** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name : NURS 135: Fundamental Concepts in Nursing
2. Year / Semester: 2018 Fall
3. Course Faculty (include any adjunct faculty utilized

Staci Warnert (Winnemucca), Peggy Drussel (Pahrump), Michelle Husbands (Elko), Sarah Johnson, Tami Mette (Elko), Sharon Sutherland (Elko & Winnemucca), Malia Keep (Pahrump)

**COURSE STATISTICS**

1. Theory Ratio 32:3 Clinical Ratio 5-8:1 Simulation Ratio 5:2

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

1. Final Theory (Course) Outcomes:
   1. Percent Passed: 97% (31/32)
   2. Percent Failed: 3% (1/32)
   3. Range of Scores: 72.78% - 96.55%
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 97% (31/32)
   2. Percent Unsatisfactory: 3% (1/32)
3. Course Attrition:
   1. Beginning number of students: 35
   2. Withdrawals: 2 (within the first 3 weeks of the semester)
   3. Did not Pass: 1
   4. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass 27
   2. Second attempt pass 5
   3. Third attempt pass 2
   4. A & P committee recommendation: 0
5. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| Learning Systems Fundamental Concepts : Practice 1& 2 and final | Throughout semester |
| CMS Fundamentals Practice Assessment | Due December 11th |
| ATI RN CMS Fundamentals Proctored Assessment Form B | December 11th |
| ATI CMS Fundamentals Proctored Assessment Retake | December 13th |
| ATI Self-Assessment Inventory | August 31st |
| ATI Critical Thinking Proctored Exam | September 5th |
| ATI Nurse Logic: Nursing Concepts, Testing, Knowledge and Clinical Judgment, Priority Setting Frameworks | Throughout Semester (See theory schedule) |
| ATI Skills Modules | Throughout the semester |
| ATI Dosage Calculation | September 20th |
| Nurse’s Touch | September 6th (Team Building Challenge) |

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

ATI Skills Modules were used extensively for skill understanding and check off and review. ATI Skills Modules were also used as “tickets for class” (see theory schedule) for introduction of concepts before discussed/presented in class.   
  
Dosage Calculation tutorials were utilized by students to learn and review the mathematical process in configuring dose calculations. The students were required to watch this tutorial and pass the quiz at the end of the modules at a certain level before they took the dosage calculation test  
  
Nurse’s Touch: Professional Communication- this virtual experience was required for the students to review as part of their Team Building Challenge clinical day assignment. This module pertained to communication in the professional environment and focused on appropriate responses in certain situations. Nurse’s touch was also incorporated into the Team Building Day (The Communicator).   
  
Learning Systems Tests:   
Students were required to complete 10 questions a week within these tests. 5 of those questions were to be journaled as follows:   
Journaling Activity – To be turned in for 5 out of the 10 questions that are completed.   
  
For each of the 5 questions in LS briefly document your approach to each question as learned in Nurse Logic 2.0 Testing and Remediation Module:  
1. What is this question asking me? What are the key terms, person of focus, setting?   
2. Is the question positive worded, negative worded, or priority?   
3. What do I need to know to answer this question? (Content) This is a learning activity, if you do not know what you need to know to answer this question, look it up. \*\*Did you use a resource to answer this question? \*\*  
4. Provide rationale for each choice eliminated or selected. Document the use of the nursing concepts, critical thinking, and/or priority setting framework.  
5. Post Reflection: Consider: What did I know? What did I learn?   
  
CMS Fundamentals Practice Assessment was used to determine student strength and weaknesses in regard to course content prior to taking the proctored exam. This assessment steered the students’ focused review and studying for the proctored exam.   
  
ATI CMS Proctored Assessment: This 70-item exam offers an assessment of the student’s basic comprehension and mastery of fundamental principles for nursing practice.   
  
The Proctored retake was used for those students not scoring a level 2 or higher on the initial CMS Proctored Assessment.   
  
The use of these ATI products continued from how they were used last year. Other available Nurse’s Touch modules opened for students to view on their own as they choose.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams** | **Average Scores** | | | |
|  | Current Semester/ 2018 | Previous Semester/ 2017 | Previous  Semester/2016 | Previous Semester /2015 |
| % & # of Group Below Proficiency Level 1 | 3.3 (1)  3(1) | 0 | 3.0 (1) | 0 |
| % & # of Group at Proficiency Level 1 | 13.3 (4) | 5.9 (2) | 12.1 (4) | 11.1 (3) |
| % & # of Group at Proficiency Level 2 | 63.3 (19) | 58.8 (20) | 69.7 (23) | 70.4 (19) |
| % & # of Group at Proficiency Level 3 | 20 (6) | 35.3 (12) | 15.2 (5) | 18.5 (5) |
| Group Score: | 70.0 | 74.0 | 68.8 | 71.6 |
| Group Mean—National: | 64.5 | 63.1 | 63.1 | 63.1 |
| Group Mean –Program: | 64.8 | 62.7 | 62.7 | 62.7 |
| Institutional Benchmark: |  |  |  |  |
| % of Group Meeting Institutional  Benchmark: | 83.3 | 94.1 | 84.8 | 88.9 |
| Group Percentile Rank - National | 81 | 98 | 86 | 95 |
| Group Percentile Rank - Program | 80 | 99 | 88 | 97 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 74.5 | 87.9 | 71.5 | 83.2 |
| Clinical Judgment/Critical Thinking | 69.2 | 71.2 | 70.0 | 67.7 |
| Priority Setting | 75.3 | 75.0 | 71.9 | 76.2 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 72.8 | 67.1 | 70.8 | 74.6 |
| Analysis/Diagnosis | 61.9 | 74.3 | 75.8 | 71.4 |
| Planning | 84.2 | 71.8 | 71.2 | 69.4 |
| Implementation/Therapeutic Nursing | 65.2 | 75.8 | 67.9 | 73.1 |
| Evaluation | 68.9 | 76.1 | 70.9 | 64.4 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 79.1 | 81.3 | 74.1 | 80.5 |
| Safety and Infection Control | 75.6 | 82.4 | 79.6 | 70.0 |
| Health Promotion and Maintenance | 58.3 | 48.5 | 67.4 | 55.6 |
| Psychosocial Integrity | 57.5 | 88.2 | 39.4 | 71.3 |
| Basic Care and Comfort | 73.9 | 69.8 | 70.0 | 64.3 |
| Pharmacological and Parenteral Therapies | 64.4 | 74.0 | 73.7 | 75.3 |
| Reduction of Risk Potential | 59.9 | 71.9 | 82.8 | 77.8 |
| Physiological Adaptation | 77.2 | 58.1 | 37.1 | 68.5 |
| **QSEN** |  |  |  |  |
| Safety | 67.5 | 83.1 | 79.0 | 72.2  .2. |
| Patient-Centered Care | 71.2 | 74.2 | 69.3 | 72.8 |
| Evidence Based Practice | 71.5 | 61.0 | 63.6 | 65.5 |
| Informatics | 85 | 97.1 | 65.2 | 68.5 |
| Quality Improvement | 59.2 | - | - | -- |
| Teamwork and Collaboration | 75.0 | 80.9 | 73.7 | 94.4 |

ati final break out by location

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

This year’s group scored lower than previous years. The questions for the exam this year were different than last year based on the content breakdown provided by ATI. Overall students did not do as well as last year in the majority of categories/area; though, students scored higher in areas that were low last year. Psychosocial Integrity, Reduction of Risk Potential, and Safety are the three areas were students scored much lower than last year and overall in the last three years. Health Promotion and Maintenance continues to be a low category for students.

Listed below is the breakdown that the % of students answering correctly was below 70%.

Areas that did show weakness were as followed:

**Management of care –**

Electrolyte Imbalances: Priority Laboratory Value 46.7%

Legal Responsibilities: Identifying Negligence 53.3%

**Safety and Infection Control –**

Client Safety: Identifying Fall Risks in the Home 30.0%

Medical and Surgical Asepsis: Planning Care for a Client Who Has a Latex Allergy 53.3%

Nursing Process: Priority Action for Missed Provider Prescription 53.3%

Information Technology: Situations Requiring Incident Reports 53.3%

**Health Promotion and Maintenance** –

Young Adults (20 to 35 Years): Teaching Appropriate Health Promotion Guidelines 50.0%

Older Adults (65 Years and Older): Teaching About Manifestations of Delirium 53.3%

**Psychosocial Integrity** –

Therapeutic Communication: Responding to a Client Who Has Depression 60.0%

Cultural and Spiritual Nursing Care: Teaching a Client Who Speaks a Different Language 66.7%

Grief, Loss, and Palliative Care: Providing End-of-Life Care 26.7%

**Basic Care and Comfort –**

Sensory Perception: Instructing a Client About Hearing Aids 56.7%

Pain Management: Determining Effectiveness of Nonpharmacological Pain Relief Measures 63.3%

Nasogastric Intubation and Enteral Feedings: Unexpected Findings 20.0%

Dosage Calculation: Determining Total Fluid Intake 50.0%

**Pharmacological and Parenteral Therapies –**

Adverse Effects, Interactions, and Contraindications: Assessing for Allergic Reaction to Antibiotics 40.0%

Pharmacokinetics and Routes of Administration: Administering Ophthalmic Drops 56.7%

Pharmacokinetics and Routes of Administration: Teaching About Self-Administration of Clotrimazole Suppositories 60.0%

Safe Medication Administration and Error Reduction: Comparing the Medication Administration Record to the Medication Container63.3%

**Reduction of Risk Potential –**

Airway Management: Laboratory Values to Report 40.0%

Intravenous Therapy: Actions to Take for Fluid Overload 20.0%

Head and Neck: Expected Findings with Cranial Nerve Assessment 53.3%

Bowel Elimination: Discharge Teaching About Ostomy Care 16.7%

**Physiological Adaptation –**

Airway Management: Nasotracheal Suctioning Technique 66.7%

Electrolyte Imbalances: Assessment Findings for a Client Who Has Hypocalcemia 66.7%

Several areas where students scored low were due to content not covered until subsequent semesters (Nurs 158, Nurs 159, Nurs 258) – Allergic Reaction and NGT feeding is discussed in Nurs 158. Lab values and fluid balance are discussed at a basic level in Nurs 135 and more in depth in Nurs 158 and 257. End of life care and grief is covered in Nurs 159 and Nurs 258. Ostomy care is covered in the pre-requisite CNA course, but should be reviewed or students should be asked to review (possibly add to wound seminar or look in ATI for information and make as part of ticket to class for review).

An area of concern for this group is the low scores related to medication administration. Students will complete ATI modules for dosage calculation and take a dosage calculation test at the beginning of Nurs 158. During skills lab days in 158 will need to reinforce safe medication administration by giving quick dosage calculation scenarios and medication administration scenarios during IV administration practice and mixing medication practice.

The only specific content area identified that continues to be low from last year is the aging process. Plan to emphasize in class when discussing disease content. Reconsider wellness assignment to put an emphasis on the differences in developmental levels and aging.

ATI PULSE predictor: At the end of this first semester, according to Pulse (out of 31 students), there are 2 students “At Risk” status for the NCLEX-RN success probability: R.K. and D.W. There are 5 students that are in the “Needs Improvement” status for NCLEX-RN success probability: Y.N., S.Z., K.C., A.E., & M.F.

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam #1 | 87% |
| Exam #2 | 88% |
| Exam #3 | 85% |

Changes were made to exams based on the previous year’s test blueprints. See current test blueprints for test analyses.

* 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) Alpha remains low on exam #2 (0.58) despite changes to questions and distractors to strengthen questions. To improve reliability of the exams may need to either need to add more questions to the exam or give more exams with more focused content; however, alpha 0.65 exams #1 and #3, only slightly low and Exam #1 and Exam #3 alpha increased significantly from the previous year.

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**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

* **Potter, P. A., Perry, A. G., Stockert, P. A., Hall, A. (2016). *Fundamentals of***

***Nursing* (9th ed.) St. Louis, MO: Mosby.**

This text is written at an appropriate level for a fundamentals course and includes adequate information for the first semester.

1. Weekly content:

See Course syllabus and theory schedule

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

We were able to have some guest speakers that helped in the delivery of content. Guest speakers spoke to the students in the areas of oxygenation (a respiratory therapist from NNRH), activity/mobility (a physical therapist from the Elko area), and wound care (Highland Manor Elko– wound certified RN). All guest speakers were effective in meeting the outcomes for the modules and speaking to students at a Fundamental nursing level.

1. Teaching Methods:

Team-Based Learning and class activities, videos, and in-class demonstration, powerpoints (lecture), and gaming, use of reliable web sites.

**CLINICAL EVALUATION**

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

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

Team Building Challenge Day – This clinical time was restructured due to feedback over the last three years. Students in previous years have traveled to Elko to participate in a team building challenge day. Students from Pahrump and Winnemucca stated difficulties associated with travel. The day was restructured for activities at a distance. Also included was guest speaker Oscar Sida to speak to students about stress during nursing school and offer suggestions for resilience. Strengths: Provided students with tools to be successful in the program, including stress relief, mindfulness, and communication. Promoted teambuilding, collaboration and critical thinking among students from all three centers. Limitations: Students and faculty not able to connect as much over IAV instead of face-to-face. Two students disagreed that the Challenge course activity contributed to meeting the outcomes for Nurs 135. Although the assignment addressed the teambuilding component of the day, the questions should be restructured to reflect the entirety of the day to include Communication (Nurse’s touch) and reflection about being a nursing student. Revise the rubric to reflect direct content based on assignment directions (and ATI module completion). Remove APA requirement since not covered yet when assignment due. Second year students were invited to join the first year students for lunch during the day, but few participated. Involve SNO and encourage mentoring between the groups of students and try to organize a more official “meet and greet” between 1st and 2nd year students.

Skills lab: Continued to utilize written skills lab guidelines developed in 2017 for instructors to follow to promote lab organization and cohesiveness. The guidelines outlined lab sessions (practice, and checkoff) with time frames, stations, equipment, instructor expectations, and student evaluation for each lab session. These helped all faculty remain consistent and particularly assisted new faculty. Strengths: ample opportunity for student practice of most skills with scheduled practice days. Limited “open lab” days offered for students to have additional time to practice skills due to not enough available instructors or conflicting simulation schedules. Sufficient supplies for each student to complete skills. Majority of the students were well prepared for clinical lab time and were proficient their initial “check off” of skills. Seven (9) students did not pass their initial “check off” on various skills requiring them to schedule additional practice time and passed the 2nd check off proficiently. Having students complete the ATI modules before scheduled practice continued to work well to promote preparedness. Weakness: In Elko, some students did not utilize their schedule lab time efficiently and tend to be sitting and observing other students and reviewing skills checklists rather than exhibiting “hands on” practice. Instructors reinforced the need for students to review skills on ATI and use the valuable time in lab sensibly.

Simulation: Three total simulations. All simulation scenarios continue to be appropriate for the course and student level. Students were prepared for simulation and overall did well.

Majority of the students completed their pre-work for simulation and performed well at a fundamental level as primary or secondary nurse. In Elko, two (2) students missed critical steps in nursing skilled and had difficulty in prioritizing nursing care, requiring remediation for both students. Remediation consisted of students scheduling time with lab instructor to review and practice the identified skills not performed proficiently. Two students required two additional attempts to proficiently pass the same simulation scenario on the third time. After the second failed simulation resulted in a notification of unsatisfactory progress for both students. Four (4) students missed some important steps while performing their nursing skills during simulation which were reviewed during the debriefing process, but required the four students to schedule time with the lab instructor to review and practice the identified skill(s).

Elko: Overall, SimMan functioned appropriated, but developed a distorted voice during the third simulation. Laerdal Support technician notified and SimMan repaired on 1/10/19. No problems with the equipment in Pahrump and Winnemucca during the semester.

Elko:

Clinical time was held at Northeastern Nevada Regional Hospital (Med-Surg, Cardiopulmonary, Drive-by Flu clinic) and Highland Manor. Strengths: The students were very well received by staff and had positive learning experiences in all departments. Student comments include “I learned a lot from the nurses I worked with. They were good with letting us do the skills when needed and allowed. I was lucky to have great nurses to shadow to make this a rewarding experience.” Staff were particularly supportive of student learning during the drive-by flu clinic, administering influenza and pneumococcal vaccines at the Highland Manor and Elko Senior Center which gave students a unique opportunity to work with the public at large. 100% of students agreed or strongly agreed that NNRH and Highland Manor provided a supportive learning environment. 95% of students agreed or strongly agreed that NNRH and Highland Manor adhered to best practices. 95% of students agreed or strongly agreed that clinical should be continued at NNRH and Highland Manor. The majority of students stated clinical was valuable and provided opportunities for learning.

WMCA - HGH – Winnemucca: Clinical time was held at Humboldt General Hospital (Harmony Manor, Med/Surg, Cardiopulmonary).  The students were very well received by staff and had a positive learning experience in all departments. Students completed the diversity assignment at the Pleasant Senior Center and were well received. Students verbally reported that the senior center and diversity assignment provided a great learning experience. All clinical rotations went very well and should be continued.

Pahrump:  Desert View Hospital remained the primary site for clinical rotation with four rotations on Med-Surg, one rotation with cardiopulmonary therapist, and one rotation for evaluation of the microsystem within the hospital setting. Students were required to participate in a hospital orientation before clinical rounds at DVH. Students also went to the Senior Center in Pahrump and interviewed seniors on culture, beliefs, and had lunch to visit with them about their activities. Pahrump public health nurse invited student to participate in the flu immunization clinic that was an open community event. The experience for students was very positive, however, not many immunizations were given due to poor turn out by the community. All clinical rotations went very well.

All clinical

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

None – see above for full analysis

1. Clinical changes and reason(s):

Activities will be added and the assignment edited for the Team building day (see above). Renamed clinical day from “Challenge course” to “Team building” to better reflect the activities associated with teambuilding designed over IAV.

Will continue to work with NNRH, DVH, and HGH to schedule hospital orientation for students as well as EMR training. Improved scheduling with NNRH and HGH from last year, but continued to face challenges with DVH regarding scheduling hospital training/ EMR sessions and hospital requirements (and length of time of the sessions). Miscommunication from NNRH also caused re-scheduling of EMR training session.

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

Drive-by flu health fair/ clinic with NNRH, Influenza & Pneumococcal vaccine clinic at Highland Manor and Senior Center (Elko students)

Flu pod with Public Health Nurse in Pahrump (Pahrump students)

1. Teaching Methods

Demonstration, case studies, skill performance, simulated environments,

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

* TBL worked well. Students were assigned into groups mixing of sites Elko and Pahrump students, Elko and Winnemucca students, and Winnemucca and Pahrump students. All TBL collaborative quizzes were moved to WebCampus to allow for easier coordination among sites and grading. This worked well. Students were able to see their answers after submitting the collaborative quiz. Students were placed in different groups during the semester and were mixed among sites. This has continued to work well and encourage classroom participation among all sites. Students had some rare technical difficulties, but the vast majority of the time were able to connect using Cranium Café or Big Blue Button. Students expressed they liked TBL and it helped them learn. Students were given additional points added to their individual scores for collaborative contributions. Scores for <76% after collaborative points were added were considered failed quiz attempts. Taking scores after collaborative points were added assisted with student anxiety about quizzing. Unsats were given for three quizzes of <76% quizzing. To attempt to highlight important content in the quizzes (and attempt to improve quiz reliability), and allow for more time for discussion/ class activities quizzes were reduced from 20 questions to 15.
* Having three faculty involved with the theory assisted with overall course facilitation and timely feedback to students. Having 1 faculty member in Winnemucca and Pahrump assisted students at those sites.
* Faculty guidelines for the practice lab and clinical continued to assist with instructor consistency.
* Selected guest speakers assisted with meeting content outcomes and provided expertise.
* Having the students work on planning in the clinical setting worked well for students to begin to anticipate patient changes and plan nursing interventions.
* Mini case studies were used to solidify information with calling on students randomly during class.
* Completing the diversity assignment at the senior center in Winnemucca worked very well this year and has continued to work well in Pahrump
* ATI was used in class when it meshed with class information (infection control)

1. Anticipated Changes

* The Wellness assignment continues to be problematic within the course. The assignment was modified with more specific directions, which worked well; however, the timing of the assignment was still problematic for faculty to give timely feedback. Students also struggled with creating a teaching plan as this is a new concept for them. Will plan on simplifying the teaching plan and requiring Parts I and II to be submitted together so faculty can give feedback before students actually provide client teaching. Consider eliminating the teaching and evaluation components completely to simplify the entire assignment. To improve with the aging process change the assignment to more greatly reflect the differences (compare/ contrast) between the two client age groups (to include developmental levels). Other ideas include to Revise the Wellness Assignment to having students just complete an assessment on a senior and on a young adult on their own. Then use the assessments to develop nursing dx., goals., and outcomes in class and discuss interventions. The first section could be done early in the course to allow class time to develop an entire teaching plan. Then have students implement and evaluate their teaching plan during a return visit to the senior and young adult. Completing the assignment with a comparison paper. All goals and outcomes should address what could be taught to each of these populations. Decrease intervention to one teaching intervention for health and one for safety. Rationale: Students are not grasping this entire concept on their own and it seems they need more guidance to be successful in this assignment. Use grid from Linda Caputi for the Wellness assignment.
* The Lead faculty will meet with all instructors to review the skills lab and clinical guidelines to ensure there are no questions and that everyone is on the same page.
* Skills checklists need to be reviewed again prior to the beginning of the semester. Some were updated to reflect ATI, but all skills lists need to be double checked prior to the semester start. – Will ask the lab manager to assist with updating.
* After reviewing Linda Caputi’s book for improving clinical will incorporate suggested safety questions to the clinical microsystem assignment (add in). For the assessment assignment add in reflection questions about what students would modify based on their first experience with assessment. On pg. 160 “National Patient Safety Goals” provides a guide to answer several safety questions,including precautions relative to their safety goal, which is more relevant, and how to incorporate knowledge back to practice. Use this assignment to revise the NPSG section of the CCP.
* Mountain Measurement Change

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

No major changes to weekly content anticipated as 97%-100% of students agreed or strongly agreed that the course outcomes were met.

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

* No anticipated changes

1. Other changes and reason(s):

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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):** Staci Warnert, Michelle Husbands, Peggy Drussel

**Date:** 12-20-18

**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.