** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name:
2. Year / Semester: 2017 Spring
3. Course Faculty (include any adjunct faculty utilized

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**COURSE STATISTICS**

1. Theory Ratio 26:2 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
	2. Percent Failed: 0
	3. Range of Scores: A and B
2. Final Clinical Outcomes:
	1. Percent Satisfactory: 100
	2. Percent Unsatisfactory: 0
3. Course Attrition:
	1. Beginning number of students: 26
	2. Withdrawals: 0
	3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
	1. First attempt pass 19
	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 |
| RN Adult Medical Surgical 2016 | May 15th- 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** |
|  | CurrentSemester2017 | Previous Semester /2016 | Previous Semester /2015 | Previous Semester /2014 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 |  |
| % & # of Group at Proficiency Level 1 | 0 | 0 | 5.3 |  |
| % & # of Group at Proficiency Level 2 | 48.0 | 31.3 | 31.6 |  |
| % & # of Group at Proficiency Level 3 | 52.0 | 68.8 | 63.2 |  |
| Group Score: |  | 83.6 | 81.3 | 72.3  |
| Group Mean—National: | 68.5 | 68.5 | 68.5 | 64.9 |
| Group Mean –Program: | 68.9 | 68.9 | 68.9 | 65.7 |
| Institutional Benchmark: |  | NA | NA |  |
| % of Group Meeting InstitutionalBenchmark: | 100 | % | NA | 77.8 |
| Group Percentile Rank - National | 99 | 100 | 99 | 95 |
| Group Percentile Rank - Program | 99 | 100 | 99 | 93 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 83.4 | 75.7 | 84.2 | 61.5 |
| Clinical Judgment/Critical Thinking  | 80.5 | 81.9 | 78.4 | 70.6 |
| Priority Setting | 77.0 | 81.3 | 82.3 | 79.2 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 82.5 | 77.9 | 82.2 | 67.8 |
| Analysis/Diagnosis | 88.4 | 87.5 | 79.7 | 66.7 |
| Planning | 85.5 | 84.1 | 75.1 | 68.1 |
| Implementation/Therapeutic Nursing | 75.5 | 78.5 | 78.6 | 71.2 |
| Evaluation | 76.4 | 84.4 | 79.5 | 68.9 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | NA | NA | NA | NA |
| Safety and Infection Control | 81.0 | 92.2 | 78.9 | 72.2 |
| Health Promotion and Maintenance | 70.0 | 65.6 | 92.1 | 77.8 |
| Psychosocial Integrity | NA | NA | NA | NA |
| Basic Care and Comfort | 68.0 | 81.3 | 65.8 | 83.3 |
| Pharmacological and Parenteral Therapies | 81.7 | 87.2 | 83.5 | 81.7 |
| Reduction of Risk Potential | 85.7 | 85.1 | 79.4 | 69.3 |
| Physiological Adaptation | 79.8 | 74.6 | 77.4 | 68.4 |
| **QSEN** |  |  |  |  |
| Safety | 82.1 | 86.8 | 80.1 |  |
| Patient-Centered Care | 83.3 | 84.8 | 81.3 |  |
| Evidence Based Practice | 79.6 | 77.0 | 75.6 |  |
| Teamwork and Collaboration | NA | NA | 81.6 |  |
| 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).

Overall scores averaged out the same compared to last year. Various topics to review items that were low were identified to incorporate into next year.

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam 1  | 92 |
| Exam 2  |  86 |
| Midterm Exam  | 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)

Each exam given underwent an item analysis. Based on this analysis some questions will be removed or retained with the material better covered in the course. We had two exam, 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. At times technology issues such as Wi-Fi connections both on site and at the rural centers were an issue. This has been addressed with both the Dean and computer services and they are looking at options to decrease this issue. Background noise has also been a concern. 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.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:
* Lewis, S.L., Dirksen, S.R., Heitkemper, M.M, & Bucher, L. (2014). Medical Surgical Nursing: Assessment and management of clinical problems (9th ed.). St. Louis, MO. Elsevier.: Will continue to use this text, has student and faculty resources. Also use the test bank associated with this text.  ATI Nursing Education. RN Adult Medical Surgical Nursing- Student are encouraged to use this also as a resources to the material. The Lewis book will be used for one more year. The 2018 group of students will come in with a new text chosen by the medical surgical faculty.
1. Weekly content:

See attached syllabus for theory schedule.

1. Special Experiences related to student learning outcomes and competencies: Students all successful completed ACLS and will receive their certification.

1. Teaching Methods:

 Lecture, discussion, demonstration, small group work, in-class mini simulation, 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)

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

Pahrump: The new private organization that bought DVH are encouraging the admitting physicians to keep more and sicker patients. There is now a trend of nurse ratios up to 7:1 with sicker patients: During the last clinical rotation the faculty noticed that the RNs had less chance to work with students and were more likely to want the students to just take over the patients because they were so overwhelmed. This will need to continue to be monitored in the fall when the new organization has fully implemented all policies and procedures and possible staffing model.

Winnemucca: No concerns were noted this semester in any clinical areas used.

Elko: No concerns were identified with any clinical sites used.

At least one student at each location did indicate on their clinical evaluation that the facility (acute care) did not adhere to best practices .This may be something to discuss during the advisory meeting. The general feedback from Elko was that the hospital staff were very supportive in their learning and that would like to see more clinical time. There was no open feedback from Winnemucca or Pahrump.

1. Clinical changes and reason(s):

Continue to use clinical sites. New organization has bought out DVH. Will monitor the potential upcoming changes within this organization to continue to ensure best placement for students.

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

 New collaboration for disaster simulation training with GBC EMS students, Elko Fire Department, Reach air, Elko EMS. All groups worked together to create a disaster scenario involving a “dirty” bomb. We hope to continue doing this next year will the various GBC and community groups.

1. Teaching Methods

Assignments with rubric, discussion, questioning.

**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, although different from this semester (see below).

1. Anticipated Changes
* Add assessment to rubric and give 1 point?
* Module 2 Quiz look at 5,8,11,13,15
* Look at rubric for ER -teaching is in their twice
* Reference page for ER and ICU assignment
* Change ACLS to live in class
* Add complications section to CCP
* Change Resp Module to 1 day versus 2 days and have 3 presentations
* Have Exam 2 after Module 7 and have a review day at the end of the semester.
* Consider extra day for to a trauma training day (abbreviated version of the trauma training for ER nurses geared for our nursing students)
* Sim Disaster Day: know pt ahead of time, trauma standard doctor orders.
* New approach to IBL set up with multiple groups was challenging and seemed to decrease activity
1. Changes to weekly content and reason(s):

None anticipated at this time.

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

Add a point into the CCP rubric for patient assessment. This will ensure students are taking the data they enter more seriously.

1. Other changes and reason(s):

Having multiple groups due to the increased class size was challenging. Previously all groups participated, but with the increased student and thus groups this was not possible for each class. I would like to keep the concept of IBL but change up how content is presented. I plan to review current literature about IBL and change up how class is conducted based on the current best practices for IBL.

1. 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. [ ]

**Faculty Signature(s):** Heidi Johnston, Sharon Sutherland

**Date:** 5-7-15

**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.