

A move away from high-stakes testing toward comprehensive competency



Charles P. Molsbee EdD, MSN, RN, CNE*, Bryan Benton MSN, RN

Department of Nursing, University of Arkansas at Little Rock, Little Rock, AR 72204, USA

KEYWORDS:

High-stakes testing;
Comprehensive;
Competency

Abstract

The topic of high-stakes testing has received much attention over the last several years. High-stakes testing in many nursing programs has been linked to progression, graduation, and National Council Licensure Examination-Registered Nurse pass rates. Although the argument can be made that the use of high-stakes testing is successful in identifying students who are most likely to pass National Council Licensure Examination-Registered Nurse, the added stress and pressure on nursing students can affect performance, and high-stakes testing may not be a true indicator of a student's ability. Nursing programs should identify ways through curriculum improvements and faculty development to maintain pass rates without the added stress and pressure on students of high-stakes testing. This article will discuss the processes utilized by an associate degree nursing program in a metropolitan university to move away from high-stakes testing to a model of comprehensive competency, while still utilizing standardized testing in a senior capstone course.

© 2016 Organization for Associate Degree Nursing. Published by Elsevier Inc. All rights reserved.

The topic of high-stakes testing has received much attention over the last several years. The interest and concern over this topic is related to many nursing programs implementing progression policies based on test performance in order to maintain National Council Licensure Examination for Registered Nurses (NCLEX-RN) pass rates (National League for Nursing [NLN] 2012; Shultz, 2010; Spurlock, 2006, 2013). Many schools that have implemented high-stakes testing policies have gone even further by not allowing a student to graduate and take the NCLEX-RN based on not meeting a minimum score (Spurlock, 2006). The student may have met all other program requirements, but failure to achieve a certain score prevents the student from graduating or taking the examination. Although this may help programs with NCLEX-RN pass rates, the

argument can be made that NCLEX-RN pass rates are not a true indicator of a quality program and that there are other factors that affect the NCLEX pass rates (Spurlock, 2013).

There appears to be research that supports the use of high-stakes testing in identifying students who are most likely to pass NCLEX-RN, but the high-stakes test is less likely to identify those at risk for failure (Spurlock, 2006; Spurlock & Hunt, 2008; as cited in NLN, 2012). Based on this research, the concern of reliability and validity, and other factors involved with NCLEX-RN pass rates, nursing programs should strive to avoid selection bias and embrace innovative teaching strategies, curriculum revisions, and faculty development to ensure that students are well prepared for the NCLEX-RN (NLN, 2012).

This article will discuss the processes utilized by an associate degree nursing program in a metropolitan university to move away from high-stakes testing to a model of comprehensive competency while still utilizing standardized testing in a senior capstone course.

* Corresponding author. Tel.: +1 501 569 8081; fax: +1 501 371 7546.
E-mail address: cpmolsbee@ualr.edu (C.P. Molsbee)

1. Background

The University of Arkansas at Little Rock (UALR) nursing program is a large associate degree nursing program. This program graduates students twice a year and averages 35 graduates in the fall semester and 70+ graduates in the spring semester. The demographics of the program are comparable to most associate degree programs, and NCLEX-RN pass rates are above the national average.

1.1. Capstone Course Design

Prior to the fall 2012 semester, Nursing 2910 was the program’s capstone course. It was 5 credit-hour theory/4 credit-hour clinical course. The course was composed of four components: classroom, traditional clinical, preceptorship, and the Health Education Systems, Inc. examination; all of which required successful completion for graduation.

In order to successfully complete the HESI examination component, a student was given three opportunities to make an 850 or higher. While a 900 or higher was recommended, the nursing program’s data review found that 850 was an adequate indicator of success on the NCLEX-RN. A review of the average score for the six semesters prior to fall 2012 showed a first-take average score of 923.29. This average dropped to 868.73 on second takes and to 833.50 on third takes (see Table 1).

While remediation was recommended, not required, between takes, the data show that the scores dropped from first take to third take. It is speculated that there were two specific factors involved in the drop from first take to third take. The students who took the examination a third time were possibly weaker students, but more than likely, the anxiety and stress of the examination was more than students could handle (Sullivan, 2014).

Table 1 NURS 2910 HESI Average Scores

Semester	First take	Second take	Third take
Fall 2009	924.7	856.5	813.3
Spring 2010	863.3	892.8	801.4
Fall 2010	924.7	848.4	813.3
Spring 2011	929	891.7	889.8
Fall 2011	959.71	841.5	830.5
Spring 2012	938.3	881.5	852.7
Average	923.29	868.73	833.50

During the same 6-year period, there were a total of 26 students (4.33 per semester average) who failed to achieve the required 850 on three attempts, thereby failing the course and not being allowed to graduate from the program (see Table 2).

Table 2 Number of students taking and passing HESI (fall 2009–spring 2012)

Semester	No. of takes	No. of pass	No. of failures
Fall 2009	32	28	4
Spring 2010	81	72	9
Fall 2010	32	28	4
Spring 2011	76	72	4
Fall 2011	35	33	2
Spring 2012	79	76	3
Totals	335	309	26
Average	55.8	51.5	4.33

Although there were students that were unsuccessful during the use of high-stakes testing, the NCLEX-RN pass rates for the program were strong. The nursing program consistently met or exceeded the national average, as seen in Table 3. Despite above-average NCLEX-RN pass rates, pass rates are not always a true indicator of strength of a program (Spurlock, 2013). In the fall 2012, the nursing program implemented a new curriculum model and new capstone course, which moved away from high-stakes testing.

Table 3 NCLEX-RN pass rates (fall 2009–spring 2012)

Semester	No. of first takes	No. of passing	NCLEX-RN pass rates
Fall 2009	28	28	100.00%
Spring 2010 *one student has not taken NCLEX-RN from this class	71	62	87.32%
Fall 2010	33	32	96.97%
Spring 2011	72	65	90.28%
Fall 2011	33	32	96.97%
Spring 2012	76	71	93.42%
Total	313	290	92.65%

2. Rationale for Change

The utilization of high-stakes examinations has proven problematic (Sullivan, 2014). Some programs utilize the examination as the last step in program completion (Sullivan, 2014). Although UALR’s nursing program did not specifically require high-stakes testing as a last step in the program, it was perceived by many as such an examination. As part of the capstone course, the students were required to obtain an 850 or better in three attempts to complete this component of the course. While this examination may have been a predictor of NCLEX-RN success, as evidenced in Table 3, the argument could be made that students were placed in an extremely high-stress, high-anxiety environment, which could contribute to a decrease in test performance. Sullivan (2014) asserted that this type of high-stakes testing

Download English Version:

<https://daneshyari.com/en/article/2677497>

Download Persian Version:

<https://daneshyari.com/article/2677497>

[Daneshyari.com](https://daneshyari.com)