** AAS in Nursing Program**

**End of Semester Course Report**

1. Course Number and Name:
2. Year / Semester: 2020 Spring
3. Course Faculty (include any adjunct faculty utilized

Heidi Johnston, Stacy Rust, Dorothy Callandar

**COURSE STATISTICS**

1. Theory Ratio 27:2 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: 0
   3. Range of Scores: A and B
2. Final Clinical Outcomes:
   1. Percent Satisfactory: 100%
   2. Percent Unsatisfactory: 0
3. Course Attrition:
   1. Beginning number of students: 27
   2. Withdrawals: 0 Enter Withdrawal number
   3. Incompletes (with expected date of completion): 0
4. Dosage Calculation Test:
   1. First attempt pass 20
   2. Second attempt pass 7
   3. Third attempt pass 0
   4. A & P committee recommendation: 0
5. Course Overview
   1. ATI Tools/Materials:

|  |  |
| --- | --- |
| ATI Test Used | When test used during semester |
| RN Adult Medical Surgical 2019 | April 20 Finals week final exam for course |
| RN Adult Medical Surgical Online Practice | Student used version A this to journal questions throughout the semester and version B to prepare for proctored exam. |

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

Medical Surgical Proctored Exam were given at the end of the course. In addition, students completed journaling questions out of ATI medical surgical practice exam A throughout the semester. ATI dosage calculation modules were used at the beginning of the semester as were assigned skills. TMS were open during semester to review on an as needed basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ATI Final Proctored Exams-Medical Surgical** | **Average Scores** | | | |
|  | Current  Semester  2020 | Previous  Semester  2019 | Previous  Semester  2018 | Previous  Semester  2017 |
| % & # of Group Below Proficiency Level 1 | 0 | 0 | 0 | 0 |
| % & # of Group at Proficiency Level 1 | 0 | 3.3 (1) | 0 | 0 |
| % & # of Group at Proficiency Level 2 | 48.1 (13) | 63.3(19) (19)(19)(16) | 61.5 (16) | 48.0 |
| % & # of Group at Proficiency Level 3 | 51.9 (14) | 33.3 (10) | 38.5 (10) | 52.0 |
| Group Score: |  |  |  |  |
| Group Mean—National: | 69.2 | 68.9 | 68.5 | 68.5 |
| Group Mean –Program: | 69.5 | 69.3 | 68.9 | 68.9 |
| Institutional Benchmark: |  |  |  |  |
| % of Group Meeting Institutional  Benchmark: | NA | 96.3 | 100 | 100 |
| Group Percentile Rank - National | 98 | 95 | 98 | 99 |
| Group Percentile Rank - Program | 98 | 95 | 98 | 99 |
| **Thinking Skills Group Scores** |  |  |  |  |
| Foundational Thinking | 76.9 | 86.1 | 87.2 | 83.4 |
| Clinical Judgment/Critical Thinking | 81.7 | 79.0 | 79.9 | 80.5 |
| Priority Setting | 80.2 | 79.0 | 80.2 | 77.0 |
| **Nursing Process Group Scores** |  |  |  |  |
| Assessment | 79.5 | 80.4 | 83.2 | 82.5 |
| Analysis/Diagnosis | 86.3 | 79.3 | 77.7 | 88.4 |
| Planning | 82.4 | 75.0 | 74.4 | 85.5 |
| Implementation/Therapeutic Nursing | 81.9 | 80.6 | 82.6 | 75.5 |
| Evaluation | 73.0 | 80.0 | 80.8 | 76.4 |
| **Major NCLEX Content Areas** |  |  |  |  |
| Management of Care | 91.4 | NA | NA | NA |
| Safety and Infection Control | 90.3 | 79.2 | 77.9 | 81.0 |
| Health Promotion and Maintenance | 76.9 | 71.7 | 69.2 | 70.0 |
| Psychosocial Integrity | 72.8 | NA | NA | NA |
| Basic Care and Comfort | 80.1 | 78.3 | 76.3 | 68.0 |
| Pharmacological and Parenteral Therapies | 87.5 | 78.0 | 79.9 | 81.7 |
| Reduction of Risk Potential | 85.2 | 81.4 | 85.7 | 85.7 |
| Physiological Adaptation | 72.4 | 80.0 | 79.1 | 79.8 |
| **QSEN** |  |  |  |  |
| Safety | 84.7 | 80.5 | 82.3 | 82.1 |
| Patient-Centered Care | 83.5 | 77.3 | 77.7 | 83.3 |
| Evidence Based Practice | 77.8 | 79.0 | 79.6 | 79.6 |
| Teamwork and Collaboration | 81.5 | NA | NA | NA |
| The following values are for the final “end-of-program” ATI test only |  |  |  |  |
| **Comprehensive Predictor** |  |  |  |  |
| % & # of students at 90-100% probability |  |  |  |  |
| % & # of students at 80-89% probability |  |  |  |  |
| % & # of students at 76- 79% probability |  |  |  |  |
| % & # of students at 75% less probability |  |  |  |  |
| **Other Priority Setting** |  |  |  |  |
| Other % & # of students at proficiency level |  |  |  |  |

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

This group scored higher with more Level 3 than last year and no students were below a Level 2. They increased in the areas of analysis/diagnosis and implementation, but slight decrease from year before in Assessment and Evaluation. There was an increase in clinical judgement/critical thinking and priority setting, but a decrease in foundation thinking. However in the foundational thinking there were only 4 questions. All areas under major NCLEX areas increased but physiological adaptation decreased. This will need to be addressed heavily beginning in 258 along with assessment and evaluation.

* 1. Course Exams:

|  |  |
| --- | --- |
| Course Exam | Average Percentage |
| Exam 1 | 87 |
| Exam 2 | 85 |
| Midterm Exam | 90 |

* 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)

Students as a group scored equivalent to last year group. Each exam given underwent an item analysis. Based on this analysis some questions will be removed or retained with the material better covered in the course. Will incorporate new questions for replacement with the new Lewis text .We had two exams, a midterm, and an ATI medical-surgical final exam. In addition, each module covered throughout the semester had a quiz at the end of the module. We will continue to give the quizzes, midterm and two exams, and the ATI medical surgical proctored exam. We

* 1. Address technology used in the classroom, including IAV, and brief summary of how it was used, what worked well, and any adjustments that need to be made.

The technology used in the classroom included the computer, IAV, and personal laptops using Wi-Fi for in class quizzes and exams. Student used various sites for online resources as part of their inquiry based learning. IAV and Wi-Fi was used in all classrooms at all sites. There were no issues with IAV or Wifi this semester. Due to the COVID-19 pandemic courses were put totally online beginning March 30. In addition to this, the class was fast-tracked to finish three weeks early with the final ATI exam given Monday April 20th. Technology used included BBB and Zoom conferencing. Zoom seemed to work best and students could participate and use chat book and presentations could be shared on screen easily.

**THEORY EVALUATION**

1. Textbooks used and evaluation of each:

Hoffman, J., & Sullivan, N. (2017). *Medical surgical nursing: Making connections to practice*. Philadelphia, PA. FA Davis

* ATI RN Adult Medical Surgical Nursing Content Mastery Series
* American Psychological Association. . *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

The ATI manual continues to be a good resource for additional medical-surgical information. The APA assists students in writing. We will be using the Lewis text with the new group coming in and no longer using the Davis textbook.

1. Weekly content:

See attached syllabus for theory schedule. Based on student survey of SLOs, 100% of student at all sites (Elko, Pahurmp, Winnemucca) agree or strongly agree they met the SLOs.

1. Special Experiences related to student learning outcomes and competencies: Due to COVID-19 the disaster day and EMS collaborate tabletop classroom exercise for triage was cancelled..
2. Teaching Methods:

Lecture, discussion, demonstration, small group work, videos, assigned readings, written assignments, computer assisted learning programs, nursing lab activities and clinical instruction.

**CLINICAL EVALUATION**

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

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

The Elko sites agreed or strongly agreed adheres to established health and safety goals and adhered to best practices. One student in Elko disagreed that the medical surgical unit adhered to best practices. The Pahrump and Winnemucca sites agreed or strongly agreed the clinical sites adheres to established health and safety goals and best practices.

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

**Pahrump:** Students had clinicals at Desert View Hospital, all students (100%) agreed or strongly agreed this was supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. Student feedback included helpful staff and good overall experiences. Two comments included challenging to care for an ICU patient in the ER setting, when not in ICU unit.

**Winnemucca:** No concerns were noted this semester at the clinical site, HGH. All students agreed or strongly agreed this was a supportive learning environment that adheres to established health and safety goals and agreed that continuing clinical here would be beneficial. Student feedback showed enjoyed clinical and helpful for learning.

**Elko**: Students had clinical at NNRH on the medical-surgical unit, ICU and ER, a majority students agreed or strongly agreed (94%, one student disagreed for ICU) this was supportive learning environment that adheres to established health and safety goals and agreed that continuing clinicals here would be beneficial. 100% students agreed or strongly agreed they would suggest continuing clinical at these sites. Three students provided feedback that stated they enjoyed clinical rotations and learned a lot.

1. Clinical changes and reason(s): No anticipated changes at this time. Ensure HR manager in Pahrump has access to Complio in mid-July so she can clear the students to start their clinical at the beginning of the semester. She stated she needed 30 days minimum for this.
2. Special Experiences related to student learning outcomes and competencies:

Students all successful completed ACLS and will receive their certification. Students also participated in a disaster simulation online. The original disaster sim with community resources was cancelled due to COVID-19. Students completed a survey for both ACLS and Disaster simulation. 100% of students agreed or strongly agreed ACLS training helped them to feel more prepared to respond to a patient's change in status and/or a patient experiencing respiratory or cardiac crisis. For the disaster simulation 47% of students disagreed it helped prepare them in the role of a nurse and they were able to meet objectives of teamwork and collaboration with other members of the healthcare team. This was due to the challenge of redesigning the disaster simulation online and could not collaborate with other entities during the shortened time frame as was the goal with the live simulation drill.

1. Teaching Methods

Assignments with rubric, discussion, Socratic questioning, post clinical discussions

**FULL COURSE OVERVIEW**

1. What worked well and reason(s):

Overall 100% of the class agree or strongly agree that course SLOs were met. Active learning is an important component of this course and will continue to have student centered learning in the classroom and clinical settings.

1. Anticipated Changes
   1. Review how IBL is set up. It was a challenge for students to really promote critical thinking during their presentations. We would like to still have student presentations, just not every week. Active learning will still take place include in class simulations, and collaborations with EMS/Paramedic for disaster training.
2. Changes to weekly content and reason(s):

None anticipated at this time.

1. Changes to point allocation and reason(s): None at this time.
2. Other changes and reason(s):
3. 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):** Heidi Johnston, Stacy Rust, Dorothy Callander

**Date:** 4-21-20

**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.