



AAS in Nursing Program

End of Semester Course Report

1. Course Number and Name:
Nursing 257: Nursing Care of Adults with Acute and Chronic Illnesses
2. Year / Semester: 2017 Fall
3. Course Faculty (include any adjunct faculty utilized)
Heidi Johnston, Sharon Sutherland, Tami Allred, Stacy Rust, Glenn Taylor

COURSE STATISTICS

4. 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.)
5. Final Theory Outcomes:
 - a. Percent Passed: 100%
 - b. Percent Failed: Enter Percent Failed
 - c. Range of Scores: Letter grades B- to A
6. Final Clinical Outcomes:
 - a. Percent Satisfactory: 100%
 - b. Percent Unsatisfactory: Enter Percent Unsatisfactory
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 24
 - b. Second attempt pass 2
 - c. Third attempt pass 0
 - d. A & P committee recommendation: 0
9. Course Overview
 - a. ATI Tools/Materials: Medical-Surgical TMS questions, Real Life, Skills review, NurseLogic, Dosage Calculation, ATI Pharmacology Proctored exam. ATI medical-surgical nurse book as a supplement to assigned course textbook.

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

Students were required to complete TMS questions associated with assigned modules. Students journaled 10 TMS questions for a total of 50 questions over the semester. Students completed blood administration, and surgical asepsis and turned in transcripts for practice lab. Completed dosage calculation modules including safe dosage, critical care medications, dosage by weight, and pediatric medications. Students are also required to submit a transcript of completing NurseLogic for advanced students by specific date set by instructor. ATI Pharmacology is given during finals week.

ATI Pharmacology Proctored Exams				
	Current Semester 2017	Previous Semester 2016	Previous Semester /2015	Previous Semester /Year
% & # of Group Below Proficiency Level 1	0	0	%	
% & # of Group at Proficiency Level 1	2	0	%	
% & # of Group at Proficiency Level 2	69.2/18	73.1/19	%	
% & # of Group at Proficiency Level 3	23.1/6	26.9/7	%	
Group Score:	80.6	81.5	70.1	79.6
Group Mean—National:	63.4	63.4	NA	NA
Group Mean –Program:	64.1	64.1	NA	NA
Institutional Benchmark:		71.7	NA	NA
% of Group Meeting Institutional Benchmark:	92.3	100	NA	NA
Group Percentile Rank - National	99	99	NA	NA
Group Percentile Rank - Program	99	99	NA	NA
Thinking Skills Group Scores				
Foundational Thinking	83.5	87.8	72	
Clinical Judgment/Critical Thinking	80.3	80.8	70	79
Priority Setting	91.5	80.8	77	83
Nursing Process Group Scores				
Assessment	93.1	79.2	71	80
Analysis/Diagnosis	80.3	79.1	62	82
Planning	77.4	83.9	73	93
Implementation/Therapeutic Nursing	79.4	81.4	71	73
Evaluation	80.8	84.6	77	84
Major NCLEX Content Areas				
Management of Care	NA	NA	69	94
Safety and Infection Control	89.1	92.9	88	100
Health Promotion and Maintenance	NA	NA	55	71
Psychosocial Integrity	84.6	96.2	63	NA
Basic Care and Comfort	NA	NA	80	77
Pharmacological and Parenteral Therapies	79.6	79.9	82	94

Reduction of Risk Potential	NA	NA	68	80
Physiological Adaptation	NA	NA	67	76
QSEN				
Safety	81.6	86	76	NA
Patient-Centered Care	78.0	84.6	74	NA
Evidence Based Practice	80.2	74.2	68	NA
Teamwork and Collaboration	NA	79.6	NA	NA

- c. Any issues identified (i.e. are group scores higher or lower than previous semesters). All students successfully passed the final course exam. Two students scored a Level 1 (last year no students scored below a level 2). Additionally, students last year (2016) took the Pharm exam twice, so that may be why scores were higher from last year. Areas highlighted above are areas where scores decreased. These area will need to be addressed in each semester of the program.

- d. Course Exams:

Course Exam	Average Percentage
Exam 1	90
Exam 2	90
Exam 3	89
Midterm	90
Final	92

- 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)
Each test had identified mastery items that students got correct, typically greater than 10%. Will continue to review these questions prior to administering test next year. Questions were changed based on last year analysis and new questions incorporate into exams to replace those not used again. End of module quizzes were also incorporated into course modules. There is no collaborative testing and students test independently. Please see attached test blueprints for an analysis of each exam. Exams will be reviewed prior to administering next year and questions changed or deleted based on test item analysis.

THEORY EVALUATION

10. Textbooks used and evaluation of each:

A. 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.

A new text will be used next year. While Lewis is a good text, there is an overwhelming amount of information integrated into the readings for students. A new text from Davis will be incorporated.

11. Weekly content:

Some lecture always incorporated in class with activities incorporated to promote critical thinking/ clinical reasoning and assist with applying information (nursing is not solely memorizing information but being able to apply the information), instructor created PPTs only guideline of most important factors. Mini in class simulations with positive feedback within the sim prior to progression to next section, a mini debriefing. Student completed 3 exams, final, and midterm with module quizzes. Overall students agreed or strongly agreed they were able to meet the Course SLOs.

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

NA

13. Teaching Methods:

Lecture, discussion, demonstration, case studies, small group work, assigned readings, written assignments, computer assisted learning programs, nursing lab activities, simulation in practice lab, simulation in class, and clinical instruction are utilized.

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: Majority of students agreed or strongly agreed that clinical sites used addressed EBP, Patient Health & Safety and ANA Standards in all site locations. Student comments addressed the surgical rotation at NNRH as unsupportive. Students also stated that at dialysis they did more observation versus hands on. Dialysis is a specialty area and students are there in an observation role.

Elko: One quarter of students (4 total) disagreed that NNRH consistently adhered to best practices and 11% (2 students) disagree that this was a supportive learning environment. Student comments addressed the surgical rotation at NNRH as unsupportive. Students also stated that at dialysis they did more observation versus hands on. Dialysis is a specialty area and students are there in an observation role.

Winnemucca: Humboldt General Hospital (Medical-Surgical unit, E. Matthews NP, J. Hurst, NP, Surgery), DaVita Dialysis, Genesis Home Health. All sites accommodating to students; interaction with staff members has increased and learning opportunities are increasing..

Pahrump: All students rated their clinical rotations highly with comments about that staff at locations were engaging and helpful to students.

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

The only concern was how students were treated during the surgical rotation. This was addressed with the Dean.

16. Clinical changes and reason(s):

Will keep current clinical at all sites for another year and continue to ensure that students are in a successful learning environment.

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

NA

18. Teaching Methods

Clinical written assignments for community clinical, clinical care packet centered on patient-care given in acute care, Socrates questioning in clinical, post-clinical discussions.

FULL COURSE OVERVIEW

19. What worked well and reason(s):

Activities interspersed with lecture worked well to encourage critical thinking and enhance clinical reasoning. Students enjoyed mini simulations in the classroom. Students agreed or strongly agreed that student learning course outcomes were met.

20. Anticipated Changes

Would like to not schedule any clinical the last Friday prior to finals week, potential to give student the ATI Pharm exam that Friday versus 3 finals the last week. In addition, blood administration took 2 hours to check off 8 students versus the 4 hours we scheduled them. Need to start home health at 0900 next year. 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).

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

Content will stay the same with the changing of theory content as mentioned above.

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

None anticipated

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.
- e. Student work samples have been filed in student file.
- f. Student clinical care packets have been filed in student file.
- 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, Sharon Sutherland, Peggy Drussel, Barb Conton, Stacy Rust

Date: 12-17-16

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.