



**AAS in Nursing Program  
End of Semester Course Report**

**Course Number & Name:** NURS 158: Nursing Care of Adults in Health and Illness

**Year/Semester:** 2023 Spring

<b>Course Faculty</b>	
Theory:	Cassie Allen; Michelle Husbands
Elko Clinical:	Cassie Allen; Brian Dankowski; Michelle Husbands
Pahrump Clinical:	Malia Keep
Winnemucca Clinical:	Holly Schoening, Katie Strong
Ely Clinical:	Jessica Bellander

<b>Faculty/ Student Ratio</b>	
Theory Ratio:	32:2
Clinical Ratio:	8:1
Simulation Ratio:	3-6:2

<b>Course Attrition</b>	
Beginning number of students:	32
Withdrawals:	5
Incompletes (with expected date of completion):	0

\*Use number of students at the beginning of the semester

<b>Dosage Calculation Exam</b>	
First attempt passed:	28
Second attempt passed:	4
Third attempt passed:	0
A&P Committee/ Dismissal:	0

## Course Outcomes:

<b>Final Theory Outcomes</b>	
Percent Passed:	100%
Percent Failed:	0%
Range of Total Course Grade (theory and clinical)	92.26% - 100%

<b>Final Clinical Outcomes</b>	
Percent Satisfactory	100%
Percent Unsatisfactory	96.55%
Range of Clinical Grades (Scores)	75.36% - 97.94%

**Complete Curriculum Map with % of students meeting ELA of 76% for each measurement (see curriculum maps for course outcome achievement)**

<b>Course SLOs</b>	<b>100% of students passing the course met course SLOs (See curriculum maps)</b>	<b>% Students strongly agreed and agreed course SLOs were met</b>
27 out of 29 (93%) students completed SLO survey		
1. Apply adult health nursing concepts to provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare environments to diverse patients with common acute health problems.	X	96.29% (1 disagreed)
2. Demonstrate clinical reasoning to make patient-centered care decisions for diverse adult patients with common acute health problems.	X	100%
3. Participate in quality improvement processes to improve patient care.	X	100%
4. Begin to engage in teamwork with members of the interprofessional team, the patient, and the patient's support persons when managing patient care.	X	100%

5. Begin to apply management, legal, ethical, and professional guidelines in the care of diverse adult patients with common acute health problems.	X	100%
6. Use information management principles, techniques, and systems, and patient care technology in the care of diverse adult patients with common acute health problems.	X	96.29% (1 disagreed)

### **NCLEX Report Changes:**

**Based on the NCLEX report, discuss planned changes (Fall courses) or what was changed in the course (Spring Courses):**

Mountain measures: psychosocial, assessment, pharmacology

Clinical Care Packet includes assessment table, cultural sensitivity, spirituality, Erikson's developmental levels, discharge needs, and learning barriers. Implemented in class simulations with medication administration e.g., insulin, anaphylaxis Epi Pen, IV solutions, solumedrol, and Benadryl. In class assessment foot exam, dietary intake. For psychosocial we played SPENT when discussing nutrition. Psychosocial is embedded on critical thinking maps.

### **Textbooks:**

<b>Textbook</b>	<b>Effective</b>	<b>Recommend Change</b>
Harding, M. M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2023). Lewis's Medical-surgical nursing: Assessment and management of clinical problems (12th ed.). Elsevier. Evolve online resources ISBN: 978-0-323-78961-5	X	

Assessment Technologies Institute, LLC. (2019). Nutrition for nursing (Review Module Edition 7.0). ATI.	X	
Assessment Technologies Institute, LLC. (2019). RN adult medical surgical nursing (Review Module Edition 11.0). ATI.	X	

**Justification for recommended textbook change:**

**ATI:** No ATI Nutrition Proctored exam was administered for Spring 24 NURS 158. Will be administered in third semester, Fall 2024 in NURS 257. Refer to NURS 257 Course Report.

See AAS Program ATI Course Integration List.

ATI _____ Proctored Exam	Current Semester 2024	Previous Semester 2023	Previous Semester 2022	Previous Semester 2021	Previous Semester 2020
% & # of Group Below Proficiency Level 1					
% & # of Group at Proficiency Level 1					
% & # of Group at Proficiency Level 2					
% & # of Group at Proficiency Level 3					
Group Score:					
Group Mean—National:					
Group Mean –Program:					
Institutional Benchmark:					
% of Group Meeting Institutional Benchmark:					

Group Percentile Rank - National					
Group Percentile Rank - Program					
<b>Thinking Skills Group Scores</b>					
Foundational Thinking					
Clinical Judgment/Critical Thinking					
Priority Setting					
<b>Nursing Process Group Scores</b>					
Assessment					
Analysis/Diagnosis					
Planning					
Implementation/Therapeutic Nursing					
Evaluation					
<b>Major NCLEX Content Areas</b>					
Management of Care					
Safety and Infection Control					
Health Promotion and Maintenance					
Psychosocial Integrity					
Basic Care and Comfort					
Pharmacological and Parenteral Therapies					
Reduction of Risk Potential					
Physiological Adaptation					
<b>QSEN</b>					
Safety					
Patient-Centered Care					
Evidence Based Practice					
Quality Improvement					
Teamwork and Collaboration					

**Highlight: Green = improving, Yellow = Low, Blue = Decreasing**

**ATI Proctored Exam Specific Topic Review/ Analysis:**

**Any Recommended Changes to ATI Materials (\*Update ATI Course Integration List when changes are made):**

## **Course Exams:**

See Test Blueprints for detailed analysis.

<b>Exam Averages</b>					
	Current Semester 2024	Previous Semester 2023	Previous Semester 2022	Previous Semester 2021	Previous Semester 2020
<b>EXAM 1</b>	Average - 84% 66% – 98%	Average - 86% 61% – 98%	82%	79%	88%
<b>EXAM 2</b>	Average – 86% 68% - 99%	Average – 90% 65% - 102%	86%	85%	88%
<b>EXAM 3</b>	Average – 85% 70% - 99%	Average – 90% 72% - 101%	88%	88%	85%
<b>EXAM 4</b>	Average – 87% 71% - 98%	Average – 90% 82% - 102%	89%	85%	83%

## **Theory/Classroom Analysis:**

### **Teaching Methods:**

A variety of teaching methods were used to include Lecture with PowerPoint, case studies, group work, classroom activities, in class simulations, games, discussion, embedded videos, and NCLEX/ NGN style Questions, Swift River simulations in class.

### **What worked well and reason(s):**

Changes made:

- a. Revised Senior teaching assignment criteria – for live presentation added reflective and peer evaluation to this assignment; changed links to google drive links to sign up for topics and assignment instructions; revised scoring rubric. The clinical site was revised (see below).
- b. Revised dietitian assignment: added new nutrition assessment form & screening tool per NNRH dietician recommendations. Updated articles, pre-clinical & post-clinical discussion questions, and revised scoring rubric. Ely & Pahrump revised clinical schedule to have students complete the dietary assignment on a hospitalized patient, omitted Zoom meeting with dietitian.
- c. Added skills checklist to acute care clinic (i.e., GH, CV, NP) to inform clinical staff of student skill competencies/capabilities.
- d. Added AI statement to syllabus.
- e. Updated Clinical Care Packet scoring rubric to add ordered nutrition/diet component.
- f. Revised Telehealth clinical to integrate AI (Chat GPT) to create a patient case scenario for an acute disease typically seen/treated in an urgent care setting.
- g. Nutrition group presentation: updated assignment instructions to add time limit and adjusted rubric rating distribution.
- h. Ely- IC for 4 hours and CM for 3 on the same day worked well due to limited availability in rural environment.

## **Anticipated Changes:**

### Anticipated Changes for Spring 2025

Consider creating final in ATI and add focused review.

ATI Enteral Feeding Skill check list – add abdomen assessment, auscultate BS and check for residual.

Revise N158 skilled lab guidelines – omit mini-infuser & Buretrol; remove NGT insertion (integrated into N 135 NGT skills)

Revise scoring rubric for NP assignment (Ely, Pahrump & WMCA) – add criteria for grammar, spelling & APA citations/format.

Consider revising offsite/ancillary clinical assignments e.g., infection control to incorporate job descriptions and have students search for credible article on the duties/role of infection control nurses (per NNRH infection control nurse) due to outdated information. Information is learned in N135.

Revise clinical care packet 1&2 collaboration section and embed concise/medication templates/chart and lab table.

Rationale: contained/embedded in document instead of separate med templates.

Review senior teaching: update instructions & rubric and make sure it aligns with assignment instructions e.g., under organization it states “appropriately cites requisite number of references utilizing APA formatting”; advertise senior teaching better- email Elko director early in semester.

Look at urinary and male repro content (ATI CKD assignment may need to be changed because CKD is not covered under this module)

Telehealth assignment student feedback: an example scenario or more telehealth information may be helpful.

Nutrition group presentation: add time limit to rubric

Revisit student involvement in NNRH community health fair

Module prework – consider use a variety of assignments not Critical Thinking Maps only (Swift River Simulations, Guided Reading, Textbook Case Study Patients Mini Care Plan, consider having students create case studies or NGN questions).

Rationale: Encouraging students to read and utilize their textbook.

Consider using ATI Claire AI to create questions for more in class quizzes in between exams.

CCP – Consider including psychosocial or social determinants of health; Education section – consider omitting pre-work requirement and have the student determine real-time educational needs of client and to pull EMR Lippincott’s education or reliable website; ask NNRH if students can get access to the system e.g., Rhonda Miner

Telehealth clinic: consider creating an EMR template that student can complete as they are obtaining subjective data of the presenting client to increase realism (demographics, CC, HPI, PMH, social Hx, medications, allergies, LMP, preferred pharmacy, anxiety/depression screening, Tx plan, pt. education provided, RTC appt); will investigate ATI EHR Tutor as a possible template.

Students mention conflict of clinical and review sessions and tutor availability. Consider recording review sessions. Revisit that PowerPoints are to guide the lecturer and not sole resource for students to study and testing content.

#### Clinical:

**ELY** - Plan to have the senior center in Ely for clinical site next year for senior teaching project. Recommendation to have dietician come and talk to Ely students to cover that portion or consider new assignment such as a nutritional intake on assigned patient. Student feedback that clinical care packets are too large and expected too soon. Plan to review care packets and streamline. Student stated that nursing staff at WBRH are not involved with students-plan for Ely clinical instructor to reach out to administration/nursing staff. Per student feedback, communicate to students and staff that they can give meds and provide cares with instructor or with nursing staff. Revise NP assignment to align with Ely’s clinical site.



**Elko** – Dietitian: Students spent time with dietitian in her office, minimal patient encounters. Very rarely did students do an actual patient intake. Consider revising this experience. Student states, “virtual assignments are not applicable or conducive to learning and using our knowledge” (ATI?). One student verbalized that grading of assignments was not uniform. Consider blind grading if concerns on clinical care packets. Per student feedback of lack of exposure to diverse experiences, will investigate infusion center or surgery center, etc.

**Pahrump**- Suggestions to review the care packets. Pahrump did not get good participation in the senior teaching, move to earlier in the semester because many of the seniors leave Pahrump in March. Per student feedback, “the ED did not have leadership structure and the nursing staff were not vested in student education and the environment was not constructive or educational”. Per instructor feedback, many of the staff are travel nurses. Plan to have Pahrump clinical instructor discuss with ED administration/nursing staff.

**Winnemucca**- rural limitations, Dietician assignment challenging because they typically end up in SNF and packet is geared toward acute care. Plan to revisit this assignment and adjust for SNF patients. For med surg clinical, there were some days with low census. Student feedback that Golden Valley rotation was non beneficial due to the fact there are strict guidelines and allowed to perform minimal skills, mostly observation. Plan to have clinical instructor communicate with Golden Valley what the students can/cannot do and share skills log with clinical site. Student feedback that the senior center could be more organized instead of just taking BPs, allow more time for teaching presentation. Plan for clinical instructor to reach out to senior center and advertise teaching topics in advance. For senior teaching, there was a miscommunication with the change in schedule, causing some confusion. Plan to communicate with the director early in the semester and post presentation topics early.

## **Clinical Analysis:**

<b>Virtual Clinical &amp; Simulation (All Centers)</b>			
	<b>Effective in supporting achievement of course SLOs (and course content)</b>	<b>Recommend Change*</b>	<b>% Students recommending continuing clinical at site*</b>
The following clinical sites provided a supportive learning environment for me	Simulations 1-5  Telehealth Clinic* (Zoom simulation)		* <b>Elko – (100%)</b> * <b>Pahrump – (100%)</b> * <b>WMCA – (100%)</b>

	ATI Real Life <ul style="list-style-type: none"> <li>• Kidney Disease</li> <li>• UTI</li> </ul>		<b>*Ely – (100%)</b>
Staff at the following clinical sites consistently adhered to Best Practices	Simulations 1-5  Telehealth Clinic* (Zoom simulation)  ATI Real Life <ul style="list-style-type: none"> <li>• Kidney Disease</li> <li>• UTI</li> </ul>		<b>*Elko – (100%)</b> <b>*Pahrump – (100%)</b> <b>*WMCA – (100%)</b> <b>*Ely – (100%)</b>
Based on my clinical experiences, I would suggest continuing clinicals at:	Telehealth Clinic* (Zoom simulation)		<b>*Elko – (100%)</b> <b>*Pahrump – (100%)</b> <b>*WMCA – (100%)</b> <b>*Ely – (100%)</b>

**\*Justification for recommended change:**

**Skills/ Practice Lab Changes/ Considerations:**

Utilize more simulation and case scenarios. Incorporate more clinical judgment opportunities into scenarios.

**Clinical Assignment Proposed Changes:** See anticipated changes for Spring 2025 (below)

<b>Elko</b>			
	<b>Effective in supporting achievement of course SLOs</b>	<b>Recommend Change*</b>	<b>% Students recommending continuing clinical at site*</b>
<b>The following clinical sites provided a supportive learning environment for me:</b>	<b>X</b>	* CM and senior center not on Survey Monkey (add)	<b>(100%) – M/S/P (100%) – Dietitian (100%) – IC * (0%)– CM *(0%) – Senior Center (100%) – GHFMC</b>
<b>Staff at the following clinical sites consistently adhered to Best Practices:</b>	<b>X</b>	* CM and senior center not on Survey Monkey (add)	<b>(100%) – M/S/P (100%) – Dietitian (100%) – IC * (0%)– CM *(0%) – Senior Center (100%) – GHFMC</b>
<b>Staff at the following clinical sites have established Health and Safety Goals:</b>	<b>X</b>	* CM and senior center not on Survey Monkey (add)	<b>(100%) – M/S/P (100%) – Dietitian (100%) – IC * (0%)– CM *(0%) – Senior Center (100%) – GHFMC</b>
<b>Based on my clinical experiences, I would suggest continuing clinicals at:</b>	<b>X</b>	* CM and senior center not on Survey Monkey	<b>100%) – M/S/P (100%) – Dietitian (100%) – IC * (0%)– CM</b>

		(add)	<b>*(0%) – Senior Center (100%) – GHFMC</b>
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**\*Justification for recommended change to Elko clinical site:** \* This rotation (CM) is not listed on the SLO survey.

**Other Elko clinical considerations (consider EBP, health and safety goals, ANA standards and achievement of course SLOs):**

<b>Pahrump</b>			
	<b>Effective in supporting achievement of course SLOs</b>	<b>Recommend Change*</b>	<b>% Students recommending continuing clinical at site*</b>
<b>The following clinical sites provided a supportive learning environment for me:</b>	X	*NP and senior center not on Survey Monkey (add)	<b>(100%) - DVH – M/S (100%) - DVH – ED/UC (0%) – NP (0%)-Senior Center</b>
<b>Staff at the following clinical sites consistently adhered to Best Practices:</b>	X	*NP and senior center not on Survey Monkey (add)	<b>(100%) - DVH – M/S (100%) - DVH – ED/UC (0%) – NP (0%)-Senior Center</b>

<b>Staff at the following clinical sites have established Health and Safety Goals:</b>	<b>X</b>	*NP and senior center not on Survey Monkey (add)	<b>(100%) - DVH – M/S (100%) - DVH – ED/UC (0%) – NP (0%)-Senior Center</b>
<b>Based on my clinical experiences, I would suggest continuing clinicals at:</b>	<b>X</b>	*NP and senior center not on Survey Monkey (add)	<b>(100%) - DVH – M/S (100%) - DVH – ED/UC (0%) – NP (0%)-Senior Center</b>

**\*Justification for recommended change to Pahrump clinical site:**

**Other Pahrump clinical considerations:**

<b>Winnemucca</b>			
	<b>Effective in supporting achievement of course SLOs</b>	<b>Recommend Change*</b>	<b>% Students recommending continuing clinical at site*</b>
<b>The following clinical sites provided a supportive learning environment for me:</b>	<b>X</b>		<b>(100%) – HGH-M/S (100%) – HGH – Dietitian (100%) – HGH – NP (100%) – GVMC</b>

			<b>(100%)- Senior Center</b>
<b>Staff at the following clinical sites consistently adhered to Best Practices:</b>	<b>X</b>		<b>(100%) – HGH-M/S (100%) – HGH – Dietitian (100%) – HGH – NP (100%) – GVMC (100%)- Senior Center</b>
<b>Staff at the following clinical sites have established Health and Safety Goals:</b>	<b>X</b>		<b>(100%) – HGH-M/S (100%) – HGH – Dietitian (100%) – HGH – NP (100%) – GVMC (100%)- Senior Center</b>
<b>Based on my clinical experiences, I would suggest continuing clinicals at:</b>	<b>X</b>		<b>(100%) – HGH-M/S (100%) – HGH – Dietitian (100%) – HGH – NP (100%) – GVMC (100%)- Senior Center</b>

**\*Justification for recommended change to Winnemucca clinical site:**

**Other Winnemucca clinical considerations:**

<b>Ely</b>			
	<b>Effective in supporting achievement of</b>	<b>Recommend Change*</b>	<b>% Students recommending continuing clinical at site*</b>

	<b>course SLOs</b>		
<b>The following clinical sites provided a supportive learning environment for me:</b>	*No student responses	* Dietician and senior teaching not on Survey Monkey (add)	<b>(100%) – WBRH – M/S (100%) – WBRH – NP (100%)-IC (100%)-CM *(0%)-Dietician *(0%)-Senior Teaching</b>
<b>Staff at the following clinical sites consistently adhered to Best Practices:</b>	*No student responses	* Dietician and senior teaching not on Survey Monkey (add)	<b>(100%) – WBRH – M/S (100%) – WBRH – NP (100%)-IC (100%)-CM *(0%)-Dietician *(0%)-Senior Teaching</b>
<b>Staff at the following clinical sites have established Health and Safety Goals:</b>	*No student responses	* Dietician and senior teaching not on Survey Monkey (add)	<b>(100%) – WBRH – M/S (100%) – WBRH – NP (100%)-IC (100%)-CM *(0%)-Dietician *(0%)-Senior Teaching</b>
<b>Based on my clinical experiences, I would suggest continuing clinicals at:</b>	*No student responses	* Dietician and senior teaching not on Survey Monkey (add)	<b>(100%) – WBRH – M/S (100%) – WBRH – NP (100%)-IC (100%)-CM *(0%)-Dietician *(0%)-Senior Teaching</b>

**\*Justification for recommended change to Ely clinical site:**

**Other Ely clinical considerations:**

**Administrative:**

- a. Syllabus has been saved to file.
- b. Grades have been entered.
- c. Student work samples sent to Nursing Director.
- d. Curriculum map has been updated with all changes made and filed (including evaluation of SLOs).
- e. Integrated Concepts Illustration has been updated with all changes made and filed.
- f. Test blueprints have been filed with course report.

**Faculty Signature(s):**     *Michelle Husbands, DNP, FNP-BC*     *Cassie Allen, MSN, RN*

**Date:** 05/20/24

**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.