Learning—Whose Responsibility Is It?

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Nursing programs continue to experience alarmingly high attrition rates. To offset the attrition rate, the author describes a shifting paradigm between the traditional faculty advisor role and the innovative faculty coach role. The new faculty coach role includes teaching at-risk students to use learning and motivational strategies and self-management skills to improve academic success. The author provides readers with successful strategies to improve student retention by developing active learners who take responsibility for their own learning.

The Learn for Success Program

The author and a core group of faculty and staff in the Department of Nursing at the University of Southern California (USC) developed a learning assistance program known as Learn for Success (LFS). Funded by the Department of Health and Human Services, Division of Nursing, the LFS program was designed to decrease attrition rates by assisting at-risk students in becoming academically successful. The LFS program offered a comprehensive range of retention strategies consisting of early identification and tracking of at-risk students, study skills workshops, study groups, peer tutors, and the core faculty coaching component. Faculty coaches assisted students in identifying their learning and socialization needs, provided ongoing guidance through the development of monthly learning plans, taught students learning strategies, and referred students to available resources.

The LFS program infrastructure was based on Pintrich and Schrauben’s learning model, which theorizes that the level of a student’s learning is a function of student

Institutions, 20% of students take at least one remedial course in reading, writing, or mathematics. Hudepohl and Reed believe that all nursing programs have their share of at-risk students who are studied in a curriculum designed for well-prepared and independent learners.

Barriers encountered by all students can be internal and/or external. External barriers include inadequate finances, poor social integration, and institutional insensitivity to student needs. Internal barriers include lack of learning and motivational strategies and self-management skills. Examples of internal barriers include poor study habits, test-taking anxiety, poor test-taking skills, poor reading comprehension, inadequate goal setting, and undeveloped time management skills.

Less successful students tend to display a lack of motivation, such as an unwillingness to expend the effort and persistence required to complete college. These students may study primarily to get better grades, not because they value learning or becoming a competent nurse. Because of this heightened concern for grades and poor learning skills, students report high levels of stress and feelings of low self-esteem, placing them at risk for poor academic performance.

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motivation, combined with the use of learning strategies and the ability to self-manage. More simply, learning is a function of skill + will + self-management. The more actively engaged the student, the greater the student’s academic success. The primary goal of faculty coaches was to assist students to improve their academic performance by teaching them how to select and use learning and motivational strategies and self-management skills, which have been found to improve learning. Strategic learners know which strategies are appropriate for specific learning tasks from experience and continue to learn others that might be helpful. When students learn, they must use the right tools for each learning task. Coaches assisted at-risk students in selecting the right tool for a specific task.

The lack of data reporting the number of teachers using strategic learning skills supports the view that this probably is not a common practice in classrooms. Few teachers are aware of the importance of these strategies and skills, or if they are aware, lack the skills to demonstrate to their students how to use them to improve learning.

Teachers often focus on course content and not whether students are using the correct strategies to learn; they believe that students will eventually learn if they keep teaching them the content, individually or in groups. Faculty role modeling of learning strategies positively influences student self-confidence and achievement. Successful retention programs are related to cognitive support provided by faculty and students, as much as affective support. Students need coaches to help them learn how to learn and to provide support by saying, “I know you can do this.” Students who perceived faculty cared about them and helped them learn persist in nursing programs. Unfortunately, at-risk students may not seek help because they do not perceive their lack of skills or need for help; therefore, faculty coaches approached at-risk students identified through assessment tests and fostered a helping relationship through mandatory coaching.

Learning Strategies

The first component of the learning model equation is “skill,” also known as learning and thinking strategies or tools/competencies for accomplishing different academic tasks. Learning strategies help students select, organize, and integrate new information for better understanding by linking new knowledge to prior knowledge in the long-term memory and by assisting students with the development of problem solving and critical thinking. Examples of learning strategies are given in Figure 1. Students need strategies for learning combined with the motivation to use them.

Motivational Strategies

The second component of the learning model equation is “will,” also known as motivation. Motivated learners try to do things well and learn how to handle school-related stressors. They value learning and feel confident about their learning ability. Motivational strategies include the ability to self-select and master short-term, challenging yet manageable goals.

Coaches teach this approach to motivate students to use learning strategies, try hard, persist in the task, build self-confidence, and encourage self-management. Coaches help students learn to link goal accomplishment to academic success. Goals motivate students toward effort and persistence.

Students then come to link effort, persistence, and problem solving to goal accomplishment, leading to academic success. They realize that ability to learn develops over time and begin to value the entire learning process, including the knowledge that they learn from their mistakes. Goal attainment builds students’ self-confidence, and as they become better learners, they are motivated to attempt more difficult academic goals. They realize that academic success is not the result of luck, task easiness, or instructor favoritism. They feel in control of their own learning. This new belief system increases students’ self-confidence and motivates them to engage in self-management activities to achieve their goals. Some students are unsure of their ability to succeed. Tinto emphasizes that students need to feel that faculty expect them to succeed ..., “no one rises to low expectations.” Faculty coaches encouraged students to support their self-confidence.

Self-management

The third and final component of the learning model equation is self-management, which is defined as an individual’s ability to monitor and modify his or her use of learning strategies. All students enter the nursing major with extensive content knowledge and preconceived beliefs about their ability to learn. At-risk students enter with ineffective or absent learning strategies, motivational tools, and self-management skills. For example, some at-risk students told their USC faculty coaches, “I never had to read my book before; I just memorized my notes. Now you want me to understand this stuff.” The way I studied in the past does not work anymore.” Conversely, self-managed students enter the academic setting with the knowledge that certain actions promote goal attainment. Self-managed students initiate and direct their own efforts to acquire knowledge and skill, rather than relying on others. Self-managed students set learning goals, select and implement goal strategies, sustain self-motivation, monitor performance, and correct ineffective strategies for goal attainment. They take control of their learning and behavior. For example, self-managed learners track their...
attention during lectures or while reading texts; self-question to check for understanding; and take corrective action when they do not understand the content.

This ability to self-regulate is the key predictor of academic success. Self-managed learners self-observe their behaviors and ask, “Did I follow my plan?” They self-judge their learning behaviors by asking, “Did I reach my goal? What worked and what did not work?” They self-evaluate their learning behaviors and ask, “What do I need to do differently?”

Coaches taught at-risk students this process.

The accuracy of self-monitoring increases when students self-record their goals, strategies, and success at goal attainment. The success of self-management depends on the accuracy of self-recording. High-risk students are asked to self-record during the coaching process. Learners come to understand that self-management is an acquired skill over which they have control. Then, and only then, do they see their failures as a result of poor strategy selection or use, and something they can change. Ultimately, self-managed students accept more responsibility for their own learning.

**Faculty Coaching**

**Faculty Coach Component: Preparation**

The LFS team, composed of experienced coaches, the LFS program coordinator, and the nursing program recruiter, met monthly. The program coordinator recruited 4 coaches per 25 to 40 students from current faculty members who expressed an interest in helping students improve their learning behaviors. Each coach received 1 hour per week release time for coaching activities. The LFS team discussed common student problems, identified referral resources, and presented successful coaching strategies. Coaches also exchanged information from current literature and education conferences on student learning. Team members planned program activities, tracked students’ academic progress, and reported at monthly faculty meetings.

Initially, the LFS team spent 3 hours orienting new coaches. Orientation was then continued at monthly team meetings for the entire 1st semester as the team helped new coaches develop skills in identifying and coaching at-risk students. New coaches received a copy of the program philosophy and goals and a Faculty Coach Orientation Packet containing (1) Guidelines for Faculty Coaches; (2) a copy of the Learning and Study Strategies Inventory (LASSI), and the interpretation booklet; (3) individual student folders; (4) names of assigned at-risk students; and (5) goal setting worksheets for developing learning plans for the entire semester. The packet also contained self-study articles describing how students learn; resource guides, such as the learning center or campus support groups; and a LFS brochure listing services. The program coordinator demonstrated how to identify students’ learning needs by utilizing student LASSI scores and the Guidelines for Faculty Coaches. The coordinator reviewed how to complete the goal setting worksheet. New coaches then attended actual coaching sessions with experienced coaches.

**Faculty Coach Component: The Process**

Coaches met on an individual basis with each at-risk student every month for 30 minutes to custom design a learning plan incorporating learning and motivational strategies and self-management skills. Coaches also encouraged the students to monitor and evaluate their strategy use (Figure 2). The pair began the meeting by reviewing the goal setting worksheet from the previous meeting to determine if goals were attained. Students evaluated and rated their satisfaction with goal accomplishment on a scale of 1 to 25, with 1 being least satisfied and 25 being most satisfied. Next, students identified what worked in the learning plan and what did not work and described what they would do differently to reach their goals. Coaches assisted the students with reevaluating the goal, their capabilities, and identifying strategies, as needed. Next, the pair began a new goal setting worksheet for the following month. Coaches taught students how to set monthly goals.

Each faculty coach individually taught the student learning and motivational strategies and self-management skills in attaining the monthly goals. For example, the coach might refer the student for learning disability testing, peer tutoring, or demonstrate how to select the main ideas from assigned readings. Coaches used Guidelines for Faculty Coaches, developed by the LFS program coordinator, to assist students in developing learning plans. First, coaches reviewed a list of student statements or behaviors indicative of a learning need. Next, they developed a plan of action from a list of recommended referrals and learning activities to help the student resolve the learning need. For example, the coach assessed a weakness in the student's ability to select the main idea from texts (1) if the student said, “How do you find out where the important information is located in the book?” or (2) if the student's LASSI score for selecting main idea was below the 50th percentile.

Suggestions for the learning plan might include (1) student attendance at a time management, study skills, and note-taking workshop; (2) teaching the student how to identify the most important information from readings; (3) encouraging study group participation or enlisting peer tutor support; and (4) peer comparison of class notes immediately following class to ensure they captured main ideas from the class lecture.

Next, the student identified possible blocks to goal accomplishment, such as lack of child care options so that the student could study alone. Coaches provided verbal encouragement to students to help motivate them, such as, “I know you can do this.” Lastly, the student rated his or her expectations for success on a scale of 1 to 25, with 1 being lowest and 25 being highest. This dynamic feedback gave the pair an opportunity to discuss why the student did not feel confident in reaching the goal and assisted the pair with developing strategies for goal achievement. The goal setting worksheet is comprised of 2 copies, 1 student file copy and
1 student copy. Finally, the pair scheduled the next monthly appointment.

Identification Criteria for At-risk Students
The first step of the LFS program was to identify at-risk students at the beginning of the nursing major. Although the LFS program was open to all nursing students, the coaching component was mandatory for at-risk students for 1 semester. Criteria identifying students at risk included (1) a cumulative overall grade point average (GPA) below 2.50 for college and university students or below 2.75 for community college students and (2) a cumulative science GPA at or below 2.50. Because the GPAs from some community colleges were found to be inflated, the overall GPA criteria for identifying at-risk students from community colleges was set higher than from colleges and universities. A goal of the LFS program was to admit 25 at-risk students to the coaching component each year, at a 7:1 student/faculty coach ratio.

Assessment Tests
At the beginning of the coaching process, students completed 2 assessment tests to assist coaches and students with identifying learning strengths and weaknesses. The first assessment test was the LASSI, which specifically measures student self-reports of learning strategies and study skills use. Students’ beliefs about their ability to learn, and actions they would take to learn, were evaluated by the inventory. The 10 LASSI scales include student self-reports on attitude, motivation, time management, anxiety management, selecting the main idea, seeking help from others, test taking, self-testing, concentration, and information processing. All students in the coaching component took the LASSI at the beginning and end of the 1st semester to evaluate whether significant changes in student learning beliefs and behaviors occurred.

All students entering the nursing major also took the Nurse Entrance Test (NET), which reports student achievement in reading comprehension, mathematics, and test taking. It also provides information about student stress levels, learning styles, and assertiveness. LASSI scores that fell below the 50th percentile, the national norm, and NET scores below the national pass rate indicated the student’s need for the development of the associated skill tested by that scale.

Faculty Coach Component: Student Orientation
At-risk students attended a mandatory orientation to the LFS program and the coaching component. Students received a brochure detailing LFS program services, campus resources, and pertinent telephone numbers. The program coordinator described the LFS program philosophy, coaching process, coach and student roles and responsibilities, and program achievements. The coordinator also described the appropriate use of learning, motivational, and self-management strategies.

Three current LFS students shared their academic success due to the coaching component and the importance of improving their use of learning strategies, motivational tools, and self-management skills. The students placed an emphasis on effort and persistence. These current students assisted new students in setting realistic expectations regarding academic tasks and challenges. For example, current students and coaches cautioned new students against working more than 20 hours per week because students who worked more than 20 hours per week while attending school full-time often fail nursing courses. They also encouraged new students to purchase a planner and enter dates of school, personal activities, and monthly coaching meetings.

Next, students completed the LASSI and computed their score. The coordinator explained interpretation of the LASSI scores and assisted students in identifying their learning needs. Finally, faculty coaches met with assigned at-risk students in a group and helped them complete their first goal setting worksheet (Figure 2). Coaches scheduled the first individual coaching sessions with each assigned student and exchanged telephone numbers.

Skill Workshops
Additional faculty coach responsibilities included the development and implementation of interactive monthly skill workshops to (1) teach students how and when to use learning strategies and study skills, (2) provide a forum for peer support and exchange of ideas, and (3) provide students with an opportunity to discuss school-related concerns and anxieties. To prevent scheduling conflicts with test days, the program coordinator collaborated with faculty before scheduling.
the workshops. To encourage attendance, the coordinator advertised brown bag lunch workshops and held them when all students were on campus. These brown bag lunch workshops worked best, particularly when the department provided complementary soda and desserts. Workshop topics included study skills, test taking, and writing.

The study skills workshop included (1) class preparation and time management, (2) managing large volumes of reading and identifying and extrapolating important information from text and lecture notes, (3) note-making tips, and (4) methods to improve understanding of difficult concepts. Note-taking differs from note-taking in that students learn to not only outline content from assigned readings or lecture but also highlight important concepts, develop test questions for these concepts, and/or write definitions in notes. They then use the questions to quiz themselves weekly on the content. Coaches strategically scheduled the study skills workshop 1 week after classes began, when students became aware of the large volumes of required readings, assignments, and necessary study time. Students became anxious and curious enough to attend the workshop and explore ways to accomplish assigned academic tasks.

Topics for the test-taking skills workshop included (a) test-preparation and test-taking strategies and (b) stress management. Coaches scheduled the test-taking workshop following the first major examination, when students became aware of their test-preparation and test-taking strengths and weaknesses. Topics for the writing skills workshop included (a) planning for written assignments and (b) successful writing strategies. Coaches scheduled the writing skills workshop before major writing assignments were due and after graded minor writing assignments had been returned to the student.

**Measures of Student Success**

Five measurement criteria were used to assess student success: (1) academic success, as evidenced by a GPA of 2.5 or above in all course work; (2) a grade of "C" or above in all courses; (3) retention in the nursing program; (4) a significant increase in LASSI posttest scores; and (5) students' reports that they now correctly used learning and motivational strategies, and self-managed their learning.

**Program Outcomes**

At-risk students who participated in the coaching component performed as well as, or nearly as well, as the non-at-risk students. Originally, 21 students were identified at-risk, but a total of 40 students became at-risk during the semester. Ninety-five percent of the original at-risk students, and 95% of the total of 40 at-risk students, were retained compared with 97% of the remaining 90 students in the class. Ninety-five percent of the original high-risk (LFS) students, and 93% of the total number of high-risk students, earned course grades of "C" or above compared with 99% of non-at-risk (non-LFS) students. Eighty-five percent of the original LFS students, and 82% of the total number of high-risk students, achieved a GPA of 2.5 or above as compared with 96% of non-at-risk students. LFS student mean GPA was 3.13 for the 21 original at-risk students and 3.18 for the total number of at-risk students, while non-LFS student mean GPA was 3.48.

Not all at-risk students were identified on admission. Some of those not identified experienced academic difficulty during the semester, and several left the nursing program. For example, 50% of all non-at-risk nursing students with a GPA more than 3.0 received midsemester grade notifications during the 1st semester because of poor academic performance. Unsuccessful students, whether identified as at-risk or non-at-risk, complained of difficulty in managing personal stressors with the time-intensive nursing curriculum.

Students' post-LASSI scores demonstrated significant improvement on 5 of the 10 (50%) scales: (1) motivation to accept responsibility for studying, (2) anxiety management, (3) concentration, (4) selecting the main idea, and (5) test-taking skills.

The program coordinator individually taped interviews with each student participant. All students (100%) reported that the faculty coach component was the most helpful part of the LFS program. They stated that coaches helped them develop and use learning and motivational strategies and self-management skills. Students identified specific parts of the coaching component that they found most helpful. All students (100%) specifically mentioned referrals, paraphrasing, summarizing, creating analogies, question asking, outlining, selecting important ideas from text, concept mapping, note-making, stress management, time management, goal setting, planning skills, and the importance of seeking help from peers, and faculty.

Students and coaches reported that following the test-taking workshop, students demonstrated improved time management, test-preparation, and test-taking skills as evidenced by students' success on examinations. Students reported learning how to review for tests to improve understanding of content and to reason through test questions. Students reported that the best part of the coaching component was the support and encouragement by coaches in helping them become more confident learners. Student comments confirmed the increased use of learning and motivational strategies and self-management skills (Table 1).

Coached students were more likely to use other LFS components for improved learning. For example, 50% of coached students reported using peer tutors or study groups. Furthermore, students who used study groups and peer tutors early and consistently throughout the semester were more successful than those students who started using these services only after midterm or after failing a test. Students who met consistently with tutors and study group partners reported learning to work harder to better understand content, not just memorize it. They felt more accountable for coming prepared for meetings where they reviewed class notes and unit objectives with one another to confirm capturing main ideas. They clarified difficult concepts for one another, generated test questions, quizzed each other, and helped each other organize information using diagrams and concept maps. The majority of students reported that tutors and
Table 1. Student Evaluation of Faculty Coaching Demonstrating Improved Strategies/Skills

<table>
<thead>
<tr>
<th>Student Evaluation of Faculty Coaching</th>
<th>Improved Strategies/Skills</th>
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<tbody>
<tr>
<td>I could talk about any problems and successes to someone who knew how hard it was.</td>
<td>Seek help from others</td>
</tr>
<tr>
<td>The coach listened to and cared about me and helped me manage stress.</td>
<td>Stress management</td>
</tr>
<tr>
<td>The coach knew I could do it. She gave me hope and confidence and increased my expectations of success.</td>
<td>Stress management</td>
</tr>
<tr>
<td>The coach encouraged me to work harder and set and prioritize goals.</td>
<td>Seek help from others</td>
</tr>
<tr>
<td>Studying hard to learn the information was just as valuable as getting good grades because I could apply material in the clinical setting and become a good nurse.</td>
<td>Confidence</td>
</tr>
<tr>
<td>The goals and the plan helped me to focus and get motivated and know I have to work harder.</td>
<td>Motivation</td>
</tr>
<tr>
<td>1 accomplished my goals by following my study plan and as a result I got an &quot;A&quot; and I understand the material.</td>
<td>Goal setting</td>
</tr>
<tr>
<td>1 learned to monitor my learning behaviors and change ineffective strategies.</td>
<td>Effort management</td>
</tr>
<tr>
<td>The NET and LASSI helped me evaluate the kind of learner I was and identify my strengths and weaknesses.</td>
<td>Intrinsic motivation</td>
</tr>
<tr>
<td>The coach asked me what I would do differently, and I looked back at what I did and saw whether it worked or not. I felt in control where before I felt helpless.</td>
<td>Effort management</td>
</tr>
<tr>
<td>1 learned to recognize that it was me who was not working hard. I realized I had to come to lecture to be successful.</td>
<td>Learning strategy use</td>
</tr>
<tr>
<td>The coaching orientation made me aware that I should ask faculty and peers for help and follow through on referrals.</td>
<td>Effort management</td>
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*NET indicates Nurse Entrance Test; LASSI, Learning and Study Strategies Inventory.*

study groups provided emotional support that helped them adapt to the nursing program.

Conclusions

Based on established demographics, the expectation was that a large number of at-risk students would demonstrate poor academic achievement or fail out of the nursing program. Because of their participation in the LFS program, more specifically the coaching component, at-risk students demonstrated better-than-expected academic achievement. This achievement was evidenced by their increased use of learning and motivational strategies and self-management skills, as well as their retention in the nursing program, GPA, and course grades.

Students used appropriate learning strategies for classroom or clinical preparation, test taking, and writing assignments. Students became more accountable for managing their learning. They assessed goal accomplishment, monitored their progress, and identified what to do differently when strategies were unsuccessful. Students came to value effort as a reason to learn and reported improved academic performance resulting from effort and persistence. The NET and LASSI were valuable tools in identifying students’ learning strengths and weaknesses, and the goal setting worksheet was useful in motivating students and teaching them self-management skills.

Many at-risk students did not seek and use available resources. Coach encouragement guided students in selecting resources to achieve academic success; therefore, faculty should encourage participation in the faculty coaching process to increase at-risk students’ use of other LFS services, such as tutors and study groups to support academic success. Faculty should encourage students to use study groups and tutors early and consistently throughout the semester for greater academic success.

Clearly, the new role of faculty coach provides nursing faculty with strategies to assist at-risk students to become better learners. The coaching component of the LFS program provides nursing faculty with an effective methodology for increasing the retention of at-risk students and increasing the number of minority nurses to meet the healthcare needs of diverse communities. Because the coaching component was the only portion of
the LFS program that targeted and assisted students in improving their skills, will, and self-management, faculty coaching is highly recommended as an effective and efficient method for assisting students in becoming successful learners.

Early identification of coaching at-risk students is imperative due to the rigor and stress encountered during the 1st semester of the nursing major. Because not all at-risk students were identified with the NET and LASSI, continued research is needed to develop more sensitive, objective, standardized tools for early identification of at-risk students.

Unexpected limitations were encountered, such as the cost of coaching. Fifty-four percent of the LFS coordinator's salary was grant-funded, and 10% of the coaches' time and salary were grant-funded, providing faculty release time for the coaching component. Although coaching at-risk students is a costly endeavor, it is not as costly as the attrition of many tuition-paying students; the falling state licensure examination scores; the loss of potential nurses during the current nursing shortage; or the loss of culturally and linguistically diverse nurses.

Although many at-risk students demonstrated positive changes in learning behaviors and beliefs, some at-risk students failed to make the changes necessary to improve academic performance. Ten percent of at-risk students with 1st semester success failed in the 2nd semester without faculty coaching. Students develop ineffective learning methods over 20 or more years before they enter the nursing program. One semester of faculty coaching may permanently change the behavior of a student; however, when students become stressed or tired, they tend to revert to old behaviors. Researchers agree that self-managed learning develops over time.22 Student participation in the faculty coaching component throughout the entire nursing major should result in sustained academic success, which will help to offset student attrition rates.

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