“Why Can’t I Pass These Exams?”: Providing Individualized Feedback for Nursing Students

Lynn L. Wiles, PhD, RN, CEN

ABSTRACT
The nursing literature on examination remediation and testing feedback strategies focuses primarily on NCLEX-RN success and remediation, rather than on the course examinations taken by students throughout program curricula. Students deemed at risk for NCLEX-RN failure likely have displayed poor performance on examinations long before graduation and licensure testing. Individualized examination feedback that identifies students’ specific weaknesses is superior to correct answer feedback. The feedback grid described in this article demonstrates one method of providing structured, individualized feedback using the nursing process, Bloom’s taxonomy, and NCLEX-RN blueprints. The feedback grid helped students to identify patterns in knowledge gaps, determine the correct answers to missed examination questions, and improve test scores in a critical care nursing course. [J Nurs Educ. 2015;54(3, Suppl.):S55-S58.]

The attrition rate among bachelor of science in nursing (BSN) students is a considerable problem. The current BSN graduation rate is 50%, which is far below the National League for Nursing’s (NLN) recommended guideline of 80% (Newton & Moore, 2009). The knowledge needed to be successful in the BSN curriculum is dependent on nursing aptitude as well as scholastic aptitude, requiring competencies in English, reading comprehension, math, and science. There is a widespread need for remediation for students entering college (Bautsch, 2013). In 2012, only 25% of students who took the American College Testing (ACT®) readiness assessment achieved benchmark scores in all four of the subjects tested (math, science, reading, and English), and the number drops to 5% for African American and 13% for Hispanic students (ACT, 2012). More than 50% of students attending 2-year colleges and 28% to 40% of students attending 4-year colleges and universities were enrolled in remedial courses.

Students’ mastery of course content typically is evaluated using objective examinations. Students who do not meet minimum standards need feedback that reinforces content, helps them discern the correct answers, and prepares them for future examinations. This article demonstrates the effectiveness of an innovative approach showing that students who identify patterns of errors perform better on future tests. A feedback grid (Figure) used for remediation provides structured individualized feedback using the nursing process, Bloom’s taxonomy, and NCLEX-RN® blueprints. Students are actively engaged while working with faculty to identify patterns of errors. This structured review helped students to identify patterns in knowledge gaps, determine the correct answers to missed examination questions, and improve test scores in a critical care nursing course.

Literature Review
A literature search that examined more than a decade of nursing literature yielded few examples of examination feedback, review, or remediation despite research showing that nursing students have inadequate study and test-taking skills as well as inadequate remediation resources to promote student success (Kinser, 2004). Poorman, Webb, and Mastorovich (2002) questioned 20 nursing students who were struggling academically to identify the most helpful strategies for success. Students identified that faculty interaction was key to success and stated that the faculty member initiating or requiring the contact made students more likely to participate. Other literature was dated or focused
on NCLEX-RN success and remediation, rather than on the course examinations taken by students throughout the curriculum (Daley, Kirkpatrick, Frazier, Chung, & Moser, 2003; Frith, Sewell, & Clark, 2005; Higgins, 2005; Nibert, Young, & Britt, 2003; Poorman, Mastorovich, Liberto, & Gerwick, 2010; Poorman & Webb, 2000; Poorman et al., 2002). Students deemed at risk for NCLEX-RN failure have likely shown poor examination performance long before graduation and licensure testing, and dissemination of successful remediation strategies is minimal in the nursing literature.

Steele (2006) described a group test-review approach in which students could exchange knowledge and collaboratively debate differing opinions to identify the correct answers to examination questions. Steele did not describe faculty involvement in review or remediation. Poorman and Mastorovich (2008) reported the need for at-risk students to engage in active review sessions as soon as possible after an examination. As a review strategy, students could be encouraged to think out loud and explain their thought processes when selecting a particular response and for eliminating other responses. Listening to students’ thought processes allows the faculty to identify whether students have grasped the content and guide students to the correct choices. Neither article described providing students with an opportunity to identify trends and problem areas, and then map a plan for success.

Outside of the nursing literature, publications addressing examination remediation were limited as well. Stark (2006) described the use of examination teams to provide postexamination feedback rather than using traditional faculty-led reviews where correct answers are given, learning is not promoted, and students can become argumentative. This student-directed and learner-centered activity prompts students to review the examination in teams and relies on the knowledge of groups of students to determine the correct answer. Stark found that instructor-facilitated review time diminished significantly since student discussions clarified concept misconceptions. Test score improvement was not addressed.

Bachman (2013) reported a trend shifting from embarrassment at the need for remediation to accepting remediation as a meaningful learning experience. College students reported that individual attention with a faculty member provided meaningful remediation versus group review that covered all questions and was deemed to be a waste of time. In addition, students who met with faculty were able to establish a connection and found that faculty members were willing to help, which relieved students’ perceptions of “feeling stupid” or “looking like I am not trying” (p. 24). Students reported these interactions provided meaningful remediation.

Butler, Godbole, and March (2013) categorized feedback as either correct answer or explanation feedback, stating the type of information contained in the feedback is crucial. Providing only correct answer feedback has not been shown to increase student test scores and ultimately student success. However, when provided with explanation feedback, students were able to apply knowledge, make inferences, and improve scores. Huff and Nietfeld (2009) stated that students who are aware of their cognitive abilities are able to adjust study strategies and therefore examination performance as needed. Bercher (2012) suggested that students often overestimate their mastery of course content, which leads to understudying. Students must be aware of what they do and do not know to become active learners and be successful in their courses. In this study, students completed a self-assessment and acknowledged their knowledge deficits. When students were able to identify deficits and adjust study strategies to improve learning, academic performance increased.

Nursing students are not immune to the need for improved study skills and remediation. Poorman et al. (2002) identified that students expected faculty to pinpoint solutions for their testing woes and were frustrated when that did not occur. Providing students the opportunity to identify individualized strengths and opportunities for improvement are essential for success. The innovative grid presented in this article provides one-to-one faculty–student interaction and explanation feedback dur-
ing examination review. Completing the review grid allows students an opportunity to actively identify problem areas and develop study solutions in conjunction with nursing faculty.

Critical Care Course Examination Review

At one school of nursing in the southern United States, examinations in the prelicensure BSN program are administered using a computerized format. The software allows faculty to blueprint examination questions and run aggregate and individual reports. One of the reports allows faculty to create a summary of the questions missed, the student’s answer, and the correct answer. Examination review is conducted with individuals or study partners if desired in the faculty member’s office. The process is opened first to students who did not pass the examination, then to students who earned a C, and finally to all students. Meetings range between 10 and 30 minutes depending on the number of questions missed. During these reviews, the faculty provides students with the individual summary report, a paper copy of the examination, and the feedback grid (Figure). The faculty member reviews each missed question, prompts students to determine the rationale for the correct answer and talk through their reasoning for selecting and eliminating answers, and clarifies as necessary. The faculty member assists students in using the grid and identifying the categories that describe each missed question. Students also are asked to identify time management, classroom distractions, and life issues that may have impacted their performance on the examination. Students describe the study strategies they used for the examination and compare them to strategies used on other examinations on which they earned higher scores.

Use of the Feedback Grid

The feedback grid helps students to identify patterns of mistakes and better prepare for future examinations. The grid allows for categorization of missed questions in several ways, and the students and faculty member determine which categories apply to the missed questions. Initially, questions are sorted by subject matter (e.g., respiratory or cardiovascular) to determine whether students struggled in one topic area more than others. Next, the missed questions are categorized by area of nursing process. Using the examination blueprint, the faculty member then identifies categories based on the client needs framework used on the NCLEX-RN and according to Bloom’s taxonomy (Overbaugh & Schultz, n.d.). Incorrect answers also can be marked in the blocks marked as “Math,” “Meds,” “Patho,” “Labs,” “Communication,” “Patient Teaching,” “Duh/Didn’t Read,” and “Changed Answer” (Figure). Finally, the examination blueprint is reviewed to determine whether incorrect responses are grouped at the beginning or the end of the examination, or whether they are scattered throughout the examination.

The grid provides a visual pattern of missed questions for most students. For example, students frequently identify that they miss the higher level questions (Bloom’s taxonomy). Discussion ensues about study strategies that promote critical thinking versus rote memorization. Sometimes students find that they knew the material but made careless errors. This grid prompts students to consider whether they changed answers, read the question too quickly, or did not read all of the possible choices before selecting an answer. Time management strategies, such as using the drop down clock, also are recommended. Successful completion of the critical care nursing course requires an average score of 80 or higher on examinations regardless of other assignment scores. A review of first examination scores for 376 students throughout a period of 10 semesters reflected a bell curve, with 19.1% of the students earning an A and 16.3% scoring a D or an F. The mean score for the 61 students who did not pass was 75.4. Students who did not pass were strongly encouraged to meet for review within 1 week of the examination. During the 10 semesters, 77% of the students (n = 47) who did not pass the first examination met with the faculty for a review. For students who met with faculty for a review, their score on the second examination increased by an average of 9.6 points (range = 1 to 21). For students who did not meet with faculty for a review, the mean increase in score on the second examination was 3.1 points (range = –5 to 10). The improved scores were linked with focused studying in areas where gaps were identified.

Some students sought help only after failing their second or third examination, and although they saw improvement on the final examination, due to low scores initially, they did not all achieve the 80% score needed to pass the course. Conversely, students who opted not to review typically continued to struggle on examinations, and 11 of the 14 students who failed the course during this time period never sought faculty assistance.

Student Feedback

Anecdotally, students reported that this review process better prepared them for subsequent examinations, and many of the students noted that they wished this grid had been available to them previously. Most at-risk senior students admitted that they had struggled with examinations throughout the program. Nearly all of the students attested to attending review sessions that covered content, but they stated they had never tried to determine patterns. Students who saw improvement in examination scores reiterated the importance of individual or small group faculty interaction, assistance discerning between correct and incorrect answers, and the ability to identify error patterns as keys to their success in the course. The review grid has been shared with the nursing faculty and is available for adoption in all of the nursing courses per faculty choice.

Discussion

Identifying problematic areas assists faculty and students in planning a successful study strategy. Faculty–student review of the grid to determine if patterns exist is key to student success. For example, if students missed a lecture and opted not to access the digital recording of the class, faculty would recommend that the students use available resources. Based on the cluster of questions missed in categories, faculty members can help students identify areas requiring more in-depth study prior to subsequent examinations. Students are encouraged to be active studiers and ask “why” (e.g., why this assessment finding, intervention, or medication) rather than just reading notes and listening to recorded lectures, thus preparing students to answer questions from the higher levels described by Bloom’s.
taxonomy. Students are asked whether they study alone or in groups, and advantages of both study strategies are reviewed. Studying in pairs or groups, including electronic groups using Skype™ and FaceTime®, allows for more active studying since it involves peer interaction and questioning.

Frequently, the “Duh/Didn’t Read” and “Changed Answer” categories show problematic behaviors for students who have difficulty on examinations. Students in the “Duh/Didn’t Read” category should be asked how long they spent on the examination and be encouraged to slow down if time allows. Some students reported that their attention span declines after 45 minutes. These examinations have at least 75 questions, similar to the NCLEX-RN, and students are allotted 90 seconds per question. Students who have difficulty maintaining attention are offered the opportunity to leave the room one at a time and walk to the lobby in direct line of sight of the classroom to stretch, eat a snack, and refocus, as would be allowed during the NCLEX-RN. Students who repeatedly change answers pose yet another challenge. Although the option to disable backward navigation of test questions exists, at this point, that feature is only used during the final semester in the program. Students who frequently miss examination questions because they return to questions and change correct to incorrect answers are encouraged not to flag the questions or return to them. If desired, a special testing group can be designated using the testing software to disable backward navigation, although this practice has not been used for individual students.

**Conclusion**

Although examinations are given to evaluate student achievements, the use of a structured examination review with individualized feedback can be used to support student learning and develop a tailored guide for improvement. Students must be aware of what they do not know to improve their knowledge. Accurate identification of student learning opportunities is integral to student success. By providing an examination review process that helps students understand the correct answers and rationale to missed questions, identifies patterns of mistakes, and provides potential individualized study strategies, students become more active learners and spend additional time studying difficult content areas, thereby improving their examination scores. This review strategy may be particularly useful for educators who wish to institute approaches to increase student knowledge and success in courses as well as for preparing students for the NCLEX-RN. Identifying patterns of poor performance and designing study strategies to improve those deficiencies could result in improved NCLEX-RN pass rates, thus addressing the looming nursing shortage and producing nurses who are knowledgeable critical thinkers, which is crucial to patient safety.

**References**


