

Course Assessment– Part B: Your Results & Analysis

#212

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Part B: Your Results

Directions

1. Report the outcome achievement data gathered via the assignments, tests, etc. you identified for each outcome (question 3) of your Part A. *

The following data collected on course assessment survey monkeys did reveal that the students believed they either improved or achieved the outcomes for the NUR 211 course. Faculty still have difficulty getting students to participate in the survey; however, last term 9 of 24 students participated and for this course 17 of 26 participated. Faculty will continue to encourage student participation in course assessment to the best of our ability.

As Provider of Care our students went from a 2.82 to 3.77 (1 = fair, 4 = good, 10 = very good, 2 excellent) rating on a scale of 1–5 (self-evaluation) of their abilities to analyze assessment data and apply standards of nursing care when developing nursing care plans for the emergent and end of life patient/client.

As a Communicator, our students went from a 3.29 to 4 (fair = 1, good = 2, very good = 10, excellent = 4) rating on a scale of 1–5 (self-evaluation) of their abilities to apply therapeutic communication techniques in delivering individualized patient care based on established standards.

As a Manager of Care our students went from 2.71 to 3.71 (1 = poor, 6 = good, 7 = very good, 3 = excellent) rating on a scale of 1–5 (self-evaluation) of their abilities to deliver timely prioritized organized nursing care for a patient load totaling an acuity level of 3–4 patients.

Outcome #1

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Provider of Care: Analyze assessment data and apply established standards of nursing care when developing nursing care plans for the emergent and end of life patient/client.

All, or 100%, of the students passed the clinical patient based outcomes (PBOs critical outcomes), skill check offs, SIM check off, with a satisfactory level. Twenty-six out of twenty-six students, or 100% passed the theory portion of the course by receiving >75% on exams and assignments.

% of students who successfully achieved the outcome (C or above) *

100%

Outcome #2 *

As Communicator: Apply therapeutic communication techniques in delivering individualized patient care based on established standards.

All, or 100%, of the students passed the clinical patient based outcomes (PBOs critical outcomes), skill check offs, SIM check off, with a satisfactory level. Twenty-six out of twenty-six students, or 100% passed the theory portion of the course by receiving >75% on exams and assignments.

% of students who successfully achieved the outcome (C or above) *

100%

Outcome #3 *

As Manager of Care: Deliver timely, prioritized, and organized nursing care for a patient load totaling an acuity level of 3–4 patients.

All, or 100%, of the students passed the clinical patient based outcomes (PBOs critical outcomes), skill check offs, SIM check off, with a satisfactory level. Twenty–six out of twenty–six students, or 100% passed the theory portion of the course by receiving >75% on exams and assignments.

% of students who successfully achieved the outcome (C or above) * 100%

ANALYSIS**3. What contributed to student success and/or lack of success? ***

This course was beset by many challenges:

- 1) An increase in student population by 2 students. It was decided to accommodate taking the extra students as there are only a couple more years that re–entry students will be able to return to attempt to complete their RN in this program. Starting Fall 2019, the second year of the program will be under the new OCNE curriculum and re–entry students will no longer be able to return. Therefore, to help these students try to reach their RN degree, the faculty agreed to take the extra students.
- 2) The Gorge experienced THE WORST winter since ~1999. For the first two weeks of the term campuses were closed and students were unable to attend. Given that there are timelines and classes needed by the students prior to starting clinicals at the end of the 4th term week, faculty taught the students via phone conferencing (and usage of Moodle for Power Point handout access) starting the second week that campus was closed. This enabled the students to receive the information in a fairly timely manner. It also prevented the overloading of study time, long days to make up time, and enormous amounts of information on the exams (which has been shown in the past to be detrimental to students when they have too much information to study for). The only drawback of this method of lecturing was that there wasn't enough time to be able to learn how to use the PPs with the live conference lectures. However, students were very happy otherwise with delivery in this manner.
- 3) For the 4th exam, one of the adjunct prepared exam questions for her lectures which were not at the analysis or application level (the RN level) and, therefore, this exam did not adequately test their RN knowledge. It was this exam which raised the averages for each of the students that contributed to the successful passing of all 26 students.
- 4) Given that people were mostly house bound due to weather, there weren't enough pts in the hospital for clinical. This necessitated having students rotate, at times, taking less patients to be able to have each student care for an acuity level of 3–4 at least once during their 5 days of clinical.
- 5) To assist with the logistics of trying to get 26 students through clinical, the number of days for SIM was increased by 1. This evened out the rotation (days in clinical and days in Simulation), maximizing the efficiency of the limited number of days. It also allowed faculty to expose the students to patients with an increased acuity level or patients experiencing healthcare issues that they may not have an opportunity to see due to being in a rural setting (e.g. STEMI, heart failure, post partum hemorrhage, and usage of ECG interpretation in NUR 211) By introducing ECG interpretation in SIM for NUR 211 it is hoped this will better prepare the student for mega code in 212.
- 6) The number of article summaries was reduced from 3 to 1 for the term (an article on hospice). Previously the students did an observation in the ER/ICU in clinical; this experience has been transferred to more critical patients in SIM so that the student has an opportunity to have "hands on" versus simply observation.

4. Helping students to realistically self–assess and reflect on their understanding and progress encourages students to take responsibility for their own learning. Consider comparing your students'

In reflection on the 3 outcomes, faculty feel that there is good congruency with how the students self–scored themselves and how faculty feel they did. The difference between students and faculty are more along the lines of faculty observing confidence issues (lower student confidence vs faculty confidence in student), cultural issues

perception of their end-of-term understanding/mastery of the three outcomes (found in student evaluations) to your assessment (above) of student achievement of the three outcomes. *

(quiet personalities due to culture), and difference between demonstrated knowledge by exams and students perception of their knowledge in clinical (again, a confidence issue).

5. Did student achievement of outcomes meet your expectations for successfully teaching to each outcome (question 4 from Part A) *

yes, the goal was 75% to pass theory and 80% on skills lab, SIM and PBO and 100% of the students passed.

6. Based on your analysis in the questions above, what course adjustments are warranted (curricular, pedagogical, student instruction, etc.)? *

All faculty who lecture need to utilize RN level of NCLEX test bank questions (analysis and application) when submitting test questions for the exam.

Otherwise, there are no changes faculty would like to make at this time for next year; they feel the changes made this year were positive.

7. What resources would be required to implement your recommended course adjustments (materials, training, equipment, etc.)? What Budget implications result? *

NCLEX RN test bank questions.

No budget implications at this time

8. Were your assessment methods accurate indicators of student learning? Why or why not? Any additional comments? *

Faculty believe assessment methods were good indicators of student learning because it covered not only didactic, but also clinical and SIM situations which are a wide range of areas the student needs to be able to apply information.

(OPTIONAL) Reflect on any adjustments you made from the last assessment of this course and their effectiveness in student achievement of outcomes?

Between 2016 and this year, the following changes were made which faculty feel was better for the students:

1. Lectures were started to be recorded so that students would have the opportunity to review them.
2. The number of article summaries were decreased from 3 to 1 as faculty felt that the written assignment workload for students was higher than it needed to be and faculty wanted students to focus on understanding the material.
3. Simulation was expanded by a day, the scenarios were stepped up in acuity to reflect the emergent patient, and scenarios also covered health issues that are not always available for the student to take care of in clinical.

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