Schools of nursing are charged with educating the next generation of nurses who demonstrate the knowledge and clinical reasoning skills to become licensed and safe practitioners in the increasingly complex health care system. First time National Council Licensure Exam (NCLEX®) success is a key measurement, which holds schools of nursing accountable for strong preparation of their graduates. High failure rates may create a perception of lack of commitment to the ethical responsibility schools of nursing share for student success. State Boards of Nursing and accrediting bodies may impose sanctions on schools who do not meet benchmark goals for NCLEX® pass rates established by these organizations.

Recognizing this, coupled with concerns about a decline in their school’s 2010 pass rate to 74.75% the authors created an individualized NCLEX® study process. This process is known as the Kaplan Learning Integrated Course (KLIC) and is based on the integrated testing and content review product used in the authors’ institution. The purpose of KLIC is to achieve NCLEX® pass rates equal to or greater than the national average. This paper will describe the evolution of this process which was incorporated into the curriculum and resulted in first time pass rates 5.41-11.5% above the national Bachelor of Science in Nursing (BSN) NCLEX® average for four consecutive years. Institutional Review Board approval was sought for this retrospective review and granted as an exempt study through the authors’ institution.

Anticipating the increase of one logit to the 2013 passing standard, the authors conducted a literature review to explore characteristics of students who were at risk for NCLEX® failure. Factors such as (a) English as a second language (ESL) (Hansen & Beaver, 2012; O’Neill, Marks & Liu, 2006; Woo, Wendt & Liu, 2009); (b) lag time, defined as delaying NCLEX® 26-33 days after a student completes the nursing program (Eich & O’Neill, 2007; Stone & Woodberry, 2006; Woo et al., 2009); (c) course failure defined as out of sequence students (OOS) (Frith, Sewell & Clark, 2005; Pennington & Spurlock, 2010); and (d) low scores on content readiness integrated testing (Sanders & Irwin, 2014) were all found to contribute to low first time pass rates.

Five major themes of interventional strategies that demonstrate positive outcomes on NCLEX® success were evident throughout the literature search: (a) use of nationally recognized standardized testing; (b) use of a review course format; (c) anxiety control; (d) remediation; (e) faculty mentoring.

KLIC is a hybrid pedagogy of synchronous and asynchronous learning centralized into the electronic management learning system of the university. Components of KLIC include web links to the NCLEX® prep resources available through the integrated product, NCSBN, and the Virginia State Board of Nursing.

KLIC was implemented with all students graduating in the spring, 2013. Seven at risk students who were either OOS or ESL were invited to participate in an individual study progress analysis. Five of the seven students, 71.42% in this pilot process, were successful in passing NCLEX® on the first attempt. The overall class first time success rate was 91.38% for this 2013 cohort of students.

At risk students were further expanded with the Fall, 2013 cohort to include students who achieved < 55th percentile on the Assessment test. While focus on at risk students was a priority, all students in each

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A Model for Sustaining NCLEX® Success

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cohort were provided access to individual faculty support and guidance. Cumulative pass rates reflect a 95% success for all first time test-takers from the authors' institution. Although the 5% who failed were identified as at risk, this only represents 8.3% of the total at risk population.

Since KLIC was introduced, graduates have achieved a sustained pass rate 5.41%-11.5% greater than the national BSN average for four consecutive years. This preparation process incorporates the tools for students to provide concurrent review of the entire curriculum content and integrated threads. The benchmark for NCLEX® pass rates established by the Program, Quality and Evaluation committee of the School of Nursing have been met consistently after the implementation of KLIC.

More study is warranted with cohorts of varying demographics and needs. Collaboration with other schools of nursing to replicate and validate this process has been initiated to provide greater evidence of its effectiveness with a less homogenous group of students.

Title:
A Model for Sustaining NCLEX® Success

Keywords:
NCLEX® Candidate Empowerment, NCLEX® Candidate Mentoring and Remediation Strategies

References:


Abstract Summary:
Schools of nursing are charged with educating the next generation of nurses to become licensed and safe practitioners. This research describes the evolution of a process implemented resulting in first time pass rates 5.41-11.5% above the national Bachelor of Science in Nursing (BSN) NCLEX average for four consecutive years.

Content Outline:

Introduction:

Schools of nursing are charged with educating the next generation of nurses who demonstrate the knowledge and clinical reasoning skills to become licensed and safe practitioners in the increasingly complex health care system. First time National Council Licensure Exam (NCLEX®) success is a key measurement which holds schools of nursing accountable for strong preparation of their graduates. To assist nursing students be successful on the NCLEX® the authors created an individualized NCLEX® study process called the Kaplan Learning Integrated Course (KLIC) and is based on the integrated testing and content review product used in the authors’ institution.

Main Points:

Five major themes of interventional strategies that demonstrate positive outcomes on NCLEX® success were evident throughout the literature search:

A. use of nationally recognized standardized
B. use of a review course format
C. anxiety control
D. remediation
E. faculty mentoring

Supporting Points:

A. & B. Literature shows the use of nationally recognized standardized testing and use of a review course format both showed merit in positively affecting NCLEX® success.

C. Carr (2011) shared positive results on NCLEX® pass rates after incorporating a structured program that includes a standardized testing program and the development of an NCLEX® integrated clinical concepts course during the last semester, focusing on areas of content review, test-taking strategies and practice as well as support for anxiety and other psychological issues.

D. Pennington and Spurlock’s (2010) systematic review looked at the evidence supporting remediation as an intervention to improve NCLEX® pass rates.

E. Additionally, Corrigan-Magaldi, Colalillo, and Molloy (2014) in their work with a community college program found faculty mentoring to be an essential component in guiding students to NCLEX® success.

Conclusion:

Since KLIC was introduced, graduates have achieved a sustained pass rate 5.41%-11.5% greater than the national BSN average for four consecutive years. Anecdotally the students reported the program provided a mechanism to manage the testing environment. They felt empowered and confident in
utilizing both content knowledge and critical thinking, key elements of success on first time passage of NCLEX®.

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