

# Course Assessment– Part B: Your Results & Analysis

#436

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NRS 112 – Foundations of Nursing in Acute Care I – 1094013 – Stager/Saito – Spring 2019

## 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. (Only include data for students who completed the course. Do not include students who withdrew or earned an incomplete) Data for all 3 outcomes should be reported below. \*

Outcome # 1. 100% of students achieved a 3 or 4 (meeting or exceeding competency) on competency 9 by the end of the term.

Outcome # 2. 100% of students achieved a 3 or 4 (meeting or exceeding competency) on competency 9b or 10 by the end of the term

Outcome # 3. 100% of students achieved a 3 or 4 (meeting or exceeding competency) on competencies 1, 7, and 8.

### Outcome #1

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Conduct a culturally and age appropriate health assessment and interpret health data focusing on physiologic, developmental, and behavioral parameters of the disease trajectory, normal childbirth, and acute exacerbations of chronic conditions and their resolution, and the patient response to acute conditions/processes.

Competency based outcome 9a and b. (Clinical evaluation by clinical faculty and student). 85% of students of students will achieve a 3 or 4 (meeting or exceeding competency) on competency 9, or if a score falls below a 3, is meeting or exceed the competency by the end of the term.

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

### Outcome #2 \*

Develop plans of care that are family/patient-centered, developmentally and culturally appropriate, using evidence including clinical practice guidelines and integrative literature reviews to implement care plans safely for patients with common acute conditions/processes.

Competency based outcomes 9b and 10. (Clinical evaluation by clinical faculty and student). 85% of students will receive 3 or 4 (meeting or exceeding competency) on competencies 9b or 10, or if a score falls below a 3, is meeting or exceed the competency by the end of the term.

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

### Outcome #3 \*

Demonstrate professional behaviors in all interactions with members of the healthcare team, including peers, faculty, and staff.

Competency based outcomes 1, 7, and 8 (Clinical evaluation by clinical faculty and student). 85% of students will receive a 3 or 4 (meeting or exceeding competency) on competencies 1, 7 and 8, or if a score falls below a 3, is meeting or exceed the competency by the end of the term.

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

## ANALYSIS

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

As we have moved to the OCNE nursing curriculum, required content tracks to required competencies. We have been able to adapt or utilize assignments and activities that nursing faculty in other Oregon colleges and universities have used successfully. We have been able to learn from our colleagues throughout the state who have more experience with the curriculum. In general, nursing students are very committed and driven to succeed, as education, especially clinical education, tightly mirrors their future practice. Additionally, course objectives and competencies follow students through their 6 quarters, spiraling to more advanced levels of understanding and practice. They are afforded the opportunity to put into practice these competencies over the course of the program.

**4. Helping students to realistically self-assess and reflect on their understanding and progress encourages students to take responsibility for their own learning. Please compare your students' 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. \*****Outcome 1.**

The 3 students who completed the evaluation rated their effectiveness at the beginning of the term at 2.33, and at the end of the term at 3 (ratings were averaged: 2 = fair; 3=good; 4 =very good), basically going from fair ability to good.

**Outcome 2.**

The 3 students who completed the evaluation rated their effectiveness at the beginning of the term at 2.33, and at the end of the term at 3.33 (ratings were averaged: 2 = fair; 3=good; 4 =very good), basically going from fair ability to good.

**Outcome 3.**

The 3 students who completed the evaluation rated their effectiveness at the beginning of the term at 3, and at the end of the term at 3.33 (ratings were averaged: 2 = fair; 3=good; 4 =very good), basically going from fair ability to good. For this outcome, one student's comments explain the lack of a significant increase in this outcome as she/he rated herself/himself 4 at the start of the course, and 2 at the end. Explanation given was "Nurses whom I worked with complained that I ask too many questions, perhaps include when it is appropriate to ask questions in lecture". The other 2 reporting students rated themselves at "good" at the beginning of the term to "very good" at the end of the term. The experience in the clinical setting of one of 3 students responding to the course survey, significantly decreased the overall assessment of improvement over the term.

It is unfortunate that there were not more responses this term, however it is typical in Spring term to have few, and sometimes no course evaluations completed. Although the student ratings reflect the previous mentioned data, it is difficult to draw conclusions based on 3 evaluations out of 23 students.

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

#5 Yes. Overall, the reported increase from the beginning of the term to the end of the term was lower than in previous terms. It is hard to know what student consensus would be if more students completed the course evaluation. With the OCNE curriculum,

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

#6 Based on input from faculty and students, there may be some change in clinical sites over the year, and when certain Competency Based Clinical Activities are scheduled. The student comment from question 3, outcome 3, will be passed along to be addressed in clinical orientation.

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

#7. More clinical instructors will be needed as an increased number of first year students (30 for 2019/2020, versus 24 for previous years) will be placed in the hospital. Ongoing financial and scheduling support for OCNE conference attendance for all fac

**8. Describe the results of any adjustments you made from the last assessment of this course (if applicable) and their effectiveness in student achievement of outcomes. \***

#8. This is the first time the course has been offered.

**9. Describe how you explain information about course outcomes and their relevance to your students.**

#9. Students keep current on their achievement of course outcomes as they write in their portfolios to OCNE competencies. They typically receive their assignments back with comments. They receive feedback in midterm and final clinical conferences on their progress. Information about course outcomes appear throughout the 2 years of nursing curriculum. The competencies for OCNE-prepared nurses follow students from the first through the 6th term, with increasingly higher-level benchmarks. Course outcomes tend to reflect these competencies, and are seen in different courses, and in clinical evaluations in other courses. Specific theory content and clinical activities are designed to assist students to meet the outcomes. This term, assignments in other required nursing course also assist in outcome achievement in NRS 112 (e.g., medication map and medication teaching plan assignments in NRS 231, pharmacology 2). Activities and assignments in NRS 112 tend to have easily identifiable clinical relevance. Course outcomes also tend to have easily identifiable clinical relevance, which appeals to students.

10. Please describe any changes/additions to instruction, curriculum or assessment that you made to support students in better achieving the CGCC Core Learning Outcomes:

CLO #1: Communication. The areas that faculty are focusing on are: "Source and Evidence" and "Organization and Presentation"

and

CLO #2: Critical Thinking/Problem Solving. The areas that faculty are focusing on are: "Student's Position" (Critical Thinking) and "Evaluate Potential Solutions" (Problem Solving).

CLO #4: Cultural Awareness. The area that faculty is focusing on is: "Curiosity" – Encouraging our students to "Ask deeper questions about other cultures and seek out answers to these questions"

CLO #5: Community and Environmental Responsibility. The area that faculty are focusing on are: "Applying Knowledge to Contemporary Contexts" and "Understanding Global Systems"

CLO #1-Students, in their nursing care plans and patient care preps are required to access evidence-based information and in their care plans, cite their sources.

CLO#2-Variou aspects of care plans and patient preps require data analysis (e.g. patient assessment information, lab work in order to plan proper patient care, nursing/medical staff notification, for example). This CLO is also emphasized in skills lab and simulation lab, as well as in case studies done for theory prep.

CLO #4-Theory objectives sometimes specifically highlight cultural aspects of care, such as, "Identify cultural influences on the labor/delivery process", from the intrapartum lecture. Sometimes classroom activities will highlight cultural aspects of the topic, such as a cultural group of questions in the OB Jeopardy game.

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