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NRS 112-Foundations of Nursing in Acute Care-Spring 2023

**\* 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% achieved a 3 or 4 (meeting or exceeding competency) on competency 9 the end of the term.

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

Outcome #3: 100% achieved a 3 or 4 (meeting or exceeding competency) on competencies 1,7, and 8 by the end of the term.

## \* Outcome #1

The OCNE Competency Benchmark rubric was used for this outcome:

Conduct a culturally & 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 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 exceeds the competencies by the end of the term.

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

100%

## \* Outcome #2

The OCNE Competency Benchmark rubric was used for this outcome:

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 exceeds the competencies by the end of the term.

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

100%

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**\* Outcome #3**

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The OCNE Competency Benchmark rubric was used for this outcome:

Demonstrate professional behaviors in all interactions with members of the healthcare team, including peers, faculty, and staff. Competency 1, 7, & 8 (Clinical evaluation by clinical faculty and student). 85% of students will receive 3 or 4 (meeting or exceeding competency) on competencies 1, 7 & 8, or if a score falls below a 3, is meeting or exceeds the competencies by the end of the term.

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

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100%

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

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This academic year saw new full time faculty in the first year and 2 out of 3 adjuncts were new. To help answer questions and to make sure all faculty are doing things the same way, an all day meeting was held prior to clinical rotations starting. At this meeting, OCNE philosophy, the OCNE competency benchmark rubrics, clinical assignments, how the clinical day looks, etc was reviewed and questions answered. As it is known that questions arise, there were also several times where zoom conferences were held in the evening to answer any questions which may have arisen while grading/conducting clinicals. This helped in providing consistency across the clinical groups to help reduce student confusion as they talked with each other. It also helped to reduce anxiety about whether or not the students were on track with assignments and their clinical experiences.

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**\* 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.**

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Outcome 1:

The 9 students who completed their evaluation rated their effectiveness at the beginning of the term at 2.33 and at the end of the term at 3.11 (ratings were averaged: 2=fair, 3=good, 4=very good) going from fair to good ability.

Outcome 2:

The 9 students who completed their evaluation rated their effectiveness at the beginning of the term at 2.56 and at the end of the term at 3.22 (ratings were averaged: 2=fair, 3=good, 4=very good) going from fair to good ability.

Outcome 3:

The 9 students who completed their evaluation rated their effectiveness at the beginning of the term at 3.33 and at the end of the term at 3.44 (ratings were averaged: 2=fair, 3=good, 4=very good) going from low good ability to a strong good ability.

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

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Yes, met expectations as supported by survey feedback

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

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Given that we had 4/5 of the faculty new to teaching, it was very helpful to have the faculty meet prior to clinicals starting and periodically during the term. As there was a lot of information presented in the all day pre-clinical meeting, it is the opinion of the second year faculty that having an additional meeting after the full day but prior to the initial first day of clinical would be beneficial. This would allow the clinical faculty the ability to review all the material and collect their questions to be answered at an additional meeting. This would help clarify things for them prior to running into them during the term.

In theory, additional assistance will be given to the new FT faculty in reviewing their lectures prior to giving them. Unfortunately, the experienced FT faculty had to be pulled to help cover the absence of a second year FT faculty to help with NRS 224 and preceptorship. Review of the focus of NRS 112 was reviewed with the new FT to help give her guidance in retrospect to help make her lectures better for next year.

Students continue to struggle with the leveling up each term of analysis/application style questions; although I would have to say, when compared to other years, this class did the best. It is difficult to switch from knowledge/comprehension style questions to analysis/application but overall, the grades were better at end of term than in previous years.

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

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Clinical instructors. It is difficult to retain clinical instructors with the amount of grading required in the OCNE curriculum. Ongoing scheduling and financial support for faculty to attend the annual OCNE conference.

## **\* 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.**

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This year, 4/5 of the first year faculty are new to first year. One FT faculty has taught in 2nd year for many years, but there were many updates, corrections, and simplifications that needed to be completed.

One of the biggest adjustment was making sure that clinical faculty were supported. This was accomplished via pre-clinical meetings and quick question/answer sessions during the term. This was to help not only decrease faculty confusion, but by decreasing their confusion, students had less confusion. As retaining and recruiting nursing faculty is difficult, measures such as these will be continued to help support the faculty which in turn helps the student have a better experience.

In the theory arena: the syllabus was adjusted to have a less over-whelming visual look and it was simplified in how to find things. The various assignments were also reviewed for confusion, redundancy, and excess work. There was good feedback given as to the timing of the students' assignments in the term that will be considered not only for next spring, but also for fall and winter.

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

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Students keep current on their achievement of course outcomes as they write in their portfolios to the OCNE Competency Benchmarks. They typically receive their assignments back with comments. They receive feedback in midterm and final clinical conferences on their progress from their clinical instructors. Information about course outcomes is reviewed on the first day of the term and 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 the other required nursing course also assisted in outcome achievement in NRS 112 (e.g., medication map 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 Institutional Learning Outcomes: ILO #1: Communication. The areas that faculty are focusing on are: "Content Development" and/or Control of Syntax and Mechanics" and ILO #2: Critical Thinking/Problem Solving. The areas that faculty are focusing on are: "Evidence" (Critical Thinking) and/or "Identify Strategies" (Problem Solving). ILO #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" ILO #5: Community and Environmental Responsibility. The area that faculty are focusing on are: "Applying Knowledge to Contemporary Contexts" and "Understanding Global Systems" ILO#3 - Quantitative Literacy - "Application/Analysis" and/or "Assumptions"**

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

CLO #2: Various aspects of nursing care plans and patient preps require data analysis (e.g. patient assessment information, lab work in order to plan for 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 when doing in class case studies.