

Assessment of Outcomes Achievement
Degree, Certificate, Program

Name of Degree, Certificate or Program: Associate of Applied Science: Nursing

1. Describe assessment results.

Case Study Capstone Project:

The case study capstone provides students with ability to integrate critical thinking with the skills and knowledge they gained throughout the program in order to care holistically for a mock patient. Nursing students are evaluated on their individual and group presentation skills. The quality of content, participation in the group, ability to follow the writing standards, performance on individual article summary, and communication of how the nurse's role as a provider, manager, communicator, and as member of the discipline provides holistic care for the case study patient. The capstone project continues to be a valuable learning exercise and 19/19 (2011-12), 20/20 (2012-13), 16/16 (2013-14), 16/16 (2014-2015), and 19/19 (2015-2016) students completed and passed at a rate of $\geq 75\%$ for the case study capstone project.

Clinical Performance Based Outcomes Tool (PBO)

The PBOs utilized throughout the CGCC nursing program are a direct reflection of safety principals, nursing skills, and theory curriculum mandated by the Oregon State Board of Nursing (OSBN) and Oregon's Nurse Practice Act. In the three years assessed, our data shows that in one instance (20 of 21 in 2012-13) a student did not pass their PBOs. This student was dismissed from the program for unsatisfactory clinical performance (safety violation) very near the end of NUR 212, the preceptorship term. Students are occasionally dismissed from clinical settings (failure to meet PBOs) due to unsafe clinical practice. Clinical instructors have a duty to the public to dismiss unsafe students. Clinical performance (assessed by PBOs) is a critical part of a nursing program and needs to continue to be assessed on an ongoing basis. An example of the Performance Based Outcome (PBO) tool used in NUR 212 is attached. Bolded outcomes (NUR 212 all) must be passed successfully by the end of the clinical term. The entire tool, term specific, must be completed successfully in order to pass that term. Actual outcomes fall into the category of each course outcome (Provider, Manager, Communicator, and Member of the Discipline). Bolded outcomes (NUR 212 all) must be completed successfully by the end of clinical time. Each term the outcomes are progressively more advanced. Outcomes are also cumulative—a student may fail to progress if they perform unsatisfactorily on any outcome met in a previous term.

National Council Licensure Examination- RN (NCLEX-RN):

National Council of State Boards of Nursing (NCSBN) is an independent, not-for-profit organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of nursing licensure examinations. The NCSBN develops psychometrically sound and legally defensible nurse licensure and certification examinations consistent with current practice. NCLEX-RN is the national standard required for all nurses to gain RN licensure.

CGCC pass rates:

2011-12 15/15 100% passed on first attempt

2012-13: 18/20 90% passed on first attempt

2013-14: 16/16 100% passed first attempt

2014-15: 15/16 93.75% passed first attempt

*It was noted that this student passed four out of six Kaplan tests throughout the two-year degree program. However, the student did attend four day Kaplan review course and passed with $\geq 75\%$ on theory exams prior to taking her NCLEX-RN exam.

2015-16: 15/17 88% passed first attempt

*As of 11/11/16, 2 of the 19 students have not taken the NCLEX-RN exam. Two students didn't pass on the first attempt but did pass it on the second attempt. It is known that one of the students had worked overtime the weekend before the exam (the test was taken on Monday) and, therefore, did not have time to study. Both of the students who didn't pass the first time passed all six Kaplan tests throughout the two-year degree program.

It is the faculty's belief that this number has likely declined based on student characteristics, impacting life events, and because the pass rate threshold for NCLEX-RN was increased nationally. New testing procedures will be followed and evaluated in subsequent years. Faculty plan to utilize Kaplan Services for input regarding NCLEX-RN testing changes.

Full time second year nursing faculty and the Director of Nursing & Health Occupations review Oregon State's NCLEX-RN results and licensure as well as other states identified where student are testing. Over the evaluated three years, CGCC students have received licensure in Washington, California, Texas, Arizona, Alaska, and Hawaii in addition to Oregon.

CGCC's OSBN three year pass rate is 93.9% and a two-year of 91.9%.

2. Identify any changes that should, as a result of this assessment, be implemented towards improving students' attainment of degree, certificate, or program outcomes.

All second year faculty (adjunct and full time, clinical and theory faculty) have put input to make changes to curriculum across the nursing program. In 2011-2012, CGCC changed NCLEX review services from HESI to Kaplan. This change allowed instruction the ability to test on specific areas of curriculum, utilize testing results to find curriculum shortfalls, and compare CGCC nursing students testing results against national norms. Kaplan, also, provides CGCC students with a four-day review course as they near graduation. Although students are not required to attend the course is it greatly encouraged as statistically this course improves upon pass rates. In 2013-14, new PBO alternative clinical experiences (Wound Care Day and TeamSTEPPS) were implemented to give students a broader exposure to various aspects of current practice. Faculty recommends and will implement an every other year presentation for the Wound Care Day and TeamSTEPPS in the 2015-16 school year.

At a FT Nursing Faculty Meeting on 12.10.14, targets were reviewed for NCLEX scores and Capstone—these were adjusted upward to match either OSBN standards or to put in alignment with PN targets.

3. Describe your plan for implementation of any changes.

In 2013-14, new PBO alternative clinical experiences (Wound Care Day and TeamSTEPPS) were implemented to give students a broader exposure to various aspects of current practice. In

2015-16, faculty will begin alternating these clinical experiences to allow both years to obtain the information without our community partners having to present information twice.

4. Departmental faculty involvement.

All second year faculty (adjunct and full time, clinical and theory faculty) take part in the PBOs and Capstone assessment. In addition, all second year faculty take part in reviewing clinical skills taught and the necessity of needing check-offs for each skill.

Some of the community partners don't allow students to perform certain procedures, based on regional procedural rulings of their institutions. However, the students need to be familiar with the skill to understand questions on the NCLEX exam and, at a minimum, to have been exposed to the skill. Skills are discussed and the decisions made by all second year faculty as to which skills can be exposure only and which need to have a check-off. This affected the following skills in 2015-16: Central lines, focused assessments, patient controlled analgesia, chest tubes, blood administration, and titrating continuous infusions. With the exception of focused assessments, protocol has changed in the community partners that restricts the student nurse in these skills; they are allowed to observe, but not allowed to perform them. As for focused assessment, it was found to be more valuable to have the student do a longer practice and be prompted by faculty as to what they are assessing and what they would want to know further on their patient; therefore, the check-off was eliminated as it prevented this dialogue between the student and faculty for the scenario.

If there are significant problems in an assessment area, this would go to a second year faculty meeting to discuss improvement strategies, but thus far, none have been necessary for year 2016-17.

5. Evaluate the assessment strategy.

Evaluations utilized by faculty and staff are founded and follow state and national standards set in place by Oregon State Board of Nursing, the National Council of State Boards of Nursing (NCSBN), and the American Nurses Association and are explained in detail in question #1.

6. Additional comments.

One of the factors that second year faculty felt impacted the success of the second year student was having an exam on Fridays. This didn't allow them to be able to have the weekend to review, analyze, and learn new material received on Monday or Wednesday. For the 2016-2017 year faculty have made the decision to move exams back to Mondays to help the students have time to study adequately.

Also, all second year faculty re-evaluated the amount, and type, of homework assigned the student. Starting fall 2016, the student will focus, in the Nursing Care Plan, more on the nursing diagnosis section and not so much on the pathophysiology in the first section which is believed to be more of the foundation learned from first year.

Submitter(s): Lorie Saito and Maureen Harter

Date Submitted: 11/14/16

Preceptorship Clinical Evaluation

Evaluation of student clinical performance is based on data collected by instructor/s observation. Evaluation data from the Preceptor working with the student is the primary source of data instructors use in student clinical evaluations. Evaluation focuses on performance-based

outcomes (PBOs). PBOs identify specific behaviors that indicate competency in a particular component of the nursing roles.

Clinical PBOs for nursing courses are leveled across the curriculum and are cumulative. It is expected that specific clinical PBOs met satisfactorily in one clinical course will continue to be met satisfactorily in succeeding clinical rotations. Therefore, though clinical PBOs for preceding courses are not always repeated on evaluation tools, they are implied and are included in faculty evaluations of student performance.

Critical elements are simple, discrete, observable behaviors that are mandatory for the specified areas of performance. They are finite units of measurement that are, with few exceptions, the collective basis on which students are passed or failed. Critical elements are the specific indicators that the student is competent to meet the standards of performance established and expected by the faculty.

When a critical element is violated or omitted, patients are actually or potentially endangered, and care being delivered is less than satisfactory. Critical elements are introduced at the beginning of the program and added as the student progresses in the program and skill levels increase.

Student performance that indicates unsafe performance as outlined in the Nursing Program Student Handbook will be reviewed by the Nursing faculty and the director and will be handled individually regarding student's continuation in the program.

Rating Scale for Clinical Evaluation

Satisfactory: Performs at the expected level, verified by direct instructor observation.

Needs Improvement: Inconsistently performs at the expected level.

Unsatisfactory: Performs below expected level.

No Opportunity: Opportunity to achieve an outcome is unavailable.

To receive a passing clinical grade, the student must:

- Attain a satisfactory rating on all critical elements.
- Receive no unsatisfactory ratings on any clinical PBOs.

Guiding Principles

- A PBO will reappear on subsequent tools if the level of practice is at a higher level or it becomes a critical element.
- Once a PBO becomes a critical element, it may be dropped from subsequent tools.
- Once a PBO is at its highest level, it may be dropped from subsequent tools.
- Students are responsible for all PBOs and critical elements from previous terms.
- Skills presented each quarter will be reflected on the clinical evaluation tool.

**Columbia Gorge Community College
Nursing Program
NUR212 Clinical Performance-Based Outcome Tool**

Preceptee Name: _____

Final Clinical Grade: _____

Preceptor Name: _____

PSR: _____

Preceptorship Dates: April 21 – May 27

Probation: _____

Faculty Liaison: _____

Absences: _____

All performance-based objectives are considered “critical elements” and must be met satisfactorily by end of the course. Demonstration of unsafe clinical behavior as stated in the Indicators of Unsafe Clinical Performance may result in failure of NUR212.

CODE: **S** = Satisfactory: Performs at the expected level
 NI = Needs Improvement: Inconsistently performs at the expected level
 NO = Opportunity to achieve an outcome is unavailable.
 U = Unsatisfactory: Performs below expected level

Performance expectations: EX = Always E= Early M= Midterm L= Late

1. Provider of Care: Provide holistic nursing care in rural hospital and community-based healthcare settings.

Rating	Mid-Rotation Performance			Final	
	S	NI/NO	U	S	U
A. Safety					
1. Maintains standard precautions.	EX	___	___	___	___
2. Safely administers medications, IV's and treatments to groups of patients.	EX	___	___	___	___
3. In the event of an occurrence, accepts responsibility for error(s), reports incident in a timely manner, seeks to initiate corrective action, and documents on agency form before end of shift.	EX	___	___	___	___
4. Provides for safety and comfort of patients.	EX	___	___	___	___
B. Nursing Process					
1. Assessment					
a. Systematically assesses the complete physiologic and psychosocial status of all assigned patients.	E	___	___	___	___
b. Consistently uses an organizational worksheet.	E	___	___	___	___
2. Plan					
a. Consults appropriately with nursing and other members of the health team.	E	___	___	___	___
b. Initiates, updates, and /or reviews nursing care plans as needed for each patient, prioritizing nursing diagnoses.	E	___	___	___	___

3.	Intervention					
—	a. Completes nursing care and charting on assigned patients in a timely manner.	<i>E</i>	—	—	—	—
—	b. Implements nursing interventions in an organized manner with minimal direction from preceptor.	<i>M</i>	—	—	—	—
4.	Evaluation					
—	a. Evaluates patient progress as a result of nursing intervention and makes appropriate changes in patient care.	<i>E</i>	—	—	—	—

II. *Manager of Care: Manage the healthcare needs for a group of clients/patients and families in the context of the hospital and community.*

Rating			Mid-Rotation Performance			Final	
			S	NI/NO	U	S	U
—	A. Familiarizes self with job descriptions of team members (E.g. RN, LPN, CNA unit assistants, techs).	<i>E</i>	—	—	—	—	
—	B. Establishes priorities for patient care needs.	<i>E</i>	—	—	—	—	
—	C. Demonstrates problem-solving abilities.	<i>E</i>	—	—	—	—	
—	D. Adapts priorities for changing situations.	<i>E</i>	—	—	—	—	
—	E. Participates in conflict resolution.	<i>E</i>	—	—	—	—	
—	F. Monitors diagnostic tests and initiates action when necessary.	<i>E</i>	—	—	—	—	
—	G. Transcribes medical orders with supervision.	<i>E/M</i>	—	—	—	—	
—	H. Delegates appropriate tasks to appropriate staff in a clear manner.	<i>M/L</i>	—	—	—	—	—
—	I. Assumes accountability, responsibility and authority for delegated tasks.	<i>M/L</i>	—	—	—	—	

J. Performs as team leader or primary nurse.

L _____

III. *Role of Communicator: Communicate therapeutically with clients/patients and families to promote the achievement of patient outcomes in collaboration with healthcare providers across the continuum of hospital and community-based healthcare settings.*

Rating			Mid-Rotation Performance			Final	
			S	NI/NO	U	S	U
A.	When needed, calls a 3-way conference with faculty liaison and preceptor.	<i>EX</i>	—	—	—	—	
B.	Validates effectiveness of interactions with patients and/or significant others.	<i>E</i>	—	—	—	—	
C.	Uses communication techniques that assist the patient and family to cope and/or work toward resolution of problems.	<i>E</i>	—	—	—	—	
D.	Establishes effective communication with health team, preceptor and faculty liaison.	<i>E</i>	—	—	—	—	
E.	Gives an accurate, concise, and timely report to staff members and to on-coming shift.	<i>E</i>	—	—	—	—	
F.	Initiates communication with preceptor seeking daily feedback regarding progress.	<i>E</i>	—	—	—	—	
G.	Assesses learning needs and uses informal opportunities for teaching patients and significant others.	<i>E/M</i>	—	—	—	—	
H.	Identifies and appropriately uses lines of communication on the assigned unit.	<i>M</i>	—	—	—	—	
I.	Conducts a teaching in-service for staff.	<i>M/L</i>	—	—	—	—	
J.	Identifies need for referrals to health care professional and/or community resources.	<i>M/L</i>	—	—	—	—	

IV. Member within the Discipline of Nursing: Maintain professional values and responsibilities defined by the registered nurse scope of practice and ANA standards in the provision of hospital and community-based nursing care.

Rating			Mid-Rotation Performance			Final	
			S	NI/NO	U	S	U
A.	Consistently accepts responsibility and accountability for own actions.	EX	___	___	___	___	
B.	Recognizes own limitations and seeks assistance when necessary.	EX	___	___	___	___	
C.	Comes to clinical prepared to care for patients, is punctual and complies with dress code.	EX	___	___	___	___	
D.	Demonstrates growth by change in behavior after constructive suggestions.	EX	___	___	___	___	
E.	Demonstrates trustworthy behavior.	EX	___	___	___	___	
F.	Refrains from doing procedures that are beyond level of expertise and/or legal practice.	EX	___	___	___	___	
G.	Plans with preceptor to select daily work assignments to meet daily written objectives.	D	___	___	___	___	
H.	Completes the following self-evaluation activities:	M & L	___	___	___	___	
	1. Rates each objective (S,NI, U) at the mid-rotation conference and (S,U) at the final conference.	M & L	___	___	___	___	
	2. Provides documentation for each performance- based outcome.	M & L	___	___	___	___	
	3. Completes mid-rotation strengths and areas for improvement and final summation.	M & L	___	___	___	___	
	4. Preceptorship Journal completed and turned in.	L				___	
	5. All facility issued equipment/badges turned in.	L				___	

MID-ROTATION

Strengths:	Areas for Improvement:
Preceptee: _____ Date: _____ Faculty Liaison: _____ Date: _____	Preceptor: _____ Date: _____

FINAL SUMMATION

Strengths	Areas for Improvement
Preceptee: _____ Date: _____ Faculty Liaison: _____ Date: _____	Preceptor: _____ Date: _____