

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 are based on the view that nursing is a theory-guided, safety-oriented, and evidence-based discipline. Although done in the traditional nursing program, it was decided to keep the Capstone project in the Oregon Consortium of Nursing (OCNE) curriculum as it is a valuable learning exercise. In this class, 23/23 (2019-2020) students completed and passed at a rate of >75% for the case study capstone project.

Clinical Based Outcome Tool (CBO)

The CBOs utilized throughout the CGCC nursing programs are a set of competencies developed by OCNE which are based on the 10 benchmark competencies the OCNE faculty determined to be important to demonstrate achievement of competence at each term of the program. The CBOs 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 this year, the first year of a cohort completing the OCNE program, all 22/22 students passed at a rate of >75% of the CBOs.

Clinical performance (assessed by CBOs) is a critical part of the nursing program and needs to be assessed on a continual basis each term. An example of the Clinical Based Outcome Tool used in NRS 224 is attached. The student has to pass each different outcome at a level of 3 or higher by the end of the term to be considered competent for passing. The entire tool, for that term, must be completed successfully in order to pass that term. 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.

This year, the first year of utilizing the OCNE curriculum, was an anomaly. It was in this term that the COVID-19 pandemic erupted which resulted in the mandate from the college President that all instruction would be delivered virtually. A plan was developed, submitted to the Oregon State Board of Nursing, and approved by that same board to be able to utilize faculty-led vSimulation in place of actual clinical time as, at that time, clinical placement in the facilities was not possible. Although the students regretted not being able to have hands on experience through a preceptorship term, they did agree that they gained valuable knowledge in the areas of clinical reasoning and critical thinking through this exercise. This was the first time that vSimulation (we chose to do faculty-led) and DocuCare were utilized. The faculty felt that these simulations were very beneficial for helping the student to develop

the needed clinical reasoning and critical thinking necessary to be a competent nurse. Based on this input, it was decided that these two tools would continue to be utilized throughout the program to start developing these two areas even earlier than the final 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 utilizing the OCNE curriculum:

2019-21: 20/22 or 90.9% passed on the first attempt. One student failed on the first attempt but was successful on the second attempt. It is unknown if the second student has taken the NCLEX-RN exam at this time. It was learned that the student had not made an exam appointment but was in the process of trying to find a date. It won't be determined until the end of the quarter, when quarterly reports are received by the OSBN, if the student had not taken or if the exam had been taken but was unsuccessful.

This year, the students were graded on the results of their Kaplan NCLEX practice exams. This was done to provide motivation to take the exams seriously and to study in those areas identified in the exams where they were weak.

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 were there if they needed help and to provide encouragement.

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 students are testing. Over the last three years, CGCC students have received licensure in Washington, California, and Utah in addition to Oregon.

CGCC's OSBN three year pass rate is 84.76% 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 within the OCNE curriculum framework. With the graduation of the first OCNE cohort, the FT faculty had a 3 day meeting to review the following: OCNE all-in-one documents, the content delivered over the last two years, and the depth of topics over the two years. Areas of deficiency and repetition were identified in theory. Areas and ways to deliver content more efficiently (given the COVID environment) were also explored. These changes were discussed and,

staying within the OCNE All-In-One document, changes were planned for the new cohort starting Fall 2020.

The theory of the OCNE curriculum is that it is strongly student driven. The OCNE curriculum utilizes case-based learning, interactive assignments, and spiral learning throughout the curriculum to teach nursing to the students. As the student progresses in the program, many concepts are re-visited, adding more information that the student is expected to analyze and apply to their case-based patient's new information. Rather than teaching specifics, the curriculum expects the student to apply previously learned concepts (ex: oxygenation, movement, circulation, etc) to various situations at a more advanced level each time (ex: from normal breathing to pneumonia to COPD).

One of the events which had major impact not only for Spring 2020 but also for future delivery of nursing curriculum was the pandemic of COVID-19. Being that OCNE is very student-driven learning, not being able to have physical access to students on campus for theory and clinical learning activities made group work and periodic break-outs during 'lecture time' very difficult. The disconnect that many students felt by having to have theory content delivered via Zoom put additional strain on both students and faculty. Added to that was the fact that students were not allowed to be able to have a pinning ceremony as it would violate the HECC orders from the Oregon Health Authority. This simple, but very meaningful ceremony of the completion of basic nursing education and a welcoming into the profession was not possible for these students. An option of doing a ceremony virtually was proposed, but vetoed by the graduating students.

3. Describe your plan for implementation of any changes.

At this time this class is the first group to graduate from the OCNE curriculum for CGCC. The faculty spent 2 ½ days reviewing the all-in-one documents that OCNE utilizes. These documents make sure that all institutions utilizing the OCNE curriculum teach the same material in the terms identified. As a group, full time faculty reviewed the documents and made sure all required components had been covered. Discussion was also had between year 1 and 2 on which components were taught, what faculty felt was missing, and alternative ways to deliver material to cover what was believed needed within the time allotted. Evaluation will take place again in June 2021 after the next class graduates to evaluate the change and determine if other changes need to be made

4. Departmental Faculty Involvement.

All second year faculty (adjunct and full time, clinical and theory faculty) take part in the CBO assessment. All faculty in the program (adjunct and full time, clinical and theory) are invited to observe the Capstone presentations and assess the presentations. In addition, all second year faculty take part in reviewing clinical skills taught and the necessity of needing check-offs for second year skills.

This year, due to COVID, the graduating class was not able to participate in the Integrative Practicum (ie: preceptorship). Not being able to be on campus, they obtained their clinical hours via vSimulation. In looking forward to next year, it is realized that the first year class will be short one term of clinical experience. They will not have been in the acute setting at all and, therefore, need to have time made up over the next year to try and get them some additional clinical time. There will also need to be an

additional day in the fall to allow the students to practice the skills they were not able to do with an instructor Spring 2020.

Second year faculty anticipate the need for good communication between each other to make sure that students are assisted in learning what they need to know next year. If there are significant problems in an assessment area, this would then go to a second year faculty meeting to discuss improvement strategies. Thus far, none have been necessary for the 2019-2020 year. Although they did not have clinical, students felt that by utilizing faculty-led vSimulations and DocuCare, that they made progress in critical thinking and clinical reasoning. Based on this feedback, faculty voted to utilize these two resources throughout the next year.

5. Evaluate the Assessment Strategy

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

6. Additional Comments

Students were given the information on their Mental Health Paper over the summer to work on for those who wanted to “get ahead”. It was noted that, after the first year being so busy with 2-3 nursing classes each term, that students didn’t fully appreciate the amount of work the term had; even though instructors constantly warned them. It wasn’t until assignment deadlines approached and drafts were deemed “not in-depth enough” that students realized the level of analysis and application they were expected to demonstrate.

Another main area that students had difficulty with is that in the second year, in preparation for the RN level of examination, all the questions on the exams are only analysis and application (as they are on NCLEX). After some discussion with first year, it was found that the students had not had a leveling up of the % of these type of questions over the term. For the next year, faculty will attempt to follow the leveling up over all the nursing courses, not just the NRS 110, 111 and 112. The leveling up of analysis and application is: Fall 25%, Winter 50%, Spring 75% and second year 100%.

Another issue that was identified by second year faculty in teaching late in the winter/early spring 2020 is that the students don’t remember their pharmacology information. During the pharmacology courses in the first year the students were allowed to have a 6x4 card for their exams. It was felt by second year faculty that the students relied too much on the cards and didn’t “learn” the drugs. For the 2020-2021 year, FT faculty decided that the students will no longer be allowed to have these cards for exams. It is hoped that by doing this the students will learn the classifications and not rely on notes.

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