



## AAS in Nursing Program

### End of Semester Course Report

1. Course Number and Name:  
NURS 253: NURSING CARE OF CHILDREN AND ADOLESCENTS
2. Year / Semester: 2017 Fall
3. Course Faculty (include any adjunct faculty utilized)  
Heidi Johnston, Peggy Drussel, Stacy Rust, Glenn Taylor

### COURSE STATISTICS

4. Theory Ratio 26:2 Clinical Ratio 8:1 Simulation Ratio 5:2  
(Student to faculty ratios: Please use the number of students at the beginning of the semester for these.)
5. Final Theory Outcomes:
  - a. Percent Passed: 100%
  - b. Percent Failed: NA
  - c. Range of Scores: Letter grades A to B+
6. Final Clinical Outcomes:
  - a. Percent Satisfactory: 100%
  - b. Percent Unsatisfactory: NA
7. Course Attrition:
  - a. Beginning number of students: 26
  - b. Withdrawals: 0 Enter Withdrawal number
  - c. Incompletes (with expected date of completion): 0
8. Dosage Calculation Test:
  - a. First attempt pass NA
  - b. Second attempt pass NA
  - c. Third attempt pass NA
  - d. A & P committee recommendation: NA
9. Course Overview
  - a. ATI Tools/Materials: ATI proctored exam Nursing Care of Children, Real Life Nursing Care of Children

ATI Test Used	When test used during semester
Nursing Care of Children	Final Exam

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

The proctored final exam is an ATI proctored exam Nursing Care of Children. This 70-item exam offers an assessment of the student's basic comprehension and mastery of nursing care of children nursing principles.

ATI Final Proctored Exams		Current Semester 2017	Current Semester 2016	Previous Semester 2015	Previous Semester /2014
% & # of Group Below Proficiency Level 1		0	0	0	0
% & # of Group at Proficiency Level 1		3 (11.5)	4 (15.4)	2	2
% & # of Group at Proficiency Level 2		16 (61.5)	19 (73.1)	11	12
% & # of Group at Proficiency Level 3		7 (26.9)	3 (11.5)	5	4
Group Score:		72.5	71.7	72.5	71.9
Group Mean—National:		62.4	62.5	62.4	61.2
Group Mean –Program:		61.9	61.9	61.9	61.6
Institutional Benchmark:				%	%
% of Group Meeting Institutional Benchmark:			84.6	88.9	88.9
Group Percentile Rank - National		95	94	95	94.4
Group Percentile Rank - Program		97	96	97	94.4
<b>Thinking Skills Group Scores</b>					
Foundational Thinking		53.8	43.6	60.2	76.8
Clinical Judgment/Critical Thinking		73.5	73.2	72	70.0
Priority Setting		73.8	73.1	69.4	62.2
<b>Nursing Process Group Scores</b>					
Assessment		66.2	61.5	70.8	78.6
Analysis/Diagnosis		75.4	73.5	73.5	85.6
Planning		60.8	64.6	72.8	60.3
Implementation/Therapeutic Nursing		78.0	78.7	70.5	71.4
Evaluation		76.4	72.1	65.3	52.8
<b>Major NCLEX Content Areas</b>					
Management of Care		84.6	96.2	77.8	100
Safety and Infection Control		63.1	74.6	47.8	70
Health Promotion and Maintenance		78.5	68.5	74.4	61.1
Psychosocial Integrity		75.8	80.8	79.6	70.4
Basic Care and Comfort		74.2	69.2	70.6	78.6
Pharmacological and Parenteral Therapies		80.2	85.2	73.8	81.0
Reduction of Risk Potential		74.4	74.0	79.6	74.1
Physiological Adaptation		67.9	64.0	67.8	67.2

QSEN				
Safety	81.8	83.2	79.3	73.1
Patient-Centered Care	77.4	76.3	81.7	68.2
Evidence Based Practice	66.4	65.0	58.3	74.1
Teamwork and Collaboration	NA	NA	61.1	72.2

c. Any issues identified (i.e. are group scores higher or lower than previous semesters).  
Overall the group this year scored higher than last year. Slight decreases in some areas (see highlights) and will be addressed within the course next fall.

d. Course Exams:

Exam One Average	93
Exam Two Average	92
Exam Three Average	97

e. 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)  
This semester had exams after each class. We did add two exam this year to the schedule (plus they still have their ATI Nursing Care of Children as their final exam). There was no collaborative testing, but students did well testing independently on average for both quizzes and exams.

## THEORY EVALUATION

10. Textbooks used and evaluation of each:

**Perry, S., Hockenberry, M., Lowdermilk, D., & Wilson, D. (2014). *Maternal child nursing care* (5<sup>th</sup> ed.). St. Louis, MO: Elsevier-** This text was new this year. This text is used in the OB course also. The decision to change the text was based on student feedback over the last three years that the old text did not have good student resources and overall difficulty to read. Also, instructor resources were lacking. The new text has numerous instructor resources with many ideas on teaching strategies for the topic. The content is laid out so that students start with growth and development prior to progressing to disease processes. The text also flows from OB into pediatrics seamlessly.

**ATI RN Nursing Care of Children Edition Content Mastery Series-** Comes as part of ATI package, basically outlines and highlights certain areas to help prepare student for ATI final. The content does not go into depth but does provide an overall general overview via outline of the topic. A good secondary resource for students.

**Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) provider manual-**

Required for students to get PEARS certified. Prepares students to recognize and respond to pediatric emergencies that involves respiratory and circulatory issues. Excellent text and appropriate level for students.

11. Weekly content:

Will continue to teach same content integrating lecture with individual and group class activities to promote critical thinking and clinical reasoning. Will keep theory outline the same as the content progressed well and seemed to build upon the previous content. Students learned about normal growth and development for children prior to learning about disease processes. Overall students agreed or strongly agreed they were able to meet the SLOs on the survey. Based on Mountain Measurements (2 dimensional analysis) will need to look at identified areas on analysis to review/strengthen within course (please see 2016-17 analysis).

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

PEARS course addressing respiratory and circulatory emergencies and students successfully completed course and obtained certification in PEARS.

13. Teaching Methods:

Lecture, discussion, demonstration, small group work, assigned readings, and written assignment.

## CLINICAL EVALUATION

14. Clinical Site Evaluation - Include EBP, Patient Health & Safety and ANA Standards

(Please list strengths and/or limitations specific to each site)

Overall a majority students agreed or strongly agreed that clinical sites were a good experience and that nurses provided best practice, safe practice, and adhered to ANA standards at all locations (Elko, Pahrump, and Winnemucca) with the exception of the Pediatric Health Fair .

**Elko:** Student agreed or strongly agreed the school nurse rotation was a positive learning experience and numerous student comments supporting that learning site. The GBC Preschool had low ratings due to the lack of children who participated in attending the healthfair.

**Winnemucca:** Clinical Sites: Humboldt General Hospital (J. Hurst, NP) Grass Valley Elementary School (Early Childhood Education). NPs office has minimal ability to only schedule pediatrics, students were able to follow NP in clinic and attend Walk-in Clinic for exposure to pediatric students. The pediatric population has no providers specializing in pediatrics in Winnemucca, therefore limited opportunities with this specialized population. Grass Valley Elementary was welcoming and students were able to interact with many students experiencing numerous disabilities in a school setting; positive interactions with students and pediatric population.

**Pahrump:** Student in Pahrump went to St. Rose Siena in Las Vegas for clinical hours. They all  
9/26/12 AD; 2/22/13 DB; 2/25/13 TAG, 3/7/13 TAG, 3/20/13 TAG, 3/22/13 DB, 9/24/14 db

strongly agreed that this site was a supportive learning environment that adhered to best practices. Comments included supportive staff and an amazing learning experience.

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

For Winnemucca, due to the limited number of pediatric patients being seen with the NP, that site will no longer be used. A new clinical site/activity will need to replace the Pediatric NP rotation. Perhaps the school nurse will be willing to have students rotate through next year. The Health Fair clinical (Elko and Winnemucca only) had a poor turnout and overall poor student clinical evaluation ratings. Perhaps incorporating a pediatric clinical rotation for next year with a clinical that has a registered nurse present. This may be Golden Health who has a pediatrician and also a registered nurse that students could follow Elko. In Winnemucca the hope is the school nurse will be able to take students for a rotation.

16. Clinical changes and reason(s):

Will change the Winnemucca NP rotation. Consider not doing the health fair and instead a pediatric clinic rotation for school nursing. In, consider Golden Health pediatric rotation.

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

As previously mentioned the PEARS allows for patient centered care and engages student in critical thinking and clinical reasoning.

18. Teaching Methods

Clinical assignments associated with each community clinical rotation and graded via rubric. Simulations and PEARS course incorporated into class with successful student participation and passing on a pass/fail basis with positive feedback from students.

## **FULL COURSE OVERVIEW**

19. What worked well and reason(s):

PEARS covered respiratory and circulatory in depth. The group theory presentation on developmental levels showed student knowledge and creativity. Course content flowed well to build on student learning outcomes. Using lecture and activity allowed students to apply clinical reasoning skills and helped the instructor identify any gaps and enhance student learning.

20. Anticipated Changes

Clinical rotations in Elko and Winnemucca as discussed above.

21. Changes to weekly content and reason(s):

None

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

None at this time.

23. Other changes and reason(s):

NA

24. Administrative:

- a. Syllabus has been saved to file.
- b. The course was backed up on WebCampus.
- c. Grades have been entered.
- d. Grade book has been saved to file. NA
- e. Student work samples have been filed in student file.
- f. Student clinical care packets have been filed in student file. NA
- g. Curriculum map has been updated with all changes made and filed.
- h. Integrated Concepts Illustration has been updated with all changes made and filed.
- i. Test blueprint has been filed with course report.

**Faculty Signature(s):** Heidi Johnston, Peggy Drussell

**Date:** December 11, 2017

**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.