

IDENTIFICATION AND SUPPORT OF AT-RISK STUDENTS USING A CASE MANAGEMENT MODEL



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This study evaluated a program to identify and support students at risk for failure in nursing courses or NCLEX-RN. A case management model (CMM) was implemented to provide assessment of and support for 183 bachelor of science in nursing students; 83 were identified as at risk by the CMM criteria. The CMM involved student self-evaluation and grade assessment of prerequisite and nursing courses. Science course grades were all found to be significantly higher for those students who passed NCLEX-RN on the first attempt than those who did not. Admission GPA was significant ($t = 2.443, P = .018$). Using a Motivated Strategies for Learning Questionnaire for self-evaluation, at-risk students rated their performance in nursing courses higher in every area than the non-at-risk student group, significantly higher for self-efficacy ($t = 2.829, P = .005$) and metacognition ($t = 2.426, P = .016$). Neither task value nor critical thinking scores were significant. Graduation rate was 100% with 158 students passing NCLEX-RN on the first attempt (64 of 83 at risk and 94 of 100 non-at risk). The CMM was effective in identification and support of at-risk students. (Index words: Nursing education; At risk; Student support) *J Prof Nurs 31:247–253, 2015. © 2015 Elsevier Inc. All rights reserved.*

SCHOOLS OF NURSING have long recognized the need to support students who are at risk for failure in the nursing program or on the NCLEX-RN. New accreditation standards for nursing student outcomes related to program success and licensure reflect the need for schools to implement comprehensive programs of support (Commission on Collegiate Nursing Education, 2013). The purpose of this study was to evaluate a comprehensive program to identify and support students at risk for failure in nursing courses or NCLEX-RN. The study included development and evaluation of a case management model (CMM) that provided assessment, support seminars, and cognitive activities for at-risk students to assist in improving performance and quality outcomes of students.

Literature Review Case Management

Case management is widely used in health care to provide an effective tool for improved outcomes for patients with chronic disease or other groups needing support.

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The case management interventions are aimed at enhancing adaptation in the community and improving functional ability. The principles of case management from social work include the following: continuity, accessibility, relationship building, tailoring support to need, facilitating independence, and advocacy for services (Mas-Exposito, Amador-Campos, Gomez-Benito, & Jalucat-Jo, 2013). Case management systems are widely used in providing medical services, supporting individuals who receive government program benefits, or in monitoring or supporting individuals who have mental health disorders (Basu, Kee, Buchanan, & Sadowski, 2012; Mas-Exposito et al., 2013).

CMMs have been advocated to assist in improving outcomes and an overall reduction in the cost of care (Kolbasovsky, Zeitlin, & Gillespie, 2012). The goal of case management is to ensure that individual needs are assessed on a case-by-case basis, access to services is provided, and the most appropriate use of services is accomplished (Mas-Exposito et al., 2013).

Case management principles include service coordination, support coordination, and resource management. These principles are used to help individuals to self-direct their needs for service and that the managers act as “service brokers” to assist individuals (Larson, 2008).

This same set of goals could be used to support students in nursing programs. A CMM for students

would need to identify and support students who may not recognize or understand the complexities of nursing coursework. Students may also not understand how to access resources that are essential in achieving success.

Nursing School Challenges

Challenges for Students. A strong case can be made that nursing students are moving from a standard educational community of classes, projects, papers, and so on, to a more complex community of nursing education where content and application are highly specialized. For many students, the courses may cover concepts that are unfamiliar and difficult. This new community has long recognized that some students are at risk for failure or difficulty in completing the nursing program and/or on the NCLEX-RN (Hyland, 2012). As a result, a variety of support programs for at-risk students have been proposed in the literature. Schools often offer programs such as supplemental instruction, test taking skills, ADA services, and others to promote student success. This study proposes to use a comprehensive model of evaluation to enhance these support measures to help students achieve success.

Although some interventions have been shown to be effective in addressing the specific needs of students, it is difficult to address the needs of a wide range of students, each of whom may be at risk for different reasons. Individual support measures include support for minority students (Schoofs, 2012). Some propose to support students who have language difficulties or those who have English as an additional language (Weaver & Jackson, 2011). Little research has been focused on the generational needs of the younger traditional students entering nursing programs (Goff, 2011). Recent research addressing the effects of family and work on students has indicated no significant impact of dependent family member issues, hours of employment, and level of parental education (Shelton, 2012). Yet, students often indicate these as factors in their perceived problems of success.

Faculty members have recognized that some applicants to nursing programs lack the needed skills in math, science, critical thinking, and technology to be successful (Noone, Carmichael, Carmichael, & Chiba, 2007). As a student transitions into a nursing program, recognition of the self-regulatory processes needed to be successful may not be readily apparent. For example, students may not understand the need to manage time effectively. They may have no experience in balancing time to go to a clinical site, collect assignment information, and then spend time the evening prior to clinical preparing to care for their patients the following day.

Nursing programs typically require more time than other programs of study. In the facility where the study took place, the students receive 1 credit hour for every 4 hours of clinical experience each week. Nursing students may have to attend as many as 24 hours per week of clinical. The students have rigorous didactic content with heavy reading assignments in addition to laboratory activities that may

preclude the student from being able to work as much as college students in other disciplines. As a result of these and other factors, many students are unprepared to meet the rigors of a nursing program.

Limited Faculty Resources. A comprehensive plan to address the needs of at-risk students must rely, at least in part, on faculty, because it is believed that the instructors are a primary facilitator for student success (McGann & Thompson, 2008). The perceived faculty support has been identified as essential in promoting a sense of competency and self-worth of students. In addition, this support has been a key factor in retention of a student in the nursing program (Shelton, 2012).

In addition to nonfaculty support centers, faculty members also need specialized skills to assist struggling students. Although most schools offer support to students, it may be helpful to evaluate students and to provide targeted assistance to access these and other resources. Faculty have direct contact with students and may be best suited to recognize a student who may be at risk.

To improve outcomes with at-risk students, faculty members need to identify specific causes for the individual's lack of success. A program of support must assess the student's ability to manage time, create study environments, and critically participate in one's own learning process (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013). The assessment needs to include measures of the students' intrinsic motivation and metacognitive abilities. Student motivation and lack of test taking skills have also been identified as problematic in helping students achieve success both within the program and on board examinations (McGann & Thompson, 2008).

Conceptual Framework: Case Management

The CMM used in this study comprises many of the major facets of evaluation and support that are proposed in the literature. This includes assessment of prerequisites, science prerequisites, and ongoing assessment of both nursing course grades and standardized testing throughout the program. The CMM uses an initial assessment of students including a combination of prerequisite course grades, especially science course grades; nursing course grades; and standardized testing scores.

Figure 1 provides an overview of the CMM. The student performance is assessed and criteria for eligibility for case management include an Assessment Technologies Institute (ATI) score of less than 50th percentile, a grade of C or less in a prerequisite science course, or a C or less in a nursing course. If students score low in any of these identified areas, they will be placed into the case management process by being assigned an instructor for special advisement, completing a self-evaluation, and then meeting with that instructor to develop a plan for improvement. Students are encouraged to meet with their faculty advisor again each semester to follow-up on progress or to at least keep in contact by e-mail.

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