

## Lippincott® CoursePoint+ Case Study

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Spring 2018

### Nursing Program at University of Texas at Arlington (UT Arlington)

UT Arlington has a four-year BSN program that admits students twice a year. The program implements a threshold average of 70% on all examination grades for students to graduate, in either May or December. The program previously used the HESI E2 but recently switched to using ATI as a predictor test.

The retention rate at UT Arlington is very high (in the mid-90% range). Dr. Reid cited the strong student success supports at UT Arlington as contributing to the high levels of student retention. Struggling students are identified early and given help with study plans, methods for improving study skills, and other academic support. The program's NCLEX pass rate similarly is high, typically in the mid-90% range (for example, the most recent graduating cohort in December 2017 had a pass rate of 94%).



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*-Dr. Reid*



### CoursePoint+ Implementation

Dr. Reid implements *CoursePoint+* in the second semester of students' junior year (in the first medical-surgical nursing course). Starting that semester and also in the first senior-year semester (second medical-surgical nursing course), Dr. Reid uses Lippincott *CoursePoint+ Hinkle & Cheever: Brunner & Suddarth's Textbook of Medical-Surgical Nursing*, 14th edition. She uses all aspects of *CoursePoint+* with her students. Dr. Reid has noticed with her students that if she doesn't show them a feature, or suggest to them how to use it, they won't find it on their own or know it is there. Her educational goals are "for students to come prepared and to discuss content in class in order to help them learn and apply the content ... in addition, to give students the tools they will need to provide care to the patients once they graduate—to be able to walk into their patient's room, identify that something is wrong, and have an idea what needs to be done immediately to rescue their patient. With everything that is offered in *CoursePoint*, they have the tools available to help them get to that point."

Dr. Reid also has changed how she provides lecture notes to students, moving to delivering them through the eBook in *CoursePoint+*. "I have just started highlighting the text and will be allowing the students to see this instead of providing my 'lecture notes,' which were snippets I had copied from the text. Now students can open the eBook in class and follow along," she said.

Students are encouraged to use the *PrepU* questions in *CoursePoint+* and attain a Mastery Level of 6 on the chapters assigned as part of weekly modules. This approach encourages them to be prepared for class and gives Dr. Reid direction as to the areas of student misconception. In prior years, a small amount of examination credit was given for the *PrepU* assignments. It was, however, decided that including the *PrepU* points as examination credit was unfair for students, and so the policy was changed to include the *PrepU* credit as part of the assignment grade instead. Now, if students satisfy all *PrepU* requirements, they can earn 2% of the assignment grade for the course.

Dr. Reid has her clinical instructors use the Case Studies (from the Teaching Resources) that correlate to the content of a particular week. Instructors give their students a copy with the questions and in post-conference will have students randomly answer the questions and discuss the case study, which helps them to “connect the dots” in clinical. The clinical instructor will then have the students discuss how the case study applies to the patients they may have seen that day.

Dr. Reid spoke of the connections between *CoursePoint+* and faculty discussions of competency-driven curricula. She finds “the *vSims* in *CoursePoint+* help the student ‘care for’ patients they may not all be able to see ... the transfusion reaction is awesome, for students are not allowed to hang or monitor blood infusions while in clinical, so they may never have this opportunity otherwise.” Dr. Reid also sees this benefit with all the scenarios; by using them, all students experience what it is like for a patient to go into cardiac arrest and can understand the need for a chest tube (for example). She also can assess the students’ clinical thinking skills and expose each student to the same patient for that assessment.

## Student Feedback

Students have been positive about *CoursePoint+*. Sometimes they have reported that it takes them a long time to reach the required Mastery Level in *PrepU*, but that’s the nature of adaptive learning. Another thing Dr. Reid mentioned that she and faculty are aware of is not piling too many requirements on students without taking anything away. Students easily can become overwhelmed with their course load and all the ancillary requirements. Students like the features of *CoursePoint+*, but Dr. Reid underscored that they often need to be shown where things are, or how to access features.

## Instructor Feedback

Dr. Reid has noticed that with *CoursePoint+*, students definitely are more prepared when they come to class. “Using the Discussion Topics in class helps to direct the students’ learning in class and generates discussion. I have them share their knowledge about the content after looking up the information,” she said. Dr. Reid pointed to some additional features of *CoursePoint+* that she likes: “The Watch and Learn videos are good—I have students watch these prior to coming to skills day. I assign the Practice and Learn interactive case studies to assist the student to connect the dots of the content, and the Journal Articles are great—I assign these when applicable to the content the students are to learn.”



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