

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 20/20 (2012-13), 16/16 (2013-14), 16/16 (2014-2015), 19/19 (2015-2016), 26/26 (2016-2017) and 23/23 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:

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.

2016-17: 22/26 84.6% passed first attempt

Four students didn't pass of the first attempt. As of this time they have not rescheduled to take the exam yet. It is known that one student allowed herself to be pressured into taking it early even though it was her belief that she wasn't ready for the NCLEX when she did take it. Two other students admitted that, although they "studied" a bit, they spent most of their time working at their current jobs to help pay bills. One student was reported to not have studied except for the two days prior to the exam.

Faculty had concerns about the success rate of this specific class as there was an anomaly test which was more at the comprehension/knowledge level and not the analysis/application style question which is used in the second year; this resulted in several students who were borderline to successfully pass the course. Knowing this, an assignment was required of the students in spring term (preceptorship) which necessitated that they complete 90-115 NCLEX style questions covering all material learned since NUR 110 as a review. This was done prior to the Kaplan so they could focus on those areas in the review they identified as being weak areas.

Another big factor is that the students were advised by the Kaplan review representative to wait 5-6 weeks prior to taking the exam. This resulted the students taking the exam between mid-late July and early October (some had to wait several more weeks for testing dates). Normally we encourage students to take the exam as soon as possible after graduating (and they feel they are ready) as it has been shown that the longer the student waits, the less likely they are to study as "life" gets in the way; that was definitely the case for 3 of the 4 students in this instance. This was evident in that two of the four students throughout the academic year had been strong students well above the 75% needed to pass in the program.

Finally, at the fall meeting with the Kaplan representative (not the same one who did the Review in May), faculty was informed that data has shown that if the students do all the Kaplan review exams (~7) then scores were shown to have improvement for the NCLEX Boards. Therefore, for spring of 2018, the Kaplan review will be moved up to the first 1/3 of the term and this will be followed by needing to complete (no grade, just complete) all of the Kaplan review exams prior to their graduating. In addition, the students will complete 2 Kaplan assessment exams every term for the 2017-2018 academic year to help students identify areas where they need to review.

As of 10/1/18, three of the four students have passed the NCLEX-RN on their second attempt.  
2017-2018 21/23 100% have passed on first attempt

Two students have yet to take their exam for the first time. After reviewing the events of the 2016-2017 year, full time second year faculty altered the calendar to have the students have the Kaplan 3 day review course in the 3<sup>rd</sup> week of the term instead of at the end of the term. Students were then required to complete all the practice exams in the week they were assigned for the rest of the term. Students had the option of getting 3-5 which would translate into 3-5%. They were given 3 points just by completing all the exams in the timeframes assigned; if their scores fell between 50-59 and the exams were completed in the timeframes assigned then they received 4 points; 5 points was given if the student scored  $\geq 60$  and the exams were completed within the assigned timeframes. Students could take the exam as many times as they wanted to obtain a score over 60.

Students were strongly counseled at the end of the term to take the NCLEX-RN as soon as possible after graduating (provided they felt ready) and to take the last Kaplan exam 7-10 days prior to their exam. They were also contacted periodically after graduation to let them know that faculty was there if they needed help and to provide encouragement.

As of 10/1/18, there were still two students who had not taken the exam for the first time. One wanted to wait until her children were back at school in the fall so she could study and the other is intimidated by the exam. Both have been given encouragement and reminded that they still have access to Kaplan to study; one has contacted the administrative associate to make sure she could get in.

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 .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 three-day review course as they near graduation. This has been beneficial to the students and will be continued. This academic year, the decision was made to make the Kaplan review exams mandatory to take within certain timeframes so that faculty know that the student is having to study for the NCLEX-RN. In the 2017-2018 year EASA was added to the curriculum where Mid-Columbia Center for Living presented to the students how to identify schizophrenic young adults and to learn about the type of services available in the community for mental health patients. Faculty recommends, and will implement one every other year, presentations for the Wound Care Day and TeamSTEPPS starting in the 2015-16 school year.

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. In 2017-2018 EASA was made a component of the Psychiatric Orientation in a presentation from Mid-Columbia Center for Living.

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. It was found in 2016-2017 that a check-off for central lines needed be re-instituted as one of the community partners has the student access central lines and mediports as part of their patient care during preceptorship. For this year, those students who were at this facility were checked off on this skill in spring prior to starting preceptorship. Not knowing in the fall term (where central lines are taught) where the student will be in spring term, faculty made the decision to have students be checked-off on this skill in fall term starting with the 2017-2018 year (even though some community partners don't allow the students to perform this skill).

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 had been necessary for year 2016-17; in fact, the students felt they got as much out of the practices with faculty facilitation of their thinking process as they did the skill.

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. Although the students felt they were more prepared for the exams by having them on Mondays, the request was made by students (and honored) that if there was an exam on a Monday, then homework that would normally have been due on Friday was then pushed to midnight Monday after the exam. Faculty continue to assess every term the amount of work students are mandated to turn in. Wherever possible, as long as it doesn't diminish critical thinking learning, assignments are deleted or adjusted. This allows the student more time to study and learn the material to be able to apply it in a critical thinking situation.

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. 2016-2017 Students felt that by focusing nursing diagnosis aspect, and thinking about the patient holistically, that they were better able to see how different aspects of care impacted the patient. This year the nursing process lecture fell the week of nursing care plan orientation. Students felt that by having this material close to the time they had to apply it to the care plan that they were able to make connections to the process more easily.

Submitter(s): Lorie Saito and Maureen Harter

Date Submitted: 10.5.18

### **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

***I. 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.					
_____					

2.	Safely administers medications, IV's and treatments to groups of patients.	<i>EX</i>	___	___	___	___
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.	<i>EX</i>	___	___	___	___
4.	Provides for safety and comfort of patients.	<i>EX</i>	___	___	___	___
<b>B. Nursing Process</b>						
1.	Assessment					
a.	Systematically assesses the complete physiologic and psychosocial status of all assigned patients.	<i>E</i>	___	___	___	___
b.	Consistently uses an organizational worksheet.	<i>E</i>	___	___	___	___
2.	Plan					
a.	Consults appropriately with nursing and other members of the health team.	<i>E</i>	___	___	___	___
b.	Initiates, updates, and /or reviews nursing care plans as needed for each patient, prioritizing nursing diagnoses.	<i>E</i>	___	___	___	___
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**

		<b>S</b>	<b>NI/NO</b>	<b>U</b>	<b>S</b>	<b>U</b>
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. _____	<i>L</i>	___	___	___	___	



**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.	<i>EX</i>	___	___	___	___	
B.	Recognizes own limitations and seeks assistance when necessary.	<i>EX</i>	___	___	___	___	
C.	Comes to clinical prepared to care for patients, is punctual and complies with dress code.	<i>EX</i>	___	___	___	___	
D.	Demonstrates growth by change in behavior after constructive suggestions.	<i>EX</i>	___	___	___	___	
E.	Demonstrates trustworthy behavior.	<i>EX</i>	___	___	___	___	
F.	Refrains from doing procedures that are beyond level of expertise and/or legal practice.	<i>EX</i>	___	___	___	___	
G.	Plans with preceptor to select daily work assignments to meet daily written objectives.	<i>D</i>	___	___	___	___	
H.	Completes the following self-evaluation activities:	<i>M &amp; L</i>	___	___	___	___	
	1. Rates each objective (S,NI, U) at the mid-rotation conference and (S,U) at the final conference.	<i>M &amp; L</i>	___	___	___	___	
	2. Provides documentation for each performance- based outcome.	<i>M &amp; L</i>	___	___	___	___	
	3. Completes mid-rotation strengths and areas for improvement and final summation.	<i>M &amp; L</i>	___	___	___	___	
	4. Preceptorship Journal completed and turned in.	<i>L</i>				___	

5. All facility issued equipment/badges turned in.      L      \_\_\_\_\_  
\_\_\_\_\_

**MID-ROTATION**

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

**FINAL SUMMATION**

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

