

Assessment of Majors/General Education Competency Template for 2005

Program/Department: Nursing

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Period Covered by Report: 2005

Date Completed: 3-5-06

Key Learning Outcomes: What should students be able to do AFTER completing this program? State learning outcomes simply and in measurable terms. Please limit the number of outcomes to five or fewer.

If your department reports on General Education competency areas (writing, foreign language, quantitative reasoning, scientific reasoning), please use this form to report on those areas in a separately generated document.

At the time of graduation from this baccalaureate-degree nursing program, the student should be able to:

1. Participate in decisions about health care and advocate for recipients of health care based upon the following professional values: altruism, autonomy, human dignity, integrity, and social justice.
2. Practice effectively with a variety of health care recipients (patients/clients/community) utilizing the following core competencies of professional nursing practice: critical thinking, communication, assessment, and technical skills.
3. Practice effectively with a variety of health care recipients (patient/clients/community) utilizing the following core knowledge parameters of professional nursing practice: health promotion, risk reduction, and disease prevention, illness and disease management, information and health care technology, ethics, human diversity, global health care and health care systems and policy.
4. Participate in the role development of professional nursing practice including their personal role as a provider of care, a designer/manager./coordinator of care, and as a member of a profession.

Please link learning outcomes to the College's Desired Accomplishments/Goals.

Goals for teaching and learning at the college.	The department of nursing prepares graduates who meet the following goals in their practice with individuals, families, and communities.
1. Students gain the skills necessary to continue to educate themselves.	1. Maintain and increase nursing knowledge and competence by participating in formal and informal education.

2. Students are prepared to assume responsibility of citizenship.	1. Advocate for recipients of health care as they participate in decisions about and evaluation of their care through the application of research and information technology.
3. Students learn to appreciate and respect diverse cultures.	1. Apply knowledge from the humanities, the arts and letters, social and natural sciences, and nursing to practice competently in a variety of settings. 2. Discuss the impact of nursing and health care on local, regional, and global populations.
4. Students discover the importance of being involved in the community.	1. Discuss the impact of nursing and health care on local, regional, and global populations.
5. Students understand the value of education.	1. Apply knowledge from the humanities, the arts and letters, social and natural sciences, and nursing to practice competently in a variety of settings. 2. Implement independent nursing decisions based on clinical reasoning and nursing judgment.
6. Students acquire an international perspective.	1. Discuss the impact of nursing and health care on local, regional, and global populations.
7. Students value honor and integrity.	1. Incorporate knowledge of professional nursing and ethical standards and legal aspects into nursing practice.
8. Students develop leadership skills.	1. Provide leadership in nursing care and health promotion. 2. Design and implement activities that promote, protect, and improve healthy behaviors and emphasize primary and secondary preventive strategies across the lifespan. 3. Emphasize quality, cost effectiveness, and collaboration in nursing practice.

Through what courses/assignments will you ensure that all students have the opportunity to learn this? List key courses, capstones, internships, experiences, etc.

Student Outcomes	Courses/Experiences Related to Each	Objectives from each course demonstrating
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	Standard	how each standard is met
Professional Values	<ol style="list-style-type: none"> 1. Clinicals in health care agencies/community 2. Participation in public health screenings (RAM) 	
1. Altruism	<ol style="list-style-type: none"> 1. NURS 340 2. NURS 341 3. NURS 301 4. NURS 200 5. NURS 486 	<p>3,6 3 3 1 7</p>
2. Autonomy	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 340 5. NURS 341 6. NURS 301 7. NURS 200 8. NURS 486 	<p>3,5 1,6 10 3,7 6,7,8,9 7 1 1,2,3,4,5,6,7,8</p>
3. Human Dignity	<ol style="list-style-type: none"> 1. NURS 484 2. NURS 341 3. NURS 302 4. NURS 301 5. NURS 303 6. NURS 200 7. NURS 486 	<p>9 3,5,7,8 7,10 2,10 3,7 1,2 1 7</p>
4. Integrity	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 340 5. NURS 341 6. NURS 301 7. NURS 302 8. NURS 303 9. NURS 200 10. NURS 486 	<p>3 2,9 11 7,10 9,10 7,9 9,10 7 1 7</p>
5. Social Justice	<ol style="list-style-type: none"> 1. NURS 484 2. NURS 460 	<p>8,9 9,13</p>

	3. NURS 340 4. NURS 341 5. NURS 301 6. NURS 302 7. NURS 303 8. NURS 200 9. NURS 486	3,6,7,8,10 2,7,9 2,3,7,8,9 2,7,8,10 3,7 1 2
Core Competencies	Clinicals in health care agencies/community	
1. Critical Thinking	1. NURS 314 2. NURS 484 3. NURS 313 4. NURS 460 5. NURS 340 6. NURS 341 7. NURS 375 8. NURS 301 9. NURS 302 10. NURS 303 11. NURS 200 12. NURS 403 13. NURS 440 14. NURS 486 15. NURS 305 16. NURS 450	6,10 6 4 1,2,3,4,6,12,14 1,4,9 1,2,5,6 1,4 2,4 3,4 1,4 8 5 5 1,2,3,4,6,7,8 4,9,10 5
2. Communication	1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 313 5. NURS 340 6. NURS 375 7. NURS 341 8. NURS 301 9. NURS 302 10. NURS 303 11. NURS 440 12. NURS 446 13. NURS 486 14. NURS 305	1,8 6 1,2,5,6,10,13,14 1,3 3,5,6 1,5,8 4,5 8,9 4,5 5,8,9 5,9 4 5 9,10
3. Assessment	1. NURS 313 2. NURS 460 3. NURS 340 4. NURS 375 5. NURS 341 6. NURS 301	1,2,3,4 4,8,12,14 1,2 2,5 1,2,3,4,6,7 2,4,8,9

	<ul style="list-style-type: none"> 7. NURS 302 8. NURS 303 9. NURS 403 10. NURS 446 11. NURS 486 	<ul style="list-style-type: none"> 3,4,7 1,2,8,9 8,9 3 3,7
4. Technical Skills	<ul style="list-style-type: none"> 1. NURS 313 2. NURS 460 3. NURS 340 4. NURS 375 5. NURS 341 6. NURS 301 7. NURS 302 8. NURS 303 9. NURS 403 10. NURS 446 11. NURS 486 12. NURS 305 	<ul style="list-style-type: none"> 1,2,4 2,3,4 1,2 1,2 1,3 1,4 3 1,4 8,9 3 1,6,8 3,4
Core Knowledge	Clinicals in health care agencies/community	
1. Health promotion, Risk Reduction, and Disease Prevention	<ul style="list-style-type: none"> 1. NURS 314 2. NURS 460 3. NURS 313 4. NURS 340 5. NURS 375 6. NURS 341 7. NURS 301 8. NURS 302 9. NURS 303 10. NURS 440 11. NURS 464 12. NURS 465 13. NURS 486 14. NURS 305 15. NURS 318 	<ul style="list-style-type: none"> 8,9 2,5,6,12 8,9,10 3,4,7,8 1,4,5,6,7,8 5,8,10 1,2,3,5,7,8 2,4,8,9,10 8 5,6,8,12 5,6,8,12 4 5,6 6
2. Illness and Disease Management	<ul style="list-style-type: none"> 1. NURS 313 2. NURS 460 3. NURS 340 4. NURS 375 5. NURS 341 6. NURS 301 7. NURS 302 	<ul style="list-style-type: none"> 4 5,6 2,8,10 4,5,8 1,2,3,4,5,6,7,8,10 1,2,3,4,5,7,8,9,10 1,2,5,7,8,9,10

	8. NURS 303 9. NURS 440 10. NURS 486 11. NURS 450	1,2,3,4,8 6 1,2,3,5,6,7,8 2,6
3. Information and Health Care Technologies	1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 340 5. NURS 375 6. NURS 341 7. NURS 301 8. NURS 302 9. NURS 303 10. NURS 486 11. NURS 305	2 6 8 1,9,11 1,9,11 11 1,2 11 1,2 6 5
4. Ethics	1. NURS 484 2. NURS 460 3. NURS 340 4. NURS 375 5. NURS 341 6. NURS 301 7. NURS 302 8. NURS 303 9. NURS 200 10. NURS 403 11. NURS 440 12. NURS 446 13. NURS 464 14. NURS 465 15. NURS 486 NURS 305	9 10,11,12 3,7,8 7,8 7,10 7 6,8,10 7 9,10 7 7 7 11 11 2 1,2,3
5. Human Diversity	1. NURS 484 2. NURS 460 3. NURS 340 4. NURS 341 5. NURS 440 6. NURS 446 7. NURS 464 8. NURS 465 9. NURS 486 10. NURS 318 11. NURS 305	1,3 13 6,11 7,11 2 6 3,13 3,13 7 6 2
6. Global Health Care	1. NURS 484 2. NURS 440 3. NURS 446 4. NURS 305	1,2,4 10 6 6

7. Health Care Systems and Policy	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 340 5. NURS 375 6. NURS 341 7. NURS 301 8. NURS 302 9. NURS 303 10. NURS 305 	<ol style="list-style-type: none"> 5,7 1,2,4,9 1,2,3,4 5,6 6,7,10 1,5,6 5,6,7 5,8,10 2,3,6 6,7
Role Development	Clinicals in health care agencies/community	
1. Provider of Care	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 313 3. NURS 460 4. NURS 340 5. NURS 375 6. NURS 341 7. NURS 301 8. NURS 302 9. NURS 303 10. NURS 200 11. NURS 446 12. NURS 486 13. NURS 318 14. NURS 305 	<ol style="list-style-type: none"> 3,4,5,6,7,8 2,4 2,3,5,9,12,13 2,3,7,8,10 2,3,5,7,8,9,10 1,2,3,4,5,6,7,8,9,10,11 1,2,3,4,5,6,7,8,9,10 1,5,8,10,11 1,2,3,4,5,7,8,9,10 3,4 3,8,9 1,2,3,4,5,6,7,8 5,7 1,2,3
2. Designer/Manager/Coordinator of Care	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 484 3. NURS 460 4. NURS 340 5. NURS 375 6. NURS 341 7. NURS 301 8. NURS 302 9. NURS 303 10. NURS 200 11. NURS 446 12. NURS 464 13. NURS 465 14. NURS 486 15. NURS 318 	<ol style="list-style-type: none"> 6,8 1,2,3,7 1,2,5,8,9,10 5,8,9 2,5,8,10 4,5,6,7,8,9,10 5,7,9 1,5,6,8,9 3,5,7,8,9 3,4 5 1,7 1,7 1,2,3,4,5,6,7,8 7
3. Member of a Profession	<ol style="list-style-type: none"> 1. NURS 314 2. NURS 340 3. NURS 375 4. NURS 341 	<ol style="list-style-type: none"> 3,4,5,7 2,6,9,11 2,11 1,11

	5. NURS 301	1,2,6,7
	6. NURS 302	1,10,11
	7. NURS 303	1,2,7
	8. NURS 200	3,4
	9. NURS 403	1
	10. NURS 440	1
	11. NURS 446	5,10

Please list all tools used for assessing student achievement (CRTs, MFTs, capstones, exit interviews, external reviews, etc.). Choose a minimum of three tools.

1. Clinical Performance Evaluation – designed to measure student performance in relation to the clinical objectives as well as the overall program goals.
2. Clinical Reasoning Form – designed to evaluate the student’s ability to formulate appropriate and accurate clinical judgments related to the care of a patient.
3. Assessment Technologies Institute (ATI) – given to students every semester to evaluate general knowledge of core nursing nurses. Students are given proctored examinations and opportunities for remediation utilizing unproctored self examinations.
4. Nursing Capstone - ?????

How will you assess how well your students are learning? List standards/performance indicators, etc., taking care to provide quantifiable means (for example, all students should earn a minimum 50% on exit exam; 65 % should earn a minimum 70%; with a rubric, indicate the scale used, the levels of competence, what is identified as “competent,” and what constitutes competence for each outcome measure, what percentage of students you would expect to see at each level, etc.). Be sure to spell out criteria.

I. Clinical Performance Evaluation –

- A. Is designed to measure student performance in relation to the clinical objectives as well as the overall program goals. The clinical objectives have been divided into categories. Each category has several performance levels identified, with the highest level listed first. There are several critical clinical behaviors that students can not score below minimum performance on at the end of the semester or the result is clinical failure. Behaviors below minimum performance standards on a non-critical behavior at the end of the semester will result in a clinical warning. The critical behaviors are clearly identified on the evaluation for each student. There are four levels related to the clinical performance evaluation (CPE). These levels are designed to evaluate students at different levels in the nursing major. For example, level one is for first semester juniors, level

two is for second semester juniors, level three is for first semester seniors and level four is for second semester seniors.

- B. 100 % of students are expected to score 78 or above on every CPE by the end of the semester. Any score below 78 results in clinical failure and the student may not progress to any other nursing courses until this course is successfully repeated.
- C. It is expected that a minimum of 70% should earn an “A”; 20% should earn a “B”; and 10% will earn at least a “C”.

II. Clinical Reasoning Form – This form designed to evaluate the student’s ability to formulate appropriate and accurate clinical judgments related to the care of a patient. This form is completed on minimum of two patients per clinical per semester. Therefore, if a student has two clinical courses, they will complete a minimum of four forms per semester. Students are given points for each section with a potential for 100 points. The following areas describe how students earn points for this activity:

- a) Write client’s history (subjective information) – 5 points
- b) Cue Logic – 8 points
- c) Reasoning Web – 10 points
- d) Keystone issue – 2 points
- e) Framing – 2 points
- f) Present state for selected nursing diagnoses (3 priority diagnoses) – 9 points.
- g) Outcome state for selected nursing diagnoses – 6 points
- h) Tests for measuring outcome – 3 points
- i) Decision making (NIC intervention with scientific rationale) – 20 points
- j) Testing (Evaluation) – 3 points
- k) Judgment – 2 points
- l) Reflection – 5 points
- m) Reflection check (self-evaluation) – 5 points
- n) Reflection check (self-evaluation) – 20 points

- A. 100 % of students are expected to average a score or 78 or above on their clinical reasoning grade by the end of the semester. Any score below 78 results in clinical failure and the student may not progress to any other nursing courses until this course is successfully repeated.
- B. It is expected that a minimum of 70% should earn an “A”; 20% should earn a “B”; and 10% will earn at least a “C”.

III. Assessment Technologies Institute (ATI) – Students will participate in ATI testing each semester. The following courses/areas are evaluated:

- A. Fundamental of Nursing Care
- B. Maternal Newborn Nursing Care

- C. Nursing Care of Children
- D. Mental Health Nursing Care
- E. Medical-Surgical Nursing Care
- F. Pharmacology
- G. Leadership in Nursing
- H. Community Health Nursing Care
- I. Critical Thinking Entrance – Nurs 200
- J. Critical Thinking Exit – last semester before graduation.

Students are given the opportunity to take one unproctored examination in all areas A – H. This allows each student to develop a personal remediation plan to study in their individual areas of deficiency. One proctored test is administered in each area A – J by a member of the nursing faculty. Students are expected to score in the 50th percentile of national test takers for their peer institutions as a minimum performance standard. 60 % should earn a minimum of 60th percentile on each test; 25% should earn a minimum of 70th percentile on each test; 10% should earn a minimum of 80th percentile on each test; and 5% should earn a minimum of 90th percentile on each test. Students are given an opportunity to take a second additional UN proctored test if they fail the first two as described above. Nursing faculty have access to the results of all ATI testing and will use the data to evaluate areas of deficiency in individual course areas. This assists nursing faculty in evaluation of core areas of nursing knowledge that may need to be added to the curriculum or reinforced with students if already taught in the program.

How often, when, and under what circumstances will you gather the relevant data?

- A. Clinical Performance Evaluation – This is evaluated each semester in junior and senior nursing courses for every clinical laboratory course.
- B. Clinical Reasoning Form – This is evaluated each semester in the junior and senior nursing courses for every clinical laboratory course.
- C. Assessment Technologies Institute (ATI) – This evaluation is performed every semester in the junior and senior nursing courses.

Summarize what has been learned about how well students are achieving desired outcomes.

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Action Plan:**What plans have you for the future based on the data gathered that will aim to improve student learning/achievement?**

One area already identified by the nursing faculty is learning how to more effectively utilize the ATI testing to improve student learning. For example, we had an ATI representative come to the college to give an in service on the testing and how to use the materials more effectively with students in Spring 2006. We plan to have more in service with faculty as well as students in learning how to more effectively use the materials and learning opportunities provided by the testing.

As far as the clinical performance evaluation, nursing faculty have expressed an interest in continued in service regarding proper utilization of the evaluation by each faculty member. For example, one problem was identified related to adjunct faculty who taught students in clinical settings not having the same in service on how to use the materials. To rectify this problem, the nursing faculty decided to provide an adjunct orientation and training session at the beginning of each semester so that all faculty could learn to properly evaluate students with these forms. This provides for a more fair and consistent evaluation of student learning in the clinical setting.

Should students perform at less than the standard expected, what steps will the department take to improve their learning/performance?

If students perform at less than the standard expected in any of the above listed evaluation methods, the course coordinator and all nursing faculty members will evaluate each course and determine the major areas of deficiency. The faculty as a whole, as well as the curriculum committee, will work as a team to help evaluate the data and assist the course coordinator in evaluating results of the data. The course coordinator will elicit suggestions from the curriculum committee and the faculty as a whole to devise plans to improve in the areas of deficiency found in these areas. The course coordinator will report verbally and in written format to the faculty as a whole and the curriculum committee indicating specific plans for improvement in the deficient areas. This plan may include additional content areas lacking from specific courses; and/or changes in pedagogy related to the classroom in these areas; and/or changes in student expectations for personal learning and accountability for the subject area.

The clinical reasoning form allows nursing faculty to give students feedback on their performance after the first form is completed by the student. Faculty give students written comments and talk with each student individually about their results. This allows students to ask questions and clarify any problems they may have about the process. With this feedback, the student has an opportunity to improve with the next assignment related to the reasoning form.

What steps does the department anticipate to improve the program otherwise?

Comments

Please return this document by April 1, 2006