** End of Semester Course Report**

Health Science and Human Service Department

Associate of Applied Science in Nursing Program

**Directions:** Complete and forward to the Dean of Health Science (cc to the administrative assistant).

1. Course Number and Name: NURS 252

**NURSING CARE OF THE CHILDBEARING FAMILY**

1. Semester/Year: Spring Fall 2018 Summer

3. Course Faculty (include any adjunct faculty utilized): Tami Mette, Malia Keep (Pahrump clinical faculty), Stacy Rust (Winnemucca clinical faculty) and Gina Johnson (clinical only)

4. Theory Ratio 1 : 33 Clinical Ratio 1 : 5-6 Simulation Ratio 1: 4-8

(Faculty to student ratios: Please use the number of students at the beginning of the semester for these.)

5. Clinical Site Evaluation (Please list strengths and/or limitations specific to each site)

Elko:

NNRH OB Unit: I would continue to recommend two days of clinical at this site. Even with 5 OB practitioners in the area, the census at this facility can be low on some days. If possible, due to the size of the unit, I would recommend only 4 students in this location at once. Having more than that puts a strain on the nurses as well as overwhelms the patients at times. Some days, we had 3 students in L & D for the day, and I feel that was too many for this small unit.

Winnemucca:

HGH OB: The OB unit did allow for two students to come to the clinical site again, with the understanding there could be no more than two clinical days a week due to new employees on the unit training. Students were exposed to a minimum of one patient each clinical day for at least a portion of the clinical. The census of the facility remains low, typical of the unit, and they are continuing to look for another provider to replace one which is altering his practice to not include obstetrics beginning Feb 2019. Opportunity was limited but the students were able to work with and talk with OB RNs about labor and deliveries throughout each clinical.

Pahrump:

The OB Clinical rotation took place at the Siena campus of St. Rose Dignity Health Care in Las Vegas Nevada. There were four students in labor and delivery while the other four students were in postpartum.

Activities observed by students in Labor and delivery

1. All 8 students were able to observe at least one cesarean section. Included in this opportunity was the pre-op and prepping of the patient, consultation by the anesthesiologist, induction of the anesthesia, assessment of the patient prior to surgery and during the post op period, initial bonding (skin to skin) of mother with her newborn, initiation of breastfeeding.

2. Three students were able to follow the RN responsible for the initial care of the newborn immediately after delivery. This included assessment of the newborn during the transitional period from intrauterine life to extrauterine life including the assignment of the Apgar score, administration of newborn medications, initiation of breastfeeding, initial bonding, bathing, dressing and education for the parents.

3. Four students observed their patients at various phases/ stages of labor which eventually led to a vaginal delivery. One student actually participated in a precipitous delivery without a physician present.

4. One student spent time with the CRNA assigned to L&D. In addition to spinals and epidurals, the student also witnessed a blood patch procedure to a patient with a severe spinal headache.

Activities on Postpartum

The postpartum unit at Siena Hospital is a mother-baby unit with no newborn nursery.

1. All eight students performed head to toe assessments on both mothers and their newborns.

2. All eight students collaborated with the lactation nurses assigned to their patient. They were able to observe techniques used to encourage newborns to nurse effectively and the education provided to new mothers to assist them with being successful with breastfeeding their newborn.

3. During the newborn assessments the students demonstrated the newborn reflexes for the parents and educated them on the rationale for performing the reflexes. Thermoregulation was also discussed during the assessments.

4. All eight students engaged the patients in discharge teaching. Siena has a discharge teaching booklet for parents who learn best by reading, an interactive patient teaching app for smart phones which the parents can access when they are at home, and the students were able to demonstrate typical newborn care for the patients who learn best by observation.

5. Three of the students followed one nurse during her shift to observe an "average day" for the postpartum nurses. During this shift, the students participated and observed in the assessments, care planning, interventions and organization required when the nurse cares for four mother/ baby couplets.

6. Flu vaccinations and Tdap injections were offered to all patients. Three students were able to administer these IM injections. One student collaborated with the nurse and the blood bank to provide her patient with a Rhogam injection.

Real Life scenarios:

These clinical virtual scenarios were used again this year. The students were required to write a brief care plan in relationship to the scenarios and in some cases, the student’s submissions did not show an appropriate level clinical reasoning and some of the submissions appeared rushed and not well thought out. The average grade on these three scenarios was 91-92%. This is one assignment that may need to be reviewed and possibly changed for next year. The three scenarios that were utilized are as follows: Preterm labor, postpartum hemorrhage, and newborn thermoregulation.

Simulation:

Winnemucca & Elko:

Winnemucca continued to participate in 4 different simulated scenarios with high-fidelity Lucina simulator for maternity simulations. Elko was only able to participate in 3 of the 4 due to a malfunction in the simulator. The four different simulation scenarios: Antpartum testing, Preeclampsia/Eclampsia, Shoulder Dystocia, and Postpartum Hemorrhage. Elko did not participate in the shoulder dystocia simulation. One Elko student did fail the PPH scenario when he was acting as the primary nurse. This was due to safety issues relating to medication administration. Not necessarily actions relating to the OB topic. These simulations are meant to be more of a learning experience rather than a high-stakes graded activity.

The lead instructor for the course also traveled to Winnemucca on two separate occasions to complete all four simulation scenarios, again, so that 2 instructors could run the simulations. Having 7 students in Winnemucca participating in each of the four scenarios may have been too many in that not all students could act as the primary nurse. However, the students were able to be either the primary or the secondary nurse. I will be discussing this concern with the Winnemucca faculty and determine if additional simulation days can be added to their schedule next year. This may be difficult due to this course only lasting the first 8 weeks of the fall semester.

Pahrump:

Because Pahrump students participated in their clinical rotations at a larger facility with a higher patient census, these students only participated in two maternity simulation scenarios. The preeclampsia/eclampsia and postpartum hemorrhage scenarios were used. SimMan was used as a simulator for this site with an additional low-fidelity obstetric manikin that allowed for simulated fundal assessment. SimMom had been purchased, but due to technical problems, the simulator could only be used in a non-electronic state. Simulation did require two instructors to run the scenarios as well. One student did fail the Preeclampsia/Eclampsia simulation. She was remediated and repeated the simulation and was able to successfully complete it a second time.

1. **Briefly describe any concern(s) regarding clinical site(s) used.**

As stated above here are points of concern or possible change for next year:

* 4 students maximum at Elko clinical site
* Splitting Winnemucca simulations to where only 3-4 students participate in each simulation at time (this may not be possible until Winnemucca gets their new building)
* Review and possibly edit the written requirements for the Real Life scenarios
* Add a newborn safety activity to clinical days when students are focusing on mom/baby care. This is due to low outcomes regarding safety on exams as well as results received from Mountain Measurements reflecting NCLEX outcomes.

1. **Final Theory Outcomes:**
   1. Percent Passed: 100
   2. Percent Failed: 0
   3. Range of Scores: 84.4- 97.25%
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100
   2. Percent Unsatisfactory: 0
3. Course Attrition:
   1. Beginning number of students: 33
   2. Withdrawals: 0
   3. Incompletes (with expected date of completion): 1 (Expected date of completion, November 6, 2018)-Student did successfully complete the course.
4. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| RN Maternal Newborn Proctored Assessment 2016 | Week 8 (last week of course) |
| RN Maternal Newborn Practice Assessment | October 9th due |
| Learning System RN Maternal Newborn Test 1, 2, and final | Used throughout 7 of the 8 weeks that the course ran for student journaling. |
| Real Life RN Maternal Newborn   * Preterm labor * Postpartum hemorrhage * Thermoregulation and care of a newborn | Used throughout semester, after content was presented in class. |

* 1. Brief synopsis of how ATI tools and/or materials were used in the course:

I plan to continue to utilize the same ATI materials in the future. The journaling continues to aid the students in answering exam questions in a more logical manner, the Real Life scenarios exposed the students to clinical dilemmas that they most likely did not encounter in the clinical setting, and the assessments provided an excellent form of statistical measurement. In future courses, I will be requiring the students to write their focused review templates rather than type them. I feel and studies have shown that that additional learning does occur as a student writes, rather than as they type.

Course Exams:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams** | **Group Scores** | | | |
|  | Current Semester/ Year  Fall 2018  Fa | Previous Semester/Year  Fall 2017 | Previous Semester/Year  Fall 2016 | Previous Semester/Year  F2015 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 3.0% (1) | 0 | 7.7 (2) | 0 |
| % & # of Group at Proficiency Level 2 | 48.5% (16) | 46.2(12) | 42.3 (11) | 22.2 (4) |
| % & # of Group at Proficiency Level 3 | 48.5% (16) | 53.8(14) | 50 (13) | 77.8 (14) |
| Group Score: | 79.5 | 80.5 | 78.5 | 84.1 |
| Group Mean—National: | 66.8 | 65.9 | 65.9 | 65.9 |
| Group Mean –Program: | 66.3 | 65.7 | 65.7 | 65.7 |
| Institutional Benchmark: |  |  |  |  |
| % of Group Meeting Institutional  Benchmark: | 97 | 100 | 92.3 | 100 |
| Group Percentile Rank - National | 98 | 99 | 99 | 99 |
| Group Percentile Rank - Program | 98 | 99 | 99 | 99 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 78.8 | 85.7 | 78.5 | 87 |
| Clinical Judgment/Critical Thinking | 77.9 | 79.8 | 78.5 | 83.9 |
| Priority Setting | 84.8 | 66.9 | 84.6 | 82.5 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 73.2 | 74.4 | 84.1 | 81.5 |
| Analysis/Diagnosis | 79.0 | 80.2 | 66 | 82.5 |
| Planning | 80.1 | 80 | 75.3 | 83.3 |
| Implementation/Therapeutic Nursing | 77.8 | 82.1 | 84.1 | 86.7 |
| Evaluation | -- | 84.6 | 80.4 | 82.3 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 83.8 | 82.1 | 82.1 | 64.8 |
| Safety and Infection Control | 54.5 | 77.9 | 76 | 81.9 |
| Health Promotion and Maintenance | 80.4 | 82.5 | 80.1 | 85.6 |
| Psychosocial Integrity | 69.7 | 69.2 | 84.6 | 81.5 |
| Basic Care and Comfort | 78.3 | 84.6 | 82.1 | 84.3 |
| Pharmacological and Parenteral Therapies | 76.3 | 78.8 | 82.1 | 74.9 |
| Reduction of Risk Potential | 83.5 | 79.5 | 65 | 82.7 |
| Physiological Adaptation | 78.4 | 79.1 | 81.9 | 87.3 |
| **QSEN** |  |  |  |  |
| Safety | 73.4 | 80.8 | 67.7 | 75.9 |
| Patient-Centered Care | 80.4 | 87 | 85.1 | 83.9 |
| Evidence Based Practice | 77.5 | 77 | 76.3 | 86.3 |
| Teamwork and Collaboration | 78.8 | 73.1 | 100 | -- |

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Level 1** | **Level 2** | **Level 3** |
| Elko | 5% (1) | 61%(11) | 33%(6) |
| Pahrump | NA | 38%(3) | 62% (5) |
| Winnemucca | NA | 14%(2) | 71%(5) |

Any issues identified (i.e. are group scores higher or lower than previous semesters).

All but 1 student scored a Level 2 or higher on the ATI Proctored Assessment Final. The students this year scored above the previous class in 36.8% of the elements listed. Safety was an issue in the past, and unlike the class last year, this class did drop once again dramatically in this area. *Teamwork and Collaboration* showed an increase since last year. Significant decreases (more than a 5% difference) in scores were also evidenced in *Foundational Thinking, Implementation/Therapeutic nursing, Safety and infection control,* and *Basic Care and Comfort.* Dramatic improvements in scores where the difference was more than 5% included *Priority setting, Reduction of Risk potential,* and *Teamwork and Collaboration.*

Any adjustments that may need to be done in course tests related to percentage

distribution of categories of content. (Please see test blueprints and allotted

percentages of item categories).

Two out of the four course exams were changed this year. The *Alpha* for all four exams was above .7. Please see the test blueprints for further information.

1. Textbooks used and evaluation of each:

Perry, S. E., Hockenberry, M. J., Lowdermilk, D.L., & Wilson, D. (2014). Maternity Nursing (6th ed.). St. Louis, MO: Mosby Publishing. (ISBN: 9780323549387).

This text provided an appropriate amount of information for an 8 week course and seemed to be a great resource for the students. I will be using the same text, new edition, next year.

1. Weekly content: See attached syllabus

I did change theory schedule and used two days of class to focus on the newborn. This was one additional day than last year.

1. Dosage Calculation Test:
   1. First attempt pass # NA
   2. Second attempt pass # NA
   3. Third attempt pass # NA
   4. A & P committee recommendation: NA
2. Special Experiences related to student learning outcomes and competencies:

I think using a clinical instructor in Pahrump who had a maternity background really helped the students to meet the clinical competencies and SLOs for that part of the course. With consideration to the census at all three sites, the students were able to have opportunities where they could apply their theory content. The Pecha Kucha presentation continues to be effective. Two additional topics (Mom/Baby Blood Incompatibilities and Respiratory Distress Syndrome) where added to the Pecha Kucha presentations due to a larger class size.

1. Teaching Methods:

Lecture, Pecha Kucha presentations, case studies, discussion, gaming

1. What worked well and reason (s):

I continue to use a lecture type of format for this course rather than a flipped classroom. I continue to feel that a variety of delivery modalities helps to meet the different learning styles of the students, and most students seem to appreciate this difference as well. I continue to use Pecha Kucha presentations and feel that they still remain as a good fit for the content areas that were covered. I did add some games in regard to Newborn content this year. The students appeared to be engaged in game play and seemed to enjoy the change.

1. Anticipated Changes
   1. Changes to point allocation and reason (s):

Changes in the points given for certain elements of the Postpartum packet may need to be tweaked a tad to better reflect required content.

* 1. Other changes and reason (s):

Please see above for suggested changes in regard to clinical content. I would also like to review all of the content for the class before next year. It feels as if I am experiencing content creep and for many lectures am unable to get through the entire lecture during class time. This will require a review of the new NCLEX blue print as well as discussion with other faculty in regard to their thoughts.

Three students submitted postpartum packets this semester that included information that was directly copied from another student. Students were counseled and all three did receive Notifications of Unsatisfactory Progress. As a result of this for this course and all other following courses, students will be instructed that only assignments that are designated as a team or group assignment can be completed together. Students will be told to gather information for their assignments from resources other than each other.

I would also like to have an orientation day outside of regular class hours where the course syllabi, assignments, and expectations are reviewed. This would provide one more day for content delivery. This has been discussed with the dean and may be an option for next year.

1. Administrative:
   1. The course was backed up on WebCampus.
   2. Grades have been entered.
   3. Grade book has been printed and filed.
   4. Student work samples have been filed.
   5. Student clinical care packets have been filed.

**Faculty Signature(s) Tamara Mette**

**Date: 10/24/18**