

NCLEX® PROGRESS REPORT OCTOBER 2004

Background

The challenge to deliver quality education and successful results on the National Council Licensure Examination (NCLEX) is an ongoing commitment for Arizona nursing programs and a goal of the Arizona State Board of Nursing. The nursing programs in Arizona responded quickly to declining pass rates in 2001 and 2002 in a unique and proactive way. At the request of the Arizona State Board of Nursing, the programs attended a special Board meeting on October 3, 2002. Before the meeting, the programs were requested to submit a document addressing the following:

1. Five reasons for a lower than 90% pass rate in your program.
2. Five strategies your program will implement to increase the pass rate to 90% or higher.
3. A profile of the successful NCLEX candidate.
4. A profile of the unsuccessful candidate.

All nursing programs in Arizona submitted reports and attended the meeting. In analyzing the reports, the reasons for the decrease in pass rates were grouped into the following categories: academic preparation of students, curriculum, student support, faculty, academic rigor, testing, student attitude, and delay in taking NCLEX. Strategies discussed by the group that have the potential to increase NCLEX pass rates included: requiring testing for admission to a nursing program, increasing rigor through standardized testing and comprehensive exams, increasing student support, increasing faculty skill in testing and clinical instruction, and revising the curriculum to reflect NCLEX content.

What happened to NCLEX pass rates since 2002?

In 2003, the Arizona pass rate for NCLEX-RN rose to 90.75%, approximately 3 percentage points above the national pass rate of 87.01%. For 2004, the pass rate from January 1 to September 30 was 90.10%, approximately 4 percentage points above the national rate of 85.89% and exceeded by only 2 jurisdictions, Kentucky and Louisiana. On April 1, 2004 the NLCEX-RN test plan changed to include more pharmacology and management of care items and the passing standard was raised. Despite these changes, Arizona graduates posted a 93.61% pass rate for the April-June quarter of 2004, which was the highest pass rate of any jurisdiction that had more than one candidate. The third quarter pass rate of 86.07%, although lower, was still above the national pass rate and exceeded by only 13 of 55 jurisdictions.

The NCLEX-PN pass rate was 93.2% in 2002, approximately 8 percentage points above the national pass rate of 85.4%, with all programs except one achieving a pass rate above 90%. In 2003, the NCLEX-PN pass rate again well exceeded the national pass rate (6 percentage points) at 94.2% vs. 88.2% with all programs except 2 at or above 90%. One reason PN pass rates remain high in Arizona is that all current associate degree programs award a PN certificate after the first year of the RN nursing program, therefore a large percentage of students taking the exam are from a more rigorous RN program. The pass rates for the RN students who take the PN exam is 100% for many schools and

is rarely below 90%. When utilizing the pass rates of traditional PN programs, the pass rate rose from 86.5% in 2002 to 92% in 2003 (5.5 percentage points).

What did the programs experience?

On October 21, 2004, the programs again met to discuss NCLEX pass rates. The programs were all congratulated for the increase in NCLEX pass rates and asked to respond in writing to the following questions:

1. What strategies did you utilize to increase the NLCEX pass rate?
2. Which strategies, of those you utilized, were the most successful?
3. Which strategies, of those you utilized, were least successful?
4. What measures will be instituted in the future to ensure NCLEX success?

All programs whose graduates had taken NCLEX in 2002 and 2003 except one submitted a report (N=15). One limitation of this data is that programs were only asked to identify the measures they instituted since the 2002 meeting. Several programs had some of the identified measures in place before 2002, so the data should not be used to determine the number of Arizona programs that adopt a particular strategy. For example, six programs instituted end-of-program standardized testing, however nearly all Arizona programs do this type of testing at this time. Another limitation is that many programs had multiple responses, so the number of responses in a category could exceed the number of programs responding.

All responses were analyzed and placed into categories.

What did programs do?

The strategies that programs implemented to increase their pass rates were grouped into 4 categories: testing, academic standards, student support and curriculum/teaching.

Testing

All programs instituted strategies in this area. Seven programs reported instituting an NCLEX review class. Seven programs revised their teacher-made tests so that NCLEX-style questions were incorporated. Six programs utilized end-of-program standardized predictive tests. Five programs utilized NCLEX review software. Two programs instituted a comprehensive testing program.

Academic Standards

Eleven programs increased academic standards. The two most frequent strategies, adopted by seven programs respectively, were revising the admission criteria and revising the grading scale or policy. Other strategies included revising the readmission policy, prohibiting progression if a co requisite course was failed, and elimination of “cooperative” testing (allowing students to collaborate on a test).

Student support

Nine programs identified strategies in the student support area. The most common strategy, reported by seven programs, was an early warning and remediation system for at-risk students. Three programs reported providing support for unsuccessful NCLEX candidates. Two programs reported new student orientation to emphasize the rigors of the programs. Two programs identified clear communication to students of the expectations throughout the program. Other strategies included: academic support

workshops, study plans, student peer support, student success course, assistance in applying for licensure, and a test taking course.

Teaching/curriculum

Eight programs revised classroom instruction in some way. The most common strategy was curriculum revision to reflect the NCLEX test plan, incorporate critical thinking, or for one program, to decrease stress on students. Two programs revised teaching methods and two programs instituted computerized testing. Other interventions include updating the skills lab, revising the prerequisites, standardizing the curriculum for all courses and instructors, and incorporating an NCLEX review book into the curriculum plan. One program reported analyzing the variety of sites and types of instruction they offered.

What worked best?

Not all programs completed this section. Five programs stated that the most effective intervention was actually a combination of all they had done. Five programs identified increasing academic standards in one or more areas as the most effective. The identified standards include: requiring Nursing Entrance Test (NET) subscales in reading and math for admission; expecting excellence in both students and faculty (2 programs); grading changes to require passing tests (2 programs); increasing test scores for admission; and eliminating rounding of grades. One program identified all of the following faculty actions as important: analyzing of why graduates failed, mentoring and support of new faculty, failing students when warranted, and selecting only essential reading assignments. One program identified predictive exams.

What worked least?

Most programs stated that they could not identify any strategy that was not effective. Five programs identified at least one ineffective factor. The most common category of ineffective strategies was faculty-related (4 programs). When discussing this topic at the annual meeting, the consensus was that if an intervention was faculty-dependent such as tutoring, the skill of the faculty was crucial to its success. For example, one program director wrote, “although remediation seems effective, it is labor intensive and difficult to find seasoned faculty in this area.” Utilization of non-nursing faculty for tutoring was ineffective for one program. Individualized tutoring was viewed as ineffective by one program and one program stated, “it is difficulty to encourage faculty involvement.” Another program reported that increasing faculty availability was not successful because students did not take advantage of increased access to their faculty. One program, however, reported that they instituted a very effective tutoring/support group and identified the skill of the leader of the group as the reason for the success.

The other major category of ineffective strategies was related to testing (2 programs). One program reported that end-of-program assessment that is not tied to a course grade provided little motivation for students to do well. Tracking weak areas from individual test results from the NCLEX candidate reports was reported as ineffective for one program and the remediation provided by a contracted testing service was reported as ineffective for another.

What's next?

Most programs responded to this question. The most common category for future activities was in the area of student support (6 programs). Strategies planned for the future include: tutoring individual students (2), mentoring students(2), developing a pre-nursing program for disadvantaged students, encouraging students to take NCLEX early, providing financial support to help with licensing/exam fees, communicating clearly the demands of the program, supporting student scholarships/loans, and developing ESL classes.

Five programs provided responses in the area of testing. Responses include: instituting end-of-year standardized testing (2), increasing faculty skill in test writing and evaluation(2), conducting test analysis, testing at the application and analysis level, monitoring outcomes of standardized exams, changing the comprehensive testing company, conducting a separate NCLEX review class, and instituting computer testing for all exams.

Three programs provided responses related to curriculum or faculty. Strategies planned in this area include: utilizing web-based case studies, purchasing an interactive mannikin, increasing collaboration with other departments, responding quickly to changes in the NCLEX test plan, changing prerequisites, and developing a pharmacology class.

Three programs provided responses related to increasing standards. Strategies planned in this area include: requiring 100% on all dosage examinations, increasing admission requirements, evaluating admission requirements, and evaluating the need to limit admissions.

Three programs are not planning any new strategies and will continue with previous efforts and one program identified that they would continue to study and analyze the problem.

Summary

Over the past two years nursing programs in Arizona utilized a variety of strategies to improve the individual program and statewide NCLEX first-time pass rates. All programs revised some aspect of testing and a majority of programs increased academic standards. Strategies that were most effective were either the combination of all strategies or increasing academic standards. Least effective strategies for some programs were those that were faculty-dependent, such as tutoring. Future plans for programs include more student support, and testing revisions. The Arizona State Board of Nursing will continue to monitor NCLEX pass rates.

Respectfully Submitted by:
Pamela Randolph RN, MS, CPNP
Education Consultant
Arizona State Board of Nursing