** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name : NURS 135: Fundamental Concepts in Nursing
2. Year / Semester: 2017 Fall
3. Course Faculty (include any adjunct faculty utilized

Staci Warnert (Elko and Winnmucca), Tami Mette, Peggy Drussel, Michelle Husbands, Sarah Johnson, Tami Allred, Stacy Rust (Winnemucca), Glenn Taylor (Pahrump), Malia Keep (Pahrump)

**COURSE STATISTICS**

1. Theory Ratio 34:3 Clinical Ratio 5-8:1 Simulation Ratio 7:2

 (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% (34/34)
	2. Percent Failed: 0%
	3. Range of Scores: 87.22% - 96.74%
2. Final Clinical Outcomes:
	1. Percent Satisfactory: 100
	2. Percent Unsatisfactory: 0
3. Course Attrition:
	1. Beginning number of students: 37
	2. Withdrawals: 3 (within the first 3 weeks of the semester)
	3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
	1. First attempt pass 31
	2. Second attempt pass 3
	3. Third attempt pass 0
	4. A & P committee recommendation: 0
5. Course Overview
	1. ATI Tools/Materials:

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| --- | --- |
| 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 12th |
| ATI RN CMS Fundamentals Proctored Assessment Form B | December 12th |
| ATI CMS Fundamentals Proctored Assessment Retake | December 14th  |
| ATI Self-Assessment Inventory | August 31st |
| ATI Critical Thinking Proctored Exam | September 7th |
| 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 18th |
| Nurse’s Touch  | September 8th (Challenge Course) |

* 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 prior to their Challenge course clinical day. 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 Challenge course day (The Communicator) and was used as a module for simulation makeup for two students and in Winnemucca to meet the allotted clinical hours.

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, except for a little more integration of Nurse’s Touch. Would continue to integrate more Nurse’s Touch.

|  |  |
| --- | --- |
| **ATI Final Proctored Exams** | **Average Scores** |
|  | Current Semester/ 2017 | PreviousSemester/2016 | Previous Semester /2015 | Previous Semester /2014 |
| % & # of Group Below Proficiency Level 1 | 0 | 3.0 (1) | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 5.9 (2) | 12.1 (4) | 11.1 (3) | 15 (3) |
| % & # of Group at Proficiency Level 2 | 58.8 (20) | 69.7 (23) | 70.4 (19) | 60 (12) |
| % & # of Group at Proficiency Level 3 | 35.3 (12) | 15.2 (5) | 18.5 (5) | 25 (5) |
| Group Score: | 74.0 | 68.8 | 71.6 | 71.3 |
| Group Mean—National: | 63.1 | 63.1 | 63.1 | 62.8 |
| Group Mean –Program: | 62.7 | 62.7 | 62.7 | 62.1 |
| Institutional Benchmark: |  |  |  | % |
| % of Group Meeting InstitutionalBenchmark: | 94.1 | 84.8 | 88.9 | 85 |
| Group Percentile Rank - National | 98 | 86 | 95 | 85 |
| Group Percentile Rank - Program | 99 | 88 | 97 | 85 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 87.9 | 71.5 | 83.2 | 73.3 |
| Clinical Judgment/Critical Thinking  | 71.2 | 70.0 | 67.7 | 70.4 |
| Priority Setting | 75.0 | 71.9 | 76.2 | 80 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 67.1 | 70.8 | 74.6 | 66.7 |
| Analysis/Diagnosis | 74.3 | 75.8 | 71.4 | 57.5 |
| Planning | 71.8 | 71.2 | 69.4 | 72.8 |
| Implementation/Therapeutic Nursing | 75.8 | 67.9 | 73.1 | 73.1 |
| Evaluation | 76.1 | 70.9 | 64.4 | 72.9 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 81.3 | 74.1 | 80.5 | 84.5 |
| Safety and Infection Control | 82.4 | 79.6 | 70.0 | 79.1 |
| Health Promotion and Maintenance | 48.5 | 67.4 | 55.6 | 50 |
| Psychosocial Integrity | 88.2 | 39.4 | 71.3 | 86.3 |
| Basic Care and Comfort | 69.8 | 70.0 | 64.3 | 58.2 |
| Pharmacological and Parenteral Therapies | 74.0 | 73.7 | 75.3 | 70.8 |
| Reduction of Risk Potential | 71.9 | 82.8 | 77.8 | 63.9 |
| Physiological Adaptation | 58.1 | 37.1 | 68.5 | 73.8 |
| **QSEN** |  |  |  |  |
| Safety | 83.1 | 79.0 | 72.2.2. | 69.3 |
| Patient-Centered Care | 74.2 | 69.3 | 72.8 | 74.5 |
| Evidence Based Practice | 61.0 | 63.6 | 65.5 | 70.6 |
| Informatics | 97.1 | 65.2 | 68.5 | 62.5 |
| Quality Improvement | - | - | -- | 55.0 |
| Teamwork and Collaboration | 80.9 | 73.7 | 94.4 | 80 |

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

This year’s group scored higher than previous years. This year and last year (2016) groups took the RN Fundamentals 2016 exam where previous years took the 2013 exam. The questions for the exam this year were different than last year based on the content breakdown provided by ATI. Overall students improved from last year in the majority of categories/area. In the areas where they scored lower they only scored slightly lower than last year. Only one area (Health Promotion and Maintenance) is significantly lower than last year. The group scored the highest for national and institutional scores from previous years.

The following are all areas that the % of students answering correctly was below 70%.

Areas that did show weakness were as followed:

**Management of care –** Delegation and supervision: Tasks to Delegate to Assistive Personnel (61.8%). Client education: Discharge planning for a client who has diabetes mellitus (29.4%).

**Safety and Infection Control –** Medical and surgical asepsis: Planning care for a client who has a latex allergy (47.1%). Client safety: fall risk precautions (52.9%). Home safety: evaluating client understanding

**Health Promotion and Maintenance** – Hygiene: Bathing a client who has dementia (35.3%). Urinary elimination: effects of aging on urinary infections (41.2%)

**Psychosocial Integrity** – None

**Basic Care and Comfort –** Urinary elimination: preventing skin breakdown (58.8%). Fluid imbalances: Hyperosmolar imbalance (32.4%). Nasogastric intubation and eternal feedings: Unexpected findings. Grief loss, and palliative care: providing postmortem care (52.9%) Rest and sleep: interventions to promote sleep (64.7%)

**Pharmacological and Parenteral Therapies –** Pharmacokinetics and routes of administration: enteral administration of medications (55.9%). Intravenous therapy: Catheter insertion procedure (29.4%)

**Reduction of Risk Potential –**Airway management: monitoring oxygen saturation (61.8%). Airway management: laboratory values to report (44.1%). Nasogastric intubation and eternal feedings: Preparing to administer feeding. Sensory perception: teaching about care of an artificial eye (44.1%). Sensory perception: performing ear irrigation (67.6%).

**Physiological Adaptation –** Pressure ulcers, wounds, and wound management: dressings for pressure ulcers (44.1%). Performing a dressing change (58.8%). Airway management: teaching incentive spirometry use (67.4%) and performing nasopharyngeal suctioning (64.7%).

Several areas where students scored low were due to content not covered until subsequent semesters (Nurs 158, Nurs 159, Nurs 258) – Diabetes care, NGT feeding is discussed in Nurs 158. End of life care and grief is covered in Nurs 159 and Nurs 258. Topics of concern that need to be addressed are fall risk – need to discuss and emphasize more. Airway management and oxygenation will need to be reinforced consider an activity to assist with monitoring of oxygen. This is also discussed in 158 and incorporated into simulation in 158. Delegation is discussed in 135 and reinforced in 158. Wound care of pressure ulcers – examine the wound care seminar skills and make sure to hit key points regarding dressing changes with students. The aging process is difficult for students. Try to incorporate aging differences in care throughout the physiological modules in 135.

ATI PULSE predictor: At the end of this first semester, according to Pulse, there are 2 students in the “needs improvement” status for the NCLEX-RN success probability: J.R. and D.M. There is one student that is in the “at risk” status for NCLEX-RN success probability: C.H. (aka C.T.)

* 1. Course Exams:

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| --- | --- |
| Course Exam | Average Percentage |
| Exam #1 | 88% |
| Exam #2 | 89% |
| Exam #3 | 86% |

Only minor changes to Exam #1 and Exam #2 were made based on the previous year’s test blueprints.

* 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)

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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 was used last year as well. It appears to be 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 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)

Challenge course – strengths: promoted teambuilding, collaboration and critical thinking among students from all three centers. Face-to face meeting of all students established a cohesiveness of the class. All students participated in this clinical activing on the Elko campus. Limitations: extended travel time for Pahrump students and long day for Winnemucca students with traveling back and forth in one day.

Two students in Pahrump (25%), two students in Elko (10.5%) and 3 students in Winnemucca (42%) disagreed or strongly disagreed that the challenge course activity contributed to meeting the outcomes for the course. One student in Pahrump stated they appreciated meeting everyone in person; however, it was an “extremely packed weekend with all of the driving at the very beginning of the semester when our schedules are already super chaotic.” One student in Winnemucca stated they did not like the challenge course and another student in Winnemucca commented that it was a long day. No comments in Elko were made regarding the challenge course.

Skills lab: Eliminated the video-based checkoffs based on last year’s evaluation/ course report. Developed written skills lab guidelines 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 and “open lab” days. Sufficient supplies for each student to complete skills, available instructors, and most students well prepared for clinical lab time. Having students complete the ATI modules before scheduled practice continued to work well to promote preparedness. Weakness: Some students needed to be redirected from watching ATI videos and sitting and reviewing skills checklists rather than practicing hands on. Instructors should continue to reinforce pre-work and using valuable time in lab.

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. There was a technical difficulty with one of the manikins (Sim Man) in Winnemucca, but another manikin (Lucina) was able to be used. Laerdal Tech support assisted with SimMan, who was fixed for the next simulation.

Elko:

Clinical time was held at Northeastern Nevada Regional Hospital (Med-Surg, Cardiopulmonary, Drive-by Flu clinic) and Highland Manor. The students were very well received by staff and had positive learning experiences in all departments. Staff were particularly supportive of student learning during the drive-by flu clinic 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. Three students stated staff at NNRH were great and helpful; however, one student stated they felt a nurse was not competent and ignored a patient, another student stated nurses delegated CNA work to the students and were not helpful answering questions, another student stated nurses did not seem willing to help students and was concerned about medication errors, and one student stated tension between departments and rudeness between instructors and staff nurses. Will continue with regular meetings between GBC faculty and hospital directors and nurses to ensure a good relationship between students, instructors, and NNRH staff.

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. 100% of students agreed that HGH and Harmony Manor provided a supportive learning environment and that clinical should be continued at HGH. One student disagreed that clinical should be continued at Harmony Manor. Although, all students agreed that Harmony Manor provided a supportive learning environment one student stated “some staff from Harmony Manor was not very supportive for student nurse in learning and helping patients.” All other written feedback was positive about their clinical experiences.

Pahrump:  Desert View Hospital was the primary site for clinical rotation on the medical/surgical/telemetry floor and with the respiratory therapist for a cardiopulmonary rotation.  The students documented on the computer and gained expertise with a supportive staff and administration. The Nye County Coalition partnered with the students to give immunizations to the indigent, uninsured and under-insured at a Remote Area Medical event.  The students worked closely there under the supervision of the Immunize Nevada Team.  Also, the Senior Center welcomed the students for an opportunity to each assess 2 seniors, which was a valuable learning experience.  100% of students agreed or strongly agreed to continue clinical rotations at DVH, the senior center, and the RAM clinic and that each provided a supportive learning environment. One student stated DVH did not consistently adhere to best practices.

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

None – see above for full analysis

1. Clinical changes and reason(s):

The challenge course will be restructured based on student feedback. Students in Pahrump and Winnemucca had concerns and difficulty with travel. Feedback about the challenge course from Pahrump students was overall positive, except for the travel difficulties. Also due to funding limitations for next year it will be difficult to pay for travel expenses. Will continue to hold a session in class with communication activities and incorporation of Nurse’s touch, but will conduct through IAV. Other team building activities associated with the challenge course will be conducted at each individual center.

Will continue to work with NNRH, DVH, and HGH to schedule hospital orientation for students as well as EMR training; however, faced challenges with all three facilities regarding scheduling hospital training/ EMR sessions and hospital requirements (and length of time of the sessions). Was difficult to confirm a date with HGH. DVH and NNRH changed dates for the orientation more than once (and both changed after the semester began). DVH gave inconsistent times and lengths for their training sessions. Need to be prepared for similar challenges next year and possibly set an alternative date with each hospital in case they need to make a change so we can be prepared. Have noted the times students spent this year and will discuss with each hospital (assuming we will follow same training schedule).

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

 Drive-by flu health fair/ clinic with NNRH (Elko students)

 Flu pod at the RAM clinic 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 scratch cards were located in Elko or Winnemucca, which made for easy entry of grades. Students had some technical difficulties occasionally, 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. A different point allotment was used for TBLs along with a new Unsat policy for scoring below 76% on 3 TBL individual quizzes. 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. Three Unsats were given for quizzing. Adding the Unsat policy resulted in overall improvement in individual quiz scores from the year prior, while holding those accountable for very poor performance/ preparedness. Adding points to the individual quiz decreased higher grades in quizzing (due to previous high point allotment for collaborative testing). Quizzes remained as 10% of theory course. Collaborative quizzes were cloned in WebCampus so students could look at the questions online. This worked well to eliminate paper trails and faxing between centers.
* Having three faculty involved with the theory assisted with overall course facilitation and timely feedback to students.
* Moved the enema/ specimen collection to earlier in the semester with a combined practice and checkoff worked well for both student and faculty time while still allowing students to practice and demonstrate performance of the skill.
* Created faculty guidelines for the practice lab to assist with consistency in the labs at all three centers. The guidelines particularly assisted new faculty with setting up and preparing the lab environments.
* Created clinical faculty guidelines to outline faculty expectations before, during, and post-clinical were helpful with faculty consistency due to multiple and new instructors teaching within the course.

1. Anticipated Changes
* Revise the Wellness Assignment Rubric for easier grading and submit into WebCampus. Need to clarify student expectations for components within the assignment (particularly the assessment forms/worksheets).
* The Wellness assignment due dates and EBP paper as well as instructors beginning to teach other courses during the 2nd 8 weeks of the semester was difficult to grade and provide timely feedback to students. Look at the due dates for these assignments and theory content to try to space further apart.
* All assignments were changed to be due 3 days after the clinical rotation, which worked well. However, the H1 instructions need to be updated to reflect this policy (was missed and students were able to submit after 1 week).
* Revise the challenge course (see above)

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

No major changes to weekly content anticipated as 97% of students agreed or strongly disagreed that the course outcomes were met (1 student in Winnemucca disagreed that “Summarize how information management principles, techniques, and systems, and patient care technology are used in the healthcare setting.” “Explain how quality improvement processes are used to improve patient care and 1 student in Winnemucca disagreed “explain how management, legal, ethical, and professional guidelines are used in nursing practice”.

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

and filed. [x]

* 1. Integrated Concepts Illustration has been updated with

all changes made and filed. [x]

* 1. Test blueprint has been filed with course report. [x]

**Faculty Signature(s):** Staci Warnert, Michelle Husbands, Peggy Drussel

**Date:** 12-20-17

**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.