Problem:
Student retention declined by 10% and the National Council Licensure Examination for Registered Nurses (NCLEX-RN) began a gradual decline, as well. Strategies were needed to increase graduation rates and NCLEX-RN rates so students would be eligible to enter the workforce.

Evidence:
Brain based research, active learning theories, and holistic modalities have the ability to impact teaching methods by providing additional strategies to be used in conjunction with cognitive theories of learning. There are advantages for using each of these theories, when combined are able to form a foundation for remediation plans that intervene on the students’ behalf.

Strategy:
In order to improve NCLEX pass rates, an intense remediation plan (IRP) was designed and implemented in fall, 2008. The focus was on students who were predicted to be unsuccessful on the NLCEX based upon an end of program examination. In order to improve graduation rates, a progressive remediation plan (PRP) was designed and implemented in spring 2009 for students who needed additional support to successfully complete the course. Students were able to self-select into PRP services, or could be referred by faculty. A quantitative analysis of data was used to evaluate the effectiveness of both the IRP and PRP processes. A qualitative analysis of student and faculty feedback showed student interest and faculty support of both types of remediation strategies.

Practice Change:
Three foundational approaches along with holistic modalities were combined to produce strategic plans for retention and success. The combination of the approaches included an active learning component that focused on concept modeling, as well as a stem translation model. Additionally, holistic modalities of music and Reiki therapy were used to decrease anxiety so that learning could take place. Integrating an active learning method of concept modeling into faculty led study circles for both the IRP and PRP changes learning to a participatory method which increases retention.

Evaluation:
In both PRP and IRP, student outcomes have been favorable. Quantitatively, since IRP initiation, 15% of the graduating class has been successfully remediated. Statistical analysis of IRP remediated students reveals a 100% NLCEX pass rate within the first month of IRP completion, and a 90% pass rate overall despite time between IRP completion and NCLEX testing. In the PRP, overall the PRP students display a 95% course to course pass rate. However, more impressively, students referred by the faculty for PRP, have an 84% success rate. From a qualitative perspective, the IRP student feedback continues to support the participatory concept modeling learning process and stem translation as preferred strategies instead of question and answer reviews. Anecdotally, since initiation to the second year medical-surgical courses in spring of 2010, over half of the second year students self-select into PRP, demonstrating their belief in the PRP process.

Recommendations:
Continue using IRP and PRP throughout the Nurse Education Program. Within these strategies, continue to use active learning strategies, as well as holistic modalities to support retention and success.
Lessons Learned:
When active learning study circles and the stem translation testing skills were compromised by providing answers so that students did not actively participate in learning, decreased performance was noted on subsequent end-of-program evaluations. The PRP for second year students shares the same foundational theories as the IRP. The PRP in the first year has a slightly different approach, and the outcomes though positive, are not the same. Efforts are not made toward aligning the PRP in the first year with the theories that are effective in the second year PRP.

Bibliography


