programs taking clinical spots, nursing faculty, student policies on academic dishonesty, use of AI and passing standards, regulation consistency in oversight of programs, and nursing student readiness.*

September 2026 Education Staff Report - September 16, 2026

- *Note** - assumed all responsibility for continuing education on 4/11/2026. In the ensuing time frame I can quantify the following:
 - ✓ *Long Term Providers for continuing education*
 - *Five (5) renewals and two(2) new providers – applications worked and were approved*
 - *Prepared four (4) renewal and two (2) new providers for the September board meeting*
 - ✓ *Single Provider (SP) applications – approved 12 new offerings*
 - ✓ *Individual Offering Applications (IOA) for continuing education credit*
 - *Received over 240 applications*
 - *Approved 212 applications*
 - *20 already had ANCC approval and IOA not required*
 - *8 are pending more information*
 - ✓ *100 notices for LTP annual reports and fee payments were sent in May for July 31 deadline. Follow up done in June and July for those not responding to initial email.*

2026 Nursing & LMHT Program Site Visits

Spring 2026	School	Level	Visitors	Comments
Feb. 3-6, 2026	Neosho CC	ADN	Janelle Martin Patty Palmietto	w/ ACEN
Feb. 18-19, 2026	Fort Scott CC (rescheduled)	ADN	Janelle Martin Karen Kidder	F/U on conditional approval status
Feb. 24-25, 2026	JCCC	PN	Janelle Martin Patty Palmietto	Reapproval
March 23-25, 2026	KSBN Board meetings			
April 7-8, 2026	WSU Tech	PN	Janelle Martin Angela Murray	Reapproval
April 13-14, 2026	Mid-America College of HS	PN	Janelle Martin Debie Pile	F/U on Conditional approval per board
April 22-23, 2026	Ottawa University	BSN	Janelle Martin Karen Kidder	Follow up after 1 st graduation
May 11-12	Donnelly College	PN, ADN	Janelle Martin Amy Hite Karen Kidder	Focus visit - Conditional approval w/o admissions
Fall 2026	School	Level	Visitors	Comments
Sept. 14-16	KSBN Board meetings			
Sept. 29-30	Benedictine College	BSN	Janelle Martin Becky Sander	w/ accreditation (1 day)
Oct. 7-8	Colby CC	PN	Janelle Martin Becky Sander	Reapproval
Oct. 15-16	KCADNE Fall Forum			
Oct. 28-30	Washburn Tech	PN ADN	Janelle Martin	Reapproval Follow up after 1 st graduation
Oct. 21-22?	WSU Tech	LMHT	Janelle Martin Becky Sander?	Reapproval
Nov. 3-4	Fort Hays Tech NC - Hays	PN	Janelle Martin Becky Sander?	Reapproval
Nov. 9-10?	Donnelly	PN	Janelle Martin Becky Sander?	Board approved f/u for spring admit
Nov. 12-14	OADN meeting	ADN		
Nov. 17-18	KCKCC	PN	Janelle Martin Becky Sander?	Follow up after first graduation

2027 Nursing & MHT Program Site Visits

Spring 2027	School	Level	Visitors	Comments
Feb. 10-11, 2027	Barton CC	PN	Janelle Martin	
Feb. 23-25, 2027	Cloud County CC	ADN PN	Janelle Martin	w/ ACEN
	WSU Tech	LMHT		
???	Barclay College	BSN		
March 29-31, 2027	KSBN Board mtgs			
April 14-15, 2027	Highland CC	PN	Janelle Martin	
April - May ??	Donnelly College	PN		Board req. follow up visit
Fall 2027	School	Level	Visitors	Comments
September 13-15, 2027	KSBN Board mtgs			
???	Southwestern College	BSN		Follow up after first graduation
	Coffeyville CC	ADN PN		

Focused Site Visit Report Based on NCLEX First Time Pass Rates

Program: Mid-America College of Health Sciences - PN program

Site Visit Date: April 13-14, 2026

Site Visitors: Debra Pile, DNP, APRN, PCNS - KSBN Education Committee member; Janelle Martin, MHSA, RN - KSBN Education Compliance

Accreditation Agency & Status: KSBN Conditional approval only

First time NCLEX pass rates for past five years:

Year	NCLEX pass rate
2025	62.86%
2024	63.89%
2023	47.06%
3 yr average	57.94%

Date action plan report submitted by nursing program to KSBN: 11/2024

Factor Identified	Action Plan	Findings During Site Visit
Students delaying taking NCLEX	1) Transition from Elsevier to Lippincott learning platform for the 24/25 cohort. Offers a more comprehensive and effective learning platform. a) live orientation for faculty on all Lippincott resources b) in-person orientation for students (Lippincott) and a 6 hr virtual training after 85% of Foundations is completed c) National benchmark tests for clinical judgment at the end of every significant course w/ mandatory remediation for every question d) 2-day live NCLEX review after all courses completed. Predictor exam	No data or discussion of changes found in faculty minutes about why this change was made or the process for getting input or review of curriculum to understand how and why decision was made. All steps in the action plan address being more ready for NCLEX at graduation but no analysis of what the delays in testing are about. Are students not testing because they don't feel ready or are there other factors that are affecting the delay. Unclear how the live review affects graduation or length of time to testing (policy not clear).

	will be given at end of live review. 2) comprehensive support system (Lippincott) with boot camps that help w/ application process and importance of completing all information 3) Faculty educating students on importance of taking NCLEX early (goal is within 60 days of graduation) - give statistics on improved rates with early testing	Reliance on Lippincott to "fix" low pass rate? Good support tool but faculty also need to know and understand how to use the tools with students for it to be effective. Not seeing how assessment is being done to see if the remediation and use of Lippincott has made a difference. National data does support the outcome of better pass rates with earlier testing. However, stats for MACOHS graduates has been equivocal on this issue.																
Low NCLEX pass rates	Review pass rates quarterly Discuss at each faculty meeting and add outcomes to PEP	PEP cohort analysis is not based on regulatory standard for first time pass rates. Use of cohort "outcomes" is misrepresentative of the outcomes for standards that are set for all schools to show program effectiveness. First time pass rates: <table><thead><tr><th></th><th>2023</th><th>2024</th><th>2025</th></tr></thead><tbody><tr><td>Macohs</td><td>47.06</td><td>63.89</td><td>62.86</td></tr><tr><td>KS PN</td><td>94.91</td><td>93.57</td><td>92.79</td></tr><tr><td>U.S. PN</td><td>86.67</td><td>88.38</td><td>86.60</td></tr></tbody></table>		2023	2024	2025	Macohs	47.06	63.89	62.86	KS PN	94.91	93.57	92.79	U.S. PN	86.67	88.38	86.60
	2023	2024	2025															
Macohs	47.06	63.89	62.86															
KS PN	94.91	93.57	92.79															
U.S. PN	86.67	88.38	86.60															
	Reviw PN test plan (NCSBN) by area and assess against MACOHS student performance (4 major client needs categories used).	Did not see evidence of this analysis or discussion in faculty or Advisory minutes																

Additional factors identified during site visit:

Factor Identified	Action Plan	Findings During Site Visit
Advisory Committee	Advisory Committee for PN program needs to be in place.	1) No meeting in 22-23 academic year 2) Minutes from 9/11/23 had one advisory member attend and the rest were MACOHS faculty, staff and current students. Minutes stated that next meeting would be within 6 months. 3) 7/2024 Seems to be confusion about Advisory Committee purpose. We spoke with 5 "PN Advisory Committee" members but only one of the five had attended a meeting that was documented and most referred to CNA and CMA programs and didn't really know about the PN program. PN Advisory Committee should contain people from Communities of Interest to the PN program. 4) 4/2026 - no advisory meeting w/ site visitors - meeting planned for 4/29 and not available for meetings during site visit? Advisory minutes are primarily staff/faculty.
Preceptor Use in program	11/23 Students had been "shadowing" nurses at facilities. No regulation for "shadowing". Need to designate clinical time as observation or	4/2026 No shadowing in clinical schedule or in discussion with students. There are now preceptor documents that are in

	precepted time with the appropriate regulations being followed for both.	progress but no preceptors documented at this time.
Program Evaluation Plan	7/2024 PEP needs further clarification and measurable ELA's. Need to have clear, specific and measureable outcomes with the data to support the program and program changes. Need faculty involvement in process. should also be evidence in faculty minutes to support. Need updated PEP prior to March 2025 board meeting.	1) Updated PEP received May 2025 (prior to planned July site visit). 2) Still not seeing data analysis that shows how meaningful change is being made. Using ACEN criteria as outcome measure for first time pass rates; however, it does not fully meet the KSBN requirement
Faculty/Staff concerns for stability	DON has 25% teaching responsibility. (hired as FT faculty in 4/2024) 1 - FT faculty (hired 2023) New FT faculty hired 4/6/26 Currently two cohorts of students.	Initial DON (SW) resigned position and moved to PT faculty 4/24. New DON (GT) hired 4/24 - resigned 12/25 Current faculty moved to DON (NRW) 1/26 - resigned 4/14/26 which was the 2nd day of the site visit. Former DON (SW) moved back to FT DON position 4/25/26.
Student population / Admissions	Approved for 20 each in 3 cohorts (60 total)	2022 - admitted 23 (20 grad) *23 applied 2023 - admitted 46 (44 grad) *48 applied 2024 - admitted 34 (27 grad) *149 applied 2025 - admitted 17 (?? grad) *217 applied
IV Therapy in curriculum		IV Therapy is a separate didactic course. Not clear how clinical component happens. Not clear what happens if student does not pass IVT exam? Did not see documentation of IVT final exams and final

		checks for lab/clinical portion of the course.

Outcomes on Program Evaluation Plan and ELA met/not met

Outcome	ELA	Met	Not Met
1) 100% analysis of assessment data at regular intervals to determine EOPSLOs being met	100%	☐	☒
2) 85% of students complete the nursing program in nine months (40 weeks)	85%	☐	☒
3) Mean pass rate for three most recent years must be 80% or higher for all first time test takers	80% or higher for all first time test takers	☐	☒
4) Job placement	80% of graduates surveyed will be employed in PN role by 6 months	☒	☐
		☐	☐
		☐	☐
		☐	☐

Interviews conducted during the site visit:

Administration:

- Susan Omare, DNP, MS, MBA, BSN, RN – President/CEO
- Darmita White, EdD - Chief Academic Officer
- Natalie Roberts-Wilner, MSN/MHA, RN, Gero-BC – PN Program Administrator (1/2/26)

Nursing Faculty:

- Felicia (Udembah) Andrew, MSN, RN – FT
- Riley Kinney-Stoeppel, BSN, RN - FT (hired 4/6/26)

- Sue Watson, MSN, RN - PT faculty - Curriculum Coordinator

Clinical Site Visit - Merriam Gardens

- + Faculty - Felicia Andrews and Riley Kinney-Stoeppel (orienting at clinical site)
- + No facility Administrator available to talk with site visitors
- + Eight PN students onsite

Classroom observation: 4/14/26 Nursing Care of Adults II - at time scheduled site visitor went to classroom and students had already been released for the day

Strengths identified:

*

Opportunities for improvement:

- 1) Clinical paperwork has repetitive lists for faculty. Not clear what is expected of the student in terms of a rubric. Faculty does keep checklist of skills done by students.
- 2) Job descriptions for faculty - say participate in curriculum development, etc. instead of develop and evaluate. Also does not clearly state that clinical faculty are responsible for evaluating the students in clinical and not a preceptor. Adjunct job description still uses "preceptor" language in relationship to student. Also appears that Adjunct faculty have as much or more responsibility than FT faculty.
- 3) Clinical contracts not consistently current with appropriate language. One contract states that the facility staff will train and supervise students?
- 4) Dosage calculation exam in Pharmacology course is very high-stakes.
- 5) Inconsistency with grade expectations for passing. One place states tests are 80% of course grade. Testing policy in faculty handbook states 70%.
- 6) Opportunity for faculty teaching the courses to be involved in writing the exams and doing the test analysis. Currently, Curriculum coordinator writing all exam questions. Meets with faculty teaching the course. Faculty state that test banks are used but not clear if those are book test banks or ones created by Curriculum Coordinator. Opportunity for faculty teaching the courses to be involved in writing the exams.
- 7) Faculty files not always consistent with required KSBN information.

8) Clinical schedules not using format submitted for recommendations from 11/23 visit. A schedule that shows each module and clearly reflects how many students in each cohort (maintaining 1:10 limit per KAR 60-2-105) and faculty responsible for each cohort and at what facility.

9) Index for Student Handbook would be very helpful for finding required policies and documentation. Not seeing sections regarding student mental health, accommodations for students or accessibility.

Timeline for MACoHS program:

12/2021 Approval from KSBN to do initial site visit

2/2022 Initial site visit done; 3/2022 KSBN approval to admit up to 60 students (limit 20 per cohort for Day, Evening and Weekend cohorts)

8/2022 First PN class admitted (23 admitted)

4/2023 First graduating class - 20 graduates

9/2023 Follow up after first graduation site visit scheduled - CEO asked for reschedule

11/2023 Follow up first graduation site visit - 2023 NCLEX pass rate at 47% at time of visit - other issues also identified

12/2023 KSBN board meeting - recommendations to remain on initial approval, not admit a new class until attend to other recommendations and a follow up site visit done.

4/2024 New DON hired - Gina Taylor

7/2024 Follow up site visit done (F3 site visit reviewers)

9/2024 KSBN board places program on Conditional Approval and allow to admit no more than 20 per cohort with a follow up visit to be done Spring 2026

10/3/24 New cohorts begin (34 admitted); 6/2025 27 graduated

2024 NCLEX first time pass rate - 63.89%

2025 NCLEX first time pass rate - 62.86%

4/13-14/2026 rescheduled site visit for conditional status and low NCLEX first time pass rates (moved from 3/2026 due to Monday only clinical days and need for clinical site visit.

4/4/2026 NCLEX 1st time pass rate report for 1Q26 - 100% (2/2) - both testers were more than one year out from graduation date. Repeat pass rate 28.6% (2/7)

6/4/2026 All-time NCLEX 1st time pass rate report: 61.11% (55/90)

Recommendations:

1. Updated NCLEX improvement plan to be submitted to KSBN Education Compliance Officer by August 15, 2026, for inclusion in the September board meeting packet. Program Director to attend Sept. board meeting and present updated plan along with updated stats on first time pass rates for MACOHS to the Education Committee and board.
2. Due to three years of below standard NCLEX first time pass rates, recommend continued conditional approval with cease admission status with a review of first time pass rates for the 25-26 cohort at the September 2026 KSBN board meetings.



MID-AMERICA COLLEGE

of HEALTH SCIENCES

Narrative Response to KSBN Recommendations for Improvement

Mid-America College of Health Sciences appreciates the feedback and recommendations provided during the Kansas State Board of Nursing site visit. The institution has carefully reviewed each observation and has developed corrective actions to strengthen program compliance, improve consistency, and enhance student learning outcomes.

Clinical Evaluation Documentation and Student Expectations

The program acknowledges that the clinical paperwork currently contains repetitive faculty documentation requirements and does not consistently provide clear performance expectations for students. To address this concern, the Program Director has designed a Student Skills Clinical Evaluation form. The document does meet the Board of Nursing standards. The form will be used to evaluate the students' competencies during their clinical rotations. You will find that the form does include student performance expectations, clinical objectives and a rubric which aligns with evaluation criteria. Faculty will continue utilizing skills checklists to document student competency attainment. This should eliminate redundancy and improve clarity for both students and faculty.

Faculty Job Descriptions

A comprehensive review of all faculty job descriptions has been initiated. Revisions were made by the Talent Acquisition People Success (TAPS)/Human Resources to ensure that responsibilities align with faculty roles and accurately reflect our internal school policies as written in the Employee Handbook. Language such as **"develop and evaluate curriculum"** will be modified, where appropriate, to reflect participation in curriculum development, evaluation, and continuous improvement activities. Additionally, all clinical faculty job descriptions will clearly state that clinical faculty are **responsible for evaluating student clinical performance**. References suggesting that preceptors evaluate students will **be removed**. Adjunct faculty job descriptions will also be revised to **eliminate preceptor-related language** and to ensure responsibilities are proportional to their appointment status and **do not exceed those of full-time faculty**.

Clinical Affiliation Agreements

The institution recognizes the need for greater consistency in clinical affiliation agreements. All active contracts are being reviewed to ensure language accurately reflects the roles and responsibilities of the Program Directors and/or faculty members and the clinical facility employees. Any language indicating that facility staff are responsible for training or supervising

students will be revised to clarify that instructional oversight, supervision, and evaluation remain the responsibility of Program Directors and/or faculty in accordance with the school's policy and the contractual agreement.

Dosage Calculation Examination

The program recognizes the concern regarding the high-stakes nature of the dosage calculation examination in the Pharmacology course. To address this concern, the program will revise the dosage calculation assessment process to provide students with multiple opportunities to demonstrate competency rather than relying on a single high-stakes examination.

Upon the return of the program, dosage calculation competency will be assessed through a combination of formative practice, graded assessments, remediation, and a final competency assessment. Students who do not demonstrate competency on an initial assessment will be provided targeted remediation and an opportunity to retest in accordance with the program's established assessment and remediation procedures.

Faculty will also review the dosage calculation assessment for content, difficulty, scoring, and alignment with course and program outcomes to ensure that the assessment appropriately measures student competency without creating an unnecessary single-point barrier to progression. The revised process will be monitored through student performance data and faculty review to determine whether additional adjustments are needed.

Grading and Testing Policy Consistency

An institutional review identified inconsistencies regarding testing and grading requirements across program documents. The faculty handbook, student handbook, course syllabi, and related policies are being reviewed to ensure consistency regarding testing percentages and minimum passing standards. This is an on-going task. Upon completion, all documents will reflect a single, clearly defined grading and progression policy.

Faculty Involvement in Examination Development and Analysis

The program recognizes the importance of faculty engagement in assessment development. Since the visit the organization (Academic Affairs team) has developed and Governing Body Committee. This group of program directors and faculty members work together in analyzing areas of program effectiveness. One being the development and input of assessments. During some of the faculty meetings and check-in sessions instructors are encouraged to share their ideas for assessment development and analysis. Since the site visit, the Chief Academic Officer have held several instructional trainings and professional development sessions which focuses on curriculum development, syllabi and lesson planning.

Faculty Personnel Files

The institution has initiated a comprehensive audit of faculty personnel files to ensure all documentation required by KSBN is present, current, and consistently maintained. A standardized faculty file checklist has been developed and will be utilized during annual reviews and onboarding processes to maintain ongoing compliance.

Clinical Scheduling Documentation

The program acknowledges the need for improved clinical scheduling documentation. Effective immediately, clinical schedules will be maintained using a basic format that clearly identifies each module, cohort, clinical site, assigned faculty member, and student-to-faculty ratios. This format will facilitate verification of compliance with the 1:10 faculty-to-student ratio requirement established under KAR 60-2-105 and provide greater transparency regarding clinical assignments.

Student Handbook Organization and Student Support Policies

The institution agrees that a Table of Contents would improve navigation and accessibility within the Student Handbook. Future editions will include a comprehensive Table of Contents. Additionally, the handbook is being reviewed to ensure policies related to student mental health resources, disability accommodations, accessibility services, and related support mechanisms are clearly identified and easily accessible to students.

Commitment to Continuous Improvement

Mid-America College of Health Sciences remains committed to continuous quality improvement and regulatory compliance. The observations and recommendations provided during the site visit have been incorporated into the institution's quality assurance and program evaluation processes. Corrective actions are currently underway, and ongoing monitoring will ensure sustained compliance with KSBN requirements while supporting student success and program excellence.

Recommendation 1: Submission of Updated NCLEX Improvement Plan and September Board Presentation

MACOHS accepts the Board's recommendation and will submit a Corrective Action Plan (CAP) to the KSBN Education Compliance Officer by August 15, 2026. The revised plan will provide a comprehensive overview of the strategies currently being implemented and the outcomes being monitored to improve graduate success on the NCLEX-RN examination.

Since the site visit, the institution has begun a thorough review of admissions practices, curriculum delivery, student progression, remediation processes, and assessment methodologies.

Particular attention is being given to strengthening early identification of at-risk students, increasing faculty involvement in exam development and analysis, enhancing NCLEX-style testing throughout the curriculum, and expanding structured remediation opportunities.

The Program Director along with other members of the PN program and Academic Affairs will attend the September 2026 Board meeting and provide an update on the implementation of the improvement plan, current program outcomes, and the most recent first-time NCLEX-RN pass-rate data available for MACOHS graduates. The team will speak to both progress achieved and areas where additional work remains necessary. The goal is to provide the Board with a transparent assessment of our efforts and demonstrate our commitment to continuous improvement and accountability.

Recommendation 2: Continued Conditional Approval and Cease Admission Status

MACOHS understands the Board's recommendation for continued conditional approval and cease admission status based on three consecutive years of first-time NCLEX pass rates below the established standard. While we are disappointed by this outcome, we recognize the Board's responsibility to ensure nursing programs consistently prepare graduates for safe and competent practice.

The institution remains focused on supporting newly enrolled students (projected 2026/2027 cohort) ensuring once enrolled and accepted into the program they receive the highest quality educational experience possible. Our immediate priority will be to improve the student learning outcomes by strengthening the processes we currently have in place that may be influencing our graduate success.

Over the past several months, leadership has conducted an extensive review of program operations and identified several opportunities for improvement. Corrective actions measures are currently underway include strengthening student support services, enhancing academic remediation, reviewing the progression process, improving assessment practices, increasing faculty engagement in curriculum evaluation, and implementing more robust data collection and program evaluation processes through our institutional effectiveness survey analysis.

MACOHS views this period of conditional approval not simply as a requirement from the Board of Nursing, but as an opportunity to strengthen the program and demonstrate our ability to achieve sustained improvement. We are committed to working collaboratively with KSBN staff and the Board throughout this process and welcome continued guidance.

We appreciate the Board's recommendations and the opportunity to demonstrate measurable progress. Our faculty, administration, and institutional leadership remain dedicated to preparing competent, practice-ready nursing graduates and restoring NCLEX outcomes that reflect the quality and effectiveness of our program.



PN Recommendations and Narrative

Wed, Jun 17, 2026

Summary:

A working review of the focus report, CAP deficiencies, data issues, and remediation evidence for NCLEX outcomes.

- CAP lacked documented root-cause analysis and measurable evidence
- NCLEX delay attribution to platform change undocumented
- PEP cohort metrics misaligned with KSBN first-time pass standards
- Advisory minutes and membership incomplete; increase meetings twice yearly
- Vendor data (Lippincott) and student survey needed for evidence
- ADON promotion planned after master's completion by end of August

Action Items:

- * PN faculty will schedule and document a curriculum review meeting and add the resulting minutes to program records.
- * Mrs. Watson will send the student survey that is ready to be distributed to collect reasons for NCLEX testing delays.
- * Mrs. Watson will replace the ACEN PEP with a program-created CAP and stop using the ACEN template.
- * PN faculty will add quarterly pass-rate reviews and cohort outcome discussions to faculty meeting minutes and include the outcomes in the PEP.
- * Dr. White will send a meeting schedule to advisory committee members to establish dates and accountability.
- * Mrs. Watson will review the Nurse Practice Act language regarding "shadowing" versus "observation" and preceptor definitions.

- * Mrs. Watson will locate and share the preceptor policy that was created and sent in 2024.
- * Dr. S.N. Omare will ask KSBN what support or templates they provide that can be used to ensure submissions meet KSBN standards.
- * Dr. White will pull up and review the CAP during the meeting for alignment with documentation and planned fixes.
- * Dr. White will attach the survey to the email if Mrs. Watson sends her the draft document for distribution from the nursing account
- * Mrs. Watson will hold sending the graduate remediation email until the survey content is finalized and ready to attach
- * All meeting participants will review and add or edit content in the CAP document
- * Dr. White will create a program outline to include in the CAP submission.
- * Meeting participants will review and correct the faculty advisory and committee minutes for accuracy, including name spellings and documented decisions.
- * Meeting participants will review and update the CAP document and correct any errors before submission.
- * Dr. S.N. Omare will reference the education committee minutes to confirm and document DON teaching workload and stability evidence.
- * Dr. White will draft a narrative of concerns about inconsistent accreditation treatment and share it with the team for review
- * Team members will gather all supporting documentation for the accreditation submission and related narratives to complete collection by August
- * Dr. White will create and send the student survey tonight for team review and editing
- * Mrs. Kinney-Stoeppel will reach out to Justin to request pre/post remediation and predictor-score data from Lippincott (copy Dr. S.N. Omare as needed)
- * Dr. S.N. Omare will send the clinical handbook to the team once finalized
- * Dr. White will update the clinical handbook to add instructor-specific dress-code and punctuality expectations and distribute the revised handbook to all instructors
- * Dr. S.N. Omare will submit the candidate to the board of nursing for ADON once her master's is complete.
- * Dr. White will send leadership and management training modules and new-instructor materials to the team for review.

* Dr. White will clean up the narrative materials and prepare the survey for Professor Watson to finalize and distribute.

* Dr. White will call Dr. S.N. Omare on Teams to follow up as requested.

Key Discussion Points:

Technical setup and meeting opening

The meeting began with attendees resolving screen-sharing and audio issues and confirming visibility of shared materials and attendance procedures. Mrs. Watson and Mrs. Kinney-Stoeppel exchanged troubleshooting comments while Dr. White prepared to share the review documents.

Agenda and approach to review

Attendees agreed to examine the focus report thoroughly before moving to CAP recommendations so they could discuss each examiner finding and relate it to proposed CAP items. Dr. White explained the structure and purpose of the focus report as the basis for the CAP.

Focus report origin and primary platform finding

Dr. White explained the focus report compares the November 2024 submission with the April 2026 site visit and identified the program's explanation that a learning-platform transition caused NCLEX delays. The team noted the program had claimed the new platform was more comprehensive but lacked supporting documentation and meeting minutes to justify the decision.

Documentation gaps and regulatory risk

Reviewers identified no meeting minutes, curriculum review documentation, or evidence showing why platform changes were made, and they emphasized the CAP must demonstrably prove improvements or risk regulatory action; Dr. White stressed the seriousness of failing to prove outcomes between visits.

Specific findings — NCLEX review and Lippincott reliance

The reviewers questioned how a two-day live NCLEX review related to graduation timing and early testing, finding no policy or data linking the review to outcomes, and they criticized overreliance on Lippincott without faculty integration evidence for remediation effectiveness.

PEP, cohort analysis, and faculty minutes concerns

The team addressed concerns about using an ACEN PEP document rather than program-developed materials and noted the PEP cohort analysis did not meet regulatory standards for first-time pass rates; faculty minutes did not document quarterly pass-rate reviews or cohort outcome analyses.

Advisory committee existence and membership concerns

The team confirmed an advisory committee was formed but noted missing minutes and that the 2023 minutes showed mostly MACOHS faculty instead of community members. Participants emphasized the committee should include community and industry representatives to inform curriculum updates and stated the lack of documentation undermines the committee's purpose.

Confusion about advisory purpose and documentation requirements

Dr. White and others noted recurring confusion about advisory committee purpose and repeated failures to document meetings, which replicate past mistakes and lead to compliance issues. The need for a meeting packet and documented meeting plans was highlighted to produce actionable feedback rather than relying on verbal presentations alone.

Improvements agreed—meeting frequency, recruitment, and CAP inclusion

Mrs. Watson and others reported progress recruiting community members and committed to holding advisory meetings twice a year. The team agreed to document agendas and minutes and to reference these fixes in the CAP as evidence of remediation.

Shadowing versus preceptor use and regulatory definitions

Participants questioned where shadowing appeared in clinical schedules and clarified that observation at OB clinics occurred without preceptors. KSBN's regulation tying preceptors to formal agreements and paid time means the program's prior terminology led to confusion; the team agreed to clarify definitions in documentation.

Preceptor policy created but documentation gaps at inspection

The program created a preceptor policy stating it does not use preceptors and submitted it in 2024 to avoid citations, but inspectors still flagged lack of policy or inconsistent documentation during visits. The team recognized inspectors compared current practice to what was recorded, creating avoidable findings when documentation did not match demonstrated practice.

Use of non-KSBN templates (ACEN-PEP) caused compliance problems

Dr. White identified that the program had used ACEN-PEP templates as if they fulfilled KSBN requirements, which they do not. The team concluded they must stop submitting non-equivalent templates and instead use internal templates only as data extraction tools while aligning submissions with KSBN standards.

Next steps—ask KSBN about support, review CAP, and locate policies

The team agreed to ask KSBN whether they provide templates or support, review the CAP to ensure actions match documented evidence, and retrieve the preceptor policy and Nurse Practice Act language to resolve terminology and documentation gaps highlighted in the 2025 review.

File access and display troubleshooting

Participants worked through technical problems viewing the CAP, including enabling editing, enlarging the document, and locating copies in email or the shared drive. Multiple attendees reported difficulty expanding content and offered workarounds such as copying into a new document or double-clicking to open.

Draft remediation email and sending logistics

Mrs. Watson presented a draft graduate remediation email and attachments and asked whether to attach a student survey now or send the email first. The group advised using the nursing email address for distribution and held consensus to delay sending until the survey content is finalized so responses can be visible to faculty.

Survey design and CAP evidence strategy

Dr. White framed the CAP's purpose as documenting policy-backed rationale and recommended the survey collect specific root-cause identifiers (financial barriers, time off work, test anxiety) to test the hypothesis that delays are not curriculum-related. The team discussed using internal and external data and noted the need to avoid over-sharing unhelpful details in the action plan.

Historical evidence discussion and metric alignment

Dr. Omare recounted prior evidence that students who tested within 45 days and received fee support passed, and Dr. White responded that such data would have been more persuasive if previously documented. The group agreed to discontinue the ACEN cohort matrix and adopt a regulatory first-time pass-rate calculation aligned with KSBN and national metrics, clarifying the difference between an ACEN PEP and a generic CAP.

Standards and Template Selection

The team questioned the practice of using another agency's template and noted the absence of a single state board guide. They compared available external templates (ACEN) and debated which standards and tools are appropriate to adopt or adapt for the program's CAP.

Differences Between Accreditation Templates

Dr. White contrasted the length and scope of different accreditation templates and argued that mismatched templates (ACEN) can misrepresent the program to accreditors. The participants discussed how simulation standards and mission/governance standards differ across agencies.

Metrics, Cohort Outcomes, and Data Alignment

The group examined how cohort outcomes were calculated in the 2025 PEP and why accreditors flagged misalignment with national and Kansas first-attempt pass-rate standards. Dr. White and Dr. S.N. Omare discussed mapping programmatic standards to regulatory standards and the need to revise calculations and data sources.

Demonstrating Improvement and Documentation

Dr. White emphasized producing tangible evidence of improvement for future visits, committed to creating a program outline, and instructed participants to review and correct the CAP and meeting minutes. The conversation covered small documentation fixes and the need for accurate minutes.

Faculty Stability and DON Workload History

The participants reviewed faculty staffing history and DON workload, noting hires and resignations between 2023–2026 and that instability, not just workload percentage, drove the "faculty/staff concerns" finding. They discussed referencing education-committee minutes to document teaching loads and stability.

Stability concern and perceived double standard

Participants opened by addressing the accreditation finding that there is "no stability" in the program and questioned whether the reviewers applied stability standards inconsistently across schools. Members cited examples of frequent leadership turnover at other institutions and argued that similar instability elsewhere was not penalized, which they characterized as a double standard that should be documented and raised with oversight entities.

Deciding who to notify and how to frame concerns

The group discussed escalation options and agreed to separate the CAP response from any complaint about inconsistent treatment, aiming to pursue a factual narrative to state regulators while keeping the immediate accreditation response focused on corrective actions. Dr. White and Dr. Omare volunteered evidence and proposed drafting language that would present concerns without appearing to attack the other school.

Drafting narrative, timelines, and documentation needs

Dr. White offered to create the narrative and requested evidence from colleagues; the team emphasized the need to gather tangible supporting documentation and set August as the deadline for assembling materials for submission. They agreed not to claim improvements they could not substantiate and to focus on documentation over general assertions.

Survey design and immediate data collection plans

The team decided to run a student survey categorizing barriers (children, work, money) and Dr. White committed to producing the survey tonight for team review and edits. Mrs. Watson stressed the need for additional objective data beyond surveys, including before/after measures tied to learning platforms and remediation effectiveness.

Vendor data, remediation evidence, and outreach

Participants confirmed they can pull backend metrics from Lippincott and planned to contact vendor representatives (Justin) to request pre/post remediation and predictor-score data to demonstrate remediation impact. Dr. Omare emphasized that vendor reputation is at stake and asked for a consolidated narrative of the tools used and the measurable differences observed since switching platforms.

Policy updates, clinical handbook, and instructor expectations

Dr. White reported a clinical handbook draft aligned to the relevant standard and agreed to finalize it; the team identified missing instructor-specific dress-code and punctuality expectations and asked Dr. White to update and distribute the handbook and dress-code language to instructors. The team agreed to share the finalized materials with all clinical instructors to ensure consistent supervision and enforcement.

ADON succession and candidate development

The group discussed replacing the previous ADON with Professor Watson temporarily and decided to promote an internal candidate instead of hiring externally, citing the advantage of someone already in the system and the need to grow internal talent. The board of nursing requires a master's degree, which the candidate is expected to complete by the end of August, after which the team will submit her for official ADON appointment.

Onboarding and leadership training materials

Dr. White described existing new-instructor training in Blackboard and offered to create and share leadership and management modules for the candidate to review at her convenience. The team agreed these trainings should be documented, and Dr. White offered to update visuals if real photos are provided. Dr. White will schedule a training session for DoN and faculty members to better understand admissions and application processes.

Closing commitments and next steps

The meeting concluded with reaffirmed unity on shared goals, confirmation of upcoming CAP meeting, and several immediate follow-ups including Dr. White sending materials and agreeing to a Teams call with Dr. Omare.

Adjournment:6:00PM



MID-AMERICA COLLEGE

of HEALTH SCIENCES

KSBN Visit: April 13-14, 2026

School: Mid-America College of Health Sciences

Program: Practical Nursing

Site Visitors: Debra Pile, DNP, APRN, PCNS - KSBN Education Committee member; Janelle Martin, MHSA, RN - KSBN Education Compliance

Accreditation Agency & Status: KSBN Conditional approval only

Findings During the Visit:

Delay in Student Taking the N-CLEX Exam

1. No data or discussion of changes found in faculty minutes about why this change was made or the process of getting input or review of curriculum to understand how and why decisions were made. **Corrective Action Plan/Response:** Since the visit the institution has conducted several faculty meetings including the Advisory Committee meeting held May 19, 2026, from 3:00-4:00PM CST (Minutes attached). There were discussions of what may be causing students to delay the process of sitting for the exam. Several root-cause surveys (attached) were sent from May-Aug. 2026 to students to attempt to capture what may be causing their delays.
2. All steps in the action plan address being more ready for NCLEX at graduation but no analysis of what the delays in testing are about. Are students not testing because they don't feel ready or are there other factors that are affecting the delay. **Corrective Action Plan/Response:** Since the visit the institution has continued to analyze data in terms of what delays may contribute to delayed testing after graduation. Per the recent conversation with the 2025/2026 cohort graduates there were a number of delayed factors (please see the screenshot analysis). The finding may be incorporated into on-going program evaluation and improvement planning.
3. Unclear how the live review affects graduation or length of time to testing (policy not clear). **Corrective Action Plan/Response:** In recent months, during the faculty meetings it was discussed that the live review does not have any effect on graduating or the length of time to test. What was discussed is that students are heavily encouraged to attend the live review. One of the survey questions asked if the live review was helpful in N-CLEX preparation.
4. Reliance on Lippincott to "fix" low pass rate? Good support tool but faculty also need to know and understand how to use the tools with students for it to be effective. **Corrective Action Plan/Response:** There will be on-going internal faculty training on the use of the Lippincott

platform. Scheduled training will begin in the later part of August (please see the attached agenda). The goal is to have Justin Ward (Lippincott Rep.) facilitate the training.

5. Not seeing how assessment is being done to see if the remediation and use of Lippincott has made a difference. **Corrective Action Plan/Response:** At the moment, we cannot verify if in fact Lippincott has made a significant difference in pass rates. This is due to us not having access to the Board of Nursing Q3 pass rates report. What we do know is students are taking the exam within the 45–60-day window. We are also seeing a number of students pass on their first-attempt (12/17 taken:10/17 pass first-time attempt. Please see screenshot and tracking sheet for more details).

6. National data does support the outcome of better pass rates with earlier testing. However, stats for MACOHS graduates has been equivocal on this issue. **Corrective Action Plan/Response:** In the past few weeks, we are able to see when students are issued their LPN licenses. However, we cannot confirm the actual test date which is captured on the Board of Nursing quarterly report. The institution is currently waiting for the Q3 results. Thus far, we can confirm 12/17 has taken the N-CLEX Exam with 10 passing on their first-attempt. We are currently attempting to capture root-cause data for the non-passing students. We did get confirmation from one of those students that he had a death in the family as well as a medical emergency. He attributed to his inability to pass the N-CLEX exam. In addition, he was unable to reschedule the exam to accommodate his personal situation (please see screenshot for details).

Low-NCLEX Pass Rates

1. Use of cohort "outcomes" is misrepresentative of the outcomes for standards that are set for all schools to show program effectiveness. **Corrective Action Plan/Response:** Up until the visit, MACOHS was following the ACEN standards for program effectiveness. What we have since learned is the KSBN has their own standards/act that we must follow. The PN program will adopt the applicable KSBN standards first-time N-CLEZ PN pass rate definition as the regulatory measure of program effectiveness and discontinue use of the previous "cohort outcomes" metric as a substitute for first-time pass rates (see the attached tracking sheet).

2. Review PN test plan (NCSBN) by area and assess against MACOHS student performance (4 major client needs categories used). **Corrective Action Plan/Response:** The institution agrees that we must review the PN test plan (NCSBN) to ensure student progression through the program aligns with the needs of workforce ready LPNs and N-CLEX readiness (see minutes).

Advisory Committee Meeting

- 1) No meeting in 22-23 academic year
- 2) Minutes from 9/11/23 had one advisory member attend and the rest were MACOHS faculty, staff and current students. Minutes stated that next meeting would be within 6 months.

3) 7/2024 Seems to be confusion about Advisory Committee purpose. We spoke with 5 "PN Advisory Committee" members but only one of the five had attended a meeting that was documented and most referred to CNA and CMA programs and didn't really know about the PN program.

PN Advisory Committee should contain people from Communities of Interest to the PN program.

4) 4/2026 - no advisory meeting w/ site visitors - meeting planned for 4/29 and not available for meetings during site visit? Advisory minutes are primarily staff/faculty.

Corrective Action Plan/Response: Recently held an Advisory Committee meeting (May 19, 2026) after re-structuring to recruit members. We had 7 industry experts on the call including Justin Ward from Lippencott. We now have a set schedule for two meetings per year (June 30-July 1). Our next meeting will be scheduled for Nov. 2nd pending enrollment. We provided curriculum materials, survey links, syllabi, minutes, as well as included the agenda from the meeting in a follow-up email (See evidence of what was submitted). For future meetings we will share our NCLEX rates from the next cohort who takes the exam. That way we can solicit feedback regarding the results. This will fall under our recommendations and actions items for our next meeting. The goal is also to invite the members to our on-site visit with ACCET in Dec. or Jan. Finally, we will continue to reach out to industry experts and only include the faculty and not the staff for the committee meetings (See attached agenda and minutes).

Preceptor Use in program

1. 4/2026 No shadowing in clinical schedule or in discussion with students. There are now preceptor documents that are in progress but no preceptors documented at this time. **Corrective Action Plan/Response:** During a faculty meeting, it was decided due to lack of documentation, clinical oversight, and faculty oversight, "shadowing" will not be included as an assignment for Maternal Child Nursing Clinical nor Mental Health Nursing. To be replaced with a graded group presentation.

Program Evaluation Plan

1. Updated PEP received May 2025 (prior to planned July site visit). Still not seeing data analysis that shows how meaningful change is being made. **Corrective Action Plan/Response:** Revise program improvement plan which includes items in this Corrective Action Plan. Evaluation of adherence to program improvement plan to be added to all agendas at faculty meeting to ensure ongoing improvement.

2. Using ACEN criteria as outcome measure for first time pass rates; however, it does not fully meet the KSBN requirement. **Corrective Action Plan/Response:** Adopt KSBN first-time pass rate benchmark and discontinue use of ACEN criteria as the primary measure.

Faculty/Staff Concerns for Stability

1. Initial DON (SW) resigned position and moved to PT faculty 4/24. New DON (GT) hired 4/24 - resigned 12/25 Current faculty moved to DON (NRW) 1/26 - resigned 4/14/26 which was the 2nd day of the site visit. Former DON (SW) moved back to FT DON position 4/25/26.

Corrective Action Plan/Response: Sue Watson was reappointed as full-time DON with a formal contract outlining responsibilities and authority. Assigned Mrs. Kinney-Stoepel as the full-time Assistant DON or Program Coordinator to support continuity and reduce burnout. Mrs. Phiri hired as full-time instructor. Currently in interview process to employ adjunct faculty members in hopes of program enrollment allowance within the next few months.

The institution will maintain documentation of faculty and leadership qualifications and monitor staffing needs to support program stability and compliance with KSBN requirements. **Evidenced by approved FQRs on file.**

Student Population/ Admissions:

1. 2022 - admitted 23 (20 grad) *23 applied 2023 - admitted 46 (44 grad) *48 applied 2024 - admitted 34 (27 grad) *149 applied 2025 - admitted 17 (?? grad) *217 applied. **Corrective Action Plan/Response:** Prior to each PN admission cycle, program leadership will complete a documented review of program capacity to determine the number of students the program can appropriately support. The capacity review will include availability of qualified faculty, clinical placements, classroom and laboratory space, equipment and learning resources, and other resources necessary to support student learning and program outcomes. PN cohort size will be established based on the documented capacity review. Admission criteria and processes will be consistently applied and reviewed to ensure alignment with available program resources and regulatory requirements. Allow the DON and Asst. DON will conduct all pre-screening applicants to ensure fairness and transparency. See Admissions Recruitment Funnel Conversion Training Slideshow.

IV Therapy Curriculum:

1. IV Therapy is a separate didactic course. Not clear how clinical component happens. Not clear what happens if student does not pass IVT exam? **Corrective Action Plan/Response-** Yes, the institution does require the course as a didactic in order to complete the program. Most clinical sites may not have the patient population which would allow students the ability to administer IV Therapy at the clinical site. Therefore, students are required to complete their peripheral IV insertion skill in the lab., utilizing fellow PN students to simulate real-life scenarios. If the student fails to pass the IVT exam, they will be required to retake the course, when offered again. In the interim, students will be allowed to remediate throughout the waiting period.

2. Did not see documentation of IVT final exams and final checks for lab/clinical portion of the course. **Corrective Action Plan/Response:** The institution utilizes Black Board LMS to store all exams and final exams (please see attached). We also utilize the KSBN LPN IV Therapy Final

Clinical Competency Checklist (attached) in the lab setting to validate the hands-on practice skills.



Candidates Educated in my Jurisdiction

Pearson VUE's reporting database includes all exam records from 2002 to present.

PEARSON CONFIDENTIAL



NCSBN Education Program Jurisdiction: Kansas State Board of Nursing (68)

Exam Series Code: NCLEX-PN

Custom Date Range (Click Run Below to Enter)

NCSBN Education Program: KS - MID-AMERICA COLLEGE OF HEALTH SCIENCES - PN (US68110100)

1/1/2026 12:00:00 AM to 9/1/2026 12:00:00 AM

Printed By: Janelle Martin

Report Date: 01-Sep-2026 04:52 PM

Data as of (CST): 01-Sep-2026 08:02 AM

Kansas State Board of Nursing (68) KS - MID-AMERICA COLLEGE OF HEALTH SCIENCES - MERRIAM - PN (US68110100) NCLEX-PN

Pass Rate Summary

	First Timers	Repeaters	Total
Total Delivered	17	13	30
Total Passed	12	5	17
Total Failed	5	8	13
Total On Hold	0	0	0
Total Pass Rate	70.59%	38.46%	56.67%

Candidate Details

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
A	M		05/2026	6/22/2026 12:45:34 PM	Pass	No	Kansas State Board of Nursing (68)
A	F		04/2026	7/21/2026 8:35:56 AM	Fail	No	Missouri Board of Nursing (17)
B	H		05/2026	6/26/2026 3:44:59 PM	Pass	No	Kansas State Board of Nursing (68)
F	S		04/2026	7/8/2026 7:54:05 AM	Pass	No	Missouri Board of Nursing (17)
G	F		06/2025	2/9/2026 12:32:09 PM	Fail	Yes	Kansas State Board of Nursing (68)
G	F		06/2025	3/31/2026 7:35:02 AM	Pass	Yes	Kansas State Board of Nursing (68)
G	L		06/2025	3/25/2026 8:52:26 AM	Pass	No	Kansas State Board of Nursing (68)
G-B	J		05/2024	4/13/2026 8:48:09 AM	Pass	Yes	Kansas State Board of Nursing (68)
J	P		04/2026	7/29/2026 8:25:01 AM	Pass	No	Missouri Board of Nursing (17)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
K	J		05/2026	7/25/2026 8:22:46 AM	Pass	No	Kansas State Board of Nursing (68)
K	K		05/2024	1/15/2026 12:16:21 PM	Pass	No	Missouri Board of Nursing (17)
L	E		04/2026	7/20/2026 12:11:34 PM	Pass	No	Missouri Board of Nursing (17)
L	C		06/2025	3/31/2026 11:20:01 AM	Fail	Yes	Missouri Board of Nursing (17)
M	D		05/2026	7/16/2026 12:18:37 PM	Pass	No	Kansas State Board of Nursing (68)
M	A		05/2024	5/28/2026 8:18:28 AM	Pass	Yes	Kansas State Board of Nursing (68)
N C	Y		05/2026	7/7/2026 8:14:15 AM	Fail	No	Kansas State Board of Nursing (68)
N	Jo		05/2024	2/27/2026 8:21:28 AM	Fail	Yes	Kansas State Board of Nursing (68)
N	Ja		05/2026	8/25/2026 1:17:31 PM	Fail	No	Kansas State Board of Nursing (68)
N	L		05/2026	8/4/2026 8:00:26 AM	Pass	No	Kansas State Board of Nursing (68)
N	Ch		04/2024	7/7/2026 12:31:31 PM	Fail	Yes	Missouri Board of Nursing (17)
O	D		06/2025	3/30/2026 12:08:58 PM	Fail	Yes	Missouri Board of Nursing (17)
O	D		06/2025	8/25/2026 7:55:08 AM	Pass	Yes	Missouri Board of Nursing (17)
O	P		06/2025	1/15/2026 7:49:51 AM	Pass	Yes	Kansas State Board of Nursing (68)
T	P		04/2024	8/27/2026 11:31:46 AM	Fail	Yes	Missouri Board of Nursing (17)
T	I		05/2026	7/2/2026 7:53:45 AM	Fail	No	Kansas State Board of Nursing (68)
T	N		05/2026	8/5/2026 8:03:57 AM	Pass	No	Kansas State Board of Nursing (68)
Y	Y		06/2025	2/17/2026 1:04:56 PM	Fail	Yes	Kansas State Board of Nursing (68)
Y	Y		06/2025	8/29/2026 8:15:33 AM	Fail	Yes	Kansas State Board of Nursing (68)
YEM	A		05/2026	7/13/2026 8:26:41 AM	Pass	No	Kansas State Board of Nursing (68)
YK	M		04/2026	6/26/2026 1:24:16 PM	Fail	No	Missouri Board of Nursing (17)



Candidates Educated in my Jurisdiction

Pearson VUE's reporting database includes all exam records from 2002 to present.

PEARSON CONFIDENTIAL



NCSBN Education Program Jurisdiction: Kansas State Board of Nursing (68)

Exam Series Code: NCLEX-PN

All Time

All Time

NCSBN Education Program: KS - MID-AMERICA COLLEGE OF HEALTH SCIENCES - PN (US68110100)

Printed By: Janelle Martin

Report Date: 01-Sep-2026 05:05 PM

Data as of (CST): 01-Sep-2026 08:02 AM

Kansas State Board of Nursing (68)

KS - MID-AMERICA COLLEGE OF HEALTH SCIENCES - MERRIAM - PN (US68110100)

NCLEX-PN

Pass Rate Summary

	First Timers	Repeaters	Total
Total Delivered	105	60	165
Total Passed	65	25	90
Total Failed	40	35	75
Total On Hold	0	0	0
Total Pass Rate	61.90%	41.67%	54.55%

Candidate Details

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
A			05/2024	6/13/2024 7:58:50 AM	Pass	No	Kansas State Board of Nursing (68)
B			05/2024	5/9/2025 7:52:26 AM	Pass	Yes	Missouri Board of Nursing (17)
B			05/2024	9/17/2024 8:36:15 AM	Fail	No	Missouri Board of Nursing (17)
C			05/2026	6/22/2026 12:45:34 PM	Pass	No	Kansas State Board of Nursing (68)
D			04/2023	7/31/2023 8:26:02 AM	Pass	No	Kansas State Board of Nursing (68)
E			04/2023	4/13/2024 8:22:05 AM	Pass	No	Kansas State Board of Nursing (68)
F			05/2024	7/13/2024 10:18:30 AM	Fail	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
F			05/2024	9/26/2024 8:29:57 AM	Fail	Yes	Kansas State Board of Nursing (68)
F			05/2024	11/18/2024 9:58:56 AM	Fail	Yes	Kansas State Board of Nursing (68)
F			05/2024	1/4/2025 1:06:22 PM	Fail	Yes	Kansas State Board of Nursing (68)
F			05/2024	2/22/2025 8:09:02 AM	Pass	Yes	Kansas State Board of Nursing (68)
G			06/2025	8/22/2025 7:54:53 AM	Pass	No	Missouri Board of Nursing (17)
H			05/2024	7/7/2025 7:34:24 AM	Pass	No	Kansas State Board of Nursing (68)
I			06/2025	10/8/2025 8:17:26 AM	Pass	No	Missouri Board of Nursing (17)
J			04/2023	8/16/2023 7:46:28 AM	Fail	No	Kansas State Board of Nursing (68)
J			04/2023	11/14/2023 12:17:56 PM	Fail	Yes	Kansas State Board of Nursing (68)
J			04/2023	12/27/2024 8:14:04 AM	Fail	Yes	Kansas State Board of Nursing (68)
J			04/2023	7/8/2024 7:52:32 AM	Fail	Yes	Kansas State Board of Nursing (68)
K			05/2024	7/1/2024 8:03:54 AM	Pass	No	Kansas State Board of Nursing (68)
L			05/2024	6/18/2024 8:06:32 AM	Pass	No	Kansas State Board of Nursing (68)
M			06/2025	10/15/2025 7:53:58 AM	Fail	No	Kansas State Board of Nursing (68)
M			06/2025	12/4/2025 8:12:40 AM	Pass	Yes	Kansas State Board of Nursing (68)
N			04/2023	10/26/2023 8:18:29 AM	Fail	No	Kansas State Board of Nursing (68)
N			04/2023	1/6/2024 7:45:49 AM	Fail	Yes	Kansas State Board of Nursing (68)
N			04/2023	3/12/2024 10:20:32 AM	Pass	Yes	Kansas State Board of Nursing (68)
O			05/2024	11/19/2024 7:56:25 AM	Pass	No	Missouri Board of Nursing (17)
P			06/2025	10/18/2025 12:35:18 PM	Pass	No	Kansas State Board of Nursing (68)
Q			04/2026	7/21/2026 8:35:56 AM	Fail	No	Missouri Board of Nursing (17)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
R			05/2026	6/26/2026 3:44:59 PM	Pass	No	Kansas State Board of Nursing (68)
S			05/2024	7/17/2024 7:48:42 AM	Pass	No	Kansas State Board of Nursing (68)
T			04/2023	8/22/2023 8:07:24 AM	Pass	No	Kansas State Board of Nursing (68)
U			06/2025	8/21/2025 1:56:09 PM	Pass	No	Kansas State Board of Nursing (68)
V			05/2024	8/14/2025 7:48:48 AM	Pass	No	Kansas State Board of Nursing (68)
W			06/2025	8/16/2025 8:28:47 AM	Pass	No	Kansas State Board of Nursing (68)
X			05/2024	8/30/2024 12:26:33 PM	Pass	No	Kansas State Board of Nursing (68)
Y			04/2023	9/27/2023 8:50:19 AM	Fail	No	Kansas State Board of Nursing (68)
Y			04/2023	2/24/2024 10:40:10 AM	Pass	Yes	Kansas State Board of Nursing (68)
Z			05/2024	6/28/2024 1:06:08 PM	Fail	No	Kansas State Board of Nursing (68)
Z			05/2024	10/4/2024 8:07:09 AM	Fail	Yes	Kansas State Board of Nursing (68)
Z			05/2024	1/30/2025 12:56:46 PM	Fail	Yes	Kansas State Board of Nursing (68)
Z			05/2024	5/16/2025 1:00:44 PM	Fail	Yes	Kansas State Board of Nursing (68)
Z			05/2024	9/18/2025 12:26:21 PM	Pass	Yes	Kansas State Board of Nursing (68)
AA			04/2023	12/30/2023 7:50:42 AM	Pass	No	Kansas State Board of Nursing (68)
BB			04/2026	7/8/2026 7:54:05 AM	Pass	No	Missouri Board of Nursing (17)
CC			05/2024	4/9/2025 8:17:18 AM	Pass	No	Kansas State Board of Nursing (68)
DD			06/2025	9/24/2025 8:07:01 AM	Fail	No	Kansas State Board of Nursing (68)
DD			06/2025	2/9/2026 12:32:09 PM	Fail	Yes	Kansas State Board of Nursing (68)
DD			06/2025	3/31/2026 7:35:02 AM	Pass	Yes	Kansas State Board of Nursing (68)
EE			06/2025	3/25/2026 8:52:26 AM	Pass	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
FF			05/2024	7/28/2025 9:31:26 AM	Fail	No	Kansas State Board of Nursing (68)
FF			05/2024	4/13/2026 8:48:09 AM	Pass	Yes	Kansas State Board of Nursing (68)
GG			05/2024	7/17/2024 7:58:01 AM	Pass	No	Kansas State Board of Nursing (68)
HH			05/2024	7/31/2024 12:11:20 PM	Fail	No	Kansas State Board of Nursing (68)
HH			05/2024	11/20/2024 7:51:07 AM	Fail	Yes	Kansas State Board of Nursing (68)
HH			05/2024	8/8/2025 12:29:49 PM	Fail	Yes	Kansas State Board of Nursing (68)
II			05/2024	5/30/2024 12:18:56 PM	Pass	No	Kansas State Board of Nursing (68)
JJ			04/2023	8/30/2023 11:24:11 AM	Pass	No	Kansas State Board of Nursing (68)
KK			04/2023	10/14/2024 12:36:19 PM	Pass	No	Kansas State Board of Nursing (68)
LL			04/2026	7/29/2026 8:25:01 AM	Pass	No	Missouri Board of Nursing (17)
MM			05/2024	10/26/2024 12:34:39 PM	Pass	No	Kansas State Board of Nursing (68)
NN			05/2024	6/18/2024 8:08:55 AM	Fail	No	Kansas State Board of Nursing (68)
NN			05/2024	8/23/2024 8:19:39 AM	Fail	Yes	Kansas State Board of Nursing (68)
NN			05/2024	10/14/2024 8:02:02 AM	Pass	Yes	Kansas State Board of Nursing (68)
OO			05/2024	7/7/2025 8:18:32 AM	Pass	No	Kansas State Board of Nursing (68)
PP			05/2024	6/29/2024 7:50:51 AM	Fail	No	Kansas State Board of Nursing (68)
PP			05/2024	9/5/2024 7:52:20 AM	Pass	Yes	Kansas State Board of Nursing (68)
QQ			05/2024	7/1/2024 12:29:14 PM	Pass	No	Kansas State Board of Nursing (68)
RR			05/2024	6/10/2024 8:32:10 AM	Fail	No	Kansas State Board of Nursing (68)
RR			05/2024	8/23/2024 8:20:06 AM	Pass	Yes	Kansas State Board of Nursing (68)
SS			06/2025	8/25/2025 8:12:40 AM	Pass	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
TT			06/2025	8/27/2025 1:03:23 PM	Pass	No	Kansas State Board of Nursing (68)
UU			05/2026	7/25/2026 8:22:46 AM	Pass	No	Kansas State Board of Nursing (68)
VV			06/2025	8/14/2025 8:14:34 AM	Pass	No	Missouri Board of Nursing (17)
WW			05/2024	1/15/2026 12:16:21 PM	Pass	No	Missouri Board of Nursing (17)
XX			05/2024	4/8/2025 8:21:43 AM	Fail	No	Kansas State Board of Nursing (68)
XX			05/2024	9/29/2025 8:18:21 AM	Pass	Yes	Kansas State Board of Nursing (68)
YY			06/2025	7/22/2025 12:17:25 PM	Pass	No	Kansas State Board of Nursing (68)
ZZ			05/2024	11/18/2024 12:06:45 PM	Pass	No	Kansas State Board of Nursing (68)
AAA			04/2026	7/20/2026 12:11:34 PM	Pass	No	Missouri Board of Nursing (17)
BBB			04/2023	8/8/2023 7:46:44 AM	Fail	No	Kansas State Board of Nursing (68)
BBB			04/2023	11/21/2023 7:43:16 AM	Fail	Yes	Kansas State Board of Nursing (68)
BBB			04/2023	1/25/2024 8:09:11 AM	Pass	Yes	Kansas State Board of Nursing (68)
CCC			05/2024	12/5/2024 10:53:36 AM	Pass	No	Kansas State Board of Nursing (68)
DDD			04/2023	7/13/2023 11:30:38 AM	Fail	No	Kansas State Board of Nursing (68)
DDD			04/2023	9/11/2023 2:59:24 PM	Fail	Yes	Kansas State Board of Nursing (68)
DDD			04/2023	11/14/2023 8:15:53 AM	Fail	Yes	Kansas State Board of Nursing (68)
DDD			04/2023	2/24/2024 8:32:45 AM	Pass	Yes	Kansas State Board of Nursing (68)
EEE			06/2025	9/4/2025 7:55:43 AM	Fail	No	Missouri Board of Nursing (17)
EEE			06/2025	3/31/2026 11:20:01 AM	Fail	Yes	Missouri Board of Nursing (17)
FFF			05/2024	7/9/2024 7:44:49 AM	Pass	No	Missouri Board of Nursing (17)
GGG			05/2026	7/16/2026 12:18:37 PM	Pass	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
HHH			06/2025	12/30/2025 7:50:41 AM	Pass	No	Missouri Board of Nursing (17)
III			05/2024	6/14/2024 12:55:52 PM	Pass	No	Kansas State Board of Nursing (68)
JJJ			06/2025	8/28/2025 8:18:41 AM	Fail	No	Kansas State Board of Nursing (68)
JJJ			06/2025	11/12/2025 12:46:56 PM	Pass	Yes	Kansas State Board of Nursing (68)
KKK			06/2025	9/18/2025 1:10:46 PM	Pass	No	Kansas State Board of Nursing (68)
LLL			05/2024	1/9/2025 12:45:26 PM	Fail	No	Kansas State Board of Nursing (68)
LLL			05/2024	5/28/2026 8:18:28 AM	Pass	Yes	Kansas State Board of Nursing (68)
MMM			04/2023	7/27/2023 7:26:03 AM	Pass	No	Kansas State Board of Nursing (68)
NNN			06/2025	12/4/2025 12:53:47 PM	Pass	No	Kansas State Board of Nursing (68)
OOO			05/2026	7/7/2026 8:14:15 AM	Fail	No	Kansas State Board of Nursing (68)
PPP			04/2024	11/14/2024 8:17:57 AM	Fail	No	Missouri Board of Nursing (17)
QQQ			05/2024	2/26/2025 8:15:16 AM	Fail	Yes	Kansas State Board of Nursing (68)
QQQ			05/2024	11/1/2024 2:39:21 PM	Fail	No	Kansas State Board of Nursing (68)
QQQ			05/2024	7/3/2025 8:08:49 AM	Fail	Yes	Kansas State Board of Nursing (68)
QQQ			05/2024	9/24/2025 11:45:06 AM	Fail	Yes	Kansas State Board of Nursing (68)
QQQ			05/2024	12/11/2025 8:06:14 AM	Fail	Yes	Kansas State Board of Nursing (68)
QQQ			05/2024	2/27/2026 8:21:28 AM	Fail	Yes	Kansas State Board of Nursing (68)
RRR			06/2025	8/1/2025 10:12:47 AM	Pass	No	Kansas State Board of Nursing (68)
SSS			05/2024	7/17/2024 8:05:23 AM	Fail	No	Kansas State Board of Nursing (68)
SSS			05/2024	11/26/2024 8:19:06 AM	Fail	Yes	Kansas State Board of Nursing (68)
TTT			06/2025	8/28/2025 12:55:38 PM	Fail	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
TTT			06/2025	11/6/2025 7:41:02 AM	Pass	Yes	Kansas State Board of Nursing (68)
UUU			05/2026	8/25/2026 1:17:31 PM	Fail	No	Kansas State Board of Nursing (68)
VVV			05/2024	9/29/2025 8:14:17 AM	Pass	Yes	Kansas State Board of Nursing (68)
VVV			05/2024	3/29/2025 12:11:27 PM	Fail	No	Kansas State Board of Nursing (68)
WWW			05/2024	8/28/2024 7:32:18 AM	Fail	No	Missouri Board of Nursing (17)
WWW			05/2024	10/15/2024 8:20:27 AM	Pass	Yes	Missouri Board of Nursing (17)
XXX			05/2026	8/4/2026 8:00:26 AM	Pass	No	Kansas State Board of Nursing (68)
YYY			04/2023	10/24/2023 12:29:02 PM	Pass	No	Kansas State Board of Nursing (68)
ZZZ			04/2024	11/19/2025 12:55:30 PM	Fail	No	Missouri Board of Nursing (17)
ZZZ			04/2024	7/7/2026 12:31:31 PM	Fail	Yes	Missouri Board of Nursing (17)
A1			05/2024	6/28/2024 8:21:25 AM	Fail	No	Kansas State Board of Nursing (68)
A1			05/2024	9/5/2024 7:57:36 AM	Pass	Yes	Kansas State Board of Nursing (68)
B1			05/2024	6/29/2024 7:42:42 AM	Pass	No	Kansas State Board of Nursing (68)
C1			06/2025	9/27/2025 8:23:24 AM	Fail	No	Missouri Board of Nursing (17)
C1			06/2025	12/1/2025 12:35:40 PM	Fail	Yes	Missouri Board of Nursing (17)
C1			06/2025	3/30/2026 12:08:58 PM	Fail	Yes	Missouri Board of Nursing (17)
C1			06/2025	8/25/2026 7:55:08 AM	Pass	Yes	Missouri Board of Nursing (17)
D1			06/2025	10/28/2025 8:00:38 AM	Pass	No	Kansas State Board of Nursing (68)
E1			06/2025	9/15/2025 8:00:17 AM	Pass	No	Missouri Board of Nursing (17)
F1			06/2025	9/3/2025 10:49:18 AM	Fail	No	Kansas State Board of Nursing (68)
F1			06/2025	1/15/2026 7:49:51 AM	Pass	Yes	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
G1			06/2025	11/3/2025 10:21:57 AM	Pass	No	Kansas State Board of Nursing (68)
H1			04/2023	7/20/2023 7:43:34 AM	Pass	No	Kansas State Board of Nursing (68)
I1			04/2023	5/28/2024 7:58:48 AM	Pass	No	Kansas State Board of Nursing (68)
J1			05/2024	6/4/2024 7:36:40 AM	Pass	No	Kansas State Board of Nursing (68)
K1			05/2024	6/6/2024 7:40:30 AM	Pass	No	Kansas State Board of Nursing (68)
L1			05/2024	7/20/2024 7:39:11 AM	Pass	No	Kansas State Board of Nursing (68)
M1			04/2023	7/19/2023 7:47:23 AM	Fail	No	Missouri Board of Nursing (17)
M1			04/2023	10/24/2023 1:01:58 PM	Fail	Yes	Missouri Board of Nursing (17)
M1			04/2023	4/26/2024 12:32:20 PM	Pass	Yes	Missouri Board of Nursing (17)
N1			06/2025	7/29/2025 12:06:24 PM	Pass	No	Kansas State Board of Nursing (68)
O1			05/2024	6/12/2024 1:07:39 PM	Pass	No	Kansas State Board of Nursing (68)
P1			04/2023	8/24/2023 7:35:18 AM	Fail	No	Kansas State Board of Nursing (68)
P1			04/2023	12/30/2023 12:06:51 PM	Fail	Yes	Kansas State Board of Nursing (68)
P1			04/2023	6/29/2024 8:13:57 AM	Fail	Yes	Kansas State Board of Nursing (68)
Q1			04/2024	5/13/2025 12:47:29 PM	Fail	Yes	Missouri Board of Nursing (17)
Q1			04/2024	8/27/2026 11:31:46 AM	Fail	Yes	Missouri Board of Nursing (17)
Q1			05/2024	8/14/2024 8:12:18 AM	Fail	No	Missouri Board of Nursing (17)
R1			05/2026	7/2/2026 7:53:45 AM	Fail	No	Kansas State Board of Nursing (68)
S1			04/2023	9/11/2023 1:00:36 PM	Fail	No	Missouri Board of Nursing (17)
S1			04/2023	1/31/2024 7:54:27 AM	Pass	Yes	Missouri Board of Nursing (17)
T1			05/2026	8/5/2026 8:03:57 AM	Pass	No	Kansas State Board of Nursing (68)

Candidate Last Name	Candidate First Name	Client Candidate ID	NCSBN Graduation Date	Delivery Date	Grade	Repeater	Jurisdiction
U1			05/2024	6/18/2024 8:08:47 AM	Pass	No	Kansas State Board of Nursing (68)
V1			04/2023	10/21/2023 7:47:02 AM	Pass	No	Kansas State Board of Nursing (68)
W1			04/2023	7/27/2023 7:34:49 AM	Fail	No	Kansas State Board of Nursing (68)
W1			04/2023	1/26/2024 3:38:40 PM	Pass	Yes	Kansas State Board of Nursing (68)
X1			05/2024	8/8/2025 8:16:44 AM	Pass	No	Kansas State Board of Nursing (68)
Y1			06/2025	9/9/2025 7:48:39 AM	Fail	No	Kansas State Board of Nursing (68)
Y1			06/2025	12/1/2025 12:31:48 PM	Fail	Yes	Kansas State Board of Nursing (68)
Y1			06/2025	2/17/2026 1:04:56 PM	Fail	Yes	Kansas State Board of Nursing (68)
Y1			06/2025	8/29/2026 8:15:33 AM	Fail	Yes	Kansas State Board of Nursing (68)
Z1			05/2026	7/13/2026 8:26:41 AM	Pass	No	Kansas State Board of Nursing (68)
AA1			04/2026	6/26/2026 1:24:16 PM	Fail	No	Missouri Board of Nursing (17)



MID-AMERICA COLLEGE *of* HEALTH SCIENCES

Meeting Agenda

Meeting Title: **Advisory Committee Meeting**

Date: Tuesday., May 19, 2026

Time: 3:00PM-4:30PM

Location/Platform: **Teams**

Meeting Facilitator: **Professor Watson**

Note Taker: AI Minutes

Attendees: Dr. Omare, Dr. White, Professor Watson (Director of Nursing-PN Program), Mrs. Kinney-Stoeppel (F/T Faculty PN Program), Amber Abbey, Miss Antwi (PN Enrollment Advisor), Chad Huebner, Executive Director Shawnee Gardens, Justin Ward Lippincott Rep., Hannah Bass and Mawien Akot (2025/2026 Cohort Grads), LeLoris Robinson DoN Westchester Village-Lenexa

Welcome

Introduction

Mission Statement:

At Mid-America College of Health Sciences our mission is to provide accessible, high-quality health sciences education that prepares students for successful, workforce-ready careers in healthcare. We are committed to developing competent, compassionate, and confident healthcare professionals through academic excellence, hands-on clinical training, and industry-aligned instruction.

Meeting Objectives

1. Introduce the MACOHS PN program
2. Discuss committee recommendations
3. Gather critical curriculum feedback MACOHS

Agenda Topics:

- Agenda
- Mission-Objectives-Program Outcome
- KSBN Findings
- Lippincott
- Lab Simulations

- N-CLEX Exam Prep
- Delayed Testing Impact
- Employer Feedback
- Closing Comments
- Adjournment



MID-AMERICA COLLEGE

of HEALTH SCIENCES

PN Advisory Committee

Tue, May 19, 2026

Summary:

A program Advisory Committee Meeting reviewing the PN curriculum, outcomes, simulation, clinical partnerships, and NCLEX performance.

- Program: 900 clock hours over nine months
- Recent graduation: 17 students awaiting NCLEX authorization
- NCLEX variability: small cohort reported 100% pass (n=2); historical fluctuation noted
- Remediation/testing: Lippincott suite adopted for testing and remediation

Attendees:

Amber Abbey, Miss Antwi (PN Enrollment Advisor), Chad Huebner, Executive Director Shawnee Gardens, Justin Ward Lippincott Rep., Hannah Bass and Mawien Akot (2025/2026 Cohort Grads), LeLoris Robinson DoN Westchester Village-Lenexa, Vicki Kolb

MACOHS Team - Professor Watson (Director of Nursing-PN Program), Mrs. Kinney-Stoeppel (F/T Faculty PN Program), Dr. Omare, President/CEO, Dr. White, Chief Academic Officer.

Welcome

Dr. S.N. Omare welcomed attendees, confirmed recording, and introduced the meeting flow before handing the floor to Professor Watson to lead the agenda. The meeting tone included informal remarks about digital logistics and a brief note about future in-person meetings.

Participant Introductions

Professor Watson led roll call and slide sharing while each attendee introduced themselves, including faculty members, clinical partners, a publisher representative, program admissions staff, college leadership, and recent PN graduates. Multiple attendees identified their roles and affiliations and exchanged brief acknowledgments and encouragements.

Agenda, Additional Staff, and Graduate Attendees

Professor Watson confirmed that each member received and reviewed the agenda prior to the start of the meeting. The meeting was called to order by Professor Watson with the opening of the recital of Mid-America College of Health Sciences mission statement.

Mission, Objectives, Program Outcomes, and Degree Plan

Professor Watson read Mid-America's mission statement emphasizing accessible, workforce-ready health sciences education and outlined meeting objectives to introduce the PN program, expand committee communication, retain members, and collect curriculum feedback. She reviewed ten program outcomes spanning clinical judgment, patient-centered care, teamwork, quality improvement, IT use, scope-of-practice compliance, cultural competence, critical thinking, nursing decision participation, and lifelong learning. Then she presented the degree plan and prerequisites, module structure, credits, simulation, clinical hours, and specific course content including pharmacology, IV therapy, maternal-child, geriatrics, leadership, mental health, and NCLEX preparation.

KSBN findings and pass-rate data review

Professor Watson presented KSBN recommendations from the April 13–14, 2026 on-site visit and showed pass-rate data from the KSBN website, recounting class sizes and pass outcomes across graduating cohorts and noting both a low initial average and a recent small cohort reported at 100%. The committee expressed concern about variability and committed to investigating causes.

Ms. Abbey asked what in particular was the board looking for in terms of the curriculum and program outcomes. Professor Watson mentioned that we had issues getting students to test within a certain timeframe. That we needed to prove that the low-pass rates were related to delayed test taking and not the curriculum. She mentioned how they talked about the live review. That they wanted to know if in fact the live review had an impact on students graduating. And finally, Professor Watson discussed how Lippincott was mentioned during the visit and that the board stated that we should not depend on Lippincott to “fix” our program and the N-CLEX exam results.

Lippincott Program

Justin Ward, Lippincott's Rep. confirmed the program's comprehensive use of Lippincott products for testing, predictor exams, and remediation, observed that first-opportunity test-takers normally do have high pass rates. He recommended using other resources and mentioned speaking with Dr. Omare offline about what that could look like. Hannah Bass proposed leaving a Blackboard course open post-graduation to let alumni continue practice exams and remediation. She believes that could help those who may need additional time to study or need additional support with the opportunity to utilize those resources. Mr. Akot agreed. He stated he

was pretty confident in passing the exam first-time attempt because the program was very effective. He mentioned not all students think and learn alike.

Mrs. Kinney-Stoeppel a full-time PN Faculty member, agreed that offering additional resources could be beneficial. And that they encourage students to test sooner rather than later. She also mentioned the laboratories and the use of mannequins in the lab. She stated Lippincott's simulation program was probably one of the best she's seen.

Simulation lab

Chad Huebner, Shawnee Gardens Executive Director gave strong positive feedback about student placements at his center. He expressed an interest in returning to the school and touring the simulation lab when classes resume; he stated he will be reaching out to arrange a visit. Mrs. Kinney-Stoeppel responded by offering assistance to accommodate his visit.

Dr. Omare explained the purpose of using high-fidelity simulation mannequins that can emulate verbal and physical patient behaviors while noting simulation does not replace real clinical experience. Hannah and Mr. Akot recent graduates agreed that simulation in the lab works well at preparation for the N-CLEX exam.

NCLEX Preparation

During the meeting Ms. Robinson asked the question if there were any specific NCLEX preparation activities provided to students, in addition to the two-day live virtual review, an initial Lippincott preview with study tips and clinical judgment focus, and program-wide remediation after exams all year. Professor Watson confirmed a year-end NCLEX predictor was used to assess outcomes. She also mentioned that the two-day live review does not affect the students' graduating from the program.

Impact of delayed testing and strategy discussion

Professor Watson proposed the question asking for feedback in terms of why there could be a delay in NCLEX testing after graduation? The thought is that delayed testing is a key factor to reducing pass rates. Hannah agreed that could be a true statement noting that it could be that many graduates waited months to test and that readiness declines over time. Ms. Abbey asked if there were strategies in place to encourage earlier testing. And if there were proof that there is a connection between timely testing and improved pass rates was emphasized. Professor Watson mentioned in the future surveys will be used to collect that data.

Professor Watson solicited feedback from the committee on ways to get students to test within the program timeframe. The discussion of prior one-time payments to incentivize early testing, which were not sustainable; **Vicki Kolb introduced** a women-focused scholarship fund that has awarded 11 grants over two years. She stated if students had more financial opportunities, that

may help to improve pass rates if the delay in testing was minimized. The group agreed that financial barriers could be an issue. Professor Watson mentioned including this question on a survey.

Employer feedback

The committee members asked some of the clinical partners in attendance if whether graduates meet employer expectations; Chad from Shawnee Gardens praised students' customer service and documentation but requested more training on incident investigation, full skin assessments, and notification procedures. He suggested adding simulation-based incident scenarios to the curriculum.

Hannah, Akot, and Mrs. Kinney-Stoeppel discussed the value of lab simulations and requested more hands-on and one-on-one lab time; Watson described two cohort formats (weekday and blended) that deliver equivalent weekly hours. They highlighted infection control and soft skills as strengths and noted recent positive employer recognition for a graduate.

Mrs. Kinney-Stoeppel reiterated infection-prevention principles, emphasizing hand washing as the primary prevention method and noting confidentiality concerns in clinical settings. The brief exchange established shared agreement on basic infection-control practices.

The committee members discussed incorporating trending clinical skills into coursework, with particular focus on fall prevention and geriatrics, and recommended integrating realistic scenarios such as Geri-psych cases into simulation and classroom instruction to improve NCLEX and real-world readiness. Faculty agreed to emphasize these topics across modules.

The group addressed variability in documentation systems and the importance of teaching documentation skills; faculty described Lippincott DocuCare as an educational EMR that teaches proper documentation and noted that clinical sites expose students to multiple EHR systems. The program indicated DocuCare is integrated throughout classes for charting practice.

Faculty described a partnership to acquire high-definition mannequins and stressed that simulations complement but do not replace real-world clinical experience. Multiple students and faculty recounted a large-scale simulation (multi-patient, including geriatric-psychiatric elements) that participants found valuable for applying skills under pressure.

Closing Comments

Hannah recommended using a postgraduate survey for alumni follow-up. Mr. Akot shared his personal stories about institutional support during crises, reinforcing the school's student-centered values. The committee agreed to meet at least annually, with agendas sent in advance, and Student Services committed to routing inquiries to appropriate staff.

Action Items/Follow-Up:

Leaving the course open in Black Board for recent graduates to access post-graduation practice exams and remediation resources.

The committee recommended developing policies or incentives to encourage students to take the NCLEX within the program's stipulated timeframe.

Clinical site participants will provide feedback to the committee on specific knowledge gaps and skills that would improve graduate readiness and NCLEX outcomes.

Chad Huebner will reach out to schedule a visit to the simulation lab.

Mrs. Watson will send advisory meeting agendas and invites ahead of future meetings.

Student Services will forward incoming inquiries to the appropriate staff member for follow-up.

*Next meetings: Nov. 2, 2026 and May 19, 2027-Agendas and notes will go out 14 days prior to meeting.

**Today's minutes will be sent to all committee members within 14 business days from today's meeting.

Meeting adjourned at 4:30PM CST

Advisory Committee

Advisory Committee Feedback

* Required

1. Name, Title, Company Name *

2. Based on your industry experience, what types of qualifications and/or training are you looking for in recent graduates for entry-level employment? *

3. What emerging trends, technologies, equipment, or other changes should graduates be prepared for entry-level positions? *

4. Are there additional certifications, credentials, or licenses that would make graduates more competitive in today's job market? If so, what are they? *

5. Are there additional community partnerships, clinical sites, internship opportunities, or employer collaborations that the institution should pursue? *

6. Please share any additional comments or recommendations you would like to share. *

8/14/26, 12:26 PM

Advisory Committee

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PN Faculty Committee Meeting

Fri, May 29, 2026

Summary:

A review of PN program operations, attendance tracking, NCLEX readiness, and curriculum updates.

- Kansas State Board conditional approval Jan 1–Dec 31, 2026
- 19 graduates awaiting NCLEX authorizations
- Data collected on 11 of 17 recent graduates
- Reported program pass rate approximately 44% (repeat testers)
- Blackboard required as official attendance record

Action Items:

- * Dr. White will draft or finalize a formal policy on grading turnaround to require instructors to submit grades within 24–48 hours.
- * Instructors will enter final grades and submit transcripts within the new 24–48 hour window after course completion.
- * Professor Watson will implement fingerprinting and KSBN payment guidance during the first week of the NCLEX preparation course and communicate the process to students.
- * Professor Watson and Mrs. Kinney-Stoeppel will determine which NCLEX-related steps can be completed before graduation and propose a revised pre-graduation checklist.
- * Faculty will include tardy and absence notations in end-of-day notes to enable auditing of repeat attendance offenders.
- * Mrs. Kinney-Stoeppel will screen-share to demonstrate how to add or edit past attendance entries in Blackboard
- * Mr. E. Adu will investigate whether the institution requires sign-in sheets and why QR-code scanning was discontinued

- * Mrs. Watson will start the progression/probation/dismissal paperwork process as discussed from her prior director's experience.
- * Mrs. Watson will search for and retrieve the official board recommendations that were previously sent to her.
- * Mrs. Watson will periodically check graduate license records to confirm which graduates have received NCLEX authorization and report results.
- * Mrs. Watson will contact Mr. O'Connor to ask for the current status of handbook revisions.
- * Mrs. Kinney-Stoeppel will show Chad Hugner the skills lab during his visit
- * Mrs. Watson will check with Dr. Omare about who should collaborate on the nine-month calendar and report back
- * Mr. E. Adu will enforce the requirement that students present all required documents before being allowed to attend class
- * Mr. E. Adu will finalize and share the enrollment-to-graduation flowchart with the group once completed
- * Mrs. Watson will discuss the proposed seven-year prerequisite recency rule with Dr. Omare and Dr. White and follow up with the group.

Key Discussion Points:

Opening, Attendance, and Agenda Setup

The meeting began with greetings, attendee confirmations, and the host displaying the agenda. Participants confirmed AI-minute capture and located prior minutes for review.

Mission, Objectives, and Meeting Scope

The group reviewed Mid-America College of Health Sciences' mission and outlined meeting objectives, including advisory committee feedback, policy updates, attendance revisions, and planning for the 2026–27 PN program.

Review of Prior Minutes and Graduation Follow-up

The committee reviewed March 25 minutes, confirmed graduate photos were taken but not yet circulated, and discussed probation follow-up for Module 4 graduates.

Graduate Data and NCLEX Timing Discussion

Dr. White presented graduate survey data showing most surveyed intended to test quickly after graduation, which spurred discussion about moving NCLEX application processing earlier and whether fingerprints/fees can be completed before proof of graduation.

Grading Policy, Logistics, and Accountability

Dr. White proposed a grading policy requiring instructors to submit final grades within 24–48 hours so transcripts and candidate packages can be assembled within a week; the chapter focused on logistical constraints and who will be accountable for timely processing.

Attendance Policy, Tracking, and Student Dismissals

The committee examined the revised attendance process, clarified Blackboard attendance options (present, absent, tardy, excuse), emphasized treating repeated leaving-early incidents as attendance infractions, and discussed specific students with prolonged absences and communication lapses with student services.

Blackboard attendance procedure and demonstration

The group reviewed how instructors are recording attendance, confirmed instructors are using both hard copy sign-in sheets and Blackboard entries, and demonstrated how to view and add past attendance entries in Blackboard so missed days can be recorded. The chapter concludes with one instructor offering to screen-share to show the Blackboard process.

Limitations of Blackboard and partial-day attendance handling

Participants explored Blackboard's inability to record partial-day notes (e.g., early departure) and discussed instructor workarounds and the risk of using the full-day "excuse" flag. Dr. White emphasized Blackboard must remain the official source while he investigates more robust systems.

Alternative attendance systems and institutional requirements

The team discussed QR-code scanning and prior door-scan deployments at the university, questioned why scanning stopped, and asked Mr. Adu to investigate whether institutional sign-in-sheet requirements are the cause of current practices.

Student documentation, folder organization, and records audit

Mr. Adu reported receiving a medical appointment document from a student, acknowledged misfiled dismissal records, and committed to creating academic folders and renaming/reorganizing folders during an audit; Dr. White clarified that dismissal and academic documents belong in an academic folder, not admissions or course materials folders.

Outstanding student cases and next steps

Attendance policy and dual-enrollment issues

The meeting began with clarification that missed instruction is the student's responsibility, and grades should reflect unmade work, and participants discussed the problem of students attempting to enroll in two concurrent accelerated classes and the administrative need to prevent dual enrollment. Miss Antwi agreed to check student registration records to confirm enrollment status.

Individual student case and enrollment decisions

Attendees reviewed a specific student's missed days and concluded he should not be enrolled in an additional module to avoid setting him up for failure; Dr. White instructed that if the student is listed in AMP, he should be removed. The discussion included disagreement over probation placement when absence causes were not the student's fault.

Syllabus adjustments and program vetting

Dr. White emphasized stronger early vetting and potential dismissal earlier in modules one through four to prevent underprepared students from reaching the NCLEX stage. She characterized program training as life-or-death and urged stricter remediation and dismissal practices.

NCLEX pass rates and repeat-testers analysis

The group reviewed pass-rate data showing first-time pass success among a small cohort but a reduced overall program rate due to multiple repeat-testers being counted; Mrs. Watson explained how repeaters and duplicate counts are driving an aggregate pass rate near 44% and stressed the need to re-engage repeaters sooner while content is fresh. The faculty members discussed the Lippincott readiness and agreed that training may be necessary. Mrs. Watson

mentioned that she can ask Justin Ward, Lippincott Rep. to conduct a faculty training on readiness sometime in Aug. if every is available.

Graduate NCLEX authorization status and follow-ups

Participants confirmed that recent graduates are awaiting NCLEX authorizations and that outreach revealed many candidates must update documentation such as Social Security numbers before authorization is issued; the administrative team will monitor authorizations and licensing checks periodically.

Handbook revisions and regulatory status

Mrs. Watson requested inclusion on the handbook revision effort; Mr. O'Connor was identified as the person handling handbook updates and works closely with Dr. White. The Kansas Board of Nursing issued conditional approval for January–December 2026, but multiple board vacancies and canceled meetings are delaying formal recommendations and decisions on admitting or scheduling modules.

Advisory board feedback and simulation planning

The advisory board meeting was reviewed and the team agreed to add more simulation-based incident scenarios and incident-investigation training, noting existing simulation incident reports and the program's capability to expand those simulations. The group confirmed psychiatric and geriatric topics are already present in fundamentals and separate courses and proposed integrating a geriatric geropsychiatric simulation for training.

Lab visit and digital resources

Chad Hugner from Shawnee Gardens plans to visit the skills lab and a staff member was asked to show him around. The team confirmed Justin Ward will keep the Blackboard site accessible and that the NCLEX-prep course remains open for student practice.

Nine-month calendar coordination

Mrs. Watson reported ongoing work on the nine-month calendar but requested clarification on collaboration and emphasized that calendar creation requires coordinating module hours with the director or curriculum specialist; Kofi Amponsah volunteered to help if named.

Attendance policy and program flowchart

Mr. E. Adu reiterated strict enforcement that students without required documentation will not be allowed in class. He and Mr. Amponsah are preparing a complete enrollment-to-graduation flowchart for all programs, which will be posted and shared when finalized.

Prerequisite recency debate and meeting close

Faculty debated a seven-year recency limit for prerequisites such as medical terminology, growth and development, and anatomy and physiology; proponents argued recent knowledge is necessary for PN coursework, while others noted some content changes less over time. Mrs. Watson agreed to discuss the policy with Dr. Omare and Dr. White and report back before the meeting ended.

Meeting Adjourn: 4:45PM

Pre-NCLEX Exam

NCLEX Exam

* Required

1. First Name, Last Name *

2. Email Address *

3. How confident are you in your ability to pass the NCLEX-PN on your first attempt?

•
★

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

4. Which content area do you feel requires the most additional review before taking the NCLEX-PN?

★

5. What additional support from the college would help you feel more prepared before taking the NCLEX-PN? *

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PN Post-NCLEX Exam

Post-NCLEX Exam Survey

* Required

1. First Name, Last Name *

2. Email Address *

3. Overall, how well did the Practical Nursing program prepare you for the NCLEX-PN examination? *

- ☐ Extremely well
- ☐ Somewhat well
- ☐ Neutral
- ☐ Somewhat not well
- ☐ Extremely not well

4. Where there any delays in you sitting for the exam within a 60-day window? *

- ☐ Yes
- ☐ No

5. If you experienced a delay, please explain. *

6. Did the delay affect your confidence in taking/passing the exam? *

☐ Yes

☐ No

☐ Maybe

7. If you answered YES, please explain. *

8. Looking back, what additional resources or support would have better prepared you for the NCLEX-PN? *

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PN Graduates N-CLEX

N-CLEX Exam

* Required

1. Overall, how well did the Practical Nursing program prepare you for success on the NCLEX-PN? *

- ☐ Extremely well
- ☐ Somewhat well
- ☐ Neutral
- ☐ Somewhat not well
- ☐ Extremely not well

2. How confident were you that you would pass the NCLEX-PN on your first attempt upon completing the program? *

- ☐ Extremely confident
- ☐ Somewhat confident
- ☐ Neutral
- ☐ Somewhat not confident
- ☐ Extremely not confident

3. Did you pass the NCLEX-PN on your first attempt? *

- ☐ Yes
- ☐ No
- ☐ I have not taken the exam.
- ☐ Other

4. Which aspects of the program contributed most to your readiness for the NCLEX-PN?
(Select all that apply.) *

- ☐ Classroom instruction
- ☐ Clinical experiences
- ☐ NCLEX-style exams and quizzes
- ☐ Lippincott/NCLEX review resources
- ☐ Faculty support and remediation
- ☐ Case studies and clinical judgment activities
- ☐ Test-taking strategies
- ☐ Other

5. What recommendations do you have for improving the program's NCLEX-PN preparation and increasing first-time pass rates for future graduates? *

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NCLEX Exam Survey

Did Not Pass on the First Attempt

* Required

1. First Name, Last Name *

2. Email Address *

3. Which factors do you believe had the greatest impact on your NCLEX-PN performance?
(Select all that apply.) *

- ☐ Test anxiety
- ☐ Insufficient preparation time
- ☐ Difficulty with specific content areas
- ☐ Challenges with critical thinking or clinical judgment questions
- ☐ Personal or family responsibilities
- ☐ Work obligations
- ☐ Limited access to NCLEX preparation resources
- ☐ Other

4. Looking back, what additional support or resources from the Practical Nursing program would have better prepared you for the NCLEX-PN? *

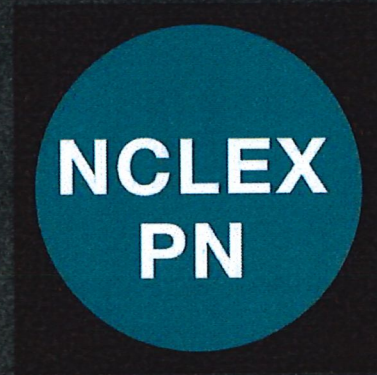
5. What is your current plan for retaking the NCLEX-PN, and what additional assistance from the college would help you feel more prepared and confident for your next attempt? *

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Created by Mrs. Kinney-Stoeppel for the MACOHS PN Faculty

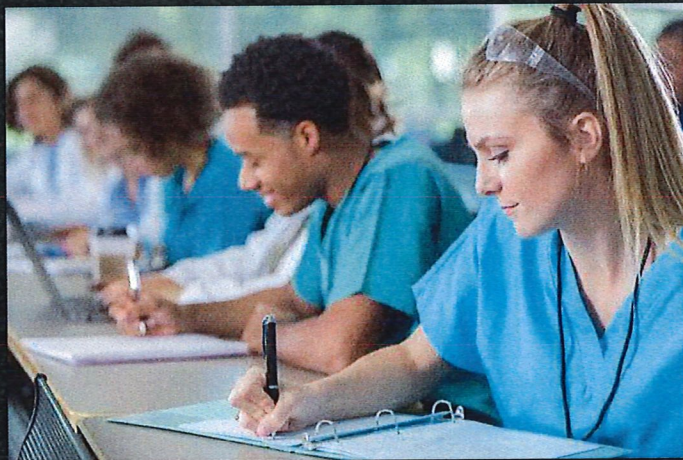
Teaching for NCLEX-PN Success



*Preparing PN Students to Think,
Apply, and Make Safe Nursing
Decisions*

1

Part 1: Why This Matters



2

Why are we here?

Our goal is not simply to help students **pass a test.**

Our goal is to prepare graduates who can:

- Recognize important patient information
- Identify potential problems
- Prioritize care
- Make safe nursing decisions
- Practice within the LPN scope
- Evaluate patient outcomes

3

Training Objectives

By the end of this session, faculty will be able to:



DESCRIBE HOW NCLEX-PN
EVALUATES ENTRY-LEVEL
PRACTICAL NURSING
COMPETENCE.



DIFFERENTIATE BETWEEN
TEACHING FOR RECALL AND
TEACHING FOR
APPLICATION AND
CLINICAL JUDGEMENT.



USE QUESTIONING
STRATEGIES THAT REQUIRE
STUDENTS TO PRIORITIZE,
RECOGNIZE RISK, AND MAKE
NURSING DECISIONS.



INCORPORATE NCLEX-STYLE
THINKING INTO EVERYDAY
CLASSROOM AND CLINICAL
INSTRUCTION.



IDENTIFY STRATEGIES FOR
SUPPORTING STUDENTS
WHO DEMONSTRATE
KNOWLEDGE OR CLINICAL
JUDGEMENT GAPS.

4

What Are We Actually Preparing Students to Do?

If a student can define heart failure but cannot recognize which heart failure patient needs immediate intervention, are they prepared for the NCLEX?

5

The Shift We Want

Move students from:

Know

Recognize

Prioritize

Decide

Act

Evaluate

6

Part 2: What Our Readiness Data Show Us?



7

What does the NCLEX PN Measure?

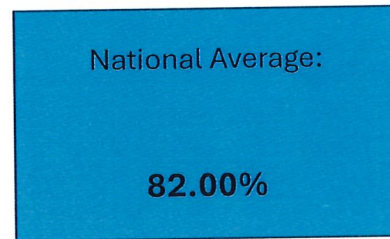
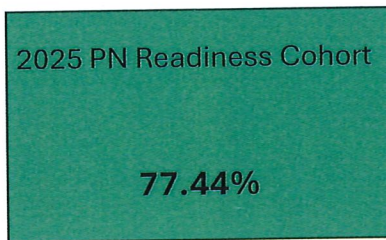


- The NCLEX-PN evaluates whether a graduate can:
 - Practice safely as an entry-level practical/vocational nurse
 - Apply nursing knowledge to patient situations
 - Recognize relevant and irrelevant information
 - Make appropriate nursing decisions
 - Demonstrate clinical judgment
 - Practice within appropriate scope
- **How well are our students demonstrating these abilities?**

8

What Are Our Students Telling Us?

Our PN Readiness Data:

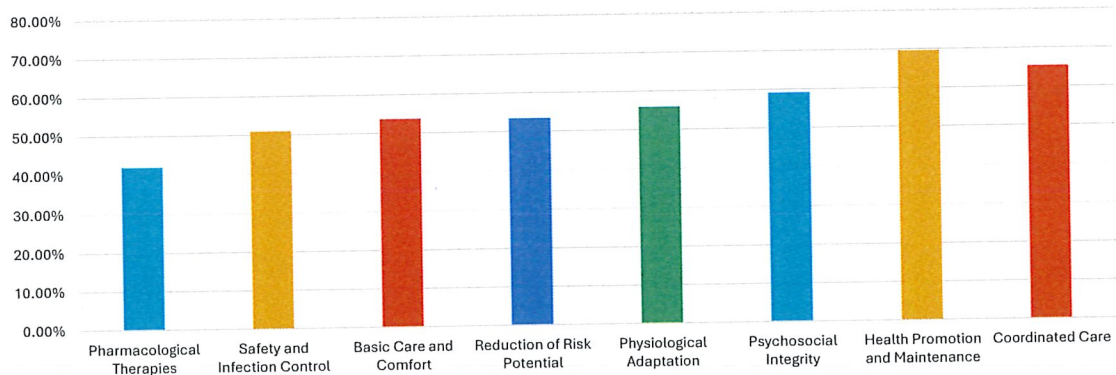


But the overall score only tells part of the story.

9

Where Are the Gaps?

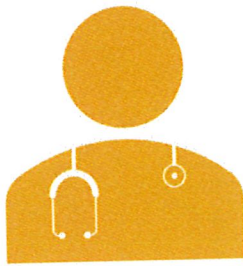
2025 PN Readiness: Client Needs



What patterns do you notice?

10

Green and Gold: What Patterns are Emerging?



- **Recurring opportunities for improvement:**
- **Pharmacological Therapies**
Green: 42.15% | Gold: 44.48%
- **Reduction of Risk Potential**
Green: 53.49% | Gold: 41.88%
- **Safety & Infection Control**
Green: 51.11% | Gold: 55.00%
- **Basic Care & Comfort**
Green: 53.83% | Gold: 46.42%
- **Physiological Adaptation**
Green: 55.96% | Gold: 40.01%
- **Psychosocial Integrity**
Green: 59.23% | Gold: 62.19%
- **Relative strength:**
- **Coordinated Care** was above the national average in both cohorts.

11

Look Deeper: Nursing Concepts

*Is this a concept problem,
an application problem, or
both?*

Nursing Concept	Green	Gold	National
Acid-Base Balance	66.66%	43.75%	78.90%
Clotting	33.33%	18.75%	57.30%
Cognition	44.28%	38.30%	60.00%
Coordinating & Managing Care	33.33%	62.50%	84.90%

12

What the Data Does NOT Tell Us

A low score does **not** automatically mean:

The instructor didn't teach it

Students weren't given the content

We need more lecture

Students just need to study harder

Instead, ask: **Where is the breakdown occurring?**

- Knowledge?
- Retention?
- Application?
- Recognition of cues?
- Prioritization?
- Clinical judgement?
- Question interpretation?

13

Content Gap or Application Gap?

Same wrong answer- different problem

Student A:

- "Name common manifestations of digoxin toxicity."
- Cannot identify them.
- Likely problem: **Knowledge deficit**

Student B:

- "Name common manifestations of digoxin toxicity."
 - Correctly identifies manifestations of digoxin toxicity.
- Then sees:
 - HR 52/min + nausea + decreased appetite + scheduled digoxin
- But chooses to administer the medication.
- Likely problem: **Application / clinical judgment deficit**

14

So What Can Faculty Influence?

Turning Data into Action

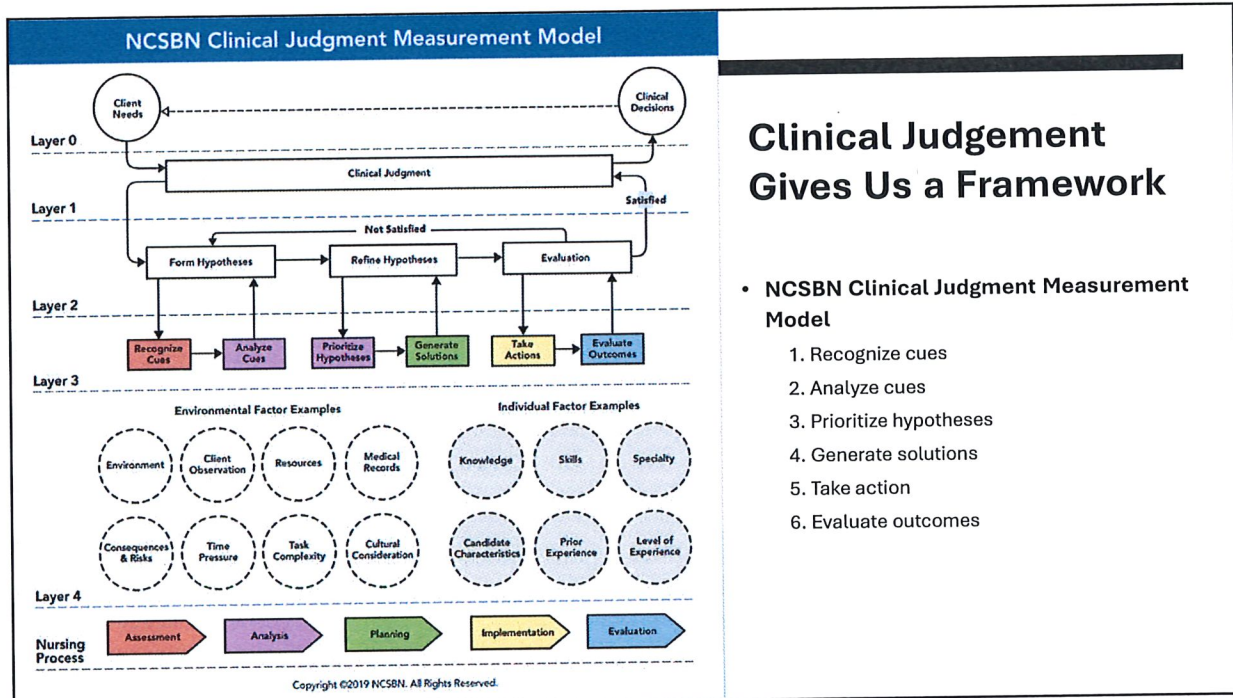


15

Part 3: Teaching Clinical Judgement



16



17

What does this look like?

Instead of:

What are the signs of hypoglycemia

Ask:

Your patient with diabetes becomes shaky, diaphoretic, and confused. What should you do first?

Then:

What information led you to that decision?

Same content. Different level of thinking.

18

Recall is not BAD.

Students need foundational knowledge.



Recall helps students learn:

- Definitions
- Normal values
- Medication classes
- Signs and symptoms
- Procedures
- Terminology



But we cannot stop there.

19

Move Up the Thinking Ladder

Recall	Application	Clinical Judgment
What is it?	What does it mean?	What should I do?
What are the symptoms?	Which finding concerns you?	Which patient comes first?
What is normal?	Is this abnormal?	Does this require action?
What does the drug do?	Is it safe to give?	Give, hold, assess, or report?

20

Simple Faculty Formula

1

TEACH THE
CONTENT

2

PUT IT INTO A
PATIENT SCENARIO

3

MAKE THE STUDENT
MAKE A DECISION

You don't need an elaborate simulation to teach clinical judgement.

21

Part 4: Let's Practice It



22

Example: Furosemide



First, teach the content:

Loop diuretic
Increases urine output
May decrease potassium
Monitor BP
Monitor fluid status



How can we turn this into a patient situation?

23

Now Add the Patient



Patient with heart failure prescribed furosemide.

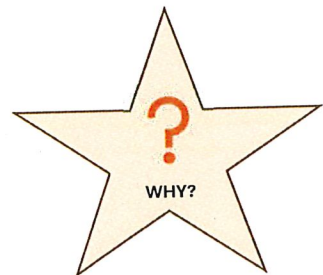


Before administration:

BP: 92/58
HR: 88 BPM
K+: 2.9 mEq/L
SpO2: 96%



Which finding concerns you the most?



WHY?

24

Don't Stop When They're Right

Student chooses the correct answer

Keep going.

Ask:

- Why?
- Which cue influenced your decision?
- What could happen if you ignored it?
- What should you do next?
- What would you report?
- What finding would change your decision?

Correct answers do not always equal correct reasoning

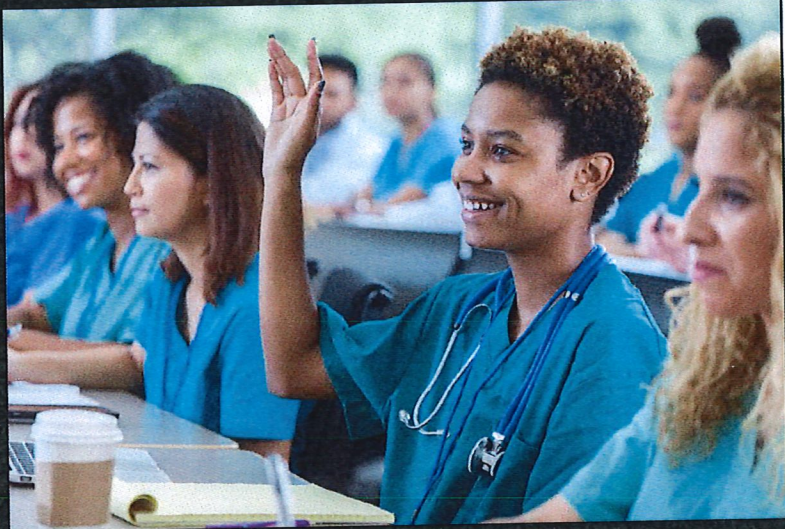
25

The Most Powerful Word in Teaching



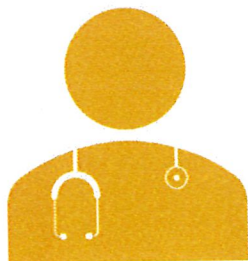
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Part 5: Give Students the Tools to Think



27

Questions We Should Ask Constantly

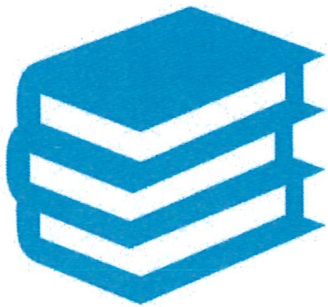


- What concerns you most?
- What would you assess first?
- What information matters?
- What could happen next?
- Which patient would you see first?
- What should the nurse do next?
- Which finding would you report?
- Which order would you question?
- How do you know the intervention worked?
- Why is your answer safer?

Lecture • Lab • Simulation • Clinical

28

Give Students a Framework



When students don't know what to do, consider:

- SAFETY
- ABCs
- ACUTE vs CHRONIC
- UNSTABLE vs STABLE
- EXPECTED vs UNEXPECTED
- ASSESS vs ACT
- SCOPE OF PRACTICE

29

Special Focus: LPN Scope



PN students should repeatedly ask:

Is this within the LPN's scope?

Is this patient appropriate for an LPN assignment?

What can the LPN safely perform?

What should be reported?

What can be delegated?

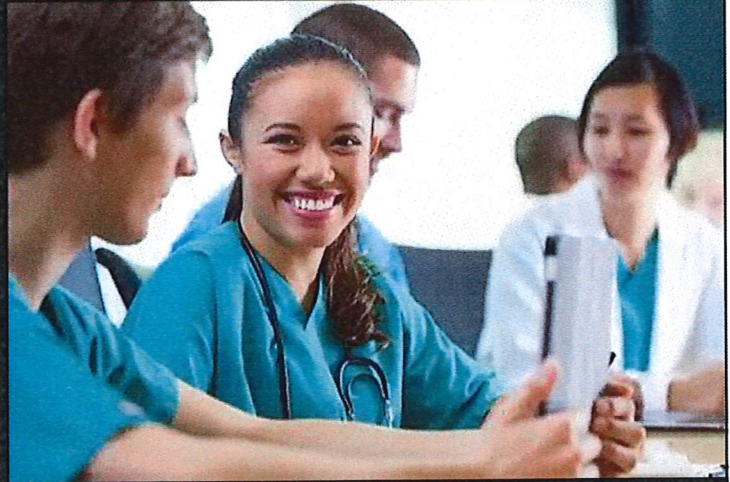
When is RN/provider involvement needed?



Scope should be reinforced throughout the program—not introduced at graduation.

30

Part 6: Use NCLEX Questions to TEACH



31

NCLEX Questions Are Teaching Tools

- Don't just ask: **What's the answer?**
- **Ask:**
 1. What is the question asking?
 2. Which cues matter?
 3. Which information is distracting?
 4. What is the priority?
 5. Why is the correct answer correct?
 6. Why are the other answers wrong?
- **The rationale is often more valuable than the answer.**

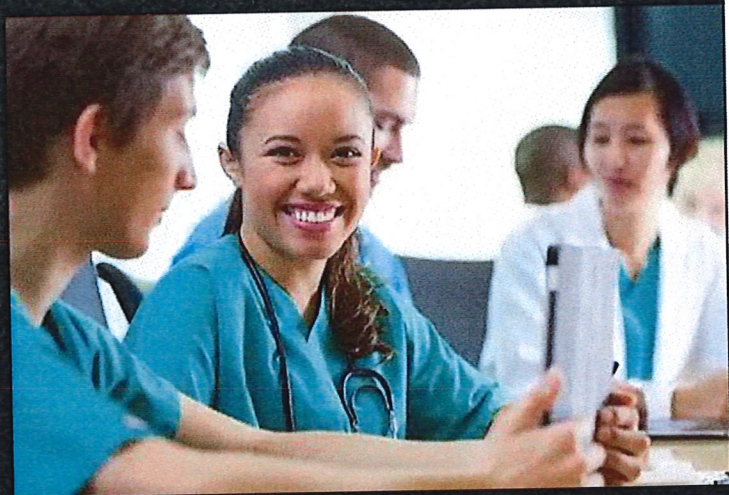
32

Why Is the Wrong Answer Wrong?

- A distractor may be:
 - Unsafe
 - Outside LPN scope
 - Based on incorrect information
 - Appropriate—but not **first**
 - Appropriate—but not for **this patient**
 - An intervention when assessment is needed
 - Something that can safely wait

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Part 7: Remediation



34

“They Just Need to Study More”



Maybe. But what if they don't?



Poor performance can represent:

- Knowledge deficit
- Application deficit
- Prioritization deficit
- Question-interpretation deficit
- Clinical judgment deficit



Different problems require different remediation.

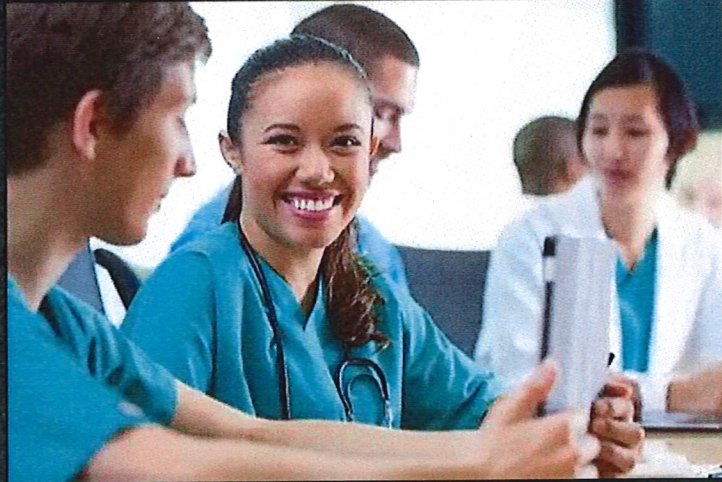
35

Matching the Problem to the Intervention

Student Problem	Faculty Response
Doesn't know content	Content review
Knows it but can't apply it	Patient cases
Can't prioritize	Prioritization practice
Misreads questions	Question dissection
Can't connect cues/actions	Clinical judgment cases

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Part 8: Faculty Practice



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From OUR Data → Teaching
Each faculty member will receive a topic.



Your task: Choose one concept
you teach within each category.



Create:

- 1 recall question
- 1 application question
- 1 clinical judgement question



You have 5 minutes!

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Example: Clotting

- Reminder from Predictor Results:

- Green: 33.33%
- Gold: 18.75%
- National: 57.30%

- Recall:

- What does an elevated INR indicate?

- Application:

- Which finding in a patient receiving warfarin requires follow-up?

- Clinical judgement:

- A patient receiving warfarin has an INR of 5.2 and reports bleeding when brushing their teeth. What should the nurse do first?

- Then ask:

- What cues matter?
- What's the risk?
- What's the priority?
- What should the nurse do?

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Part 9: Bringing it Back to Everyday Teaching



40

The 3-Question Rule

For every major topic,
ask:

- What do you notice?
- What concerns you the most?
- What are you going to do about it?

Three questions can
turn content review
into clinical judgement
practice.

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This Belongs Everywhere



Use this approach in:

Fundamentals
Pharmacology
Medical-Surgical Nursing
Mental Health
Maternal/Newborn
Pediatrics
Skills Lab
Simulation
Clinical

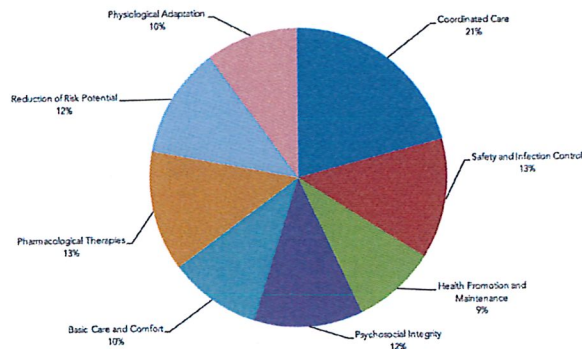


NCLEX preparation is not a separate course. It
is how we teach throughout the program.

42

Reminder on Major NCLEX-PN Topics

Distribution of Content for the NCLEX-PN® Test Plan



- Knowing this breakdown helps to guide your students toward the knowledge acquisition needed to succeed both on the NCLEX exam and in practice.

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Tying it to the MACOHS Mission



At Mid-America College of Health Sciences our mission is to provide accessible, high-quality health sciences education that prepares students for successful, **workforce-ready careers in healthcare**. We are committed to developing competent, compassionate, and confident healthcare professionals through academic excellence, hands-on clinical training, and industry-aligned instruction.

44

Part 10: Closing the Loop



45

From Data to Outcomes



READINESS DATA

↓
Identify recurring gaps
↓

FACULTY TEACHING

Increase application & clinical judgment
↓

STUDENT PRACTICE

Repeated opportunities to think
↓

REASSESS

Did performance improve?

46

Faculty Challenge Before your next class:



Choose **one topic** you currently teach

Modify it so students must:

- Recognize a cue
- Identify a priority
- Choose an action
- Explain **WHY**

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Key Takeaways

- 1. Foundational knowledge matters—but don't stop at recall.
- 2. Put content into patient situations.
- 3. Require students to make decisions.
- 4. Ask **WHY**.
- 5. Reinforce prioritization and clinical judgment consistently.
- 6. Determine *why* students struggle before remediating.
- 7. Use program data to guide teaching improvement.

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The Goal



Stop asking only:

"What do you know?"



Start asking:

"What does this mean for your patient?"



And ultimately:

"What are you going to do about it?"

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What is one change you can make to your teaching this week?



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A proposal to improve the efficiency of regulatory oversight of nursing education programs in Kansas

Prepared by

Amy Garcia DNP, RN, FAAN
Chair, Education Committee

&

Janelle Martin MSHA, RN
KSBN Nursing Education Compliance Officer

September 14, 2026



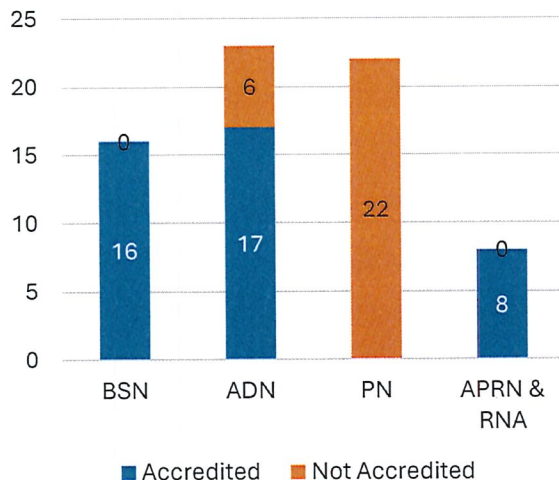
Current State

- Nursing education programs seeking approval from the KSBN submit documentation and receive an on-site survey
 - Initial, renewal, problem-focused
 - Governing statutes
 - KSA 65-1119 for undergraduate programs
 - KSA 65-1133 for APRN programs
 - Regulations KAR 60-2-101 and 102
 - p.71-75 for undergraduate programs
 - p.152-157 for graduate programs

<https://ksbn.kansas.gov/wp-content/uploads/NPA/npa.pdf>

Current State

Kansas Nursing Education
Programs National
Accreditation



- Kansas does not require national accreditation
- Schools can choose accreditation from AACN, ACEN, CCNE or CNEA
 - Recognition of quality
 - Ensure students can articulate to higher levels of learning
- In Kansas, programs nationally accredited
 - BSN 16/16
 - ADN 17/23
 - PN 0/22
 - APRN 6/6, RNA 2/2

Sources

[25-KansasAggregateReport-digital_final.pdf](#)

2025 Annual Nursing Education Program Reports
Summary

The Issue

- It is unusual for a program in full compliance with accreditation standards to fail a KSBN renewal
- KSBN approval and external accreditation criteria and process are similar
 - Differences in faculty files, student policies, regs for simulation, observation hours and precepted time
- Questions –What would be the impact of reducing the on-site visits to programs in compliance or good standing with these accreditations?

Proposed Change

- Proposed change is to
 - Reduce IN-PERSON surveys on programs seeking renewal, if
 - Full compliance with AACN, ACEN, CCNE or CNEA
 - Focus the IN-PERSON surveys on
 - Initial approvals
 - Programs < 7 years old
 - Programs not accredited or a qualified accreditation
 - Problem focused surveys of programs not meeting KSBN metrics / regulations
- KSBN would continue to require submission of documents from all programs seeking approval (initial, renewal, problem-focused)

Desired Future State

- Desired future state
 - Regulatory excellence
 - Continue program review, but focus KSBN IN-PERSON site visits where they are most needed
- Risks/Benefits
 - Risk missing something or appearing inconsistent
 - Benefits education programs and KSBN by saving time and costs

Process



Study the question

Fall 2026

Cross walk differences

Survey nursing
education program
directors

Legal review

Examine process used
by other states and
professions



Discuss/Propose

December 2026

Education Committee

Board of Directors



If adopted

Update documents
and process

Notify nursing
education programs



Implement in 2027

Review at least
annually for
unintended
consequences

Kansas State Board of Nursing

Proposed Revised Articles and Rationale for Legal Counsel and Board Review

Purpose of proposed revision

Remove duplicative statutory language, avoid adding stricter governance requirements, and retain only limited language that formally connects non-Board subject matter experts to official Board committee or advisory work.

This draft is intended as a starting point for formal review by general counsel and Board members. It does not state or imply that the Articles themselves create Kansas Tort Claims Act coverage. Instead, it uses terminology that helps document the factual relationship between the Board and non-Board appointees who assist with Board-referred work.

Key statutory concepts considered in drafting: K.S.A. 75-6102 defines "employee" under the Kansas Tort Claims Act to include members of a committee of a governmental entity, appointed officials, and persons acting on behalf of or in service of a governmental entity in an official capacity, whether with or without compensation. K.S.A. 75-6103 and K.S.A. 75-6109 connect liability and indemnification concepts to employees acting within the scope of employment.

Proposed Revised Articles

Article I - Committees and Advisory Appointees

Section 1. Establishment of Committees and Advisory Bodies

The Board may establish committees, councils, advisory groups, task forces, workgroups, panels, or similar bodies to assist with matters referred by the Board.

Section 2. Appointment of Members

The Board may appoint Board members, agency staff, and non-Board individuals to serve on committees or advisory bodies established by the Board.

Non-Board individuals may be appointed based on professional expertise, technical knowledge, specialized experience, education, licensure, practice background, or other qualifications relevant to the matter referred by the Board.

Section 3. Official Capacity of Non-Board Appointees

A non-Board individual appointed by the Board to serve on a committee or advisory body serves as an official appointee of the Board for the assigned committee or advisory purpose.

A non-Board appointee performs assigned work on behalf of and in service to the Board, in an official advisory capacity, and only within the scope of the appointment or assignment made by the Board.

A non-Board appointee may serve with or without compensation.

Section 4. Scope of Assigned Work

A committee or advisory body may review matters referred by the Board, provide subject matter expertise, participate in program review activities, assist with educational program review or site visit activities, evaluate information assigned by the Board, and make recommendations to the Board.

Section 5. Advisory Status

Committees and advisory bodies are advisory to the Board.

Recommendations, reports, findings, or other work product of a committee or advisory body do not constitute final action of the Board unless separately acted upon by the Board.

Section 6. Voting Limitation

A non-Board appointee shall not vote on matters reserved to the Board.

A non-Board appointee may participate in committee or advisory-body discussion, review, evaluation, and recommendation activities within the scope of the appointment or assignment.

Section 7. Documentation of Appointment

Appointments of non-Board individuals should be documented in a manner that identifies the committee or advisory body, the assigned purpose or function, and the individual's role as an appointee assisting the Board.

Review and Reasoning From Current Articles to Proposed Articles

The following table summarizes the drafting approach. The goal is to remove provisions that restate or summarize existing statutory or open-meetings requirements, and to retain only the limited language needed to formally connect non-Board experts to official Board-referred committee or advisory work.

Current Article Provision	Proposed Treatment	Reason
Article I, Name and Location	Removed	Administrative identifying information is not necessary if the Articles are limited to non-duplicative governance language.
Article II, Purpose and Functions	Removed	The current Articles summarize Board functions and cite K.S.A. 74-1106. Board duties and powers are already established by statute.
Article III, Membership	Removed	Board composition, appointment, qualifications, compensation, quorum, and related membership requirements are addressed in K.S.A. 74-1106.
Article III, Recusal	Removed	The language creates Board-specific standards. If needed, counsel may address recusal through separate policy or legal guidance rather than Articles.
Article IV, Officers	Removed	Officer structure and annual election are addressed in K.S.A. 74-1106.
Article V, Executive Administrator	Removed	The existing language functions like an operational job description and is not necessary in a narrow, non-duplicative Articles document.
Article VI, Meetings	Removed	Meeting requirements and open meeting requirements are addressed by Kansas law; the current 21-day notice language could create a stricter internal requirement.
Article VI, Parliamentary Procedure	Removed	Parliamentary procedure language may create additional governance constraints and is not necessary for the limited purpose of these Articles.
Article VII, Committees	Revised and narrowed	Specific committee names, membership numbers, terms, quorum, agenda rules, and staff roles are removed. The retained language focuses only on formal appointment and advisory status of Board appointees.
Article VIII, Amendments	Removed	The amendment procedure created additional internal process requirements not necessary for the narrowed purpose of the Articles.

Rationale for Retaining Only Committee/Appointee Language

- Formal appointment by the Board supports the position that the person is not an informal volunteer but an official appointee for a Board-referred purpose.
- Committee or advisory-body membership aligns with KTCA wording that includes members of a committee of a governmental entity.
- The phrases "on behalf of" and "in service to" intentionally track the KTCA language.
- The phrase "with or without compensation" reflects the KTCA definition and addresses unpaid service.
- The phrase "within the scope of the appointment or assignment" is included because liability and indemnification concepts under the KTCA are tied to conduct within the scope of employment.
- Non-voting advisory status preserves the distinction between Board members and outside subject matter experts.

Source References Reviewed

Source	Relevance
K.S.A. 74-1106	Board composition, appointment, qualifications, duties, powers, officers, quorum, employees, and compensation.

Source	Relevance
K.S.A. 75-4318	Kansas Open Meetings Act provisions applicable to meetings of state administrative bodies and subordinate groups.
K.S.A. 75-6102	KTCA definition of "employee," including committee members, appointed officials, and persons acting on behalf of or in service to a governmental entity, with or without compensation.
K.S.A. 75-6103	KTCA liability provision addressing employee acts or omissions within the scope of employment.
K.S.A. 75-6109	KTCA indemnification provision addressing employees acting within the scope of employment.
KSBN Articles, revised June 2024	Original Articles used as the basis for identifying duplicative and retained language.