



**AAS in Nursing Program**

**End of Semester Course Report**

**Course Number & Name:** NURS 258: Patients with Complex Health Problems

**Year/Semester:** Spring 2024

| <b>Course Faculty</b> |                                |
|-----------------------|--------------------------------|
| Theory:               | Jessica Lynch & Stacy Crouch   |
| Elko Clinical:        | Jessica Lynch & Jessica Dullum |
| Pahrump Clinical:     | Dorothy Callander              |
| Winnemucca Clinical:  | Stacy Crouch                   |
| Ely Clinical:         | Jessica Bellander              |

| <b>Faculty/ Student Ratio</b> |      |
|-------------------------------|------|
| Theory Ratio:                 | 2:26 |
| Clinical Ratio:               | 1:5  |
| Simulation Ratio:             | 2:5  |

| <b>Course Attrition</b>                         |    |
|---|----|
| Beginning number of students:                   | 26 |
| Withdrawals:                                    | 0  |
| 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:          | 16 (10 failed) |
| Second attempt passed:         | 10             |
| Third attempt passed:          | 0              |
| A&P Committee/ Dismissal:      | 0              |

**Course Outcomes:**

**Final Theory Outcomes**

**Final Clinical Outcomes**

|   |                   |
|---|-------------------|
| Percent Passed:                                   | 100%              |
| Percent Failed:                                   | 0                 |
| Range of Total Course Grade (theory and clinical) | 85.75%-<br>96.49% |

|                                   |                   |
|-----------------------------------|-------------------|
| Percent Satisfactory              | 100%              |
| Percent Unsatisfactory            | 0                 |
| Range of Clinical Grades (Scores) | 89.41%-<br>98.78% |

**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> |
|--|--|---|
| 1. Provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare environments to diverse patients experiencing physiological crisis and end of life. | X  | 100%  |
| 2. Use clinical reasoning when engaged in the work of a professional nurse.  | X  | 100%  |
| 3. Participate in quality improvement processes to improve patient care.   | X  | 100%  |
| 4. Engage in teamwork with members of the interprofessional team, the patient, and the patient's support persons when managing patient care.   | X  | 100%  |
| 5. Apply management, legal, ethical, and professional guidelines in practice as a professional nurse.  | X  | 100%  |
| 6. Use information management principles, techniques, and systems, and patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.          | X  | 100%  |

## **NCLEX Report Changes:**

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

Based on the previous NCLEX report, psychosocial considerations remain low. Debriefing included discussion about psychosocial integrity in the N258 culture and infection simulations. Discussion was added in the prebriefing and debriefing of Disaster Day to include mental health resources for those involved in a MCI, including victims. Improvement was needed for assessment. Each module in lecture started out with discussion of thorough assessments needed for the specific body system. Emphasis was placed on medication purpose, side effects, and adverse reactions in lecture, simulation, and clinical. Unfolding case studies were used in class and NGN questions were used on exams to help students prepare for the NGN NCLEX.

## **Textbooks:**

| <b>Textbook</b>  | <b>Effective</b> | <b>Recommend Change</b> |
|--|------------------|-------------------------|
| Lewis, S. L., Bucher, L., Heitkemper, M. M., Harding, M. M., Kwong, J., & Roberts, D. (2020). <i>Medical-surgical nursing: Assessment and management of clinical problems</i> (11 <sup>th</sup> ed.). St. Louis, MO: Elsevier. Evolve online resources | <b>X</b>         |                         |
| ATI Nursing Education. RN Adult Medical Surgical Nursing   | <b>X</b>         |                         |
| American Psychological Association. (2020). <i>Publication manual of the American Psychological Association</i> (7 <sup>th</sup> ed.). Washington, DC: Author.   | <b>X</b>         |                         |
| American Heart Association. HeartCode <i>ACLS: Advanced Cardiac Life Support Online</i>  | <b>X</b>         |                         |

**Justification for recommended textbook change:**

All materials worked well to support students' learning and the topics within the course. The Lewis' Med-Surg book is very good at explaining the topics with great tables and resources – would highly suggest continuing to use this med-surg book in the AAS program.

## ATI:

See AAS Program ATI Course Integration List.

| <b>ATI Medical Surgical 2023 Proctored Exam</b> |                       |                        |                        |                        |                        |                        |
|---|-----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
|   | Current Semester 2024 | Previous Semester 2023 | Previous Semester 2022 | Previous Semester 2021 | Previous Semester 2020 | Previous Semester 2019 |
| % & # of Group Below Proficiency Level 1        | 0                     | 0                      | 0                      | 0                      | 0                      | 0                      |
| % & # of Group at Proficiency Level 1           | 0                     | 3.7 (1)                | 0                      | 7.9 (3)                | 0                      | 3.3 (1)                |
| % & # of Group at Proficiency Level 2           | 51.9 (14)             | 44.4 (12)              | 30.0 (9)               | 60.5 (23)              | 48.1 (13)              | 63.3(19)               |
| % & # of Group at Proficiency Level 3           | 44.4 (12)             | 51.9 (14)              | 70.0 (21)              | 31.6 (12)              | 51.9 (14)              | 33.3 (10)              |
| Group Average Score:                            | 81.1                  | 81.3                   | 83.3                   |                        |                        |                        |
| Group Mean—National:                            | 69.2                  | 69.2                   | 69.2                   | 68.9                   | 69.2                   | 68.9                   |
| Group Mean –Program:                            | 69.2                  | 69.2                   | 69.2                   | 68.9                   | 69.5                   | 69.3                   |
| Institutional Benchmark:                        |                       | 50.0                   |                        |                        |                        |                        |
| % of Group Meeting Institutional Benchmark:     | 100                   |                        | NA                     | 92.1                   | NA                     | 96.3                   |
| Group Percentile Rank - National                | 96.2                  | 96.3                   | 96.7                   | 96                     | 98                     | 95                     |
| Group Percentile Rank - Program                 | 96.2                  |                        | 96.7                   | 96                     | 98                     | 95                     |
| <b>Thinking Skills Group Scores</b>             |                       |                        |                        |                        |                        |                        |
| Foundational Thinking                           | 79.3                  | 86.2                   | 85.6                   | 86                     | 76.9                   | 86.1                   |
| Clinical Judgment/Critical Thinking             | 83.5                  | 82                     | 83.1                   | 78.1                   | 81.7                   | 79.0                   |
| Priority Setting                                | 80.6                  | 76.4                   | 83.1                   | 82.2                   | 80.2                   | 79.0                   |
| <b>Nursing Process Group Scores</b>             |                       |                        |                        |                        |                        |                        |
| Assessment                                      | 74.2                  | 78.3                   | 88.0                   | 82.1                   | 79.5                   | 80.4                   |
| Analysis/Diagnosis                              | 80.9                  | 86.8                   | 89.5                   | 82.2                   | 86.3                   | 79.3                   |

|  |      |      |      |      |      |      |
|--|------|------|------|------|------|------|
| Planning                                 | 84.6 | 79.6 | 79.0 | 77.5 | 82.4 | 75.0 |
| Implementation/Therapeutic Nursing       | 86.1 | 80.4 | 82.7 | 78.9 | 81.9 | 80.6 |
| Evaluation                               | 81.1 | 80.4 | 74.6 | 66.8 | 73.0 | 80.0 |
| <b>Major NCLEX Content Areas</b>         |      |      |      |      |      |      |
| Management of Care                       | 92.3 | 90.1 | 92.2 | 91.7 | 91.4 | NA   |
| Safety and Infection Control             | 65.9 | 78.7 | 80.4 | 79.9 | 90.3 | 79.2 |
| Health Promotion and Maintenance         | 96.2 | 89.8 | 85.8 | 82.9 | 76.9 | 71.7 |
| Psychosocial Integrity                   | 67.9 | 63.0 | 90.0 | 80.7 | 72.8 | NA   |
| Basic Care and Comfort                   | 87.4 | 87.5 | 72.9 | 76.6 | 80.1 | 78.3 |
| Pharmacological and Parenteral Therapies | 89.6 | 87.0 | 86.5 | 85.4 | 87.5 | 78.0 |
| Reduction of Risk Potential              | 85.1 | 84.2 | 83.2 | 75.2 | 85.2 | 81.4 |
| Physiological Adaptation                 | 81.0 | 76.7 | 82.2 | 73.2 | 72.4 | 80.0 |
| Clinical Judgment                        | 80.6 | 76.4 |      |      |      |      |
| <b>QSEN</b>                              |      |      |      |      |      |      |
| Safety                                   | 86.3 | 82.3 | 84.8 | 82.6 | 84.7 | 80.5 |
| Patient-Centered Care                    | 86.4 | 81.9 | 80.0 | 76.9 | 83.5 | 77.3 |
| Evidence Based Practice                  | 79.8 | 81.1 | 83.5 | 76.3 | 77.8 | 79.0 |
| Quality Improvement                      | NA   | 92.6 | NA   | NA   | 81.5 | NA   |
| Teamwork and Collaboration               | 92.3 | 72.2 |      |      |      |      |
| <b>Clinical Judgement</b>                |      |      |      |      |      |      |
| Take Actions                             | 85.4 | 80.2 |      |      |      |      |
| Evaluate Outcomes                        | 78.5 | 71.9 |      |      |      |      |

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

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

The topics that were low on the exam include: Safety & Infection Control – Accident/Error/Injury Prevention, Standard precautions/Transmission-Based Precautions/Surgical Asepsis, and Handling Hazardous & Infectious Materials; Psychosocial Integrity – Coping Mechanisms, Stress Management, & Support Systems. Additional areas decreasing from previous year includes foundational thinking, Assessment, and Analysis/Diagnosis. Topics need to be addressed in more detail in practice lab, simulation, and further expanded upon in lecture. Plan to reinforce all information above as fits with case studies/ content and during review days and in lecture.

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

## **Course Exams:**

See Test Blueprints for detailed analyses.

| <b>Exam Averages</b> |  |  |                           |                           |                           |
|----------------------|--|--|---------------------------|---------------------------|---------------------------|
|                      |  |  | Current Semester<br>2024  | Previous<br>Semester 2023 | Previous<br>Semester 2022 |
| <b>EXAM 1</b>        |  |  | 69%-98%<br>(Average 85%)  | 79%-98%<br>(Average 91%)  | 76%-98%<br>(Average 89%)  |
| <b>EXAM 2</b>        |  |  | 78%-95%<br>(Average 86%)  | 71%-97%<br>(Average 88%)  | 76%-98%<br>(Average 89%)  |
| <b>EXAM 3</b>        |  |  | 81%-100%<br>(Average 93%) | 80%-97%<br>(Average 89%)  | 65%-100%<br>(Average 86%) |

## **Theory/Classroom Analysis:**

**Teaching Methods:** Lecture, discussion, demonstration, case-studies, small group work, videos, assigned readings, written assignments, computer assisted learning programs.

**What worked well and reason(s):** The course schedule and topics worked well within the course, with the exams and exam content easily spaced. Students expressed they liked the course content and exams testing on only specific topics. Students expressed the module prework was helpful as well as the clinical rotations and simulations. They also stated they used the module prework as a useful study tool. This semester the respiratory therapy professor taught students about basic ventilator care, settings, and other considerations. This proved to be very helpful as the students were provided with visuals during the lecture.

**Anticipated Changes:** Shock is currently covered in only one day and needs to be covered in two days because of the amount of content. Consider combining some of the shorter topics into one day such including combining End of Life and Immune Response.

Need to create a 15-question quiz combining both topics. Add Spinal Cord to the Head Injury module. Some of these topics to discuss are brief and can be combined in other modules. Demerol needs to be removed from the Emergency Medication Template assignment. This drug is no longer used as a first-line narcotic for managing pain. Add a section to the Emergency Medication Template assignment titled, "Sedation" to include Ketamine, Fentanyl, Midazolam, and Lorazepam. Consider adding questions related to the low-scored items based off the ATI analysis into N258 exams. Use ATI's Claire AI for question development. Consider adding 1 exam to the course.

**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</b>   |
| <b>Clinical Case Studies: Need to add this category into the Survey Monkey in 2025!</b><br>(Emailed E.Stanley 5-13-24) | X  | X                        | No comments/ survey questions related to this assignment  |
| <b>Disaster Day</b>  | X  |                          | <b>100%</b> of students agreed or strongly agreed that the disaster day simulation helped them understand the importance of teamwork, collaboration, and communication with |

|  |          |          |   |
|--|----------|----------|---|
|  |          |          | other healthcare professionals.   |
| <b>ACLS</b>  | <b>X</b> |          | <b>100%</b> of students agreed or strongly agreed that the ACLS training helped them feel more prepared to respond to a patient's change in status and/or patient experiencing respiratory or cardiac crisis. |
| <b>ICU/ATI Critical Thinking Assignment: Need to add this category into the Survey Monkey for 2025!</b><br><br>(Emailed E.Stanley 5-13-24) | <b>X</b> | <b>X</b> | No comments/ survey questions related to this assignment  |

**\*Justification for recommended change:**

**Other virtual clinical/ simulation considerations:**

All other sims worked great and provided good student learning. See sim-team meeting notes for further change considerations.

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

During the lectures for stroke and STEMI, be sure to provide instructions for how to use TNKase and alteplase. Students had confusion not know how to administer these high-risk drugs during the simulations. Added care for arterial lines to the 4<sup>th</sup> semester skills, including set up and monitoring to align with the NCLEX test-plan. Have Melissa record a set up of the arterial line and have it uploaded into Webcampus.



### Clinical Assignment Proposed Changes:

Need to add the medication templates back into the N258 clinical care packets and the ER clinical assignments adjust rubric scoring accordingly. If no medications were given, students are to do 3 medication templates on medications that you would anticipate being given. There were lots of questions from students regarding the ER assignments. The assignment will remain the same but will reformat the charts for easier interpretation of assignment requirements. Reevaluate the points for the assignment Clinical Case Study assignment (make the same as a clinical CCP). Need to make the instructions for the Clinical Case Study assignment clearer as there were a lot of questions. Reformatting may be required. Decrease the time for completion of peer case studies to 4 hours as the students finished quicker than anticipated.

| <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>Northeastern Nevada Regional Hospital (NNRH) Emergency Department</b> | <b>X</b>  |                          | <b>100%</b>   |
| <b>NNRH ICU</b>  | <b>X</b>  |                          | <b>100%</b>   |
| <b>NNRH Medical-Surgical Department</b>                                  | <b>X</b>  |                          | <b>100%</b>   |
|  |   |                          |   |

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

No changes anticipated.

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

This semester students had several opportunities to assist in the care of patients in acute distress in the ER and ICU ranging from

respiratory failure, cardiovascular compromise, shock, and traumatic injuries. Because of lower census, students mostly had only 1 patient (per student) to care for while doing rotations in the Medical-Surgical department. Clinical groups were provided the opportunity to participate in hospital-wide drills including STEMI Alerts, Code Blue, and Rapid Response while on the Med-Surg unit. One student responded that NNRH did not consistently adhere to Best Practice in the ICU, ER, or MSP areas. Only 7 Elko students completed this survey.

| <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>Desert View Hospital ER</b>       | <b>X</b>  |                          | <b>100%</b>   |
| <b>Desert View Hospital Med-Surg</b> | <b>X</b>  |                          | <b>100%</b>   |
|                                      |   |                          |   |
|                                      |   |                          |   |

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

No changes anticipated.

**Other Pahrump clinical considerations (consider EBP, health and safety goals, ANA standards and achievement of course SLOs):** At DVH students were able to care for two patients during each clinical rotation and were able to complete the assignments related to clinical patient care and in achievement of course SLOs. Students had a good clinical experience. The charge nurse would take the team leader with her to do outpatient infusions and blood draws. The nurses are all very willing to have students and invested in teaching them. They are usually allowed to present their patients in the interdisciplinary team (IDT) meetings and were able to go to Lexiscans with their patients. Most students agreed and strongly agreed that DVH provided a supportive learning environment,

followed EBP and had established health and safety goals. Only 4 Pahrump students responded to this survey, with one responding that they “disagreed” that the DVH Med Surg staff consistently adhered to best practices.

| <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>Humboldt General Hospital (HGH) Emergency Department</b> | <b>X</b>  |                          | <b>100%</b>   |
| <b>HGH Medical-Surgical/ICU</b>                             | <b>X</b>  |                          | <b>100%</b>   |
|   |   |                          |   |
|   |   |                          |   |

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

No changes anticipated.

**Other Winnemucca clinical considerations (consider EBP, health and safety goals, ANA standards and achievement of course SLOs):** Overall the HGH staff provided a supportive learning environment for students. Nurses were willing to work with students and include them in complete patient care. Students took care of and saw a variety of patients and census was high enough for students to care for two patients during their med-surg clinical rotations. Only 2 of the Winnemucca students completed this survey.

| <b>Ely</b>   |   |                          |   |
|--|---|--------------------------|---|
|  | <b>Effective in supporting achievement of course SLOs</b> | <b>Recommend Change*</b> | <b>% Students recommending continuing clinical at site*</b> |
| <b>William B. Ririe (WBR) Medical-Surgical</b>     | <b>X</b>  |                          | <b>100%</b>   |
| <b>William B. Ririe (WBR) Emergency Department</b> | <b>X</b>  |                          | <b>100%</b>   |
|  |   |                          |   |
|  |   |                          |   |

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

No changes anticipated.

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

There was a positive/educational experience had at all clinical sites in Ely. Students provided positive feedback regarding all clinical experiences at WBR Hospital. Only 1 student in Ely completed the survey.

**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):**      *Jessica Lynch & Stacy Crouch*

**Date:**            05-10-2024

**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.