

NGN is Here: What Faculty Need to Know

A webinar series on introductory content, item writing and test strategies, case studies, simulation and debriefing, and LMS integration.



JOIN US

Adapting NGN with your LMS

25 April 2023 at 11:00 a.m. ET

with **Marcia Callarman, MS, RN, CMSRN, CNE**
Nickie Loftin, MSN/Ed, RN, CMSRN, CNE
Staci Roeber, MS, RN

United States of America | North America



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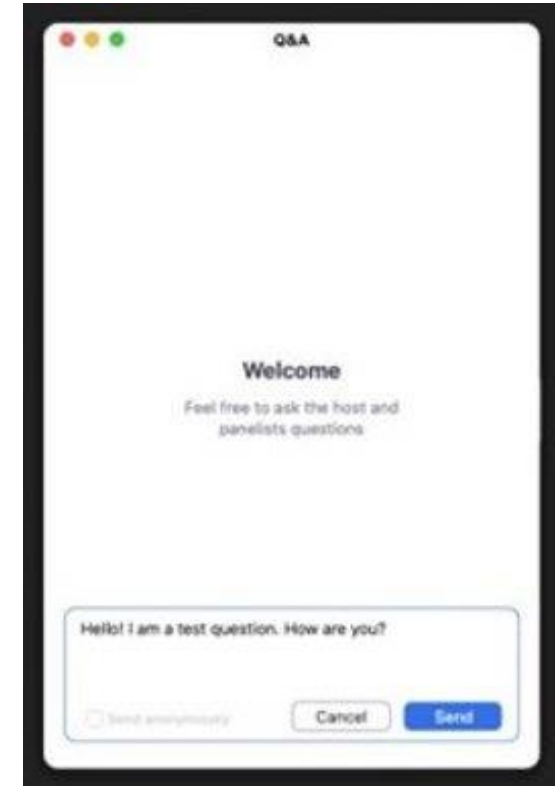
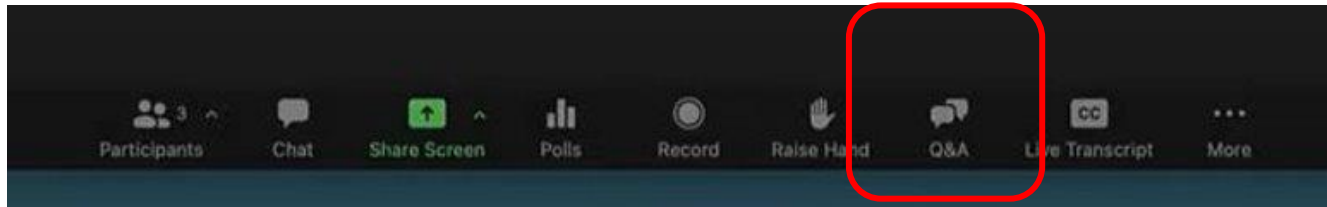


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USING THE CONTROL PANEL



Adapting NextGen with your LMS

Marcia Callarman, MS, RN, CMSRN, CNE
Nickie Loftin, MSN/Ed, RN, CMSRN, CNE
Staci Roeber, MS, RN

POLL

1. BLACKBOARD
2. CANVAS
3. D2L / BRIGHTSPACE
4. EXAM SOFT
5. OTHER

LEARNING OUTCOMES



Demonstrate clinical judgement test items without NCSBN formatting



Illustrate the formatting of multiple LMS with various NGN style questions



Identify ways to increase critical thinking without extra preparatory materials

NEXT GEN	LMS	CJMM*
HIGHLIGHT (TEXT OR TABLE)	SELECT ALL, SELECT N, MULTIPLE CHOICE	RC, AC, PH, GS, TA, EO
DROP DOWN (CLOZE, RATIONALE, TABLE)	FILL IN THE BLANK, SHORT ANSWER MATCHING	AC, PH, GS, TA, EO
MULTIPLE RESPONSE (SELECT ALL, SELECT N, GROUPING)	SELECT ALL, SELECT N, MATCHING	RC, AC, GS, TA, EO
MULTIPLE CHOICE (SINGLE RESPONSE, MATRIX)	MULTIPLE CHOICE, MATCHING, ORDERING	AC, PH, GS, TA, EO
DRAG AND DROP (CLOZE, RATIONALE)	FILL IN THE BLANK, SHORT ANSWER, ORDERING	PH, TA
BOWTIE (STAND ALONE)	SEQUENCE OF 3 QUESTIONS: MULTIPLE CHOICE, TWO SELECT N, OR FILL IN THE BLANK	ALL
TREND (STAND ALONE)	SELECT ALL THAT APPLY, SELECT N MATCHING, ORDERING	ALL

*RECOGNIZING CUES (RC), ANALYZING CUES (AC) PRIORITIZING HYPOTHESES (PH), GENERATING SOLUTIONS (GS), TAKE ACTIONS (TA), EVALUATE OUTCOMES (EO)

To Create a
Case Study

Build a
Section

Add ▾

New Question >

Section

Question Pool

Ensure the shuffle is off to keep question in CJMM order

Section Title *

CASE STUDY

Hide Section Title from learners

Section Text

Hide Section Text from learners

Shuffle questions in this section

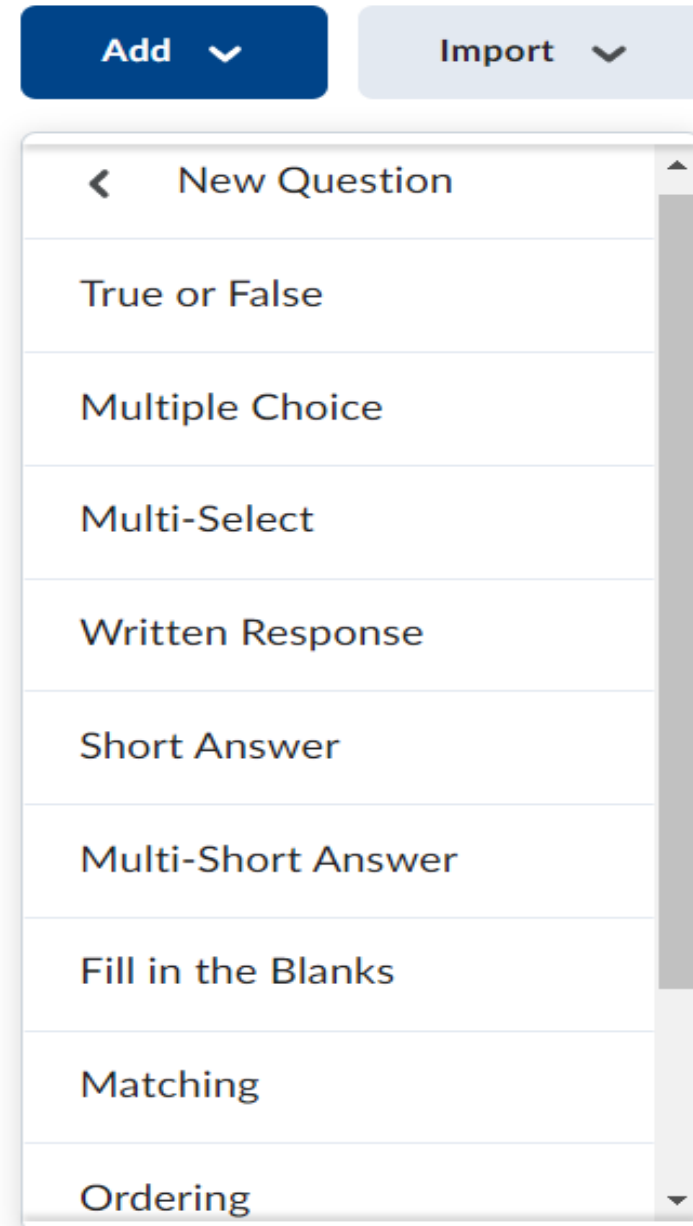
Also shuffles sections and question pools in this section. Does not cascade to sub-sections.

Save



Cancel

Select the Type of Question



Build The Story

This will continue
in every question
of the case study

S: 64 y/o male admitted to hospital with SOB and dizziness

B: PMH: HTN, CAD, CABG x 2 vessels. SOB started 3 days ago and woke up today with dizziness. No ETOH or tobacco. Widowed x 1 year.

A: BP 167/96, HR 72, RR 18, SPO2 90% on RA. A&O x4, MAE; Appears anxious. PERRLA. Crackles noted bilaterally in upper posterior lobes, shallow respirations, moist productive cough – no color. S1S2, cap refill <3 sec, NSR on tele, peripheral pulses 2+ BUE and BLE.

LAB TEST	RESULT	REFERENCE RANGE
pH	7.32	7.35-7.45
PaCO2	50	35-45 mmHg
PaO2	80	80-100 mmHg
HCO3	26	22-26 mEq/L
brain natriuretic peptide (BNP)	1125	<100 pg/mL

Recognizing Cues

Extended SATA
Select N

Which of the assessment findings are abnormal in this client? Select all that apply.

- BNP
- SOB started 3 days ago
- BP 167/96
- HR 72
- RR 18
- SPO2 90% on RA
- PERRLA
- Anxious
- Crackles
- ABG

Entire Scen View

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- BP 167/96
- HR 72
- RR 18
- SPO2 90% on RA
- PERRLA
- Anxious
- Crackles
- ABG

Analyzing Cues

Matching SATA FIB

S: 64 y/o male admitted to hospital with SOB and dizziness

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Match the finding that is consistent with the disease process.

HTN

Respiratory Acidosis

CHF

1. A&O x4
2. BP 167/96
3. SpO2 90%
4. Dizziness
5. Crackles
6. HR 72

Prioritize Hypotheses

SATA FIB / Short Answer Matching Ordering

S: 64 y/o male admitted to hospital with SOB and dizziness

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R: See below

LAB TEST	RESULT	REFERENCE RANGE
pH	7.32	7.35-7.45
PaCO2	50	35-45 mmHg
PaO2	80	80-100 mmHg
HCO3	26	22-26 mEq/L
brain natriuretic peptide (BNP)	1125	<100 pg/mL

Complete the following sentence by using word bank provided after the blanks.

The client is at greatest risk for

(Hypoxia, Pulmonary Edema, AKI, Cardiac Arrest)

as evidenced by the client's presenting symptom of

(PaO2, Crackles, Shallow respirations, NSR).

Generate
Solutions

Matching
Ordering
SATA
FIB

After 4 hours, the UAP obtained the following vital signs and reported to the RN.

0800	1200
HR 72	HR 115
RR 18	RR 24
BP 167/96	BP 100/70
SPO2 90% on RA	SPO2 88% on 40% FIO2

The RN analyzed the vitals signs went to reassess the client.

A: A&O x1, MAE; Appears lethargic. PERRLA. Crackles noted bilaterally in all lobes, shallow respirations, moist non-productive cough. S1S2, cap refill >5 sec, ST on tele, peripheral pulses 1+ BUE and BLE, 1+ edema noted BLE. No urine output in 4 hours.

Determine if the following interventions need to be completed within 15min, 2 hours or by end of shift to assist the client.

- Blood glucose
- Start 0.9% NaCl @75ml/hr
- NT suction
- Bladder scan
- Increase FiO2
- ABG

1. Within 15min
2. 2 hours
3. End of shift

Take Actions

SATA

FIB

Ordering
Matching

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Place the following actions in order of priority to minimize further complications with the client.

- Increase FiO2
- NT Suction
- IVF
- ABG
- Bladder Scan

Evaluate Outcomes

SATA FIB Matching

After 6 hours of care

0800	1200	1400
HR 72	HR 115	HR 84
RR 18	RR 24	RR 20
BP 167/96	BP 100/70	BP 124/80
SPO2 90% on RA	SPO2 88% on 40% FIO2	SPO2 90% on 50% FIO2

1200: A: A&O x1, MAE; Appears lethargic. PERRLA. Crackles noted bilaterally in all lobes, shallow respirations, moist non-productive cough. S1S2, cap refill >5 sec, ST on tele, peripheral pulses 1+ BUE and BLE, 1+ edema noted BLE. No urine output in 4 hours.

1400 A: A&O x3, MAE; Crackles noted bilaterally in all lobes, normal respirations, no cough. S1S2, cap refill <3 sec, NSR with occasional PVC on tele, peripheral pulses 1+ BUE and BLE, 1+ edema noted BLE. Urine output 40ml.

Determine if the above assessment findings are improved, declined, or no change.

Cardiac

Vitals

Pulmonary

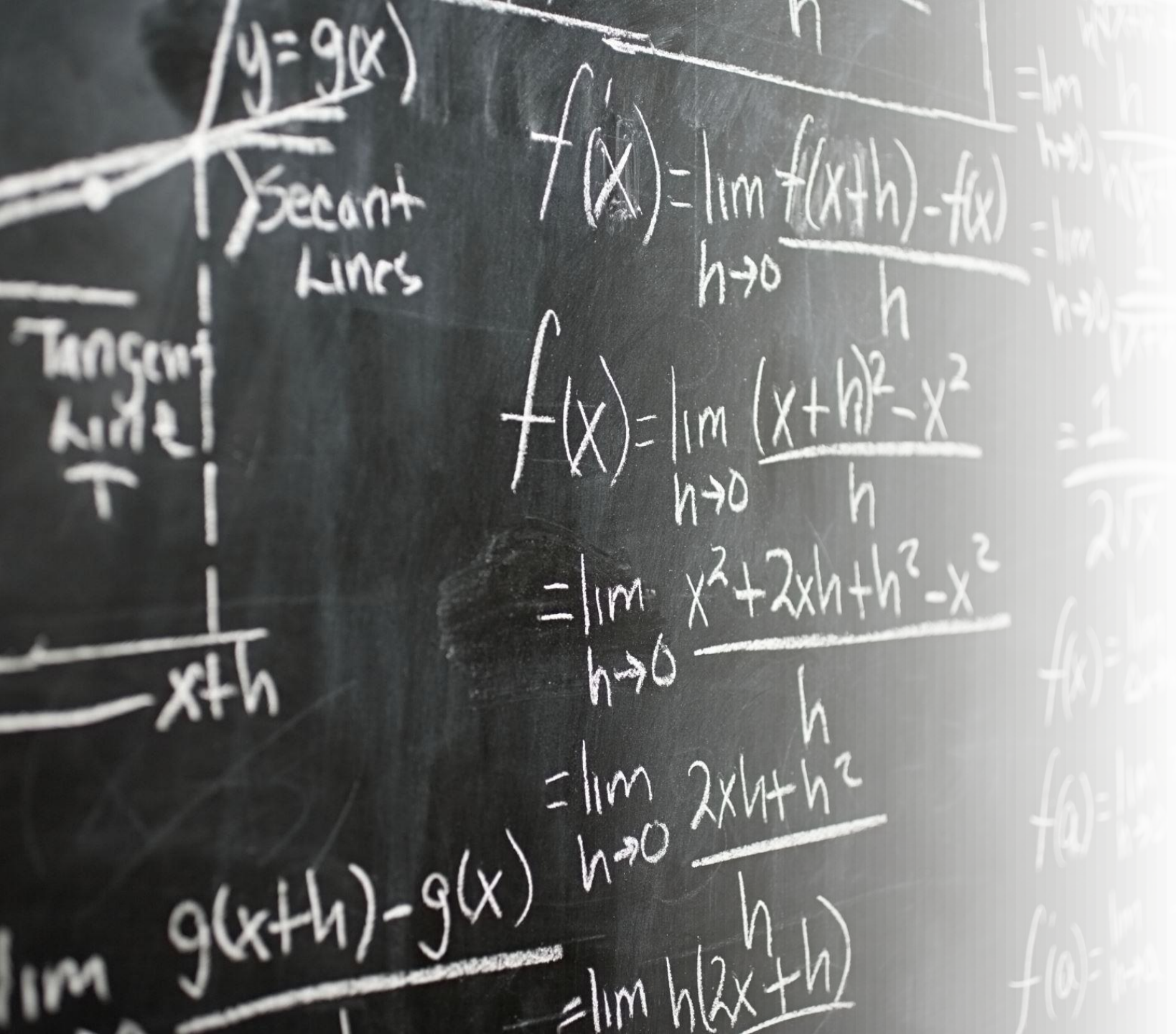
Renal

Neuro

1. Improved

2. Declined

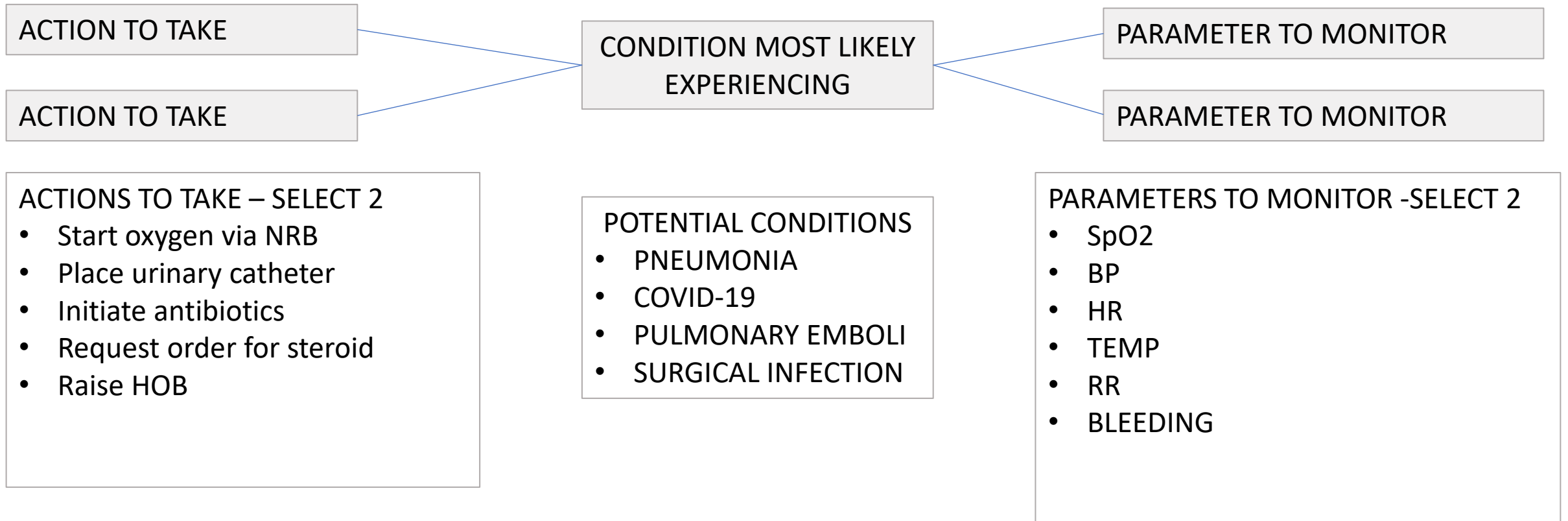
3. No Change



Classroom versus Exam

Bowtie and Case Study

68-year-old client admitted with increasing SOB, sudden onset; SpO2 85% on RA, labored breathing with RR at 36/minute; BP 188/98, HR 63 with occasional PVCs; Temp 98.9 PO; PMH includes a total knee replacement 2 weeks ago. BBS with wheezing throughout.



Bowtie Step 1

68-year-old client admitted with increasing SOB, sudden onset; SpO₂ 85% on RA, labored breathing with RR at 36/minute; BP 188/98, HR 63 with occasional PVCs; Temp 98.9 PO; PMH includes a total knee replacement 2 weeks ago. BBS with wheezing throughout.

Which condition is the client likely experiencing?

- Pneumonia
- COVID-19
- Surgical Infection
- Pulmonary Emboli

Bowtie Step 2

68-year-old client admitted with increasing SOB, sudden onset; SpO₂ 85% on RA, labored breathing with RR at 36/minute; BP 188/98, HR 63 with occasional PVCs; Temp 98.9 PO; PMH includes a total knee replacement 2 weeks ago. BBS with wheezing throughout.

Which **2** actions should the nurse take to address the condition?

- Start oxygen via NRB
- Place urinary catheter
- Initiate antibiotics
- Request order for steroid
- Raise HOB

Bowtie Step 3

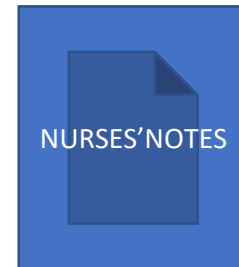
68-year-old client admitted with increasing SOB, sudden onset; SpO2 85% on RA, labored breathing with RR at 36/minute; BP 188/98, HR 63 with occasional PVCs; Temp 98.9 PO; PMH includes a total knee replacement 2 weeks ago. BBS with wheezing throughout.

Which 2 parameters should the nurse monitor to assess the client's progress?

- SPO2
- BP
- HR
- Temp
- RR
- Bleeding

Classroom Case Study

Situation: 0400 22 y/o client presents to ED after being ejected from vehicle. Severe head trauma noted upon arrival. After quick assessment and diagnostics, client rushed for emergent craniotomy and EVD placement



Health History

- No PMH
- Medications: birth control pills
- Social: rarely drinks, friends deny drug use



Q1

Q2

Q3

Nurses' Notes

- 4/24/2023 1000- Opens eyes to verbal stimuli and withdraws to pain, intubated. PERRLA 3+. Lungs are clear, no spontaneous breath over set level. S1S2, pulse 1+ bilateral radial, pedal. Abdomen soft. BS x 4 quad. Urine clear per indwelling catheter. 20 ml clear straw-colored drainage in EVD bag. Propofol infusing @ 10 mcg/kg/min and Norepinephrine @ 3 mcg/kg/min.



Q1

Q2

Q3

Vital Signs

- T: 98.0, P 86, RR 18, BP 96/48, SPO2 98%
- Vent settings: AC 18, TV 550, PEEP 5, FiO2 45%
- ICP 18



Q1

Q2

Q3

Laboratory Results

Test	Result	Reference Range
Calcium	9.2	8.6-10 mg/dl
Potassium	3.2	3.5-5.5 mmol/L
Hemoglobin	9.5	12-16 g/dl
Hematocrit	30	37-47%
WBC	8.2	5/12
PT	13	9-11-.7 sec
INR	1.3	0.9-1.2

Q1

Q2

Q3

Recognizing Cues

Select N

Which two (2) assessment findings are the most important?

- Pulse
- BP/ICP
- Eye Opening
- Withdrawal from pain
- Respiratory rate/ breathing pattern
- Potassium level
- PT/INR

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HEALTH
HISTORY

A blue square icon with a white document symbol and the text "NURSES' NOTES" in white capital letters.

NURSES' NOTES

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VITAL SIGNS

A blue square icon with a white document symbol and the text "LABORATORY RESULTS" in white capital letters.

LABORATORY RESULTS

Classroom
Activity
CJMM

Analyzing
Cues

Cloze

Based on the data given in the case study the client's CPP is _____ (38, 42, 46, 48) and that finding is _____ (Within range, below range, above range)

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HEALTH
HISTORY

A blue square icon with a white document symbol and the text "NURSES' NOTES" in white capital letters.

NURSES' NOTES

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VITAL SIGNS

A blue square icon with a white document symbol and the text "LABORATORY RESULTS" in white capital letters.

LABORATORY RESULTS

Generate
Solutions

Matrix/Grid

Based on the client's CPP result, decide if the orders are anticipated or contraindicated?

	Anticipated	Contraindicated
Drain EVD and relevel		
Provide sedation vacation		
Request RT to reduce RR		
Increase norepinephrine rate		

HEALTH
HISTORY

NURSES'NOTES

VITAL SIGNS

LABORATORY RESULTS

PRESENTER CONTACT INFORMATION

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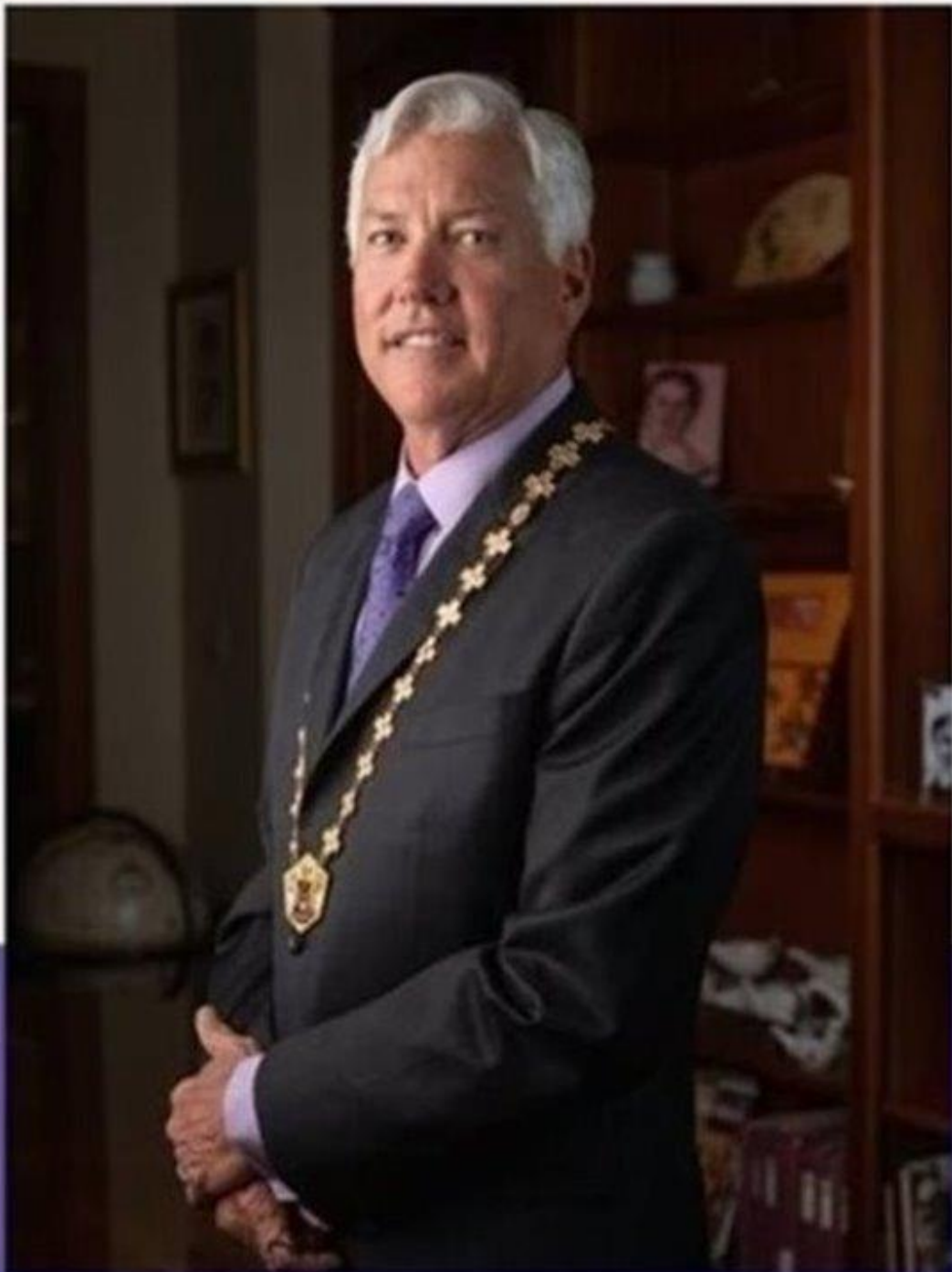
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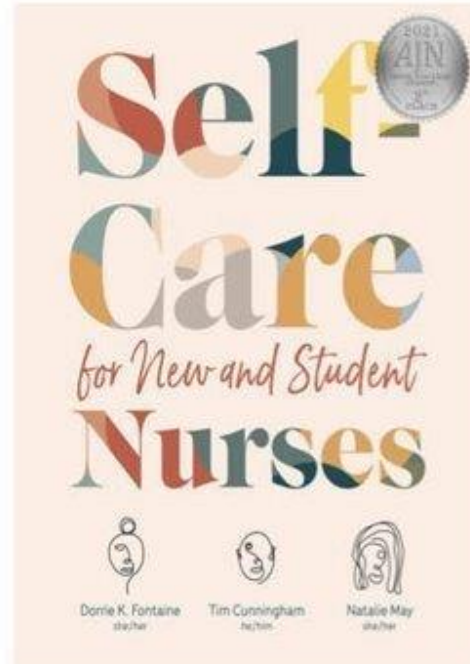
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