Rethinking First-Time Pass Rates as an Academic Quality Metric

In a recent Journal of Nursing Education guest editorial, “Rethinking Indicators of Academic Quality in Nursing Programs,” Dr. Chad O’Lynn (2017) expressed insightful concerns about an overemphasis on NCLEX-RN® pass rates as an academic metric. First-time pass rates (FTPRs) were initially developed as a measure of entry into the workforce when licensure testing was provided by paper and pencil twice per year. FTPRs were a reasonable measure at that time because a first-time failure would mean that a graduate would not be licensed until a minimum of 6 to 8 months following graduation.

FTPRs have taken on significance as a measure of prelicensure educational program quality used by state boards of nursing and national accrediting agencies. Are FTPRs the best academic metric of program quality? With today’s computerized testing allowing candidates testing opportunities throughout the year and state boards of nursing allowing multiple attempts to pass the examination, patterns of licensure testing, retesting, and ultimate level of success should be evaluated to identify whether other pass rate measures provide a better picture of the achievement of graduates from nursing programs and of nursing programs’ ability to adequately prepare graduates for entry-level nursing practice.

Many programs publish their NCLEX pass rates, and many state boards of nursing publish pass rates for the public to access. Most state boards of nursing have defined expectations for NCLEX pass rates and requirements that nursing programs must meet if the expectations are not met. Nursing programs that do not achieve pass rate benchmarks may be required to respond to state board or national accrediting agency inquiry and are frequently expected to provide a plan to bring pass rates up to a defined standard.

Programs often implement admission and progression changes, including high-stakes testing, in an effort to meet the FTPR benchmark. Considerable resources on the part of nursing programs and regulatory agencies are invested to address meeting the licensure examination benchmarks based solely on the FTPR. Programmatic responses to FTPRs, such as an increased focus on academic metrics for admission and the implementation of high-stakes testing, has the potential to disadvantage diverse applicants and to interfere with building a diverse nursing workforce.

Taylor, Loftin, and Reyes (2014) provided an insightful analysis of the need to reconsider an alternative metric of educational quality. They chronicled their program’s journey of responding to workforce needs by increasing admission of applicants who might otherwise not have been accepted into their program, and then the program being placed on conditional approval status by the board of nursing for FTPRs below the required standard. This conditional status resulted, even though the longitudinal following of graduates demonstrated success on second attempts along with successful entry into the workforce. The authors also provided a poignant account of the effects of the negative publicity of disciplinary action on their program. Despite this, to address the imposed conditional approval status, program changes were made to admission and progression polices that actually resulted in less diversity of the student population and, subsequently, a decreased contribution to nursing workforce diversity.

The reliance on FTPRs as a metric for program quality poses a problem because factors of individual testers can influence the outcome. Readiness for testing, testing anxiety, and illness on the day of testing are all individual variations that affect the outcome. Bernier, Helfert, Teich, and Viterito (2005) questioned the use of FTPRs as the gold standard of program effectiveness, citing concerns about its use with programs of varying sizes and recommended research examining the program data of FTPRs compared with the data on first and second time attempts. Taylor et al. (2014) also challenged FTPRs as a measure and called for a professional dialogue about changing this metric, in part based on their experience of being placed on conditional program approval status because of declining FTPRs. Among their recommendations are to report pass rates within two attempts, as well as successful attempts within 1 year of graduation.

We may also look to our colleagues to the north for more possibilities as to how to think about pass rates. The Canadian Council of Registered Nurse Regulators (2016), which recently adopted the NCLEX-RN, reports FTPRs, as well as an ultimate pass rate, with a maximum of three attempts for the year in which candidates were eligible to take the examination. The National Council of State Boards of Nursing (2015) reports first-time test success and repeat test success for a calendar year but does not differ-
entiate when the students graduated and the number of attempts. Data from the Canadian Council of Registered Nurse Regulators (2016) provide a clear picture of program and graduates’ success, especially when presented at a state and program level of successful entry into the workforce, within a given time frame upon three testing attempts.

Is the FTPR an outdated metric with a questionable link to educational program quality that creates a skewed focus on pass rates in programmatic and curricular evaluation? Does an overemphasis and reliance on the FTPR create an obstacle to increasing the diversity of the nursing workforce? Are there other measures, such as pass rates within a specified time from graduation or number of attempts until success, that may better assess program ability to prepare graduates for entry into the workforce and also account for the individual variation that each tester brings to the situation?

Is it time for program regulators and accreditors to rethink first time pass rates as the gold standard for prelicensure academic program quality?

References


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The author has disclosed no potential conflicts of interest, financial or otherwise. doi:10.3928/01484834-20170619-01