

### Course Report for Courses with Clinical/Practicum Components

End-of-semester course reports for each NRSG course should contain each of the following completed tables/information. Faculty may add any additional information.

A. Course information

<b>Course title</b>	Adult Health II NRSG 4580 Fall 2017 and Spring 2018 Courses
<b>Course coordinator</b>	Debbie Grier, RN PhDc
<b>Course faculty</b>	Glynnis Haley, RN, DNP Laura Darby, RN, DNP
<b>Clinical faculty</b>	<b>Fall:</b> Debbie Grier, Glynnis Haley, Laura Darby (2 groups) , Kem Smith, Sterling Roberts, and Shelley Hopko, RN MSN (1 <sup>st</sup> semester as clinical instructor)  <b>Spring:</b> Glynnis Haley, Laura Darby, Marshall Smith, Kem Smith, Sterling Roberts, Joy King-Mark ( 1 <sup>st</sup> semester as clinical instructor –mentor Debbie Grier)
<b>Evaluations</b>  __X__ Evaluations reviewed by course team	__All preceptors qualified or __X__ n/a __X__ Students evaluated clinical sites __Students evaluated preceptors or __X__ n/a __X__ Students evaluated part time faculty or __n/a <u>Comments:</u> Clinical site evaluations in D2L course site, Part-time faculty evaluated by administrative survey monkey (emailed to course coordinator and faculty after semester ends). Course Team meeting, including JoAnne Raatz and MS I faculty 5/11/18.

B. Course demographics table

Item	Data	FALL 2017	Spring 2018	Comments
<b>Initial enrollment</b>		54	47	Please include a brief narrative explanation of withdrawals and failures (exclude student names).  <b>Fall 2017:</b> two course failures (< 75 test av)  <b>Spring 2018:</b> one withdrawal failing after failing drug calculation exam twice. 4 course failures (< 75 test average) with one student ineligible to return due to second NRSG course failure.
<b>Withdrawals prior to midterm</b>		0	1	
<b>Course failures</b>		2	4	
<b>Successful Completion</b>		52	42	
<b>Grade Distribution</b>	A	1	5	
	B	29	15	
	C	22	22	
	D	2	4	
	F	0	1	

C. Achievement of course outcomes

<b>Course Outcome</b>	<b>Means of Assessing the Outcome</b>	<b>Desired Standard of Achievement (include direct &amp; indirect measures)</b>	<b>Achieved/Not achieved Discussion/Plan for Changes based on Assessment Results</b>
1. Use effective situational communication	1- Journals, simulation 2- Debriefing and post clinical conference 3-HESI communication 4-Student self-evaluation	1-Journals: 100% of students will complete a satisfactory clinical journal 2- Simulation debriefing and clinical post conference—100% of students will participate in both 3-HESI communication average score 900 4- 80% will report satisfactory or higher	Fall 2017: Achieved (34 responses) Spring 2018: Achieved (32 responses)  Fall 2017: 100% submitted satisfactory journals—resubmission of one allowed—no clinical failures for repeat unsatisfactory Spring 2018-100%--two students earned clinical failure days for unsatisfactory journals this semester—no clinical component failures either semester #3- 944 fall, 999 spring
2. Incorporate current evidence with clinical expertise and patient/family preferences and values to maximize health outcomes.	1- EBP project (picot) 2-Student Self evaluation	1- 90% will score 90 or above on assignment 2-80 % of students will report satisfactory or higher	Fall 2017: Achieved Spring 2018: Achieved
3. Apply principles of leadership, quality improvement, and safety to monitor and improve outcomes of nursing care.	1-HESI safety scores 2-Clinical and post conference performance 3-Self-evaluation	1-HESI safety scores 950 or greater in QSEN safety component 2-100% clinical pass rate 3-80% will report satisfactory or higher	Fall 2017: Achieved Spring 2018: Achieved  1-986-987 range for all subcategories in SAFETY fall, 908-972 range spring semester
4. Demonstrate professional nursing values of altruism, autonomy, human dignity, integrity and social justice.	1-Clinical observation and post-conference 2-HESI 3-Self-evaluation	1-100% participation 2-Average class score of 950 on HESI QSEN patient-centered care (ethical legal)	Fall 2017: Achieved Spring 2018: Achieved 2- 944-987 for all subcategories in PT CENTERED CARE fall, 942-999 spring

<b>Course Outcome</b>	<b>Means of Assessing the Outcome</b>	<b>Desired Standard of Achievement (include direct &amp; indirect measures)</b>	<b>Achieved/Not achieved Discussion/Plan for Changes based on Assessment Results</b>
5. Provide culturally and spiritually sensitive care to maximize health outcomes.	1-Journals 2-Exams 3-ICU experience 4-Self-evaluation 5-Clinical experience	1-100% satisfactory clinical journals that include 1-Erickson's stages of development and a specific client's needs 2-Class average on exams 80% or higher 3-ICU experience—100% will complete 4-80% will self-report satisfactory or higher 5-100% passing clinical	Fall 2017: Achieved Spring 2018: Achieved
6. Apply principles of health promotion, disease and injury prevention to maximize health outcomes.	1-Unit exams 2-Post clinical journals 3-clinical observation 4-self-evaluation	1-Class average on exams 80% or higher 2-100% satisfactory clinical journals 3-100% passing clinical 4-80% will report satisfactory or higher	Fall 2017: Achieved Spring 2018: Achieved
7. Recognize the need for advocacy in regulatory, legislative, and public policy changes that influence the health care system.	1-Post clinical journals 2-clinical observation, mock code debriefing 3-Hesi 4-Self-evaluation	1-100 % satisfactory journals 2-clinical observations, simulations, post conferences and debriefings post sim 3-HESI-AACN manager of care 900 or higher 4-80% will report satisfactory or higher	Fall 2017: Achieved Spring 2018: Achieved  3-1004 fall, 884 spring—not met this semester
8. Collaborate with the client/designee and health care team in providing compassionate and coordinated care.	1-Post clinical journals and clinical observation 2-EBP/picot 3-HESI 4-Self-evaluation	1-100% satisfactory journals and clinical pass rate 2-PICOT –90% will score 90 or higher 3-HESI class average QSEN teamwork and collaboration 950 or > 4-80% report satisfactory or higher	Fall 2017: Achieved Spring 2018: Achieved 9- 933-982 subcategory ranges for TEAMWORK/COLLABORATION fall, 921-950 spring semester
9. Demonstrate competent use of information	1-EBP/PICOT 2-Post clinical journals	1-90% will score 90 or higher 2-100% passing journals	Fall2017: Achieved Spring 2018: Achieved

Course Outcome	Means of Assessing the Outcome	Desired Standard of Achievement (include direct & indirect measures)	Achieved/Not achieved Discussion/Plan for Changes based on Assessment Results
systems to support decision making.	3-clinical observation 4- self-evaluation	3-clinical observation 4-80% will report satisfactory or higher	
10. Apply concepts from liberal arts, sciences, clinical reasoning, and nursing to form the basis for professional practice.	1-EBP/Picot 2-Journals and clinical observation 3-	1-90% score 90 or higher on PICOT 2-100% satisfactory journals and 100% passing clinical component of course.	Fall 2017: Achieved Spring 2018: Achieved

D. Course summary: discuss issues impacting the course, results of changes made the previous semester (did they work?), and plans for the next offering of the course that are not mentioned in the table above.

**Simchart:** used Fall Semester: survey data (Dr. Goldsberry) noted student dissatisfaction with simchart (takes too long to complete etc. presented to NFO, see shared drive). Course clinical faculty also report students are not challenged to critically think as much (drop down boxes, cut and paste) and does not allow faculty to evaluate synthesis of the information (primary learning objective for post clinical assignments). Spring semester 2018—word document with criteria /grading rubric used in D2L. Faculty note less time to grade as documentation flows section to section, required students to look information up, journals more concise. All course components within D2L, spring 2018-NFO voted to not use simchart.

**Adaptive quizzing/Sherpath:** optional for students as a study resource, remediation—not counted in course grade—will continue and will continue in class quizzes over assigned readings and pre-class work. Students overwhelming reported Sherpath was not helpful and consumed their study time. Faculty suggested pre-class assignments equivalent to an hour with in class quiz and 3 hours of class devoted to teaching/case studies/most important concepts etc. Will implement fall semester and re-evaluate.

**Post Clinical Assignments:** Dr. Darby suggested assigning a grade to the post clinical journals and including it in the overall course grade (students would likely put more effort into the journals)—unanimously approved at team meeting. Dr. Darby developed a PDF template for the journals and will work on a grading rubric for D2L—will implement in fall 2018. PICOT assignment will be discontinued (grading burden high, grading inconsistency without one grader)-will meet course outcome #2 by integrating evaluation of current evidence in the one ICU rotation journal.

**Clinical:** new clinical instructors each semester, Hopko (fall), King-Mark (spring)—Coordinator available to orient and make clinical visits spring semester only. Coordinator graded simulation and mock code assignments, and PICOT papers. All clinical sites adequate, requests for same units at Navicent for fall 2018 in addition to floors at other facilities. DEU nurse updates (4 hours) in planning for late summer to address DEU issues: nurse turnover, expectations of DEU nurses assigned with students, student needs.

**HESI:**

Spring Semester: Range 726-1137, mean 942, with 10 students scoring less than 850 (recommended)

Fall Semester: Range 701-1124, mean 987, with 11 students scoring less than 850

\*\*Students given an assignment spring semester to “map” their HESI scores from the beginning of the semester and identify trends in low scoring areas. Methods to improve were included. This assignment will continue next semester. Many students verbalized that this helped them see the low scoring categories and low trends so they could practice more questions in those areas.

Course Report completed by D. Grier