** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name:
2. Year / Semester: 2019 Spring
3. Course Faculty (include any adjunct faculty utilized

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

**COURSE STATISTICS**

1. Theory Ratio 32:2 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% 31/31
   2. Percent Failed: 0 (one student dropped due to failure in another course)
   3. Range of Scores: A and B
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 30/31
   2. Percent Unsatisfactory: One student failed clinical grade
3. Course Attrition:
   1. Beginning number of students: 33
   2. Withdrawals: 1 withdraw and one failed clinical
   3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass 17
   2. Second attempt pass 15
   3. Third attempt pass 1
   4. A & P committee recommendation: 1
5. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| RN Adult Medical Surgical 2016 | May 13th- Finals week final exam for course |
| RN Adult Medical Surgical Online Practice | Student use this to journal questions throughout the semester |

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

Medical Surgical Proctored Exam were given at the end of the course. In addition, students completed journaling questions out of ATI medical surgical practice exam A throughout the semester. ATI dosage calculation modules were used at the beginning of the semester as were assigned skills. TMS were open during semester to review on an as needed basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams-Medical Surgical** | **Average Scores** | | | |
|  | Current  Semester  2018 | Current  Semester  2018 | Current  Semester  2017 | Previous Semester /2016 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 3.3 (1) | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 2 | 63.3(19) (19)(19)(16) | 61.5 (16) | 48.0 | 31.3 |
| % & # of Group at Proficiency Level 3 | 33.3 (10) | 38.5 (10) | 52.0 | 68.8 |
| Group Score: |  |  |  | 83.6 |
| Group Mean—National: | 68.9 | 68.5 | 68.5 | 68.5 |
| Group Mean –Program: | 69.3 | 68.9 | 68.9 | 68.9 |
| Institutional Benchmark: |  |  |  | NA |
| % of Group Meeting Institutional  Benchmark: | 96.3 | 100 | 100 | % |
| Group Percentile Rank - National | 95 | 98 | 99 | 100 |
| Group Percentile Rank - Program | 95 | 98 | 99 | 100 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 86.1 | 87.2 | 83.4 | 75.7 |
| Clinical Judgment/Critical Thinking | 79.0 | 79.9 | 80.5 | 81.9 |
| Priority Setting | 79.0 | 80.2 | 77.0 | 81.3 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 80.4 | 83.2 | 82.5 | 77.9 |
| Analysis/Diagnosis | 79.3 | 77.7 | 88.4 | 87.5 |
| Planning | 75.0 | 74.4 | 85.5 | 84.1 |
| Implementation/Therapeutic Nursing | 80.6 | 82.6 | 75.5 | 78.5 |
| Evaluation | 80.0 | 80.8 | 76.4 | 84.4 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | NA | NA | NA | NA |
| Safety and Infection Control | 79.2 | 77.9 | 81.0 | 92.2 |
| Health Promotion and Maintenance | 71.7 | 69.2 | 70.0 | 65.6 |
| Psychosocial Integrity | NA | NA | NA | NA |
| Basic Care and Comfort | 78.3 | 76.3 | 68.0 | 81.3 |
| Pharmacological and Parenteral Therapies | 78.0 | 79.9 | 81.7 | 87.2 |
| Reduction of Risk Potential | 81.4 | 85.7 | 85.7 | 85.1 |
| Physiological Adaptation | 80.0 | 79.1 | 79.8 | 74.6 |
| **QSEN** |  |  |  |  |
| Safety | 80.5 | 82.3 | 82.1 | 86.8 |
| Patient-Centered Care | 77.3 | 77.7 | 83.3 | 84.8 |
| Evidence Based Practice | 79.0 | 79.6 | 79.6 | 77.0 |
| Teamwork and Collaboration | NA | NA | NA | NA |
| The following values are for the final “end-of-program” ATI test only |  |  |  |  |
| **Comprehensive Predictor** |  |  |  |  |
| % & # of students at 90-100% probability |  |  |  | % |
| % & # of students at 80-89% probability |  |  |  | % |
| % & # of students at 76- 79% probability |  |  |  | % |
| % & # of students at 75% less probability |  |  |  | % |
| **Other Priority Setting** |  |  |  |  |
| Other % & # of students at proficiency level |  |  |  | % |

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

All students passed with a level two or three except for one student who received a level one. Overall scores in most areas were slightly lower compared to last year as seen in the areas highlighted. Various topics to review based on ATI breakdown that were low were identified to better address in the classroom next year for both Nursing 257 and 258.

These areas will be addressed at the faculty curriculum meeting as a way to ensure topics are integrated throughout the curriculum. Topics that were addressed within this course based on lower mountain measurements include

Nursing 258 (assessment and planning):

• Safety and Infection Control- Post-clinical activity: Discussion- Safety and Infection Control – Discuss how students protected clients, family/significant others and health care personnel from health and environmental hazards. Added in Pharmacological and Parenteral Therapies activity identifying meds appropriate to disease processes. **This area increased from last year group.**

• Lifespan (adulthood) Simulations discuss how you prepare education for the adult client.

• Physiological needs: Specifically address NCLEX content behaviors for hemodynamics in theory, clinical, and simulation, Assess client for decreased cardiac output (e.g., diminished peripheral pulses, hypotension), Identify cardiac rhythm strip abnormalities (e.g., sinus bradycardia, premature ventricular contractions [PVCs], ventricular tachycardia, fibrillation), Apply knowledge of pathophysiology to interventions in response to client abnormal hemodynamics, Provide client with strategies to manage decreased cardiac output (e.g., frequent rest periods, limit activities). **This area increased from last year group.**

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam 1 | 87 |
| Exam 2 | 87 |
| Midterm Exam | 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)

Students as a group scored 2-3% lower than last year on exams. This correlates with findings in 257 and the final ATI medical-surgical exam given this semester. Each exam given underwent an item analysis. Due to low alpha past two years all exams will be reconstructed in the spring. Based on this analysis some questions will be removed or retained with the material better covered in the course. We had two exams, a midterm, and an ATI medical-surgical final exam. In addition, each module covered throughout the semester had a quiz at the end of the module. We will continue to give the quizzes, midterm and two exams, and the ATI medical surgical proctored exam.

* 1. Address technology used in the classroom, including IAV, and brief summary of how it was used, what worked well, and any adjustments that need to be made.

The technology used in the classroom included the computer, IAV, and personal laptops using Wi-Fi for in class quizzes and exams. Student used various sites for online resources as part of their inquiry based learning. IAV and Wi-Fi was used in all classrooms at all sites. There were no issues with IAV or Wifi this semester. The measures taken to help minimize background noises in the traditional classroom and include not shuffling papers on their desks, strict enforcement of no whispered side conversations, and raising of hands so communication is clear, preventing the confusion of multiple students talking at once. Students are also asked to leave their microphones open as this seems to encourage more participation from Pahrump and Winnemucca students. Although this was requested it was noted that Pahrump and Winnemucca still muted their mics and needed to be reminded to take off mute.

**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. This has gone to faulty curriculum meetings spring 2019 and faculty voted to go back to the Lewis textbook. However, the current first year students have already purchased Davis and this text will be used one more year to finish out this cohort who already purchased the texts for their first year.

1. Weekly content:

See attached syllabus for theory schedule. Based on student survey of SLOs, 100% of student at all sites (Elko, Pahurmp, Winnemucca) agree or strongly agree they met the SLOs.

1. Special Experiences related to student learning outcomes and competencies: Had EMS Coordinator and Paramedic students come to class. The EMS coordinator lectured about disaster emergency management and had activities that encourage the participation and collaboration for both student groups prior to the disaster mock drill.
2. Teaching Methods:

Lecture, discussion, demonstration, small group work, videos, assigned readings, written assignments, computer assisted learning programs, nursing lab activities and clinical instruction.

**CLINICAL EVALUATION**

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

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

The Elko sites agreed or strongly agreed adheres to established health and safety goals but one student in Elko disagreed that the medical surgical unit adhered to best practices. The Pahrump sites agreed or strongly agreed the clinical sites adheres to established health and safety goals and best practices. The Winnemucca site agreed or strongly agreed the clinical sites adheres to established health and safety goals but one student disagreed that the medical surgical unit and ER adhered to best practices.

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

**Pahrump:** Students had clinicals at Desert View Hospital, all students (100%) agreed or strongly agreed this was supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. Three students provided feedback that staff is willing to teach and that the hospital is the best.

**Winnemucca:** No concerns were noted this semester at the clinical site, HGH. A majority of students agreed or strongly agreed (87%, one student disagreed) this was a supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. The site has increased providers and specialties which has increased the census and is providing students with a more diverse population to care for and learn from. Three students provided feedback that enjoyed clinical and helpful for learning.

**Elko**: Students had clinical at NNRH on the medical-surgical unit, ICU and ER, a majority students agreed or strongly agreed (94%, one student disagreed) this was supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. 100% students agreed or strongly agreed they would suggest continuing clinical at these sites. Three students provided feedback that stated they enjoyed clinical rotations and learned a lot.

1. Clinical changes and reason(s): No anticipated changes at this time.
2. Special Experiences related to student learning outcomes and competencies:

Students all successful completed ACLS and will receive their certification. Students also participated in a disaster simulation as either nurses or victims. This was a collaboration between Great Basin College Nursing Professors and students, Great Basin College Safety & Security department, Great Basin College EMS faculty and students, Barrick, Newmont and Kinross mine rescue teams, Elko Fire Department, Elko County ambulance, Elko Sheriff’s department, Elko City Police, Elko Central Dispatch, NV Highway patrol, NV DOT. Students completed a survey for both ACLS and Disaster simulation with a majority of students (96%) agreeing or strongly agreeing the disaster mock drill helped prepare them in the role of a nurse and they were able to meet objectives of teamwork and collaboration with other members of the healthcare team. One student in Winnemucca disagreed. 100% of students agreed or strongly agreed that the ACLS training helped them feel more prepared to respond to a patient’s status change and/or patient experiencing respiratory or cardiac crisis.

1. Teaching Methods

Assignments with rubric, discussion, Socratic questioning, post clinical discussions

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

Overall 100% of the class agree or strongly agree that course SLOs were met. Active learning is an important component of this course and will continue to have student centered learning in the classroom and clinical settings.

1. Anticipated Changes

* Do not give a practice dose calc quiz as cannot replicate ATI questions and just confused students
* Module 2 Quiz Change questions 5 & 8
* Set up a station in skills lab about drips for student review
* Collaborate with Jessica to have open skills lab so students can practice any skills as needed throughout the semester
* Alpha scores are low for Exam 1 and Midterm- revamp test
* Module 6 quiz change question 3 remove answer pitting edema
* Disaster day: Have no more than 4 nursing students be patients and they must be a red, Have several nursing students pair up with the paramedic patients to triage at the scene and the go to the command post at the hospital, Set up a command station at NNRH. Sharon will be in charge of rotating the nursing students through the ER to be nurses and to be out triaging patients- this should relieve some of the congestion in the ER.
* Give a Mid-term clinical evaluations
* Create an assignment for the second day of ER

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

None anticipated at this time.

1. Changes to point allocation and reason(s): Will reallocate points for ER assignment since adding in an additional assignment
2. 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):** Heidi Johnston, Sharon Sutherland

**Date:** 5-14-19

**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.