

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Bachelor of Science in Nursing

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DATE: 9/30/16

BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:

Data collected and submitted as part of the Student Learning Assessment report are stored in the location relevant to their source. Student exam results attributed to Health Education Services, Inc. (HESI) Testing and Remediation are available on a secure Elsevier/Evolve on-line site, with summary copies in the chair’s office. Data used to generate this report are stored at the University on the MSHP shared drive and in files on the chair’s and faculty computers. There are hard copies of student clinical evaluations and papers in student files which are in locked cabinets in the main office of the MSHP. Data are only accessible to faculty and staff. Course report data, submitted at the end of each academic semester by course faculty, are stored in a secure location locked file cabinet in the chair’s office.

EXECUTIVE SUMMARY

Program description from the Course Catalog:

Marymount's Bachelor of Science in Nursing (B.S.N.) program prepares nurses to be knowledgeable, skilled, and caring health professionals qualified to practice in the contemporary health care environment. Our graduates provide patient-centered quality care utilizing the nursing process and evidence-based practice. Laboratory and clinical experiences are provided to develop competence in the care of patients throughout the life cycle.

(This description is in the 2016-17 Undergraduate Catalog. A description was missing in the 2015-16 version).

There have been no recent changes to the program outcomes.

List all of the program’s learning outcomes: (regardless of whether or not they are being assessed this year)

	Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
1.	Apply the nursing process to provide quality patient-centered care.	2014-15		2018-19
2.	Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team.	2012-13		2016-17
3.	Demonstrate knowledge of professional and ethical standards as they apply to nursing practice.	2013-14		2018-19
4.	Utilize evidence-based knowledge from nursing and other disciplines to practice.	2009-10	2015-16	

5.	Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care.	2005-06		2016-17
6.	Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing		2015-16	
7.	Delegate and supervise patient care activities to ensure the delivery of safe, timely and effective nursing care.	2014-15		2016-17
8.	Participate in population focused health promotion and disease prevention activities.	2012-13		2018-19
9.	Participate in professional activities that support improvement in health care services.	2009-10	2015-16	
10.	Develop a plan for continuous professional development and life-long learning.	2014-15		2018-19

Describe how the program’s outcomes support Marymount’s mission, strategic plan, and relevant school plan:

The curriculum for baccalaureate nursing program is developed, implemented, and revised to reflect student-learning outcomes that are congruent with the university, school, and program mission and goals. Marymount University (MU) is a student-centered learning community that values diversity and strives to educate the whole person. The hallmarks of a Marymount education are *scholarship, leadership, service, ethics*, and a *global perspective*. The University’s mission emphasizes academic excellence, a liberal arts foundation, career preparation, and personal and professional development. Congruent with this mission, the aim of the MSHP is to foster the individual development of each student and enable students to become competent health professionals prepared to contribute and respond to society’s changing health needs.

Within the Department of Nursing, there is a commitment to meet the individual learning needs and foster the individual development of each student, while providing a foundation for pre-professional practice and generalist nursing education. Learning outcomes are relevant to the general learning outcomes of the university-wide liberal arts core with an emphasis on the core values of integrity, excellence, professionalism, respect, and service. The baccalaureate program lends direct support in achieving MU’s strategic planning goals by offering a rigorous undergraduate curriculum that produces graduates able to succeed in professional nursing positions in health care organizations, promoting a cohesive academic community, and promoting a high level of awareness of Marymount presence among health care organizations.

Provide a brief description of the assessment process used including strengths, challenges and planned improvements and provide evidence of the existence of a culture of continuous improvement based on assessment:

The Department of Nursing recognizes assessment as a continuous process of quality improvement. Of note, in August 2013, the faculty submitted a self-study report to the Commission on Collegiate Nursing Education (CCNE) as part of the re-accreditation process. This self-study process was aimed at evaluating the success of our program in achieving its mission, goals, and expected outcomes. This was followed by an accreditation visit by a CCNE review team in October 2013. As the result of this rigorous assessment process, both the undergraduate and graduate nursing programs were awarded the maximum re-accreditation terms of 10 years.

Throughout the 2015-2016 academic year, continuous quality improvement activities occurred as the department chair(s) led assessment activities in conjunction with the Nursing Assessment Committee. The committee is comprised of six faculty members, and committee activities are reported on a monthly basis at departmental meetings. In the past academic year, faculty have remained actively involved in curricula assessment to ensure that we continue to meet the standards for baccalaureate nursing programs as identified in the American Association of Colleges of Nursing’s (AACN) *The Essentials of Baccalaureate Education for Professional Nursing Practice*, and the American Nurses Association (ANA) *Scope and Standards of Practice*, in addition to university requirements. A continuing challenge for the program has been the selection of direct



and indirect measures which best reflect the achievement of program outcomes. Updates on program improvements for the 2014-15 academic year are detailed in the following table.

Describe how the program implemented its planned improvements from last year: 2014 – 2015

<p style="text-align: center;">Outcome</p>	<p style="text-align: center;">Planned Improvement</p>	<p style="text-align: center;">Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i></p>
<p>Apply the nursing process to provide quality patient-centered care.</p>	<p>A planned program improvement relates to improved documentation of individual student clinical laboratory competency assessments. Beginning Fall 2015, individual formative and summative student learning assessment data collected in NU 231 (<i>Principles and Applications of Nursing Technologies</i>) and NU 236 (<i>Fundamentals of Nursing</i>) clinical labs will be documented in the Hesi/Evolve learning platform.</p>	<p>Course faculty teaching NU 231 and NU 236 now use the Hesi/Evolve learning platform to track clinical laboratory competency assessment data.</p> <p>While Hesi/Evolve has available to students in NU 231, it was not available until Spring 2016 for NU 236 students who are in semester 3 of an 8 semester program.</p> <p>This related to having only 2-year (or 24 month) platform access as delineated in our university contract with Elsevier.</p> <p>Faculty believed that early access to the learning platform would promote NU 236 student success. Consequently, the contract with the vendor was amended for Spring 2016 to allow students in NU 236 to have access to the HESI/Evolve platform resources while enrolled in all clinical courses.</p> <p>In addition to allowing students earlier access to Hesi/Evolve learning materials, student’s formative and summative data related to clinical lab competencies can now be collected by the Director of the Labs and Simulation for all students enrolled in both</p>

	<p>Another planned program improvement based on the assessment outcomes was the incorporation of SimChart learning activities into NU 332 Illness Management in Adults II simulation labs. SimChart is a web-based electronic health record specifically developed as a learning tool for nursing students. While the program allows students to gain confidence in electronic health record documentation, its strength lies in its robust capacity as a learning tool. The web-based program includes unfolding case studies and integrates clinical decision support tools to enhance the development of critical thinking and clinical decision-making in the application of the nursing process.</p> <p>SimChart learning activities were also to be incorporated in NU 331 Illness Management in Adults I in the Fall 2015 semester. In this course, students would complete an assignment focused on care of the patient with diabetes in SimChart – facilitating application of core knowledge in a web-based clinical scenario.</p>	<p>NU 231 and 236. This facilitates assessment of student progress in meeting clinical lab competencies.</p> <p>SimChart learning activities were successfully incorporated into all sections of NU 332 in spring 2016. Students used SimChart to document the nursing care that they provided to their “simulated patient” in the Health Assessment Lab.</p> <p>SimChart learning activities were incorporated into all three sections of NU 331 in fall 2015. The faculty used a case study in SimChart of a patient with diabetes. Students completed this assignment. Faculty evaluated the use of the case study. Students noted that it was cumbersome and difficult to complete. Based on this feedback new scenarios will be instituted in fall 2016.</p>
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	<p>In Spring 2015, nursing faculty participated in a SimChart training program with the aim of utilizing the program in select courses Fall 2015.</p>	<p>Spring 2015 training in SimChart facilitated faculty utilizing SimChart case study in NU 331 and NU 332 in fall 2015.</p>
<p>Develop a plan for continuous professional development and lifelong learning.</p>	<p>The concept of continued professional development and lifelong learning is one that should be addressed in all aspects of the program. It is incorporated in both the American Nurses Association’s <i>Code of Ethics and the Scope and Standards of Professional Nursing Practice</i>. Students often learn by modeling nursing faculty.</p> <p>A planned improvement was to encourage faculty to share with their students the many ways in which they maintain professional competency (conferences, seminars, etc.) and present new knowledge to students as appropriate in didactic and clinical learning environments.</p>	<p>During the AY 2015-2016 faculty shared with students numerous ways in which the faculty maintained professional competency. For example, faculty shared information with colleagues and students, via email and announcements in the classroom about these meetings:</p> <p>April 2, 2016 - “<i>Emerging Infectious Diseases</i>” sponsored by the Washington Regional Nursing Research Consortium and the Chesapeake Sigma Theta Tau Regional Consortium. Several MU faculty and students attended.</p> <p>October 6, 2015 Virginia Nurses Association Annual Legislative Reception. Several students enrolled in NU 412 and faculty attended this event, which allowed students the opportunity to exchange ideas and explore solutions to improve access to healthcare in Virginia.</p> <p>Additionally, there was an announcement directing students to Caruthers (2nd floor) bulletin board with copies of recent faculty publications in peer reviewed journals.</p> <p>Frequent announcements on the BSN Blackboard site provided opportunities both on and off campus that encouraged students’ development of a commitment to lifelong learning. These events/activities included:</p>

	<p>In addition to classroom activities, opportunities for both on and off-campus professional activities would be posted and distributed to the student body so they can more fully participate and develop the commitment to continued lifelong learning.</p>	<ul style="list-style-type: none"> • An invitation by Dean Matthews to join the faculty on Tuesday, May 10 from 12:45-2 pm for the American Nurses Association broadcast of the webinar, "Culturally Congruent Care, Why Diversity Matters" which which was shown in the Caruthers first floor atrium. • A notice regarding the Discovery Life Channel showing of "<i>The American Nurse</i>" May 6, 2016 in honor of Nurse's Day. • An invitation to the MSHP Sports-related Concussion Panel, April 27, 2016 • An invitation to the Malek Lecture Series Oct 28, 2015 featured Dr. Cole Gallaway discussing the program "<i>Go Baby Go: Enhancing Mobility to Let Kids be Kids</i>".
<p>Delegate and supervise patient care activities to ensure the delivery of safe, timely, and efficient nursing care.</p>	<p>Delegation and supervision are concepts in need of additional threading and leveling throughout the nursing curriculum. While nursing students care for patients in the clinical setting, they do not have the opportunity to delegate and supervise nursing care provided by unlicensed or licensed personnel. There needs to be a variety of teaching-learning activities which incorporate these skills, including additional case scenarios, such as clinical simulation, and videos, where they are able to observe others using those skills. Students have at least one simulation experience in each clinical course. Those scenarios should include at least one</p>	<p>Students were provided with the opportunity to delegate and supervise nursing care provided by others such as licensed personnel, and family members, in the various simulation activities and debriefing that are part of the clinical courses.</p> <ul style="list-style-type: none"> • In each clinical simulation, across the curriculum, students are given the opportunity to report to another "healthcare worker" using the Situation-Background- Assessment- Recommendation (SBAR) format that

	<p>aspect of the nurse delegating or supervising others in patient care activities. Students would then have the opportunity to discuss the appropriate level of delegation and/or supervision during debriefing. In an inter-professional practice profession, time management is key to providing safe, timely, and effective nursing care. New graduate nurses need to learn the roles, responsibilities, and skills of other members of the health care team to safely and effectively delegate and supervise nursing care. High and low fidelity simulated learning experiences offer the opportunity to further develop this knowledge and apply the skills.</p>	<p>is commonly used in healthcare settings.</p> <ul style="list-style-type: none"> • Additionally the following courses incorporated teaching-learning activities in the simulation: <p>NU 331-Students simulate educating and supervising family members in the care of a newly diagnosed type one diabetic in the acute care setting. NU 333-Students simulate educating and supervising family members in the care of a pediatric patient in the acute care setting. NU 335-Students simulate educating and supervising family members in the care of a pregnant or newly delivered patient in the acute care setting NU 400- Students simulate educating and supervising family members in the care of a terminally ill patient in the home.</p> <p>In the upcoming academic year (2016-2017) this learning outcome will be measured again with different outcome measures including one indirect measure (HESI). Additionally, a scenario requiring students to supervise unlicensed personnel will be incorporated as a pilot in one course, NU400, the community/public health course in the spring 2017 semester.</p>
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Provide a response to last year’s University Assessment Committee review of the program’s learning assessment report: The 2014-15 Student Learning Assessment Report was accepted as submitted. The comments included: “The summary is written clearly and makes strong connections between mission, and program outcomes and assessment process”, “The improvements from last year are thoroughly discussed” and “Good explanation of what is working well and what needs to be improved”.

The committee recommendation for this year’s assessment process was: “Consider adjusting assessment target to show more granular results as part of continuing improvement in an already strong program.” Our Department selected new measures of student performance for the 2015-16 assessment that were at a more granular level. For example, the students’ skill in using informatics and patient care technologies is being assessed in the clinical setting using the clinical evaluation tool which specifically measures that competency.

Outcomes Assessment 2015-2016

Learning Outcome 1: Utilize evidence-based knowledge from nursing and other disciplines to practice.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
NU 400 <i>Health Promotion and Risk Reduction in Communities</i> Direct measure	90% of students will achieve a minimum of 90% on the evidence-based community intervention paper.	NU 400 students are enrolled in their final semester of the BSN program. This is the community/public health nursing course Data collection: A rubric was used to grade the papers. The paper required students to utilize evidence based knowledge to design interventions that would mitigate a community health problem and improve	1) An assessment rubric was used which was shared with the students at the beginning of the semester. The assignment was graded on a scale of 0 to 100 percent. The analysis process consisted of calculating the mean of all the grades for this assignment. 2) <u>Fall 2015</u> (n=75 students) 65 of 75 (86%) students achieved the performance standard. Note: Eight of the 10 students who did not earn a 90% or above achieved a score of 80% or above. Two students were at 75 % or below. Performance Standard was not met.

		health outcomes in a community. This rubric is attached as Appendix 1	<u>Spring 2016</u> (n=75 students) 70 of 75 (93%) students achieved performance standard. Performance standard was met.
NU 403 <i>Research and Evidence-based Practice</i> Direct measure	90% of students will achieve a minimum of 85% on the scientific poster presentation that measures the student's ability to translate evidence to practice.	NU 403 students are enrolled in their third semester (accelerated students) and seventh semester (traditional students) of the BSN program. Data collection: Students were required to develop an evidence-based practice nursing project. Students identified a compelling clinical question, analyzed peer-reviewed intervention literature, and recommended a change to nursing practice. A rubric was used to grade the poster assignment. This rubric is attached as Appendix 2	1) An assessment rubric for the scientific poster was used which was shared with students at the beginning of the semester. The assignment was graded on a scale of 0 to 100%. The analysis consisted of calculating the mean of all the grades for this assignment. 2) Fall 2015 (n=80 students) 76 of 80 (95%) students achieved performance standard. Performance standard was met.

Interpretation of Results

Extent this learning outcome has been achieved by students (Use both direct and indirect measure results):

The performance standard “*Utilize evidence-based knowledge from nursing and other disciplines in practice*”:

- Was not met in fall 2015 as 86% (65/75) students enrolled in NU400 students achieved a minimum of 90% on the evidence-based community intervention paper. The performance standard was 90% of students would achieve a 90%. While the performance standard was



not met in NU 400 for fall 2015, 8 of the 10 students who did not earn a 90% or above achieved a score of 80% or above, which is a passing grade. Only 2 students were at 75 % or below.

- Was met in spring 2016 as 93% (70/75) students enrolled in NU 400 met the performance standard of 90%.
- Was met in NU 403 as 95 % of students achieved 85% or higher on their evidence-based practice scientific poster.

Program strengths and opportunities for improvement relative to assessment of outcome:

The learning outcome “*Utilize evidence-based knowledge from nursing and other disciplines to practice*” remains relevant and appropriate for the BSN program and is Standard 13 in the Standards of Professional Performance according to the American Nurses Association’s *Nursing Scope and Standards of Practice (2015)*. Application of evidence based practice (EBP) is foundational to nursing practice and is integrated throughout the MU nursing program to ensure that students provide safe, high-quality patient care based on evidence grounded in the latest, scientific evidence. A strength is that program faculty continue to develop, implement and evaluate a number of resources / projects to promote student achievement of this standard. For example, NU 403 student scientific posters are presented at class poster sessions, which are attended by both faculty and clinical expert nurse guests. These nurses, along with student classmates, serve as judges for the poster sessions and student awards are presented for outstanding work. Future opportunities for improvement in assessing this outcome are to develop methods of assessing the achievement of this learning outcome in real world or simulated clinical scenarios.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Planned improvements for this year based on the assessment of this outcome are at a course and curricular level. For example, at the course level, faculty of NU 400 (community/public health nursing course) will change the community intervention paper assignment to incorporate student presentation of their evidenced based practice paper at simulated community stakeholders meeting. This change will more closely approximate the real world use of EBP in nursing practice. At the curricular level the Nursing Department Curriculum Committee is planning to conduct content mapping of the BSN program. This will assist in identifying additional opportunities for assessing this learning outcome across the curriculum.

Learning Outcome 2: Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
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<p><i>and indicate whether it is direct or indirect.</i></p>			
<p>NU 331 <i>Illness Management in Adults I</i> Direct measure</p>	<p>At the end of the semester, 90% of NU 331 clinical students will achieve a rating of “met competency” in each of the four Informatics subcategories detailed on the <i>Clinical Evaluation Tool</i>.</p> <p>VI. Informatics – Uses information and technology to communicate, manage knowledge, mitigate error, and support decision-making (VI A, B, C, D).</p> <p>A. Applies technology and information management tools to support safe processes of care.</p> <p>B. Maintains confidentiality of all patient health information.</p> <p>C. Utilizes quality electronic sources of health care information</p>	<p>NU 331 students are enrolled in a 5 credit course of which 3 credits are didactic and 2 credits are clinical hours in an acute care setting.</p> <p>The students are placed in clinical groups of 8 students. A master’s prepared clinical instructor is responsible, under the supervision of the didactic instructor, for assessment the students’ performance in the clinical setting.</p> <p>Data Collection: Students were rated by the clinical instructors using the <i>Clinical Evaluation Tool</i>. Data were aggregated for each of the 4 subcategories.</p> <p>The rating scale is : Exceeded Competency (EC) Met Competency(MC) Did Not Meet Competency By the End of the Clinical Experience (D)</p> <p>This tool is attached as Appendix 3.</p>	<p>1) Students are oriented and receive copies of the <i>Clinical Evaluation Tool</i> at the beginning of each clinical course. They were oriented to its use as both a self-assessment and faculty assessment tool.</p> <p>The clinical instructor used the <i>Clinical Evaluation Tool</i> to rate students use of information systems in the acute care hospital setting.</p> <p>Data were aggregated by the course faculty.</p> <p>2) <u>Fall 2015</u> (n=117 students) 103 of 117 (88%) of students achieved the performance standard in each subcategory.</p> <p>Performance standard was not met.</p> <p><u>Spring 2016</u> (n=39) 39 of 39 (100%) students achieved performance standard in each subcategory.</p> <p>Performance standard was met.</p>

	D. Demonstrates the appropriate use of technology to support clinical decision making, error prevention and care coordination.		
<p>NU 335 Illness Management in Children and Adolescents</p> <p>Direct measure</p>	<p>At the end of semester, 90% of NU 335 clinical students achieve a rating of “met competency” in two Teamwork and Collaboration subcategories detailed in the <i>Clinical Evaluation Tool</i>. (II A and B).</p> <p>II. Teamwork and Collaboration – Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality individual, family, community, population care.</p> <p>A. Effectively communicates, collaborates, and negotiates as a member of an</p>	<p>NU 335 students are enrolled in a 4 credit course of which 3 credits are didactic and 1 credit is clinical in the acute care pediatric setting. These students are in either semester 2 or 3 (accelerated students) or in semester 6 (traditional students). The students are placed in clinical groups of 5-6 students. A master’s prepared clinical instructor is responsible, under the supervision of the didactic instructor, for assessment the students’ performance in the clinical setting.</p> <p>Data Collection: Students were rated by the clinical instructor, using the <i>Clinical Evaluation Tool</i>.</p> <p>Data were aggregated for each of the 2 subcategories.</p>	<p>1) The clinical instructor used the <i>Clinical Evaluation Tool</i> to rate student competencies in using effective communication and documentation that supports safe nursing. Data were aggregated by the course faculty.</p> <p>2) <u>Fall 2015</u> (n=29 students) 29 of 29 (100%) students achieved the performance standard.</p> <p>Performance standard was met.</p> <p><u>Spring 2016</u> (n=72 students) 72 of 72 (100%) students achieved the performance standard.</p> <p>Performance standard was met.</p>

	<p>interdisciplinary health care team. B. Follows communication and documentation practices that minimize risk associated with transitions in care (i.e. referrals, handoffs, discharges, transfers). [This may include electronic communication]</p> <p>This performance standard was revised to better assess student learning outcomes related to effective communication and documentation. The original performance indicator (use of the Situation-Background-Assessment-Recommendation (SBAR) format) was solely related to oral communication. The revised version allows for data collection at a more granular level.</p>	<p>The rating scale is : Exceeded Competency (EC) Met Competency(MC) Did Not Meet Competency By the End of the Clinical Experience (D).</p> <p>This tool is attached as Appendix 3.</p>	
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Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results):*

The performance standard “*Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing*”:

- Was not met in fall 2015 as 88% (103/117) students enrolled in NU 331 achieved the “met competency” level on the Clinical Evaluation form Section II A-B. The performance standard was 90% of students would achieve a 90%.
- Was met in spring 2016 as 100% of the students enrolled in NU 331 met the performance standard and were rated as MC in each of the four subcategories.
- Was met in fall 2015 and spring 2016 as 100 % of the students enrolled in NU 335 achieved a MC in Section II A and B of the Clinical Evaluation Tool.

Program strengths and opportunities for improvement relative to assessment of outcome:

The student learning outcome standard of “*Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing*” is a foundational need for students and new graduates entering the high technological health care setting. Informatics and technology are needed to communicate, manage, knowledge, mitigate error, and support decision making in nursing education and in nursing practice. This standard is recognized in the Quality and Safety Education for Nurses (QSEN) report (2010) as an important outcome for the nurse of the future. A strength is that program faculty utilize a number of projects / resources to promote development in this area including communication tools, observed clinical activities, and role play. Another strength is that since several courses are offered not just once every academic year, but each semester, faculty are able to revise a tool or approach that was not successful, and implement it in the next semester.

In Fall 2015, the new *Clinical Evaluation Tool* was introduced. Tool validity was established prior to implementation. All didactic and clinical faculty were oriented to the tool prior to the start of the Fall 2015 semester. In December 2015, after discussion with clinical instructors, course faculty identified that there may have been confusion with the rating scale on the new tool. This was evidenced by a small number of students who were given a “Pass” which was a rating on the previous version of the clinical evaluation tool. Faculty provided both group and individual professional development for clinical instructors on proper use of the rating scale prior to the start of the spring 2016 semester. Evaluation of completed *Clinical Evaluation Tools* and further discussion with the clinical faculty, at the end of the spring semester demonstrated that the clinical instructors were using the rating scale on the clinical evaluation tool appropriately.

Recognizing that both performance indicators for this learning outcome were derived from our *Clinical Evaluation Tool*, for the upcoming 2016-17 academic year, we anticipate a variety of measures such as Hesi specialty testing, exams, projects, and other student assessments when assessing for the related student learning outcome: “Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team”.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Planned improvements for this year based on the assessment of this outcome are at a course as well as programmatic level. A planned program improvement at the course level for NU 331 as well all the clinical courses which use the *Clinical Evaluation Tool* includes the continued improved training of adjunct clinical faculty in the use of measurement tools. This will continue to be an emphasis in the four meetings per year for all adjunct faculty (beginning & end of semester);(two each semester). Web Ex meetings; and clinical site visits. Additionally, this student

learning outcome will be measured in 2016-2017 using section II D of the *Clinical Evaluation Tool*, which more directly measures this learning outcome. Programmatically, faculty will continue to improve communication and collaboration with clinical adjunct faculty. For example, information about new assignments/projects, clinical site requirements or evaluation tools will be posted on the Clinical Adjunct Canvas site.

Learning Outcome 3: Participate in professional activities that support improvement in health care services.

Assessment Activity

<p>Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p>Performance Standard <i>Define and explain acceptable level of student performance.</i></p>	<p>Data Collection <i>Discuss the data collected and student population</i></p>	<p>Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p>NU 412 <i>Introduction to Leadership, Management, and Advocacy</i></p> <p>Direct Measure</p>	<p>80% of students will achieve a minimum of 85% on advocacy letter.</p>	<p>NU 412 students are enrolled in their final semester of the program</p> <p>Each student identified a current and substantial social/political issue, preferably a bill, impacting current or future nursing practice or health care. Each student then wrote a letter to a legislator to advocate for action.</p> <p>Data collection: A rubric is used by course faculty to assess the assignment.</p>	<p>1) A rubric was used for grading the assignment with students potentially earning 0-100%.</p> <p>2) <u>Fall 2105 (n=74)</u> 71 of 74 students (96%) achieved the performance standard. The performance standard was met.</p> <p><u>Spring 2016 (n=76)</u> 72 of 76 (95%) students achieved the performance standard.</p> <p>Performance standard was met.</p>

		This rubric is attached as Appendix 4.	
<p>NU 490 <i>Nursing Internship</i></p> <p>Direct Measure</p>	<p>At the conclusion of their 96 hour internship, 100% of students will be rated as satisfactory or better by their preceptor in the “Intervention” section of the <i>Preceptor Evaluation Tool</i>.</p>	<p>NU 490 students are enrolled in their final semester of the program. Students complete a 96 hour precepted internship at a local hospital where they participate in professional activities that support improvement in patient care.</p> <p>Students’ individual performance was rated by their hospital-based preceptor (a practicing registered nurse) using the <i>Preceptor Evaluation Tool</i>. The possible ratings for the “Intervention” section of the tool were “unsatisfactory”, “satisfactory” or “outstanding”.</p> <p>Data collection: The course manager/instructor collected all the evaluations from the hospital-based preceptors and aggregated the data.</p> <p>The Preceptor Evaluation Tool is attached as Appendix 5.</p>	<p>1) The evaluations are submitted to the course manager/ instructor who reviewed and aggregated the data.</p> <p>2) <u>Fall 2015 (n=74)</u> 74 of 74 students (100%) were rated as satisfactory or better in the intervention section of the evaluation tool.</p> <p><u>Spring 2016 (n=74)*</u> 74 of 74 students (100%) achieved performance standard.</p> <p>* Note: The total number of senior nursing students in NU 490 in spring 2016 is 76. However, 2 students completed their internship clinical experiences in summer semester, and were therefore not included in the data.</p> <p>Performance standard was met.</p>

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*):

The performance standard “Participate in professional activities that support improvement in health care services”:

- Was met in both fall 2015 and spring 2016 as more than 80% of the students enrolled in NU412 (96% in fall 2015 and 95% in spring 2016) achieved a minimum of 85% on the advocacy letter.
- Was met in both fall 2015 and spring 2016 as 100% of the students enrolled in NU490 achieved a satisfactory and better on the final evaluation tool in the “Intervention” section.

Program strengths and opportunities for improvement relative to assessment of outcome:

The student learning outcome standard of “*Participate in professional activities that support improvement in health care services*” remains relevant and appropriate for our program. Course assignments encourage participation in appropriate professional activities. Faculty modeling and exposure to and involvement in nursing organizations and associations links students with practicing registered nurses and leads to professional opportunities. A program strength is that the dean, program chairs and faculty utilize a variety of communication methods, including class announcements, a Canvas site dedicated to the BSN students, emails, and hallway postings to share professional development opportunities with students. Additionally, there is a dedicated faculty member that serves as the moderator of the Student Nursing Association who sponsors both educational and service opportunities on-campus and in the community. The Eta Alpha Chapter of Sigma Theta Tau International (Nursing Honor Society) is based at Marymount. All faculty are members of the chapter. Students are selected for membership by meeting criteria set forth by the organization, and a chapter induction ceremony is hosted on-campus every November. Student members and non-members are invited to participate in educational presentations focused on the profession of nursing and improving health outcomes.

An opportunity for improvement would be to try to engage a larger number of students earlier in the program in professional activities. Due to the demanding nature of student schedules and our large number of commuter students, it can be challenging engaging students in extra-curricular professional activities.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Planned improvements for this year based on the assessment of this outcome are at a course and programmatic level. A recommendation is to increase the number of class guest speakers who are involved with various aspects of the health care system. In an effort to engage students in professional activities earlier in the program, an introductory nursing course, NU 230, plans to have a speaker from the American Nursing Association speak to the classes and highlight nurses professional responsibility to become involved in professional organizations. Sigma Theta Tau, the nursing honor society Marymount University chapter Eta Alpha, will offer an information session on campus that will share information on the value of membership and engage students in this professional organization. In the upcoming academic year, the faculty will facilitate sponsorship for two students to attend the American Association of Colleges of Nursing (AACN) Student Policy Summit in Washington DC in March 2017 or a similar event.