** 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: 2021 Fall
2. Course Faculty (include any adjunct faculty utilized

Stacy Crouch, Michelle Husbands, Jessica Lynch, Dorothy Callander

**COURSE STATISTICS**

1. Theory Ratio 35:3 Clinical Ratio 6:1 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: 0
   3. Range of Scores: Enter Percent Range of Scores
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100%
   2. Percent Unsatisfactory: 0%
3. Course Attrition:
   1. Beginning number of students: 35
   2. Withdrawals: 1 Enter Withdrawal number
   3. Dismissed 3
   4. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass 29
   2. Second attempt pass 4
   3. Third attempt pass 2
   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 2021 | Previous Semester  2020 | Previous Semester  2019 | Previous  Semester  2018 | Previous Semester /2017 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 0 | 3 (7.9%) | 2 (7.7%) | 2 | 2 |
| % & # of Group at Proficiency Level 2 | 22(71.0%) | 26 (68.4% ((((6826.4%) | 11(42.3%) | 54.5/18 | 69.2/18 |
| % & # of Group at Proficiency Level 3 | 9(29.0%) | 9 (23.7%) | 13 (50%) | 39.4/13 | 23.1/6 |
| Group Score: | 83.5 | 80.3 | 82.0 | 81.5 | 80.6 |
| Group Mean—National: | 66.7 | 66.1 | 65.3 | 65.3 | 63.4 |
| Group Mean –Program: | 66.5 | 66.5 | 65.8 | 65.8 | 64.1 |
| Institutional Benchmark: |  |  |  |  |  |
| % Of Group Meeting Institutional  Benchmark: | 100 |  | 92.3 | 93.9 | 92.3 |
| Group Percentile Rank - National | 100 | 97 | 99 | 99 | 99 |
| Group Percentile Rank - Program | 100 | 98 | 99 | 99 | 99 |
| **Thinking Skills Group Scores** |  |  |  |  |  |
| Foundational Thinking | 87.1 | 79.8 | 82.1 | 79.8 | 83.5 |
| Clinical Judgment/Critical Thinking | 83.2 | 80.3 | 82.0 | 81.6 | 80.3 |
| Priority Setting | 80.6 | 67.9 | 85.3 |  | 91.5 |
| **Nursing Process Group Scores** |  |  |  |  |  |
| Assessment | 88.9 | 91.5 | 93.8 | 93.9 | 93.1 |
| Analysis/Diagnosis | 85.2 | 81.6 | 89.9 | 87.1 | 80.3 |
| Planning | 74.9 | 64.7 | 67.9 | 70.0 | 77.4 |
| Implementation/Therapeutic Nursing | 81.7 | 79.5 | 77.3 | 77.3 | 79.4 |
| Evaluation | 90.9 | 81.6 | 86.9 | 85.9 | 80.8 |
| **Major NCLEX Content Areas** |  |  |  |  |  |
| Management of Care | 91.9 | 86.8 | N8 | NA | NA |
| Safety and Infection Control | 88.2 | 80.7 | 80.1 | 87.4 | 89.1 |
| Health Promotion and Maintenance | NA | NA | NA | NA | NA |
| Psychosocial Integrity- only one question | 71.0 | 92.1 | 38.5 | 51.5 | 84.6 |
| Basic Care and Comfort | NA | NA | NA | NA | NA |
| Pharmacological and Parenteral Therapies | 81.8 | 77.8 | 82.9 | 81.4 | 79.6 |
| Reduction of Risk Potential | 92.5 | 98.2 | NA |  | NA |
| Physiological Adaptation | 92.7 | 88.8 | NA |  | NA |
| **QSEN** |  |  |  |  |  |
| Safety | 80.1 | 79 | 80.1 | 79.5 | 81.6 |
| Patient-Centered Care | 92.5 | 81.6 | 86.9 | 82.1 | 78.0 |
| Evidence Based Practice | 85.1 | 81.1 | 81.2 | 83.1 | 80.2 |
| Teamwork and Collaboration | 93.5 | 92.1 | 88.5 | 78.8 | NA |

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

Overall scores higher than last year. Increased in all areas except for Assessment (9 questions) Reduction of Risk Potential (3 questions) and Psychosocial Integrity (1 question).

**Scores at Location:**

**ATI Pharmacology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Level 1** | **Level 2** | **Level 3** |
| Elko | 0 | 8 (67%) | 4 (33%) |
| Ely | 0 | 3 (100%) | 0 |
| Pahrump | 0 | 6 (75%) | 2 (25%) |
| Winnemucca | 0 | 5 (62.5%) | 3 (37.5%) |

**Course Final Exam**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | Less than 76% | 76-80% | 80-90% | 90-100% |
| Elko | 0 | 0 | 4 (33%) | 8 (67%) |
| Ely | 0 | 0 | 1 (33%) | 2 (67%) |
| Pahrump | 0 | 0 | 4 (50%) | 4 (50%) |
| Winnemucca | 0 | 0 | 2 (25%) | 6 (75%) |

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage/(Last year average) |
| Exam 1 | 85 (84) |
| Exam 2 | 86 (90) |
| Exam 3 | 89 (86) |
| Midterm | 85 (85) |
| Final | 91 (88) |

* 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 average of B on course exams, similar to testing scores from last year. Each test had identified mastery items that students got correct. Will continue to review these questions prior to administering test next year. Questions were changed based on last year analysis and new questions and responses incorporated into exams to replace those not used again. End of module quizzes are also incorporated into course modules. There is no collaborative testing and students test independently. Exams and quizzes were reviewed prior to administering. Some formatting changes will be utilized next year to accommodate the new Next Generation NCLEX-style testing.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

* Harding, M. M., Kwong, J., Roberts, D., Hagler, D. & Reinisch, C. (2020). Medical-surgical nursing: Assessment and management of clinical problems (11 th ed.). St. Louis, MO: Elsevier. Evolve online resources
* ATI RN Adult Medical Surgical Nursing Content Mastery Series Edition 11.0 (2019).
* American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). https://doi.org/10.1037/0000165-000

The ATI manual continues to be a good resource for additional medical-surgical information and students are encouraged to use their ATI manual to study also. The APA assists students in writing.

1. Weekly content:

Lecture used in class with activities incorporated to promote critical thinking and clinical reasoning to assist with applying information. Instructors created PPTs to use as guidelines to address most important factors. Small group activities, case studies, short videos, and tabletop exercises utilized. Toward the beginning of the semester, lectures were transferred online using Zoom for a month due to the pandemic surge. Class was resumed for the remainder of the semester with social distancing requirements in place.

Included ATI Pharmacology content to review for weekly theory content to allow for application of material.

Utilize breakout sessions in theory to enhance clinical judgment and discussion among peers.

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, short video clips, computer assisted learning programs, nursing lab activities, simulation in practice lab, 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.

**Elko:** Northeastern Nevada Regional Hospital (NNRH) was used as the clinical site for Medical/Surgical and surgical rotations. During the COVID surge, NNRH cancelled all elective surgeries for about six weeks. The alternative assignment included two videos in the OR setting with an orthopedic surgery and discussion about surgical safety and time-out. Students reported good feedback about the nurse practitioner rotation at the Morning Star Clinic. Will continue to use each of these sites. The majority of students who attended these rotations agreed or strongly agreed that the clinical sites used addressed EBP, patient health and safety, and ANA standards.

**Winnemucca:** All student agreed that all clinical sites addressed EBP, Patient Health & Safety and ANA Standards in all site locations. Will continue to use Humboldt General Hospital (HGH) for clinical including nurse practitioner, Med/Surg, and surgery. Students were not allowed to take care of COVID-19 patients this fall but will be allowed in upcoming semesters. The facility had a shortage of gowns which has now been resolved.

**Pahrump:** Desert View Hospital was used for Medical Surgical rotations. The Pahrump Cardiology was used for the nurse practitioner rotation. The OR at Desert View Hospital were doing few elective surgeries. They have started doing more elective surgeries now and believe by next year students will be able to do their rotations there.All students at this site agreed or strongly agreed that the clinical sites addressed EBP, patient health and safety, and ANA standards.

**Ely:** William B. Ririe hospital was used for the MedSurg, surgery, and nurse practitioner rotations in Ely. Each student at this site agreed or strongly agreed that the hospital supported their learning, staff consistently adhered to best practices, established health and safety goals, and would recommend continuing clinicals at this site.

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

A majority of students agreed or strongly agreed that the clinical sites were supportive, and all students agreed or strongly agreed that SLOs for the course were met.

Clinical changes and reason(s):

* Will continue to use the same clinical sites at each location.
* The cirrhosis and pancreatitis sims will be combined into one as they are very similar. We could choose either the cirrhosis or pancreatitis and implement the CIWA and alcoholism into that one sim.
* Addison’s is such a rare condition we will keep it in lecture and remove it as a simulation. We will replace it with a pediatric diabetic simulation. Based on the NCLEX report, endocrine needs to be improved on so this simulation will provide focused clinical time and discussion on diabetes.
* A simulation that could replace cirrhosis/pancreatitis could include a GI bleed as the GI system is a heavy focus in NURS 257. The students could hang blood as part of the simulation. This will address the decreased levels of safety from the NCLEX report as blood transfusion is a high-risk nursing intervention and is a skill they learn at the beginning of the semester. NG tube insertion may be another skill to add in this simulation as few students have had the opportunity to do so in clinical at the hospital. Moulage the simulator to have blood in the brief, low BP, high HR to indicate a state of hypovolemia.
* Psychologic safety was a concern in the Winnemucca group during the home health simulation as the simulation is based on a hospice patient infected with COVID-19. The same simulation was run in Elko, but with very good feedback. Although an uncomfortable topic for some, most students reported appreciating the discussion about how to deal with death as a nurse. Debriefing included healthy coping skills for the nurse, supporting and comforting the dying patient, including education and support for the family members. This is important as it addresses human functioning (Comfort/Rest/Activity/Mobility) all of which are low based on the NCLEX report. This simulation is important as many students have been exposed to patients dying as nurse apprentices and students during this pandemic. Consider assessing and addressing psychologic safety prior to initiating this particular simulation. PPE for COVID scenario addressed infection control. Discuss spiritual/psychological distress of nurse, patient, and family.
* Toward the end of the course, students do group presentations based on assigned topics intended to serve as a review for their final exam. Update presentation instructions to engage fellow classmates such as using case studies to promote their clinical judgment.
* Wording changed in the CCP regarding safety. Students are expected to address anticipated risks regarding their clinical condition and what safety measures need to be in place such as seizure pads, wall suction, or defibrillator instead of them just mentioning that the patient was a fall risk.
* Dosage Calculation exam #3 had inconsistencies such as missing units of measurement. Review and update.
* This year we listed the ATI pharmacology modules within the theory schedule so students could review the material with the corresponding topics covered in theory. This could have contributed to the improved scores, and we will continue to add this ATI pharm material in theory schedules.

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, Socratic questioning in hospital clinical, post-clinical discussions, and pre briefing and debriefing in simulation.

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):
   * Active learning strategies used with lecture to help keep the students at all locations engaged and participating.
   * Students enjoyed real-life examples of patient conditions using short YouTube videos. When using online Zoom class during the in-person course pause, students were often disengaged.
   * Based on the evaluation, students agreed or strongly agreed that student learning course outcomes were met.
   * For skills lab, scenarios were incorporated for blood transfusion and IV medication practice. This went well as the students were required to utilize clinical reasoning instead of just following the steps of blood admin. For example, the blood transfusion station had a scenario with errors implanted during the 2-RN blood check, which required them to determine what they would do next. Another blood transfusion scenario included a patient with altered VS and S/S of transfusion reaction while receiving blood products. This promoted a discussion of what they thought needed to be done next, how they’d call for help, while considering the patient’s safety, and potential medications that may be ordered. IV medication stations also had scenarios incorporated to promote their clinical reasoning on how to give various medications based on the MD order. All sites were provided with these scenarios.
2. Anticipated Changes

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

* Areas needing improvement from 2-Dimensional Analysis: Nursing Process (Assessment, Planning), Client Needs (Safety/Infection Control), Human functioning (Comfort/Rest/Activity/Mobility, Sensory/Perceptual Functions), Health Alterations (Endocrine/Metabolic, Reproductive, Immune
* Add male reproduction/problems as the NCLEX analysis demonstrates decline from last year regarding reproductive health alteration. Topics to add in the classroom could include benign prostatic hyperplasia, TURP, prostate cancer, epididymitis, testicular torsion, erectile dysfunction. Will add to the HIV/Immunity module.
* Decline in the past two years for endocrine and metabolic. Will replace Addison’s simulation with a pediatric DKA simulation, as diabetes is much more common. This will also address patient safety for pediatrics as it’s a high-risk population, addresses high-risk medication administration relating to major safety issues (Low in 2D analysis) requiring reduction of risk potential (trending down).
* Immune system: Add case study to the immunity classroom portion. Incorporate planning of care (Low in 2D analysis) and risk for infection (Low in 2D analysis) with altered immunity.
* Move cardiac rhythm review toward the end of the semester instead of the beginning as they can use the learned material to study for ACLS during the break. They forget the material when it’s at the very beginning of the NURS 257 course.

Review all ATI material for updates and new resources that may apply to class.

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

None anticipated.

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 Crouch, Michelle Husbands, Jessica Lynch

**Date:** 12/14/21

**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.