

Outcome Assessment Analysis for degrees or certificates

AAS or Certificate: Nurse – Associate Degree Nurse 2018-19

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 16/16 (2014-2015), 19/19 (2015-2016), 26/26 (2016-2017), 23/23 (2016-2017), and 27/27 (2018-2019) students completed and passed at a rate of >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:

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.

2017-2018: 21/23 95.6% passed on first attempt. 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 3rd 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 points 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 ≥ 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. (By 11/1/18, 22/23 passed on their first attempt; one student failed and has not retaken the exam.

2018-2019 As of 10/18/19, 20/27 74.1% passed on first attempt. Seven students did not pass on first attempt. As of 10/18/19, 2 of the seven who failed passed on their second attempt. Faculty were concerned about this class: it was relayed to faculty from a peer student that after graduating students quit studying for the NCLEX, several thought they could “wing it”, and that students didn’t take the weekly Kaplan exams seriously. Due to the above, faculty strongly advised at each student’s exit interview to continue to practice Kaplan, with taking the Readiness Exam 7-10 days prior to sitting for the NCLEX-RN exam. This class was young, and throughout the year it was difficult, at times, to get them to do more than minimal work.

The 2019-2020 class will be interesting to see how they test at the second year level as they will be the first cohort to graduate after learning under the OCNE curriculum. To assist the students in taking the Kaplan study exams more seriously, in NRS 221, faculty will place up to 4% of their overall grade (after they have

achieved an average of 75% on their theory and final exam). They have up to 3 attempts (plus practice Kaplan exams) to reach a score of $\geq 65\%$ on each of 2 exams. If they receive 60-64% on an exam they will receive 1%; if they score less than 60% they receive 0%.

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, Georgia, and Hawaii in addition to Oregon.

CGCC's OSBN three year pass rate is 84.78% and a two-year of 84.86%.

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 and this has been moved to early in their last quarter to help them prepare for NCLEX-RN. This has been beneficial to the students and will be continued. This academic year, the decision was made to continue 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. For the 2019-2020 year, percentage points will be awarded based on the student's Kaplan score (more than one attempt is available to achieve the minimum score). 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. Finally, in the 2018-2019 year the OCNE curriculum was adopted in the nursing program and the traditional curriculum was discontinued. The emphasis is on critical thinking and application; it is hoped the students will achieve higher scores on the various Kaplan exams.

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 MidColumbia Center for Living. In 2018-2019 the Oregon Consortium of Nursing Education (OCNE) curriculum was adopted by the CGCC nursing program. The emphasis in this program is active student learning, spiral learning, and critical thinking.

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 last 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). For this year (2018-2019), the same was done for clinical

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 201617; 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.

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. In 2017-2018 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. These components continued into the 2018-2019 year, the last year of the traditional curriculum.

Submit to: Academic Assessment Office (kkane@cgcc.edu)

Submitted by: Lorie Saito/Maureen Harter

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