** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name: NURS 258
2. Year / Semester: 2022 Spring
3. Course Faculty (include any adjunct faculty utilized

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**COURSE STATISTICS**

1. Theory Ratio 32:2 Clinical Ratio 8:1 Simulation Ratio 3-6:2

 (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: 86.81% - 95.04%
2. Final Clinical Outcomes:
	1. Percent Satisfactory: 100%
	2. Percent Unsatisfactory: 0
3. Course Attrition:
	1. Beginning number of students: 32
	2. Withdrawals: 1 (dismissed) Enter Withdrawal number
	3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
	1. First attempt passed 29
	2. Second attempt passed 3
	3. Third attempt passed 0
	4. A & P committee recommendation: 0
5. Course Overview
	1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| RN Adult Medical Surgical 2019 | 05/05/2022, final exam for course |
| RN Adult Medical Surgical Online Practice | Student used version A this to journal questions throughout the semester and version B to prepare for proctored exam.  |

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

Medical Surgical Proctored Exam were given towards the end of the course (5/5/22). 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.

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| --- | --- | --- | --- | --- | --- |
| **ATI Final Proctored Exam – Medical Surgical** | Current Semester 2022 | Previous Semester 2021 | Previous Semester2020 | PreviousSemester2019 | PreviousSemester2018 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 0 | 7.9 (3) | 0 | 3.3 (1) | 0 |
| % & # of Group at Proficiency Level 2 | 30.0 (9) | 60.5 (23) | 48.1 (13) | 63.3(19) (19)(19)(16) | 61.5 (16) |
| % & # of Group at Proficiency Level 3 | 70.0 (21) | 31.6 (12) | 51.9 (14) | 33.3 (10) | 38.5 (10) |
| Adjusted Group Score: | 83.3 |  |  |  |  |
| Group Mean—National: | 69.2 | 68.9 | 69.2 | 68.9 | 68.5 |
| Group Mean –Program: | 69.2 | 68.9 | 69.5 | 69.3 | 68.9 |
| Institutional Benchmark: |  |  |  |  |  |
| % Of Group Meeting InstitutionalBenchmark: | NA | 92.1 | NA | 96.3 | 100 |
| Group Percentile Rank - National | 96.7 | 96 | 98 | 95 | 98 |
| Group Percentile Rank - Program | 96.7 | 96 | 98 | 95 | 98 |
| **Thinking Skills Group Scores** |  |  |  |  |  |
| Foundational Thinking | 85.6 | 86 | 76.9 | 86.1 | 87.2 |
| Clinical Application (Clinical Judgment/Critical Thinking)  | 83.1 | 78.1 | 81.7 | 79.0 | 79.9 |
| Priority Setting | 83.1 | 82.2 | 80.2 | 79.0 | 80.2 |
| **Nursing Process Group Scores** |  |  |  |  |  |
| Assessment | 88.0 | 82.1 | 79.5 | 80.4 | 83.2 |
| Analysis/Diagnosis | 89.5 | 82.2 | 86.3 | 79.3 | 77.7 |
| Planning | 79.0 | 77.5 | 82.4 | 75.0 | 74.4 |
| Implementation/Therapeutic Nursing | 82.7 | 78.9 | 81.9 | 80.6 | 82.6 |
| Evaluation | 74.6 | 66.8 | 73.0 | 80.0 | 80.8 |
| **Major NCLEX Content Areas** |  |  |  |  |  |
| Management of Care | 92.2 | 91.7 | 91.4 | NA | NA |
| Safety and Infection Control | 80.4 | 79.9 | 90.3 | 79.2 | 77.9 |
| Health Promotion and Maintenance | 85.8 | 82.9 | 76.9 | 71.7 | 69.2 |
| Psychosocial Integrity | 90.0 | 80.7 | 72.8 | NA | NA |
| Basic Care and Comfort | 72.9 | 76.6 | 80.1 | 78.3 | 76.3 |
| Pharmacological and Parenteral Therapies | 86.5 | 85.4 | 87.5 | 78.0 | 79.9 |
| Reduction of Risk Potential | 83.2 | 75.2 | 85.2 | 81.4 | 85.7 |
| Physiological Adaptation | 82.2 | 73.2 | 72.4 | 80.0 | 79.1 |
| **QSEN** |  |  |  |  |  |
| Safety | 84.8 | 82.6 | 84.7 | 80.5 | 82.3 |
| Patient-Centered Care | 80.0 | 76.9 | 83.5 | 77.3 | 77.7 |
| Evidence Based Practice | 83.5 | 76.3 | 77.8 | 79.0 | 79.6 |
| Teamwork and Collaboration | NA | NA | 81.5 | NA | NA |
| The following values are for the final “end-of-program” ATI test only | 2022 | 2021 |  |  |  |
| **Comprehensive Predictor**  |  |  |  |  |  |
| % & # of students at 90-100% probability | 31 | 31 |  |  |  |
| % & # of students at 80-89% probability | 0 | 3 |  |  |  |
| % & # of students at 76- 79% probability | 0 | 1 |  |  |  |
| % & # of students at 75% less probability | 0 | 3 |  |  |  |
| **Other Priority Setting** |  |  |  |  |  |
| Other % & # of students at proficiency level |  |  |  |  |  |

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

This group scored higher with more Level 3 than last year. They were notable increases in the areas of clinical application (clinical judgment/critical thinking), priority setting, nursing process (assessment, analysis/diagnosis, planning, implementation/therapeutic nursing, evaluation). Under the Major NCLEX content there were slight to significant increases in management of care, safety/infection control, health promotion/maintenance, psychosocial integrity, pharmacological/parenteral therapies, reduction of risk potential & physiological adaptation. A slight decrease in foundational thinking and basic care & comfort. These areas in the NURS 258 curriculum will need to be evaluated & addressed in along with clinical application in Spring 2023.

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam 1  | 76%-98% (Average-89%) |
| Exam 2  | 76%-98% (Average-89%) |
| Midterm Exam  | 65%-100% (Average -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)

Students as a group scored equivalent to last year group. Each exam given underwent an item analysis. For Spring 2023, based on this analysis some questions will be removed or retained with the material better covered in the course. Will incorporate a reasonable percentage of NGN style questions to prepare students for NCLEX 2023. The course had two exams, a midterm exam, 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, ELMO, Smartboard, SimCloud scenarios, 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, ELMO, Smartboard or Wi-Fi this semester. Technology used included Blue Jeans for COVID quarantined students to attend class lectures. The use of SimCloud scenarios for in-class simulations worked well in Elko (site projected from) with some challenges in the clarity of images at the other sites (Ely, Pahrump & WMCA) and increase noise of students engaging in the stimulation making it difficult for all site to hear clearly.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:
* Lewis, S. L., Bucher, L., Heitkemper, M. M., Harding, M. M., Kwong, J., & Roberts, D. (2020). Medical-surgical nursing: Assessment and management of clinical problems (11th ed.). St. Louis, MO: Elsevier. Evolve online resources
* ATI RN Adult Medical Surgical Nursing Content Mastery Series
* American Psychological Association. *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.
* American Heart Association. HeartCode ACLS: Advanced Cardiac Life Support Online Part 1.

The ATI manual continues to be a good resource for additional medical-surgical information. The APA assists students in writing. Previous textbooks, the Davis Drug Guide, Lab & Diagnostic, Nursing Diagnosis Book, and ATI Pharmacology as recommended references.

1. Weekly content:

See attached NURS 258 syllabus for theory schedule.

1. Special Experiences related to student learning outcomes and competencies: Invited guest speakers (MedEx Land/Air team) for the disaster day & EMS/Paramedic triage classroom discussion/activity (SLO Q7) helped the students to understand the importance of teamwork, collaboration & communication with other health care professionals. ACLS training/certification.
2. Teaching Methods:

 Lecture, discussion, demonstration, in-class stimulations, 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 site 100% agreed or strongly agreed that the NNRH ER & ICU units adheres to established health/safety goals and best practices (EBPs). 100% agreed or strongly agreed that the Med-Surg unit adheres to established health/safety goals, but 18% disagreed that the Med-Surg unit adheres to EBPs. The Pahrump site 100% agreed or strongly agreed that Desert View (DVH) ER & Med-Surg units adhere to established health/safety goals. 100% agree or strongly agree that DVH ER adhered to EBPs, only 88% agree or strongly agree and 12% disagree that DVH Med-Surg unit adheres to EBPs. The Winnemucca site 100% agreed or strongly agreed that HGH ER, ICU & Med-Surg units adhere to established health/safety goals and EBPs. The Ely site 100% agreed or strongly agreed that WBRH ER, ICU & Med-Surg units adhere to established health/safety goals & EBPs.

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. Student feedback included helpful staff and good overall experiences. Student comments – DVH is very limited, lack of resources, diversity of patients, no ICU & experienced nurses. Recommend exploring other clinical placement/sites.

**Winnemucca:** No concerns were noted this semester at the clinical site, HGH. 100% of students agreed or strongly agreed that HGH ICU & Med-Surg units were a supportive learning environment that adheres to established health and safety goals. 80% strongly agreed or agreed and 20% disagree that HGH ER provided a supportive learning environment. 100% strongly agree or agree that continuing clinical here would be beneficial.

**Elko**: Students had clinical at NNRH on the medical-surgical unit, ICU, and ER. 100% of the students agreed or strongly agreed that the ER & ICU was supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. 90% agreed or strongly agreed that the med-surg unit provided a supportive learning environment & suggest continuing clinicals at the med-surg unit and 10% disagreed. Student comments: Some of the ICU & Med-Surg nurses are rude, disrespectful and not helpful ignoring our (students) concerns about the clients we were caring for. ER rotation should be a longer day or later in the day to experience/manage more clients

**Ely:** Students had clinicals at William Bee Birie Hospital. 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.

1. Clinical changes and reason(s): No anticipated changes at this time. Ensure HR manager in Pahrump has access to Complio in mid-July so she can clear the students to start their clinical at the beginning of the semester. She stated she needed 30 days minimum for this.
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 online. The original disaster sim with community resources was cancelled due to COVID-19 restrictions/guidelines.

1. Teaching Methods

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

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

 Active learning is an important component of this course and will continue to have student centered learning in the classroom and clinical settings.

NURS 258 Student Learning Outcomes Survey (SLOs) Spring 2022. 26 out of 31 students completed the SLOs survey:

SLO #1 – 96% (25) strongly agreed or agreed; 4% (1) disagreed

SLO #2 - 96% (25) strongly agreed or agreed; 4% (1) disagreed

SLO #3 - 96% (25) strongly agreed or agreed; 4% (1) disagreed

SLO #4 - 96% (25) strongly agreed or agreed; 4% (1) disagreed

SLO #5 – 96% (25) strongly agreed or agreed; 4% (1) disagreed

SLO #6 - 96% (25) strongly agreed or agreed; 4% (1) disagreed

1. Anticipated Changes

Proposed Changes for NURS 258

* Infection Control: we will add discussion in skills labs regarding ways to reduce contamination of central lines (CLABSI), chest tube insertion sites, and advanced airways (ventilator-associated pneumonia-VAP). Add discussion that includes s/s to watch for during assessment of N258 skills such as central line, mechanical ventilation, chest tubes.
	+ - Safety: Develop scenarios for central line, chest tube, and airway that encourage critical thinking and anticipated risks (i.e., unilateral lung sounds on vented pt.) including what they’d assess, how they’d intervene, etc. Added ATI pharmacology templates to review for all theory content.
		- Human Functioning (comfort, sensory): Add in theory, clinical, and sim discussion about anticipated needs upon discharge. Reiterate the importance of basic care and comfort of patients based on their specific health condition.
		- Health Alterations:
			* Immune: Briefly review the pathophysiology of the inflammatory response and provide resources such as YouTube videos to Webcampus.
			* Endocrine/Metabolic: Add unfolding case study in theory. Will continue to review.
		- Stages of Maturity:
			* Lifespan: Case studies/simulation/clinical query students regarding how care will differ based on the patient’s age such as peds vs elderly, family, and patient, etc.
		- Stress/Adaptation/Coping:
			* Interdependence: (Mutually dependent relationship which may be of mental, physical, and spiritual health), we will add spiritual and cultural discussion in the “End-of-life” theory day. Several of the simulations in this class have patients who are in cardiac arrest. Debriefing will include how to care for family following death, etc.
			* Incorporate questioning by patient during simulation on a more spiritual/cultural level to help the student determine the best way to comfort and help the patient cope such as, “Who’s going to take care of my family if I remain ill?” or “I haven’t done what I needed to in this life” or “Would you pray with me?”
		- Develop scenarios for Skills lab– airway, chest tube, central
		- Add ATI Chest Tube transcripts to module
		- Revise Clinical Nurse Leader assignment to reflect an objective measurement of program outcomes (i.e., written assignment) at an organization leadership level.
		- ACLS at beginning of semester before any simulations – over 2 separate days
		- Added scenarios in for medication administration
		- Utilized EMS students, mannikin, supplies for realism to in-class simulation
		- Have students self-assess previous ATI proctor scores and write down the topics of their 3 lowest scores, go to the NCSBN.org to look up & write down the definition on separate index cards. The cards will be brought to their clinical rotation for discussion on how these competencies were meet in their patient care
		- Team leader assignment – evaluate unit room assignment for cognitively impaired patients
		- Add Chapter 65 – Mechanical Ventilation as required reading for module on ARF/ARDS.
		- Revise terminology on various scoring rubrics (i.e., CCP) remove and replace “exceptional”
		- Possibility of adding to the MS day 1 a scavenger hunt type assignment where they find policies, procedures, Safety Sheets, etc.
	+ Team Leader Assignment - Revise, add a measurable outcome (i.e., institutional level) and align scoring rubric to reflect criteria of the assignment
	+ ED Assignment - Rubric needs to be updated, many categories have the same description for the number of points, it is all related to teaching.
	+ Disaster Assignment - Consider different format/settings in WebCanvas – upload PPP & triage rationales in Speed Grader
	+ CCP 1 & 2 - Add in rubric for grading, it is listed in the assignment, just not in the grading portion. – done. Add prescribed medications to CCP.
	+ ATI Skills Day - ATI states to have suction set at 100-120 and our skills sheet says 80-100. View videos others might need updating.
1. Changes to weekly content and reason(s):

Curriculum/weekly content will be review and revise to integrate NGN clinical reasoning/judgment model to prepare students for NGN NCLEX 2023

1. Changes to point allocation and reason(s): None at this time.
2. Other changes and reason(s):
3. Administrative:
	1. Syllabus has been saved to file. [x]
	2. The course was backed up on WebCampus. [x]
	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):** Michelle Husbands, Jessica Lynch, Stacy Crouch, Dorothy Callander

**Date:** 05-29-2022

**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.