** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name:

NURS 253: NURSING CARE OF CHILDREN AND ADOLESCENTS

1. Year / Semester: 2018 Fall
2. Course Faculty (include any adjunct faculty utilized

Heidi Johnston, Peggy Drussel, Stacy Rust, Malia Keep

**COURSE STATISTICS**

1. Theory Ratio 33:2 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.)

1. Final Theory Outcomes:
   1. Percent Passed: 100%
   2. Percent Failed: NA
   3. Range of Scores: B+ to A
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100%
   2. Percent Unsatisfactory: NA
3. Course Attrition:
   1. Beginning number of students: 33
   2. Withdrawals: 0 Enter Withdrawal number
   3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass NA
   2. Second attempt pass NA
   3. Third attempt pass NA
   4. A & P committee recommendation: NA
5. Course Overview
   1. 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 |
|  |  |

* 1. 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  2018 | Current  Semester  2017 | Previous  Semester  2016 | Previous Semester /2015 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 1 (30.) | 3 (11.5) | 4 (15.4) | 2 |
| % & # of Group at Proficiency Level 2 | 14 (42.4) | 16 (61.5) | 19 (73.1) | 11 |
| % & # of Group at Proficiency Level 3 | 18 (54.5) | 7 (26.9) | 3 (11.5) | 5 |
| Group Score: | 77.0 | 72.5 | 71.7 | 72.5 |
| Group Mean—National: | 63.1 | 62.4 | 62.5 | 62.4 |
| Group Mean –Program: | 62.4 | 61.9 | 61.9 | 61.9 |
| Institutional Benchmark: |  |  |  | % |
| % of Group Meeting Institutional  Benchmark: | 97.0 |  | 84.6 | 88.9 |
| Group Percentile Rank - National | 98 | 95 | 94 | 95 |
| Group Percentile Rank - Program | 98 | 97 | 96 | 97 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 78.3 | 53.8 | 43.6 | 60.2 |
| Clinical Judgment/Critical Thinking | 75.6 | 73.5 | 73.2 | 72 |
| Priority Setting | 77.3 | 73.8 | 73.1 | 69.4 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 76.9 | 66.2 | 61.5 | 70.8 |
| Analysis/Diagnosis | 77.6 | 75.4 | 73.5 | 73.5 |
| Planning | 80.3 | 60.8 | 64.6 | 72.8 |
| Implementation/Therapeutic Nursing | 72.5 | 78.0 | 78.7 | 70.5 |
| Evaluation | 77.1 | 76.4 | 72.1 | 65.3 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 100.0 | 84.6 | 96.2 | 77.8 |
| Safety and Infection Control | 78.8 | 63.1 | 74.6 | 47.8 |
| Health Promotion and Maintenance | 60.6 | 78.5 | 68.5 | 74.4 |
| Psychosocial Integrity | 81.8 | 75.8 | 80.8 | 79.6 |
| Basic Care and Comfort | 78.8 | 74.2 | 69.2 | 70.6 |
| Pharmacological and Parenteral Therapies | 73.2 | 80.2 | 85.2 | 73.8 |
| Reduction of Risk Potential | 77.0 | 74.4 | 74.0 | 79.6 |
| Physiological Adaptation | 76.2 | 67.9 | 64.0 | 67.8 |
| **QSEN** |  |  |  |  |
| Safety | 80.9 | 81.8 | 83.2 | 79.3 |
| Patient-Centered Care | 71.1 | 77.4 | 76.3 | 81.7 |
| Evidence Based Practice | 74.1 | 66.4 | 65.0 | 58.3 |
| Teamwork and Collaboration | NA | NA | NA | 61.1 |

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

Overall the group this year scored significantly higher than last year. Slight decreases in some areas (see highlights) and will be addressed within the course next fall. Did see a large drop in pharmacology and health promotion so areas to address next fall.

**ATI Scores by Location:**

**ATI Pharmacology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Level 1** | **Level 2** | **Level 3** |
| Elko | 5% (1) | 50%(9) | 45%(8) |
| Pahrump | NA | 37%(3) | 63%(5) |
| Winnemucca | NA | 29%(2) | 71%(5) |

* 1. Course Exams:

|  |  |
| --- | --- |
| Exam One Average | 92 |
| Exam Two Average | 98 |
| Exam Three Average | 97 |

* 1. 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. There was no collaborative testing, but students did well testing independently on average for both quizzes and exams and was comparable to last year cohort. .There is no final course exam as students take the ATI procotored exam.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

**Perry, S., Hockenberry, M., Lowdermilk, D., & Wilson, D. (2018). *Maternal child nursing care* (6th ed.). St. Louis, MO: Elsevier**- This was the second year using this text, however, the text was updated. Content was integrated (such as integumentary and immunizations) into other chapters which did not flow well and was a lot of reading for students. Will plan to review another text from Davis over break to determine possible change in text for next year.

**ATI RN Nursing Care of Children Edition Content Mastery Series-** Comes as part of ATI package, 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.

1. 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. However, should we keep this text some content in the new integrated chapters will need to be pulled out to discuss. Students learned about normal growth and development for children prior to learning about disease processes.

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

PEARS course addressing respiratory and circulatory emergencies and 100% of students successfully completed course and obtained certification in PEARS.

1. Teaching Methods:

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

**CLINICAL EVALUATION**

1. 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 with the exception of one student. All clinical sites assisted students in meeting the course outcomes while allowing for interaction with children of different age groups.

**Winnemucca:** Students enjoyed the School Nurse assignment and were exposed to unique opportunities with children ranging in age from grade school age to high school age children. The Pre-K clinical was a good opportunity for students to interact with children of the preschool age who did not have medical or physical problems and some who had a variety of mental, behavioral, and physical disabilities in the classroom setting; not all students enjoyed this clinical, but did express it was a good experience to interact with the children and learn how to communicate with children in this age group with and without disabilities. French Ford Middle School - students reported this clinical as a fun clinical but challenging due to the number of students they presented to at one time- they provided four presentations to approximately 125 children - interacting and educating; the groups were very engaged with the students.

**Pahrump**: The students from Pahrump had two clinical rotations at St. Rose Hospital in Las Vegas. While some students were able to complete Med-Surg. with pediatric patients others were in the pediatric ER or in NICU. The overall experience was very positive and students gained knowledge in providing care for children who had special needs, had mental health issues, accidental drug overdose, and various chronic/acute illnesses. The students all came away with increased knowledge about the family unit and the pediatric population. Students agreed or strongly agreed that this was supportive learning environment with established health and safety goals. A majority of students agreed or strongly agreed this site adhered to best practices.

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

At St. Rose, due to the inability for students to complete pre-work the night before and were limited in med-surg care the packet needs revision if we continue with the hospital rotations for peds. Currently Prof. Drussel is looking at possible other pediatric exposure in places such as a long term care facility (Care Meridian 4 kids), Health Care Partners pediatric clinic in Pahrump, and the Christian school located in Pahrump

1. Clinical changes and reason(s):

Possibility to change St. Rose is another clinical facility is possible. Will work on agreement with Care Meridian 4 kids.

1. 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.

1. 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**

1. What worked well and reason(s):

Student survey on course outcomes showed all students agreed or strongly agreed they met the course SLOs. PEARS covered respiratory and circulatory in depth. The group theory presentation on developmental levels showed student knowledge and creativity, but this assignment needs to be cut down. 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 leaning.

1. Anticipated Changes

Decrease content in student group presentation. Would like to incorporate mini simulations into the class. Review new text over break.

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

None

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

None at this time.

1. Other changes and reason(s):

NA

1. Administrative:
   1. Syllabus has been saved to file.
   2. The course was backed up on WebCampus.
   3. Grades have been entered.
   4. Grade book has been saved to file. NA
   5. Student work samples have been filed in student file.
   6. Student clinical care packets have been filed in student file. NA
   7. Curriculum map has been updated with all changes made

and filed.

* 1. Integrated Concepts Illustration has been updated with

all changes made and filed.

* 1. Test blueprint has been filed with course report.

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

**Date:** 12-14-18

**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.