



Contents lists available at ScienceDirect

Teaching and Learning in Nursing

journal homepage: www.jtln.orgRemediation 101: Strategies for nurse educators[☆]Nicole Custer, PhD, RN, CCRN-K, CSC^{*}

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ARTICLE INFO

Available online xxx

Keywords:

Nursing education

Remediation

Strategies

ABSTRACT

A downward trend in the National Council Licensure Examination for Registered Nurse pass rates and unsuccessful student completion of nursing education programs have increased the use of remedial measures in nursing education. Students receive varied remediation approaches, yet literature lacks empirical research to substantiate the effectiveness of remediation in nursing education. This manuscript identifies barriers to remediation in nursing education and identifies implementation strategies for nurse educators.

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Introduction

Imagine the following exchange taking place in a medical/surgical course in an associate degree nursing program. The instructor asks, "Can anyone explain why it is important to restrict dietary protein in patients with chronic renal failure?" Silence. "Alright, consider the following: what is a by-product of protein metabolism?" Continued silence. Finally, one student whispers, "Just tell us." The instructor replies, "No I will not just tell you, let's break for 5 minutes and when we return, someone will explain why it is important to restrict dietary protein in the chronic renal failure population."

Unfortunately, countless versions of this scenario occur frequently in nursing education classrooms. In the example, nursing students lack basic knowledge of protein metabolism, a concept frequently taught early in nursing education programs. The medical/surgical instructor assumes that students retained the concept of protein metabolism taught in the fundamentals course and, in learning about chronic renal failure pathophysiology, can apply that knowledge to identify the rationale for appropriate dietary restrictions in the chronic renal failure population.

Situations such as the one described can become a pedagogical obstacle when the educator, who assumes that students have mastery of previous concepts and can apply it to new circumstances, has to reteach a basic concept. However, when a knowledge deficit arises, the educator may not have time to reteach the previous concept and may depend on the students to review the material. Nevertheless, many nursing students will not assume responsibility for mastering previous content without formal processes in place. At

this point, remediation efforts should begin. This manuscript describes the context of remediation in higher education and outlines strategies for implementing remediation strategies in nursing education.

Remediation in Higher Education

Institutions of higher education label students "in need of remediation" if they are not academically prepared for the college-level courses (Melton, 2008; Stuart, 2009). Yet, many students feel that graduation from high school and admission acceptance implies college readiness (Melton, 2008). Therefore, when students learn that they are not adequately prepared to enter traditional entry-level college courses and must enroll in remedial courses, many are surprised.

Higher education reports fail to provide rigorous, replicable, peer-reviewed research on remediation practices. Although varied strategies and potentially useful remediation practices are utilized in higher education, their effectiveness has never been established. Handel and Williams (2011) note that investments in basic research are essential to establish replicable remedial interventions and to justify the resources required to implement successful remediation practices.

The American Association of Community Colleges estimates that approximately 60% of students coming out of high school each year are not ready for college level work, and nontraditional students bring outdated academic skills to the classroom (Stuart, 2009). In addition, given the vast number of nonselective institutions of higher education in the United States, students can gain admission virtually anywhere, regardless of their performance in high school (Handel & Williams, 2011). Current data suggest that approximately 35 to 50% of students in state colleges and universities enroll in one or more basic reading, writing, or mathematics courses (Attewell, Lavin,

[☆] No grant or financial support was received for the development of this manuscript

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Domina, & Levey, 2006; Complete College America, 2012; Howell, 2011; Rose, 2009). Research demonstrates that the majority of students, nearly 4 in 10, in community colleges never complete their remedial courses. Furthermore, less than 1 in 10 students graduate from community colleges within 3 years and little more than a third complete a bachelor's degrees in 6 years (Complete College America, 2012).

Thus, nursing students may not only require remediation in basic academic skills such as reading, comprehension, writing, math, and critical thinking but also in nursing knowledge and skills. As these students gain acceptance into nursing education programs, nurse educators must remain cognizant of potential issues that may arise. Many institutions of higher learning require some type of college placement examination to evaluate students' basic academic skills. Nurse educators should be afforded the opportunity to access scores to such examinations in an effort to anticipate future remediation needs in nursing courses. For example, a student who scores poorly in reading comprehension prior to admission to a school or university may require assistance with reading nursing materials. Thus, such a student could be referred to the appropriate campus resources or placed in a remedial course prior to or simultaneously with early nursing courses. Furthermore, research has demonstrated that students want a "clear path" to graduation. What this means for nurse educators is that instead of wasting time and money in remedial classes for no credit, students need redesigned first-year classes with built-in tutoring and support. As such, nursing education administrators and educators may wish to develop and incorporate these principles into fundamental nursing courses.

In addition to college placement examinations, nursing education programs may wish to utilize a more nursing-specific entrance examination to assess basic knowledge and skills. Often, such examinations include the ability to assess scientific knowledge in various areas such as biology, chemistry, and physiology in addition to reading, math, and English skills. Using a nursing-specific entrance examination may assist nurse educators to refer and direct students in need of basic skills needed to succeed in a nursing program to more appropriate resources.

Call for Remediation in Nursing Education

The National Council of State Boards of Nursing determines the level of successful achievement on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), and nursing education programs that fall below the set benchmark receive penalties and must develop a plan for improvement (National Council of State Boards of Nursing, 2011). In addition, nursing education accrediting bodies may examine NCLEX-RN® pass rates during accreditation visits. When NCLEX-RN® pass rates do not meet set benchmarks, nursing education regulating bodies may impose sanctions on the nursing education program. Public awareness of such sanctions may diminish the reputation of the program and lead to decreased enrollment.

The impact of underprepared nursing students extends beyond accrediting body concerns. First, academically underprepared nursing students may pose a risk to patient safety in clinical settings (Lynn & Twigg, 2011). Some difficulties identified when nursing students who possess an insufficient knowledge base enter the clinical unit include lack of client care and attention, unprofessional or unethical conduct, inability to recognize or report changes in patient condition, and failure to seek help when needed (Tanicala, Scheffer, & Roberts, 2011). Second, student confidence may suffer. When students continue to perform poorly on classroom examinations, standardized tests, and clinical skills, confidence levels decrease (Daley, Kirkpatrick, Frazier, Chung, & Moser, 2003). If students do not receive the academic assistance they need to correct these behaviors, they

may not be successful in their nursing education program, leading to increased attrition rates. Ultimately, the nursing shortage could expand because fewer qualified students graduate from accredited nursing education programs and enter the nursing workforce.

Remedial efforts in nursing education gained momentum in the 1990s, largely hinging upon declining NCLEX-RN® scores or poorly performed clinical skills (Sifford & McDaniel, 2007). Students considered at-risk for NCLEX-RN® failure or "unsafe" on the clinical unit were subject to hours of extra content or time in the simulation laboratory during the last remaining weeks prior to graduation. However, educational literature has shown that intervening during the semester prior to graduation and imposing lengthy remedial activities acts a band-aid approach to remediating underprepared nursing students (Maize et al., 2010; Pennington & Spurlock, 2010).

Nurse educators know that nursing knowledge builds upon previously learned content in courses such as chemistry, biology, anatomy, physiology, and nursing fundamentals. Therefore, remedial efforts in nursing education programs should begin when lack of knowledge regarding these basic concepts becomes evident. As evidenced by continued decreasing NCLEX-RN® pass rates, increasing attrition rates, and suboptimal performance on classroom and standardized exist examinations, nurse educators need to intervene (Daley et al., 2003).

Barriers to Implementing Remedial Learning in Nursing Education

Nurse educators and administrators in institutions of higher education are not remiss to the dilemmas that academically underprepared nursing students pose. The first step in implementing successful remediation approaches in nursing education programs focuses on identifying barriers to the development of these programs. Faculty, student, and institutional barriers present challenges to successful utilization and implementation of remediation strategies in associate degree nursing education.

Faculty Barriers

Most nurse educators are able to identify deficient students but may lack the skill or will to correct those (Lynn & Twigg, 2011). Possessing the skill to correct deficient student behaviors with remediation requires knowledge of effective remedial strategies. Comparable to higher education, remediation effectiveness in nursing education has not been empirically researched (Pennington & Spurlock, 2010). The majority of studies on remediation in nursing education are descriptive and provide simple comparisons between remediated and nonremediated students (Maize et al., 2010; Pennington & Spurlock, 2010). Pennington and Spurlock (2010) noted in a systematic review that no experimental or quasi-experimental studies could be located that evaluated the effectiveness of remediation interventions in nursing education. Because of lack of published literature and research on the topic, nurse educators may have difficulty in devising and implementing effective remediation strategies.

Possessing the will to implement remediation in nursing education may be difficult because of insufficient faculty time. Nurse educators' workload may also act as a barrier to remedial instruction. Because of clinical teaching, nurse educators possess some of the highest workloads in academia (Pennington & Spurlock, 2010). In addition, the American Association of Colleges of Nursing (2011) reports a full-time faculty vacancy rate of 1.8 per school. Remedial instruction comprises a large time commitment for educators (Boyer, Butner, & Smith, 2007). High faculty workloads coupled with vacant full-time faculty positions provide minimal time to devote to remedial instruction. Nurse educators must allocate additional time to develop remedial instruction. Furthermore, nurse

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