** End of Semester Course Report**

Health Science and Human Service Department

Associate of Applied Science in Nursing Program

**Directions:** Complete and forward to the Dean of Health Science (cc to the administrative assistant).

1. Course Number and Name: NURS 252

**NURSING CARE OF THE CHILDBEARING FAMILY**

1. Semester/Year: Spring Fall 2020 Summer

3. Course Faculty (include any adjunct faculty utilized): Tami Mette, Malia Keep (Pahrump clinical faculty), Stacy Rust (Winnemucca clinical faculty) Nora Lusk (Elko clinical part-time faculty)

4. Theory Ratio 1 : 38 Clinical Ratio 1 : 4-5 Simulation Ratio 1: 4-6

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

5. Clinical Site Evaluation (Please list strengths and/or limitations specific to each site)

Elko:

NNRH OB Unit: Having only 4 students rotate through this clinical area continued to work well this semester. The students were able to participate in the care of a variety of patients, without the unit seeming over crowded. Students were able to focus on their own patients without having to share care with another student. I think this also aided in less temptation of the students to share work. I did consider moving the times of the clinical day in hope of allowing the students to see more deliveries, however, after the number of deliveries were counted between 0700 to 1300 and 1300 to 1900, the totals were close to the same. So, I have decided to continue the clinical times from 0630-1430.

According to end of course evaluations completed by the students, all Elko students who completed the evaluation (19 out of 22) agreed or strongly agreed that their clinical site (NNRH) provided a supportive learning environment and strongly agreed to suggest continuing clinicals at NNRH. As always, comments reflected the desire for more clinical days on OB and simulation days. Other topics of comments included the appreciation of the academic support of the OB staff as well.

Winnemucca (2020):

HGH OB – The Ob unit this year has again grown in census, but the time frames of patient

entrance for procedures has changed to later in the morning or evening before due to a change and influx of new providers- more MDs and Nurse-midwives. Students will continue to be limited to only two at a time on the unit due to census restrictions due to size. All staff were eager to have students on the unit and questioned why they did not have more clinical days with students. The plan is to speak with new OB manager(s) to determine a schedule to improve student interaction and education on the unit, possibly changing the times for clinical to meet the educational needs of the students. No further change in the clinical site is anticipated at this time.

Pahrump:

Spring Valley Hospital in Las Vegas was an excellent facility for our students to have their OB Clinical this rotation. The staff were welcoming and respectful to the students. The staff encouraged them to observe deliveries, c-sections, lactation consultant visits and caring for premature infants in the NICU. Due to the Covid virus, the students were not able to observe emergency c/sections because the patients had not been tested for the virus. The students gained experience in assessment of the mother during various stages of labor, maternal and newborn assessments, bathing of the newborn, administration of medications including TdaP, Rhogam, flu vaccine to the mother in addition to vitamin K and erythromycin to the eyes of the newborns. The students also participated in testing of the newborn required by the state prior to discharge. Spring Valley Hospital delivers between 150 and 180 babies per month which provides an adequate number of babies to ensure a good experience for the students. Half of the students were able to spend a shift in the NICU. This provided an excellent opportunity to assess a level II newborn, participate in feeding of a premature newborn, interacting with speech therapists, interacting with the parents of the babies and caring for babies withdrawing from opioids.

I would highly recommend we use Spring Valley Hospital for future Obstetrical rotations.

Real Life scenarios:

These clinical virtual scenarios were used again this year. The students were required to write a brief care plan in relationship to the scenarios and in some cases, the student’s submissions did not show an appropriate level clinical reasoning and some of the submissions appeared rushed and not well thought out. The average grade on these three scenarios was 84-90%. Some of the students struggled with putting together a care plan where interventions and goals actually supported the probem. Due to differences in clinical hours at each site, the extent to which Real Life was utilized was different for each site.

Simulation:

Winnemucca & Elko:

Elko and Winnemucca continued to participate in 4 different simulated scenarios with high-fidelity Lucina simulator for maternity simulations. The four different simulation scenarios: Antpartum testing, Preeclampsia/Eclampsia, Shoulder Dystocia, and Postpartum Hemorrhage. These simulations continue to be more of a learning experience rather than a high-stakes graded activity. All simulators functioned well this year. Elko and Winnemucca faculty both traveled for simulation in each of the areas. The same 2 faculty members did simulation in both Elko and Winnemucca. This worked really well in that they developed a rhythm and understanding of the four simulations, so all scenarios ran easily at both sites. Possible additional scenarios that we may be able to add for next year could be a normal vaginal delivery and prolapsed cord. Adding more simulation time is being considered for next year.

According to the student evaluations, students at both sites strongly agreed that simulation provided a supportive learning environment and all strongly agreed that simulation should continue as a source of clinical learning in this course.

Pahrump:

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

As stated above here are points of concern or possible change for next year:

* Consider times of clinicals in Elko
* Possibly adding 2 more simulations—at all sites
* Reformatting newborn assessment form
* Put “EBL” on assessment part of Postpartum CCP
* Change last column of med sheets (#3) to “Nursing Considerations”

1. **Final Theory Outcomes:**
   1. Percent Passed: 100
   2. Percent Failed: 0
   3. Range of Scores: 83.76- 98.19%
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100
   2. Percent Unsatisfactory: 0
3. Course Attrition:
   1. Beginning number of students: 37
   2. Withdrawals: 0
   3. Incompletes (with expected date of completion):
4. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| RN Maternal Newborn Proctored Assessment 2016 | Week 8 (last week of course) |
| RN Maternal Newborn Practice Assessment | October 13th due |
| Learning System RN Maternal Newborn Test 1, 2, and final | Used throughout 7 of the 8 weeks that the course ran for student journaling. |
| Real Life RN Maternal Newborn   * Preterm labor * Gestational Diabetes * Preeclampsia * Teaching Prenatal and Newborn Care | Used throughout semester, after content was presented in class. |

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

The type of assignment that was submitted in response to participating in a Real Life scenario depended on the site due to the different number of hours that various sites may have been on other clinical sites. For 3 of the scenarios (Gestational diabetes, Preeclampsia, and Preterm labor) the students submitted a care plan addressing the potential needs of the patient of focus. Not all sites submitted a care plan due to differences in clinical hours. The Teaching Prenatal and Newborn Care would be a good scenario for all students to review at the beginning of the semester due to the information that it provides about education topics for an obstetrical patient. The 3 different Learning System tests were used for journaling practice. The Maternal Newborn practice and proctored exams were used to determine student learning and understanding of course concepts (summative measurement).

Course Exams: See Blueprints

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams** | **Group Scores** | | | |
|  | Current Semester/ Year  Fall 2020 | Current Semester/ Year  Fall 2019 | Current Semester/ Year  Fall 2018  Fa | Previous Semester/Year  Fall 2017 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 2.6% (1) | 7.4% (2) | 3.0% (1) | 0 |
| % & # of Group at Proficiency Level 2 | 57.9% (22) | 48.1% (13) | 48.5% (16) | 46.2(12) |
| % & # of Group at Proficiency Level 3 | 39.5 (15) | 44.4% (12) | 48.5% (16) | 53.8(14) |
| Group Score: | 78.3 | 77.3 | 79.5 | 80.5 |
| Group Mean—National: | 67.2 | 66.8 | 66.8 | 65.9 |
| Group Mean –Program: | 66.7 | 66.3 | 66.3 | 65.7 |
| Institutional Benchmark: |  |  |  |  |
| % of Group Meeting Institutional  Benchmark: | 97.4 | 92.6 | 97 | 100 |
| Group Percentile Rank - National | 95 | 95 | 98 | 99 |
| Group Percentile Rank - Program | 95 | 95 | 98 | 99 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 83.7 | 85.2 | 78.8 | 85.7 |
| Clinical Judgment/Critical Thinking | 77.2 | 76.6 | 77.9 | 79.8 |
| Priority Setting | 84.2 | 85.9 | 84.8 | 66.9 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 78.9 | 83.8 | 73.2 | 74.4 |
| Analysis/Diagnosis | 80.9 | 74.4 | 79.0 | 80.2 |
| Planning | 70.3 | 73.5 | 80.1 | 80 |
| Implementation/Therapeutic Nursing | 78.6 | 81.0 | 77.8 | 82.1 |
| Evaluation | 83.7 | 71.4 | -- | 84.6 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 93.4 | 88.9 | 83.8 | 82.1 |
| Safety and Infection Control | 68.4 | 65.7 | 54.5 | 77.9 |
| Health Promotion and Maintenance | 81.4 | 78.1 | 80.4 | 82.5 |
| Psychosocial Integrity | 88.2 | 93.8 | 69.7 | 69.2 |
| Basic Care and Comfort | 76.3 | 71.6 | 78.3 | 84.6 |
| Pharmacological and Parenteral Therapies | 82.2 | 85.2 | 76.3 | 78.8 |
| Reduction of Risk Potential | 75.2 | 66.3 | 83.5 | 79.5 |
| Physiological Adaptation | 74.9 | 68.3 | 78.4 | 79.1 |
| **QSEN** |  |  |  |  |
| Safety | 74.6 | 79.3 | 73.4 | 80.8 |
| Patient-Centered Care | 82.3 | 77.3 | 80.4 | 87 |
| Evidence Based Practice | 78.6 | 76.5 | 77.5 | 77 |
| Teamwork and Collaboration | 55.3 | 96.3 | 78.8 | 73.1 |

Green highlighted increase more than 5 percent; Yellow highlighted decrease more than 5 percent; Red highlighted less than 76 percent

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

All but 1 student scored a Level 2 or higher on the ATI Proctored Assessment Final. The students this year scored above the previous class in 58% of the elements listed. Safety continues to be a area of concern. *Teamwork and Collaboration* unfortunately showed a pretty large decrease for this group. This element is only present in 1 question in the assessment, but apparently the students were not understanding this concept within this question. The elements above that deem further review are highlighted in the appropriate colors.

Any adjustments that may need to be done in course tests related to percentage

distribution of categories of content. (Please see test blueprints and allotted

percentages of item categories).

I would like to entertain the idea of decreasing the number of course exams in this class to 3 with the following topics in the exams:

Test #1: Prepregnancy

Test #2: Pregnancy and Delivery

Test #3: Postpartum & Newborn

1. Textbooks used and evaluation of each:

Perry, S. E., Hockenberry, M. J., Lowdermilk, D.L., & Wilson, D. (2018). Maternity Nursing (6th ed.). St. Louis, MO: Mosby Publishing. (ISBN: 9780323549387).

This text provided an appropriate amount of information for an 8 week course and seemed to be a great resource for the students. I will be using the same text next year.

1. Weekly content: See attached syllabus

If it is decided to only have 3 tests next year, weekly content may shift a little bit.

1. Dosage Calculation Test:
   1. First attempt pass # NA
   2. Second attempt pass # NA
   3. Third attempt pass # NA
   4. A & P committee recommendation: NA
2. Special Experiences related to student learning outcomes and competencies:
3. Teaching Methods:

Lecture, Pecha Kucha presentations, case studies, discussion, gaming

1. What worked well and reason (s):

I continue to use a lecture type of format for this course rather than a flipped classroom. I continue to feel that a variety of delivery modalities helps to meet the different learning styles of the students, and most students seem to appreciate this difference as well. I continue to use Pecha Kucha presentations and feel that they still remain as a good fit for the content areas that were covered. A majority of the students expressed satisfaction with the Pecha Kucha assignment and the lecture format of information delivery in the course evaluations.

1. Anticipated Changes
   1. Changes to point allocation and reason (s):
      1. No changes in this area
   2. Other changes and reason (s):
2. Change last column of med. Sheets to “Nursing Considerations”.
3. Add EBL to assessment area in PP packet
4. Reformat Newborn Assessment worksheet.
5. A section will be added onto the clinical packet for the newborn reflecting understanding of the maturity of the newborn and risk factors that may be prominent for their specific gestational age. Use new growth charts in the newly formatted newborn assessment. This reflects the need for further understanding evidenced in the Mountain Measurements for the last graduating group (2019).
6. Administrative:
   1. The course was backed up on WebCampus.
   2. Grades have been entered.
   3. Grade book has been printed and filed.
   4. Student work samples have been filed.
   5. Student clinical care packets have been filed.

**Faculty Signature(s) Tamara Mette**

**Date: 10/29/2020**