Syllabus Selection  Innovative Learning Activity

Moving Beyond the Exit Examination

Many nursing schools use high-stakes progression testing or require their students to pass an NCLEX predictor examination with a minimum score to receive endorsement for graduation. The use and benefit of this type of testing is a controversial topic in the literature (Spurlock & Hunt, 2008). In 2008, Lander University’s Department of Nursing changed its graduation policy from having to pass an NCLEX predictor examination to a multifaceted preparation course. This new approach aims to improve graduating seniors’ weak content area knowledge and test-taking skills.

The course is divided into three main activities. The first component is a remediation program strengthening weak areas of content with a unique social learning approach. The second component is self-reflection on academic history and predictor examination scores taken during the semester. The third component requires students to practice higher-level test questions.

Part 1: Remediation

The remediation portion of the exit examination course is based on social learning theory, which maintains that lower-level students will learn from interactions with students who have greater strengths in that content or skill (Kozulin, Gindis, Ageyev, & Miller, 2003). Students arrive at class prepared to teach a small group of peers a 10-minute to 15-minute lesson based on a self-identified weak area of content. Topics must be small enough to teach in the timeframe, allowing each student time to present the topic. However, the class meets biweekly, which allows students to divide larger topics into two lessons. Students are also urged not to choose topics that are too narrow or obscure for the examination.

The biweekly teachings follow the nursing process by including pertinent nursing assessments, interventions, and expected outcomes combined with pharmacology and pathophysiology. The preparation involved with each lesson helps students learn more about the topic, but deeper learning occurs as student groups discuss the presentation topic. The group members make connections to learning through learning tips, personal stories, and clinical experiences. For example, during a lesson a student told her peers “I don’t call it SIADH [Syndrome of Inappropriate Anti-Diuretic Hormone], I call it SEADH—Syndrome of Extra Antidiuretic Hormone.” The group remembered this syndrome better from that point.

Part Two: Predictor Examinations and Reflection

The second course component is the integration of three NCLEX predictor examinations. During the first week of class, students are asked to self-identify weak areas of content by reviewing course grades and standardized examination scores and reflecting on their feelings about subject areas. This information serves as a resource for choosing weekly peer-to-peer lessons. The first NCLEX predictor examination is taken early in the semester.

From those results and the original self-identified weakness areas, each student creates an individualized study plan, which helps assist them in organizing and prioritizing NCLEX preparation. The individualized study plan consists of two parts. First, students create a weekly schedule for balancing senior studies and NCLEX preparation. Next, students use self-reflection on the results of the predictor exit examination and any new insights after a few weeks in the course. The students then prioritize a list of topics they plan to review before the next predictor examination. The other two predictor examinations are scheduled at the midpoint or end of the semester. With each test, students reevaluate their goals and adjust their focus of study according to test results.

Part Three: Practice Questions

The last component of the exit examination course is weekly submissions of completed NCLEX-style questions. Each week, students are responsible for completing at least 100 questions from an assigned NCLEX preparation software and must have a minimum average of 70% correct answers. Some students need to complete more than the 100 questions to reach the minimum average, but typically these students are weaker test takers and the additional questions add to their practice of testing-taking strategies. In addition to at-home questions, the instructor leads the students in completing 10 NCLEX-style questions at the beginning of each class. The instructor reads the questions projected on the screen, and the class goes through the strategies needed to answer complex and difficult test questions.

Reactions

Students’ reactions to the work in this course are usually mixed at first, but as the semester progresses, they begin to have “eureka moments.” For example, one student commented, “The reason that I knew that correct answer today was because of a teaching that I did for class. Yay!” Another student stated, “At first I thought the class was annoying, but then I began to anticipate what you were going to say…[and] my [quiz scores] went from [the] 70s to the 90s. It worked!”

The outcomes of this change have been overwhelmingly positive. Our faculty can now say for certain that our pass rate truly reflects the quality of our students and program. Since the change, we have seen no sustained decline in our pass rate. Furthermore, our nursing program has enjoyed a 95% to 100% NCLEX pass rate during the past four academic terms. Student feedback is also positive. They graduate feeling more prepared and have a better plan for test preparation. Gone is the drama and anxiety that a graduation-based examination created. Students and faculty use the predictor examinations as a tool in the preparation for the NCLEX.

References


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