** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name:

Nursing 257: Nursing Care of Adults with Acute and Chronic Illnesses

1. Year / Semester: 2018 Fall
2. Course Faculty (include any adjunct faculty utilized

Heidi Johnston, Sharon Sutherland, Tami Allred, Stacy Rust, Malia Keep

**COURSE STATISTICS**

1. Theory Ratio 33:2 Clinical Ratio 8:1 Simulation Ratio 6:2

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

1. Final Theory Outcomes:
   1. Percent Passed: 100
   2. Percent Failed: Enter Percent Failed
   3. Range of Scores: B- to A
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100%
   2. Percent Unsatisfactory: Enter Percent Unsatisfactory
3. Course Attrition:
   1. Beginning number of students: 33
   2. Withdrawals: 0 Enter Withdrawal number
   3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass 30
   2. Second attempt pass 3
   3. Third attempt pass 0
   4. A & P committee recommendation: 0
5. Course Overview
   1. ATI Tools/Materials: Medical-Surgical TMS questions, Real Life, Skills review, NurseLogic, Dosage Calculation, ATI Pharmacology Proctored exam. ATI medical-surgical nurse book as a supplement to assigned course textbook.
   2. Brief synopsis of how ATI tools and/or materials were used in the course:

Students were required to complete TMS questions associated with assigned modules. Students journaled 10 TMS questions for a total of 50 questions over the semester. Students completed blood administration, and surgical asepsis and turned in transcripts for practice lab. Completed dosage calculation modules including safe dosage, critical care medications, dosage by weight, and pediatric medications. Students are also required to submit a transcript of completing NurseLogic for advanced students by specific date set by instructor. ATI Pharmacology is given during finals week.

|  |  |
| --- | --- |
| **ATI Pharmacology Proctored Exams** |  |
|  | Current Semester  2018 | Previous  Semester  2017 | Previous Semester /2016 | Previous Semester /2015 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | % |
| % & # of Group at Proficiency Level 1 | 2 | 2 | 0 | % |
| % & # of Group at Proficiency Level 2 | 54.5/18 | 69.2/18 | 73.1/19 | % |
| % & # of Group at Proficiency Level 3 | 39.4/13 | 23.1/6 | 26.9/7 | % |
| Group Score: | 81.5 | 80.6 | 81.5 | 70.1 |
| Group Mean—National: | 65.3 | 63.4 | 63.4 | NA |
| Group Mean –Program: | 65.8 | 64.1 | 64.1 | NA |
| Institutional Benchmark: |  |  | 71.7 | NA |
| % of Group Meeting Institutional  Benchmark: | 93.9 | 92.3 | 100 | NA |
| Group Percentile Rank - National | 99 | 99 | 99 | NA |
| Group Percentile Rank - Program | 99 | 99 | 99 | NA |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 79.8 | 83.5 | 87.8 | 72 |
| Clinical Judgment/Critical Thinking | 81.6 | 80.3 | 80.8 | 70 |
| Priority Setting |  | 91.5 | 80.8 | 77 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 93.9 | 93.1 | 79.2 | 71 |
| Analysis/Diagnosis | 87.1 | 80.3 | 79.1 | 62 |
| Planning | 70.0 | 77.4 | 83.9 | 73 |
| Implementation/Therapeutic Nursing | 77.3 | 79.4 | 81.4 | 71 |
| Evaluation | 85.9 | 80.8 | 84.6 | 77 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | NA | NA | NA | 69 |
| Safety and Infection Control | 87.4 | 89.1 | 92.9 | 88 |
| Health Promotion and Maintenance | NA | NA | NA | 55 |
| Psychosocial Integrity | 51.5 | 84.6 | 96.2 | 63 |
| Basic Care and Comfort | NA | NA | NA | 80 |
| Pharmacological and Parenteral Therapies | 81.4 | 79.6 | 79.9 | 82 |
| Reduction of Risk Potential |  | NA | NA | NA |
| Physiological Adaptation |  | NA | NA | NA |
| **QSEN** |  |  |  |  |
| Safety | 79.5 | 81.6 | 81.6 | 86 |
| Patient-Centered Care | 82.1 | 78.0 | 78.0 | 84.6 |
| Evidence Based Practice | 83.1 | 80.2 | 80.2 | 74.2 |
| Teamwork and Collaboration | 78.8 | NA | NA | 79.6 |

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

All students successfully passed the final course exam. For ATI two students scored a Level 1 and the rest at level 2 or higher, equivalent to previous years. ). Areas highlighted above are areas where scores decreased, but overall slightly. In the psychosocial it shows a 51.5%, but there was only one questions on the exam related to this area.. These area will need to be addressed in each semester of the program. Overall, students scored higher on average in areas than last year, overall improvement from last year for ATI.

**Scores at Location:**

**ATI Pharmacology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Level 1** | **Level 2** | **Level 3** |
| Elko | 11% (2) | 55%(10) | 33%(6) |
| Pahrump | NA | 50%(4) | 50% (4) |
| Winnemucca | NA | 57%(4) | 43%(3) |

**Course Final Exam**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | Less than 76% | 76-80% | 80-90% | 90-100% |
| Elko | NA | 11%(2) | 38%(7) | 50%(9) |
| Pahrump | 25%(2) | 12%(1) | 50%(4) | 12%(1) |
| Winnemucca | NA | 14%(1) | 29%(2) | 57%(4) |

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam 1 | 86 |
| Exam 2 | 86 |
| Exam 3 | 89 |
| Midterm | 87 |
| Final | 86 |

* 1. Any adjustments that may need to be done in course exams related to percentage distribution of NCLEX categories, cognitive level, and nursing process. (Please see test blueprints and allotted percentages of item categories)

Overall this group scored between 3-6 percent lower on exams than the previous group. Each test had identified mastery items that students got correct, typically greater than 10%. Will continue to review these questions prior to administering test next year. Questions were changed based on last year analysis and new questions incorporate into exams to replace those not used again. Two of the exams have been only given twice. End of module quizzes were also incorporated into course modules. There is no collaborative testing and students test independently. Please see attached test blueprints for an analysis of each exam. Exams will be reviewed prior to administering next year and questions changed or deleted based on test item analysis.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

Hoffman, J., & Sullivan, N. (2017). *Medical surgical nursing: Making connections to practice*. Philadelphia, PA. FA Davis

* ATI RN Adult Medical Surgical Nursing Content Mastery Series
* American Psychological Association. . *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

The ATI manual continues to be a good resource for additional medical-surgical information. The APA assists students in writing. Will be addressing curriculum meeting about changing text back to Lewis. While Davis outline and resources are nice, the material is just not covered in depth enough for second year students to grasp the overall patho and labs. Am going to recommend going back to Lewis, however, the group coming in next fall already has purchased Davis so will use this text for one more year at least.

1. Weekly content:

Some lecture always incorporated in class with activities incorporated to promote critical thinking/ clinical reasoning and assist with applying information (nursing is not solely memorizing information but being able to apply the information), instructor created PPTs only guideline of most important factors. Mini in class simulations with positive feedback within the sim prior to progression to next section, a mini debriefing. Student completed 3 exams, final, and midterm with module quizzes. Students requested that PP for class be upload prior to class. This was done when applicable.

1. Special Experiences related to student learning outcomes and competencies:

NA

1. Teaching Methods:

Lecture, discussion, demonstration, case studies, small group work, assigned readings, written assignments, computer assisted learning programs, nursing lab activities, simulation in practice lab, simulation in class, and clinical instruction are utilized.

**CLINICAL EVALUATION**

1. Clinical Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards

(Please list strengths and/or limitations specific to each site)

**Overall:** Majority of students agreed or strongly agreed that clinical sites used addressed EBP, Patient Health & Safety and ANA Standards in all site locations.. Students also stated that at dialysis they did more observation versus hands on. Dialysis is a specialty area and students are there in an observation role.

**Elko:** Ten percent of students (7 total) disagreed that morning star was a supportive environment, this is the first year that has occurred. Click here to enter text.

**Winnemucca:** Students participated in clinical at various places in Humboldt General Hospital, the medical-surgical department, operating room, and nurse practitioner's office. Each clinical opportunity provided them with a positive experience while also providing a challenging environment which enhanced their education and skill set. Genesis home health was well received with students increasing their understanding about the home environment and another area of nursing and how it can apply to them as well as the profession. DaVita dialysis was enjoyed by two students, but they were unable to accommodate four students due to staffing problems; this was similar to problems with the clinical site from the year prior. Four students were unable to complete clinical at DaVita and had to complete an alternative assignment.

**Pahrump:** All students rated their clinical rotations highly with comments about that staff at locations were engaging and helpful to students.

1. Briefly describe any concern(s) regarding clinical site(s) used.
2. DaVita dialysis was enjoyed by two students, but they were unable to accommodate four students due to staffing problems; this was similar to problems with the clinical site from the year prior. Four students were unable to complete clinical at DaVita and had to complete an alternative assignment. Will need to address this in the fall to ensure staffing sufficient to meet outcomes. Dialysis in Elko showed 10% of student did not feel it was a supportive learning environment and minimal interaction with staff.
3. Clinical changes and reason(s):

Consider alternative clinical for dialysis in Elko and Winnemucca. This is the second year in a row that students had negative comments about the Elko and Winnemucca rotation. Will change Elko and Winnemucca to a virtual clinical with tour of the dialysis units.

1. Special Experiences related to student learning outcomes and competencies:

NA

1. Teaching Methods

Clinical written assignments for community clinical, clinical care packet centered on patient-care given in acute care, Socrates questioning in clinical, post-clinical discussions.

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

Activities interspersed with lecture worked well to encourage critical thinking and enhance clinical reasoning. Students enjoyed mini simulations in the classroom. Students agreed or strongly agreed that student learning course outcomes were met.

1. Anticipated Changes

Based on NCLEX program report and identified low areas change/add:

Nursing 257 (assessment and planning):

• Safety and Infection Control-

o Added in IAV post-clinical activity for Pharmacological and Parenteral Therapies. Patient had numerous meds/classify/is appropriate (safety).

• GI/Renal, Urinary-

o Add in mini simulation for renal/urinary and unfolding case study for GI. –

• Lifespan (adulthood)

o Simulations discuss how you prepare education for the adult client.

• Physiological needs:

o Specifically address fluids and electrolytes NLCEX content behaviors in theory, clinical, and simulation

 Identify signs and symptoms of client fluid and/or electrolyte imbalance

 Apply knowledge of pathophysiology when caring for the client with fluid and electrolyte imbalances

 Manage the care of the client with a fluid and electrolyte imbalance

Move ATI pharmacology exam before final week. Students have a total of 3 finals for nursing during finals week, and students have stated a lot to study for at one time. Moving the pharm ATI to a week earlier may help students better organize their study time. Student comments included needed more time on clinical assignments, especially with theory assignments, readings, and exams. Will change all assignments to 3 business days and due by 11:59 pm for Nursing 257 and Nursing 258 in the spring. Need to review and change question 3 on the dosage calc exam and question 5 on dosage calc the decimal points looks like a period. CCP – add diagnostic tests to # 18 lab section, add admitting weight and current weight and add rubric into actual CCP, not a separate document. Add total intake and output since admission. For surgery have students discuss complications of a general anesthesia and beside complications surgery they see. Review page limits on all assignments.

1. Changes to weekly content and reason(s):

Content will stay the same with the changing of theory content as mentioned above.

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

None anticipated

1. Other changes and reason(s):

NA

1. Administrative:
   1. Syllabus has been saved to file.
   2. The course was backed up on WebCampus.
   3. Grades have been entered.
   4. Grade book has been saved to file.
   5. Student work samples have been filed in student file.
   6. Student clinical care packets have been filed in student file.
   7. Curriculum map has been updated with all changes made

and filed.

* 1. Integrated Concepts Illustration has been updated with

all changes made and filed.

* 1. Test blueprint has been filed with course report.

**Faculty Signature(s):** Stacy Rust, Heidi Johnston, Sharon Sutherland, Tami Allred, Malia Keep

**Date:** 1-10-18

**Directions:** Complete and save in Dropbox/Nursing Shared Files/SPE/Course Reports along with syllabus, clinical schedule, grade book, curriculum map, integrated concepts illustration, and test blueprint.