



**Low Pass Rate
Quality Improvement (QI) Plan Form**

Cited requirements from: ACA 17-125-302. Licensure Examination Performance

PROGRAM INFORMATION

Program Name: _____

Institution: _____

Program Type (MA, PN, AD, BSN, MEPN): _____

Program Director Name: _____

Program Director Email: _____

Program Director Phone: _____

Fiscal Year NCLEX Pass Rate Reported by ASBN: _____

SECTION 1

IDENTIFICATION & ANALYSIS OF FACTORS CONTRIBUTING TO LOW PASS RATES

1.1 Data Review and Analysis: Describe the findings from review of curriculum, instruction, assessment, simulation, clinical experiences, student factors, and program resources. Each section must include review and analysis.

- **Curriculum Alignment Review and Analysis:**

- **Instructional Methods Review and Analysis:**



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- **Assessment Practices Review and Analysis:**
- **Simulation & Clinical Review and Analysis:**
- **Student Preparation & Risk Factors Review and Analysis:**
- **Program Resources & Faculty Capacity Review and Analysis:**



[illegible]



SECTION 3
SECOND CONSECUTIVE YEAR REQUIREMENT

(Required under ACA 17-125-302 for programs below threshold two consecutive years)

If this is the first year of low pass rates, omit this section.

3.1 Evaluation of Previous Year's QI Plan

- **Actions Implemented Last Year:**
- **Actions Not Implemented and Reason:**
- **Barriers to Implementation:**
- **Actions Implemented but Ineffective:**
- **Explanation of Ineffectiveness:**

3.2 Adjustments for Current Year: Describe how the program will modify its approach based on last year's outcomes.



SECTION 4 ONGOING MONITORING & EVALUATION

4.1 Monitoring Plan: Describe how the program will monitor progress throughout the year.

Examples include:

- Monthly faculty review of NCLEX-aligned assessments
- Quarterly curriculum mapping updates
- Biannual simulation evaluation
- Student progression & remediation tracking
- SEP integration of NCLEX outcomes

4.2 Evidence of Continuous Quality Improvement: Describe the evidence that will be used in the above noted monitoring plan. Examples include:

- Meeting minutes
- Curriculum map revisions
- Assessment analysis reports
- Simulation evaluation summaries
- Remediation tracking logs



SECTION 5 PROGRAM DIRECTOR ATTESTATION

I attest that the information provided in this Quality Improvement Plan is accurate and reflects the program's commitment to meeting ASBN Educational Standards and improving licensure examination performance.

Program Director Signature: _____

Date: _____