**. AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name : NURS 135: Fundamental Concepts in Nursing
2. Year / Semester: 2020 Fall
3. Course Faculty (include any adjunct faculty utilized

Staci Warnert (Winnemucca), Michelle Husbands (Elko), Malia Keep (Pahrump), Cara Caldwell (Ely) – clinical, Tami Mette (Elko) - clinical, Sarah Johnson (Elko)- clinical, Brian Dankowski (Elko)- clinical, Roxane Powers (Pahrump)

**COURSE STATISTICS**

1. Theory Ratio 44:3 Clinical Ratio 5-8:1 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 (Course) Outcomes:
   1. Percent Passed: 98% (41/42) – 2 withdrew
   2. Percent Failed: 2% (1 student)
   3. Range of Scores: 72.78% - 96.55%
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100% (41/41)
   2. Percent Unsatisfactory: 0
3. Course Attrition:
   1. Beginning number of students: 44
   2. Withdrawals: 2
   3. Did not Pass: 1
   4. Incompletes (with expected date of completion): 1 – Due to COVID+ and need to quarantine. Expected to complete by end of December 2020
4. Dosage Calculation Test:
   1. First attempt pass 40
   2. Second attempt pass 3
   3. Third attempt pass 1
   4. A & P committee recommendation: 0
5. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| Learning Systems Fundamental Concepts : Practice 1& 2 and final | Throughout semester |
| CMS Fundamentals Practice Assessment | Due December 10th |
| ATI RN CMS Fundamentals 2019 Proctored Assessment Form B | December 15th |
| ATI CMS Fundamentals Proctored Assessment Retake | December 17th -18th |
| ATI Self-Assessment Inventory | September 4th |
| ATI Critical Thinking Proctored Exam | September 9th |
| ATI Nurse Logic: Nursing Concepts, Testing, Knowledge and Clinical Judgment, Priority Setting Frameworks | Throughout semester (See theory schedule) |
| ATI Skills Modules 2.0 | Throughout the semester (see clinical schedules) |
| ATI Dosage Calculation | September 30th |
| Nurse’s Touch | September (Team Building Challenge) |
| ATI Health Assess | Throughout semester (See theory schedule) |

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

ATI Skills Modules were used extensively for skill understanding and check off and review. ATI Skills Modules were also used as “tickets for class” (see theory schedule) for introduction of concepts before discussed/presented in class.   
  
Dosage Calculation tutorials were utilized by students to learn and review the mathematical process in configuring dose calculations. The students were required to watch this tutorial and pass the quiz at the end of the modules at a certain level before they took the dosage calculation test  
  
Nurse’s Touch: Professional Communication- this virtual experience was required for the students to review as part of their Team Building Challenge clinical day assignment. This module pertained to communication in the professional environment and focused on appropriate responses in certain situations. Nurse’s touch was also incorporated into the Team Building Day (The Communicator).   
  
Learning Systems Tests:   
Students were required to complete 10 questions a week within these tests. 5 of those questions were to be journaled as follows:   
Journaling Activity – To be turned in for 5 out of the 10 questions that are completed.   
  
For each of the 5 questions in LS briefly document your approach to each question as learned in Nurse Logic 2.0 Testing and Remediation Module:  
1. What is this question asking me? What are the key terms, person of focus, setting?   
2. Is the question positive worded, negative worded, or priority?   
3. What do I need to know to answer this question? (Content) This is a learning activity, if you do not know what you need to know to answer this question, look it up. \*\*Did you use a resource to answer this question? \*\*  
4. Provide rationale for each choice eliminated or selected. Document the use of the nursing concepts, critical thinking, and/or priority setting framework.  
5. Post Reflection: Consider: What did I know? What did I learn?   
  
CMS Fundamentals Practice Assessment was used to determine student strength and weaknesses in regard to course content prior to taking the proctored exam. This assessment steered the students’ focused review and studying for the proctored exam.   
  
ATI CMS Proctored Assessment: This 70-item exam offers an assessment of the student’s basic comprehension and mastery of fundamental principles for nursing practice.   
  
The Proctored retake was used for those students not scoring a level 2 or higher on the initial CMS Proctored Assessment.   
  
The use of these ATI products continued from how they were used last year. Other available Nurse’s Touch modules opened for students to view on their own as they choose.  
  
ATI Health Assess was newly added this year. Modules in Health Assess were required for preparation for class rather than requiring reading out of the textbook. The Health Assess virtual simulations were used as clinical time to reinforce assessment concepts and focused body systems during the semester.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams** | **Average Scores** | | | |
|  | Current Semester/ 2020 | Previous Semester/ 2019 | Previous Semester/ 2018 | Previous  Semester/2017 |
| % & # of Group Below Proficiency Level 1 | 1 | 0 | 3.3 (1)  3(1) | 0 |
| % & # of Group at Proficiency Level 1 | 12.5 (5) | 6.8 (3) | 13.3 (4) | 5.9 (2) |
| % & # of Group at Proficiency Level 2 | 60.0 (24) | 56.8 (25) | 63.3 (19) | 58.8 (20) |
| % & # of Group at Proficiency Level 3 | 25.0 (10) | 36.4 (16) | 20 (6) | 35.3 (12) |
| Group Score: | 71.1 | 73.5 | 70.0 | 74.0 |
| Group Mean—National: |  | 64.7 | 64.5 | 63.1 |
| Group Mean –Program: |  | 65 | 64.8 | 62.7 |
| Institutional Benchmark: |  |  |  |  |
| % of Group Meeting Institutional  Benchmark: |  | N/A | 83.3 | 94.1 |
| Group Percentile Rank - National |  | 94 | 81 | 98 |
| Group Percentile Rank - Program |  | 94 | 80 | 99 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking |  | 82.5 | 74.5 | 87.9 |
| Clinical Judgment/Critical Thinking |  | 71.0 | 69.2 | 71.2 |
| Priority Setting |  | 81.8 | 75.3 | 75.0 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment |  | 71.6 | 72.8 | 67.1 |
| Analysis/Diagnosis |  | 67.4 | 61.9 | 74.3 |
| Planning |  | 77.7 | 84.2 | 71.8 |
| Implementation/Therapeutic Nursing |  | 74.7 | 65.2 | 75.8 |
| Evaluation |  | 67.3 | 68.9 | 76.1 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 65.4 | 77.8 | 79.1 | 81.3 |
| Safety and Infection Control | 73.2 | 67.4 | 75.6 | 82.4 |
| Health Promotion and Maintenance | 76.3 | 72.0 | 58.3 | 48.5 |
| Psychosocial Integrity | 78.1 | 95.5 | 57.5 | 88.2 |
| Basic Care and Comfort | 68.1 | 70.2 | 73.9 | 69.8 |
| Pharmacological and Parenteral Therapies | 69.3 | 70.5 | 64.4 | 74.0 |
| Reduction of Risk Potential | 76.8 | 75.0 | 59.9 | 71.9 |
| Physiological Adaptation | 68.3 | 65.2 | 77.2 | 58.1 |
| **QSEN** |  |  |  |  |
| Safety |  | 78.8 | 67.5 | 83.1 |
| Patient-Centered Care |  | 76.5 | 71.2 | 74.2 |
| Evidence Based Practice |  | 65.6 | 71.5 | 61.0 |
| Informatics |  | 78.8 | 85 | 97.1 |
| Quality Improvement |  | 54.5 | 59.2 | - |
| Teamwork and Collaboration |  | 62.5 | 75.0 | 80.9 |

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

This year’s group scored lower than previous years. This may be due to the change from online to in-person class and back to online due to COVID-19. Students also seemed to struggle more this year with school and home-life balance and managing the risks of the COVID-19 pandemic and illness. The ATI report did not report as many factors as past reports. The area of greatest concern is management of care as it was much lower than last year and has been trending downward. Psychosocial integrity is another area that needs to be looked at.

Questions students missed (<70%) that need to be emphasized next semester include: performance of chest physiotherapy, caring for a client with high fever, full liquid diet, fluid intake, abdominal assessment, preparing a sterile field, client identifiers, intentional tort, obtaining consent, taking a telephone prescription, commonly used abbreviations, cultural care for a client who speaks a different language.

Other Questions missed (<70%) were topics covered in later semesters and include: diabetes management x 3, seizure, administering enteral feedings x 2, enteral medications, insulin, stages of health behavior change, delirium, latex allergy,

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam #1 | 82% |
| Exam #2 | 85% |
| Exam #3 | 86% |
| Exam #4 | 86% |

Changes were made to exams based on the previous year’s test blueprints. See current test blueprints for test analyses.

* 1. Any adjustments that may need to be done in course exams related to percentage distribution of NCLEX categories, cognitive level, and nursing process will be made. (Please see test blueprints and allotted percentages of item categories).

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**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

* **Potter, P. A., Perry, A. G., Stockert, P. A., Hall, A. (2017). *Fundamentals of***

***Nursing* (9th ed.) St. Louis, MO: Mosby.**

This text is written at an appropriate level for a fundamentals course and includes adequate information for the first semester.

1. Weekly content:

See Course syllabus and theory schedule

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

We were able to have one outside guest speaker that helped in the delivery of content. Guest speakers spoke to the students in the areas of activity/mobility (a physical therapist from the Elko area). D. Callander spoke about wound care as she has specialized experience in would care. All guest speakers were effective in meeting the outcomes for the modules and speaking to students at a Fundamental nursing level.

1. Teaching Methods:

Online via Zoom at the beginning and end of the semester. IAV October – November. Team-Based Learning and class activities, videos, and in-class demonstration, powerpoints (lecture), and gaming, use of reliable web sites.

**CLINICAL EVALUATION**

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

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

Team Building Challenge Day –Strengths: Good introduction to nursing school and encouraged the use of tools to be successful in the program, including stress relief, mindfulness, and communication. Promoted a connection between students, teambuilding, collaboration and critical thinking among students from all four centers. The online format worked, but would not recommend in the future unless the COVID-19 pandemic is still ongoing. Consider minimal online activities (students enjoyed the online escape rooms) with TBL groups to connect students at different centers, but would suggest to mainly use activities in person at each center. The short videos students posted about themselves were nice and would consider having students post short videos introducing themselves again since having all students introduce themselves individually in class can take a long time.

Skills lab: Continued to utilize written skills lab guidelines for instructors to follow to promote lab organization and cohesiveness. The guidelines outlined lab sessions (practice, and checkoff) with time frames, stations, equipment, instructor expectations, and student evaluation for each lab session. These helped all faculty remain consistent and particularly assisted new faculty. Strengths: ample opportunity for student practice of most skills with scheduled practice days. Majority of the students were well prepared for clinical lab time and were proficient their initial “check off” of skills. All COVID-19 guidelines were followed, with lab remaining a clean and sanitized area for students to practice. Students practiced social distancing as much as possible. Scheduling of lab was difficult in Elko due to restrictions related to numbers of students allowed in the lab at a time. Scheduling lab time in Ely will continue to be a challenge in the fall as coordination with the high school will need to continue to secure lab time.

Oxygenation was separated to its own day for skills lab. Students were given a worksheet to complete, and also participated in mini oxygenation scenarios. The lab was very successful and emphasized rescuing the patient related to oxygenation and promoted clinical reasoning. Other clinical scenarios were added during the IV and medication administration labs to promote clinical reasoning. Infection control scenarios were continued with wound care and foley catheter/sterile field labs, and IV administration labs. EValue case logs were added to the lab schedule to assist students with entering skills. This make it significantly easier for faculty and students and seemed to go smoothly.

Simulation: Three total simulations. All simulation scenarios continue to be appropriate for the course and student level. Students were prepared for simulation and overall did well.

Majority of the students completed their pre-work for simulation and performed well at a fundamental level as primary or secondary nurse.

Clinical Changes for COVID-19: None of the long term care centers and senior centers were available for the health assessment and diversity assignments. The diversity assignment was split and added to the health assessment and the H1 days. Overall this worked well and students were able to meet the outcomes. Would recommend going back to interviewing seniors at the senior center and assisted living in Elko if able with a dedicated assignment to diversity. The health assessment worked well at the hospitals at each center – students completed a focused assessment of 1 client. Reevaluate if able to use the long-term care centers or continue with the hospital for the assessment assignment. Students were only able to assess 1 client in the hospital (instead of the previous 2 in LTC) due to low census and COVID-19. To give students additional assessment practice the ATI Health Assess simulations was added to clinical time. The ATI Health Assess is new to ATI and the directions and implementation did not go smoothly. Miscommunication between ATI, instructors, and students made students frustrated with the ATI Health Assess simulations. Students expressed their dislike for the Health Assess simulations in the faculty evaluations. Consider assigning only the head-to-toe simulation or using them in class instead. Will continue to assign the Health Assess modules for reading for theory.

Elko: Clinical time was held at Northeastern Nevada Regional Hospital [NNRH] (Med-Surg, Cardiopulmonary, Drive-by Flu clinic). Strengths: The students were very well received by staff and had positive learning experiences in all departments. Staff were particularly supportive of student learning during the drive-by flu clinic, administering influenza vaccines. NNRH was used for the health assessment rotation, which worked out well. The majority of students expressed that these clinical rotations/sites should be continued.

WMCA - HGH – Winnemucca: Clinical time was held at Humboldt General Hospital (Med/Surg, Cardiopulmonary).  The students were very well received by staff and had a positive learning experience in all departments. The majority of students expressed that these clinical rotations/sites should be continued. All clinical rotations went very well and should be continued. Influenza vaccines were given with Battle Mountain’s Public Health drive by clinic. Students enjoyed the experience and stated they learned a lot. Will continue with this clinical rotation as available.

Pahrump:  Pahrump: Desert View Hospital remained the primary site for clinical rotation (Med-Surg, Cardiopulmonary). The majority of students expressed that these clinical rotations/sites should be continued. All clinical rotations went very well and should be continued. Influenza vaccines were given with Pahrump’s Public Health drive by clinic. Students enjoyed the experience and stated they learned a lot. Will continue with this clinical rotation as available.

Ely - WBRH – Ely: Clinical time was held at William Bee Rire Hospital (Med/Surg, Cardiopulmonary). The majority of students expressed that these clinical rotations/sites should be continued. All clinical rotations went well and should be continued. Some nurses at WBRH are not open to working with students and the hospital schedules staff around the times the students are scheduled at the hospital. This may cause some issues with both scheduling and having the students feel welcome in the future. Students in Ely traveled to Elko to participate in NNRH’s drive-by Influenza vaccine day. Will continue to have students travel as the experience was valuable.

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

None – see above for full analysis

1. Clinical changes and reason(s):

* Plan to use LTC centers and Senior Centers again when COVID-19 pandemic subsides and facilities are open.
* Add additional mini clinical reasoning scenarios to skills lab.
* Consider adding NGT insertion to the NGT monitoring skill (and pulling from Nurs 158) since the care and maintenance is simple and could easily be combined with the insertion.
* Consider removing Health Assess simulations as students were frustrated with them and expressed dislike.
* Will continue to work with NNRH, DVH, and HGH to schedule hospital orientation for students as well as EMR training.
* Schedule an extra clinical day or two at the end of the semester to assist with schedule changes. (Significant clinical schedule changes and accommodations for individual students were made due to quarantine and regulations related to the COVID-19 pandemic)

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

Drive-by flu health fair/ clinic with NNRH

Drive-by flu with Battle Mountain Public Health

Flu pod with Public Health Nurse in Pahrump (Pahrump students)

1. Teaching Methods

Demonstration, case studies, skill performance, simulated environments. Zoom and IAV for theory instruction.

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

* Journaling and the Wellness Assignment were reported as valuable to the students’ learning. Changes were made to the Wellness Assignment that simplified and streamlined the assignment this year that seemed to work well.
* Faculty guidelines for the practice lab and clinical continued to assist with instructor consistency.
* Mini case studies were used to solidify information with calling on students randomly during class.
* Clearly written directions for EValue at the beginning of the semester and incorporated into the lab schedule
* Flexibility was challenging with the COVID-19 pandemic, but overall went well and students were able to meet the course outcomes.

1. Anticipated Changes

* No significant changes. The majority of students stated the course outcomes were met. Prefer class IAV to Zoom online as students seem more connected and focused when on-campus.
* TBL quizzes will need to be updated as students took the quizzes online with Respondus Lockdown Browser and then at home with groups for collaborative. Quizzes were therefore not fully secure during the semester and will need to be changed for next year.

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

No major changes to weekly content anticipated as the majority of students agreed or strongly agreed that the course outcomes were met.

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

* No anticipated changes

1. Other changes and reason(s):

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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.
   5. Student work samples have been filed in student file.
   6. Student clinical care packets have been filed in student file.
   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):** Staci Warnert, Michelle Husbands, Malia Keep

**Date:** 12-20-20

**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.