

# **Student remediation in nursing programs: The evidence, the gaps, and new directions**

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Variables affecting  
student success

## WHAT

Nursing content

Critical thinking

Test taking skills

Stress management

Technology

Case  
studies

Mentoring

Peer  
tutoring

Online  
Review Courses

Practice  
questions

Live Review Courses

Group Support

1:1 coaching

## HOW

Progression policies

Remediation  
policies

Resources

Identify  
at risk  
students

Faculty  
buy in

Quantify  
& evaluate  
remediation

## REMEDATION

# Overview

- Introduction and definition
- Remediation works
- Variables affecting remediation
- Remediation How-to's
- Remediation policy
- Remediation in nursing education is a “young” science

# Introduction

- Major Program Goal – Pass NCLEX
- Consequences of poor pass rates
  - Affects students, faculty, program, school, community, and multiple other stakeholders
- Multiple variables can contribute to a student's success on NCLEX

# Remediation = Success

“The process of identifying the need to take action to remedy a situation that, if left unresolved, will result in unfavorable outcomes, whereas implementing intervention strategies will successfully address the situation.” <sup>1</sup>

# Remediation can improve student outcomes <sup>2-6</sup>

Intuitively this is a given....helping  
students more with targeted education  
efforts should make an impact

# Many variables affect effective remediation

## **Student/personal (presage)(Student approach to learning theory)**

Test anxiety <sup>1,3,7,8,9</sup>

Self efficacy <sup>7,10</sup>

Burnout <sup>7</sup>

Motivation to use study resources <sup>11,12</sup>

General academic motivation <sup>1</sup>

Stigma <sup>13</sup>

## **Situation/environment (process)**

Group work <sup>1,8</sup>

Counseling <sup>7</sup>

Structured learning/ individual study plan <sup>7,8,14,15,16</sup>

Contractual

# Who needs remediation and when?

- How to identify high risk students
  - Standardized exams <sup>9,14,16</sup>
  - Med surg course grades <sup>10</sup> or Teacher made tests
- When to identify : Early <sup>1,13,17-21</sup>
- Who needs remediation- everyone or high risk ? <sup>13,17</sup>



# Remediation uses multiple approaches

- Remediation programs most effective when developed with multiple teaching strategies and interventions <sup>7</sup>
- Group versus Individual
  - Groups support learning <sup>7,8,12</sup>
  - Groups can also inform curriculum changes
  - Individual approach should be multifaceted
    - Empowerment, resilience, burnout, etc
  - Individualized study plan <sup>14</sup>

# Content addresses head and heart

Content can be two pronged

- Academic, clinical, professional content
- Strategy/motivation/psych - self efficacy, test taking strategies, personal motivation and barriers, academic motivation, stress management and test anxiety, time management <sup>7</sup>

*“Student's needs often center around a lack of knowledge and academic motivation and inadequate test-taking skills and test-taking anxiety” <sup>1</sup>*

# Remediation requires a policy

- Public, enforceable, defensible <sup>4</sup>
- Required remediation<sup>23</sup>
- Mandatory remediation and monitoring <sup>11</sup>
- Quantify remediation requirements <sup>14</sup>
  - How much remediation?
  - How is effort measured?

# Considerations for developing a remediation policy <sup>1</sup>

- Are progression /remediation policies necessary?
- When is remediation appropriate or necessary and when is it not?
- Who should receive remediation?
- When should remediation efforts begin?
- Which remediation strategies should be used?
- Who should remediate the student?
- How will educators find the time?
- How will administrators find the resources?

# Considerations for developing a remediation policy, continued

- Students must
  - take initiative to develop individualized study plans
  - accept responsibility to adequately prepare for NCLEX-RN
  - access available resources
- Standardized tests
  - may be beneficial in identifying weakness
  - should be combined with other factors such as nursing course grades. <sup>16</sup>

# Getting everyone on board....

## Faculty and Student Buy In....

- Do students understand the value of the testing program and the remediation activities? <sup>25</sup>
- Are faculty using remediation tools to their full potential?

# Remediation is a young science

## History:

- 72% programs participating did not have remediation <sup>24</sup>
- Still have far to go <sup>16</sup>
- Lack a standard definition and processes<sup>1</sup>

# Proposed directions for nursing research

- What remediation strategies work best?
- How much remediation is needed to improve student outcomes?
- Which types of remediation are most successful?
- Much like personalized medicine, how can types of remediation be individualized to the student?
- What is the ROI on remediation strategies? (in terms of student success and use of program resources)
- How do we really capture the students attention? Could social media be a vehicle for remediation?



# Could we learn from other disciplines?

- General Education/ Higher education studies
- Other health professions literature
- Novel forms of remediation for Generation Y

# Remediation is not just an “Add-on”

“Educators are cautioned that remediation does not start or end with the common remedy of remediation strategies.

To understand the concept of remediation in the context of nursing education, faculty members are required to understand the multifaceted approaches and the systematic implementation process surrounding remediation.” <sup>1</sup>

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## REMEDIATION

# References

1. Culleton (2009). *Teaching and Learning in Nursing*, 4, 22–27
2. Miedema (2008). ProQuest, UMI Dissertations Publishing. 3311412
3. Mills, et al. (2001). *Journal of Holistic Nursing*, 19(4), 360-374
4. Morrison, et al. (2002). *Nurse Educator*, 27(2), 94-96
5. Newman, et al. (2000). *Computers in Nursing*, 18(3), 132-136
6. Sylvestri, et al. (2013). *Journal of Nursing Education and Practice*, 3(6), 21-34
7. Bresó, et al. (2011). *The International Journal of Higher Education Research*, 61(4), 339-355
8. English & Gordon (2004). *Nurse Educator*, 29(6), 266-268
9. Sifford (2007). *Nursing Education Perspectives*, 28(1), 34-35

# References

10. Sylvestri , et al. (2013). *Journal of Nursing Education and Practice*, 3(6), 21-34
11. Heroff (2009). *Teaching and Learning in Nursing*, 4(3), 79-86
12. O'Neal (2013). Unpublished dissertation, Capella University
13. Norton, et al. (2006). *Journal of Professional Nursing*, 22(5), 332-326
14. Horton, et al. (2012). *Teaching and Learning in Nursing*, 7(4), 146-151
15. March, et al. (2010). *Nursing Education Perspectives*, 31(4), 230-232
16. Pennington & Spurlock (2010). *Journal of Nursing Education*, 49(9), 485-492
17. Daley, et al. (2003). *Journal of Nursing Education*, 42(9), 390-398



# References

18. Lavandera, et al. (2011). *Journal of Nursing Education Scholarship*, 8(1), DOI: 10.2202/1548-923X.2152
19. McGann & Thompson (2008). *International Journal of Nursing Education Scholarship*, 5(1), 1-15
20. Morton (2006). *Nurse Educator*, 31(4), 163-165
21. Rateau & Harding (2014). Sigma Theta Tau International's Nursing Education Research Conference
22. Winter (2013). ProQuest, UMI Dissertations Publishing, 3598940
23. Lauer & Yoho (2013). *Journal of Professional Nursing*, 29(2), S22-S27
24. Nibert, et al. (2003). *Nurse Educator*, 28(3), 141-145
25. Wray, et al (2006). *Nursing Administration Quarterly*, 30(2), 162-177

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