

**STUDENT LEARNING ASSESSMENT REPORT (FINAL 9/29/17)**

**PROGRAM:** Nursing (B.S.N.)

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**DATE:** September 27, 2017

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

Data and documents collected and used to generate the Student Learning Assessment report are stored in areas that are linked to the data source. Student exam results from the Health Education Services, Inc. (HESI) Testing and Remediation are available on a secure Elsevier/Evolve on-line site. Data used to generate this report are stored at the University on the MSHP shared drive and in secure files on the chair's and faculty computers. Hard copies of student clinical evaluations, assignments, and papers are stored in locked files either in the MSHP main office or faculty offices. 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 in the chair's and assistant dean's office.

**EXECUTIVE SUMMARY**

**Program description from the Course Catalog:** Please copy and paste the current year's catalog description of this program. This is generally a one-two paragraph description immediately following the name of the program. Please be sure to include the listing of program outcomes as printed.

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.

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

	<b>Learning Outcome</b>	<b>Year of Last Assessment</b>	<b>Assessed This Year</b>	<b>Year of Next Planned Assessment</b>
1.	Apply the nursing process to provide quality patient-centered care.	2014-2015		2017-2018
2.	Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team	2012-2013	2016-2017	
3.	Demonstrate knowledge of professional and ethical standards as they apply to nursing practice.	2013-2014		2017-2018
4.	Utilize evidence-based knowledge from nursing and other disciplines to practice.	2015-2016		2018-2019
5.	Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care.		2016-2017	
6.	Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing	2015-2016		2018-2019
7.	Delegate and supervise patient care activities to ensure the delivery of safe, timely and effective nursing care.		2016-2017	
8.	Participate in population focused health promotion and disease prevention activities.	2013-2014		2017-2018
9.	Participate in professional activities that support improvement in health care services.	2015-2016		
10.	Develop a plan for continuous professional development and life-long learning.	2014-2015		2018-2019



**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 and support 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. The MU Strategic Plan (2013-2018) "Building the Institution of Choice" focuses on three major themes of promoting students' academic and personal growth; enhancing the sense of community; and building the infrastructure to support growth. Congruent with the strategic plan and the mission, the aim of the program 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. The faculty of the Department of Nursing within the School of Health Professions at Marymount University believe that healthcare is a fundamental right of every person. The goal of nursing is to be a leader in facilitating and advocating for optimum levels of health and well-being for all. 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 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. In addition to the MU quality improvement processes, there are several external reviewing bodies that require the Department of Nursing to conduct ongoing 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 (2014-2024). As a follow-up to accreditation, the CCNE requires that a Continuous Improvement Progress Report (CIPR), which demonstrates continued compliance with the accreditation standards and ongoing program improvement, be submitted at the mid-point of the accreditation term. The CIPR will be due to be submitted to CCNE in the spring of 2019. Nursing department faculty will begin gathering data relevant to this report during this academic year. Additionally, the MU Five Year Academic Program Review of the Baccalaureate Nursing Program (fall 2011-Spring 2017), will be due in the spring 2018. This review will be conducted during the fall 2017 and early spring 2018 semesters. This process will be led by the Program Chair, the Assistant Program Chair and the Assessment Committee with all faculty engaged in the review. Throughout the 2016-2017 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, all didactic faculty have been actively involved in curriculum assessment which has included a mapping of our nursing curriculum 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*, the American Nurses Association (ANA) *Scope and Standards of Practice*, and the National Council of State Boards of Nursing RN Licensing Exam Blueprint, 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. The faculty are in the process of revising the BSN program outcomes and anticipate new outcomes will be approved for the fall 2018 semester. In addition to mapping the content of the curriculum to key guiding documents, faculty have also collected and analyzed data and trends related to licensure pass rates and standardized testing results (HESI). These data were benchmarked against program, state and national data. This analysis led faculty to develop a revised curriculum. This process, which began in fall 2016 continued



through the spring and summer semesters. Upon obtaining school and university approval, faculty anticipate implementing the new curriculum fall 2018. Updates on program improvements for the 2016-17 academic year are detailed in the following table.

**Describe how the program implemented its planned improvements from last year:**

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
Utilize evidence-based knowledge from nursing and other disciplines to practice.	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.	<p>1. For the 2016-17 academic year, changes were made in the NU 400 community assessment assignment to allow students the opportunity to present evidence-based community health interventions focused on improving population health outcomes at a simulated community stakeholder meeting. Objectives of the assignment were: Analyze evidence linked to the determinants of health of a community; recommend interventions to improve the health of the individuals, families and groups in the community; use evidence-based public health science and nursing to recommend population focused interventions and consider policy, regulatory and financial issues that impact these interventions. Students in the classroom, who assumed roles such as public health nurse, consumer, and community activist, asked the presenting group questions related to these objectives.</p> <p>2. The Nursing Department Curriculum Committee led an initiative to map all of the key content in undergraduate nursing courses to the American Association of Colleges of Nursing’s Essentials of Baccalaureate Education, the American Nurses Association Scope and Standards of Practice, the National Council of State Boards of Nursing NCLEX blueprint (licensing exam), and the MU BSN Program Outcomes. All department faculty participated in the initiative. The findings were</p>

Outcome	Planned Improvement	<p style="text-align: center;"><b>Update</b></p> <p style="text-align: center;"><i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i></p>
		<p>then used as the basis of the curriculum re-design initiative that was commenced in late Fall 2016 and Spring 2017.</p>
<p>Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing.</p>	<p>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 as 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 &amp; 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.</p>	<p>1. At the beginning of the Fall 2016 and Spring 2017 semesters, all clinical faculty were invited to participate in clinical faculty orientations and clinical (NU 331, 332, 333, 334, 335, or 400) course meetings. The department chairs and clinical course managers reviewed the clinical evaluation tool and provided guidance on appropriate use. The PowerPoint that references the tool and tool were posted on the Clinical Adjunct Canvas site for easy access for the instructors. Additionally, after reviewing the clinical evaluations at the end of the Fall 2016 and Spring 2017 semesters, course managers decided to add an addendum page to the clinical evaluation tool so the clinical faculty can expand the description and assessment of student performance in clinical settings.</p>
<p>Participate in professional activities that support improvement in health care services.</p>	<p>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</p>	<p>1. In the 2016-17 academic year, faculty arranged for activities and guest speakers that allowed for students to participate or gain first-person provider insight into professional activities that support improvements in healthcare services. Examples include:</p> <ul style="list-style-type: none"> <li>• NU 230 Theoretical Foundations of Professional Nursing (Fall, 2016) Terry</li> </ul>

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
	<p>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.</p>	<p>Gaffney PhD, RN, Senior New Product Development, American Nurses Association, Topic: Professional Nursing Organizations</p> <ul style="list-style-type: none"> <li>• NU 230 Theoretical Foundations of Professional Nursing (Fall, 2016) Carla Spinelli, PhD, RN, Director, Adult Primary Care, Kaiser Permanente Northern Virginia: Health Care Reform: Implications for Out-patient Care</li> <li>• NU 230 Theoretical Foundations of Professional Nursing (Fall, 2016) Grace Lawrence PhD(c), RN, Inova Translational Medicine Institute, Opportunities for Nurses in Translational Medicine</li> <li>• NU 234 <i>Health Across the Life Span</i> (Spring 2017) Leah Davidson, MS, IMH-E® (II), Infant Family Specialist Program Supervisor/Local System Manager Arlington Parent Infant Education (PIE) Program</li> <li>• NU 230 (Fall 2017) and NU 234 <i>Health Across the Life Span</i> (Spring 2017) Rev. C. Richar RN, Executive Director of Capital Caring, Arlington, Topic: Hospice and Palliative Care</li> <li>• NU 412 <i>Introduction to Leadership, Management and Advocacy</i> (All sections, Spring, 2017) Denise Holyoak RN, MSN, Unit Director, Cardiovascular ICU, Virginia Hospital Center, Topic: Emotional Intelligence and Critical Thinking for the Graduate Nurse</li> </ul>

Outcome	Planned Improvement	<b>Update</b> <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
		<ul style="list-style-type: none"> <li>• Eleven BSN students participated in a service learning trip in Nicaragua where they engaged in providing health promotion services under the supervision of nursing faculty and learned about local health services in rural Central America.</li> <li>• Ten BSN students participated in a Remote Area Medical service learning trip in Emporia, VA, under the supervision of nursing faculty. Students engaged in medical triage activities and learned about health disparities and access to care issues in rural Virginia communities.</li> <li>• The Department of Nursing was unable to secure student spots at the AACN Student Policy Summit due to the high demand for these spots among American Association of College of Nursing member schools. We will try again for the 2018 summit.</li> </ul>

**Provide a response to last year’s University Assessment Committee review of the program’s learning assessment report:**

The UAC provided the following feedback for the 2015-16 report: the executive summary was thorough and clearly written. The report addressed steps toward implementing improvements in the 2014-15 report in a clear and completer fashion. All outcomes were clear appropriate and well connected to the overall objectives of the nursing program as well as the scope and standards of practice for the nursing profession. Measures and targets were relevant and the assessment demonstrated a thoughtful reflection on how the department continuously aims to provide “real world” professional experiences for students.

Recommended areas for consideration included – reviewing some negative comments on the student surveys regarding student clinical placements and consider adding some indirect measures to the 2016-17 SLO Assessment.

For the 2016-17 SLO Assessment, indirect measures were selected for two of our learning outcomes. A review of the comments related to clinical in the 2014-15 and 2015-16 GSS showed a few isolated negative comments regarding clinical placements. There were three negative comments on the GSS 2014-2015 related to clinical placements and one comment related to dissatisfaction with clinical placements in the 2015-16 GSS. The comments in the GSS 2014-15 report were varied and did not

demonstrated any trends. They were: limited learning opportunities at a particular hospital; more clinical experiences and more time for labs. One comment in the 2015-16 GSS related to general dissatisfaction with the clinical experiences.

Each semester there are between 300-400 students enrolled in a clinical course in the BSN program. For example, during the fall 2017 semester there are 332 students placed at various health care facilities in the DC metropolitan area. MU has approximately 350 contracts with health care organizations in DC, Maryland, and Virginia. There are numerous challenges associated with clinical placements including the factor that the health care agency dictates the degree of access students have to patients, they limit the number of students allowed on each unit in a hospital and there is increased competition for clinical sites among the many BSN programs in the metropolitan area. The Virginia Board of Nursing mandates that each program provide a minimum of 500 clinical hours; MU exceeds that as our students receive a minimum of 565 hours in clinical settings. One student noted that there needed to be increased lab time. Since then, the Director of the Labs have instituted open labs times during the week to accommodate student requests.

**Outcomes Assessment 2016-2017**

**Learning Outcome 1: Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team.**

**Assessment Activity**

<b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i>	<b>Data Collection</b> <i>Discuss the data collected and student population</i>	<b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Direct Measure:  NU 400 <i>Health Promotion and Risk Reduction in Communities (cont.)</i> Community Assessment Project:	90% of the NU 400 student groups will achieve a score of 9 or above on the section of the Community Stakeholders Presentation rubric:  “Questions posed by 3 interdisciplinary healthcare team and members of the community (3 classmates are assigned these roles) are answered in a manner reflecting the group’s communication, negotiation and collaboration skills.”  (A copy of the NU 400 assignment rubric and	NU 400 students are enrolled in the final semester of the BSN program (Semester 8 Traditional track and Semester 4 Accelerated track).  Small groups of students (n=4), who worked together in a 12-week community-based clinical, present results of a comprehensive community assessment assignment. Classmates simulate community stakeholders (health care professionals, social service workers, public health officials, school representatives, and	FA 16 <b>MET</b> N = 73 73 of 73 (100%) of students met the performance standard  SP 17 <b>MET</b> N = 63 100% of student groups received a score of 9 or higher on the stakeholder presentation rubric section related to response to interdisciplinary questions.  Analysis: Since 100% of students met this outcome measure, faculty will likely need to choose a more challenging measurement and /or performance standard. Also The outcome measure did not fully align with the rubric. While student groups were successful in responding to a minimum of 3 simulated stakeholder questions, the

<b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i>	<b>Data Collection</b> <i>Discuss the data collected and student population</i>	<b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
	guidelines are in the appendix)	community members at a community stakeholder meeting voicing questions and concerns representative to their assigned role.	actual rubric was scored on group ability to “Describe groups that you anticipate needing to communicate, collaborate and negotiate with to achieve a resolution; describe specific strategies”.
Indirect Measure:  <i>BSN Exit Survey</i>	90% of graduating students will rate themselves as competent or higher on the BSN exit survey question related their ability to communicate, collaborate, and negotiate as a member of an interdisciplinary team.  (A section of the BSN Survey related to this specific question is in the appendix)	The <i>BSN Exit Survey</i> is an electronic survey developed by the Department of Nursing. The survey is directly based on the BSN program outcomes. MU OIE provides a survey link which is distributed to students in the final class session of the NU 425 Capstone class. A request is made by faculty for students to complete the survey.	<u>FA 16</u> <b>NOT MET</b> N = 66 58 of 66 (88%) of students rated themselves as competent or higher on the BSN exit survey question related to this SLO  <u>SP 17</u> N= 53 52 of 53 (98.2%) of students rated themselves as competent or higher on the BSN exit survey question related to this SLO  Analysis: The group in the fall was comprised of accelerated students while the group in the spring were both traditional and accelerated. It is unclear the cause of the difference in the means though it is not unusual to see variations in the perception of competency from semester to semester. Additionally, negotiation is a more difficult skill than collaboration and not part of the curriculum that is emphasized or integrated throughout course work.

**Interpretation of Results**

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

This performance standard “Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team.”

- Was met in the Fall 2016 and Spring 2017 as 100% of the student groups in NU 400 achieved a score of 9 or above on the section of the Community Stakeholders Presentation rubric. The performance standard of 90% of the students will receive a 9 or above was exceeded. Students were asked questions and answered in a manner reflecting the group’s communication, negotiation and collaboration skills.
- Was not met in fall 2016 as 58 of 66 (88%) of the students rated themselves as competent or higher on the BSN exit survey question related to this SLO. The performance standard was 90% of graduating students will rate themselves as competent or higher on the BSN exit survey related to this SLO.
- Was met in spring 2017 as 52 of 53 (98.2%) of students rated themselves as competent or higher on the BSN exit survey question related to this SLO. The performance standard was 90% of graduating students will rate themselves as competent or higher on the BSN exit survey related to this SLO.
- Was met when combining the fall 2016 and spring 2017 (n=66 + N=53) data. These data show that 92% of the students rated themselves as competent or higher on the BSN exit survey related to this SLO.

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

The learning outcome *“Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team”* will be revised to better reflect the Essential VI *“inter-professional communication and collaboration for improving patient health outcomes”* from the *Essentials of Baccalaureate Education for Professional Nursing Practice (2008)*. A strength of this program is the numerous opportunities for students to demonstrate their skill in achieving this SLO in the clinical setting. The classroom measure in NU 400, however, provided weak congruency between the SLO and the rubric. While difficult to measure reliably in the classroom and clinical setting, there is an opportunity for improving the measurement of this SLO by creating simulation scenarios linked to this learning outcome

**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 the programmatic and course level. The Director of Simulation and Lab, working with course faculty, will develop patient cases in the electronic medical record system that can be implemented related to how students learn these concepts. The Director of Simulation and Lab noted that we are piloting this in NU 332 this semester as it is topical with the hurricane Harvey and historical with Katrina. Faculty are measuring students’ satisfaction and if it improves their confidence. Working with the Director of Simulation and Lab, faculty will develop simulation scenarios related to methods of communication, collaboration and negotiation. Using a standardized assessment tool, faculty and lab staff will collect data related to this SLO during the simulation experience. These data have the potential to provide robust information about student performance related to this SLO.

**Learning Outcome 2: Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care.**

Assessment Activity

<b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i>	<b>Data Collection</b> <i>Discuss the data collected and student population</i>	<b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Direct Measure:  NU 231 Principles and Applications of Nursing	90% of NU 231 students will pass first attempt of the <b>FINAL</b> “skills check off list” in Skills Lab as documented in Evolve.	NU 231 students are enrolled in the first semester of the accelerated second degree track. The aim of the course is to prepare students to utilize	<u>FA 16</u> <b>MET</b> N = 68 67 of 68 (99%) of students met the performance standard

<p><b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p><b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i></p>	<p><b>Data Collection</b> <i>Discuss the data collected and student population</i></p>	<p><b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p><i>Technologies Skills Lab Check-Off</i></p>	<p>A copy of check-off skills list is in the appendix.</p>	<p>the nursing process in implementing nursing skills and technologies.</p> <p>In Week 14 of the semester, students demonstrate the nursing skills outlined on the checklist. Their ability to perform skills is rated as pass/fail by a nursing lab instructor.</p>	<p><u>SP 17</u> <b>MET</b> N = 26 26 of 26 (100%) of students passed the final skills lab check-off on their first attempt.</p> <p>Analysis: There is a need for students to pass this prior to moving on to another course. Thus, it is essential that 100% of the students demonstrate that they have mastered the skills.</p>
<p>Direct Measure:  NU 490 <i>Internship</i> Clinical Evaluation Form / Final Evaluation</p>	<p>100% of students will receive “satisfactory” or “outstanding” on all 7 items included in the “Intervention” section of the clinical evaluation instrument which includes “performs technical skills according to established standards”.</p> <p>A copy of evaluation form is in the appendix.</p>	<p>NU 490 students are enrolled in their final semester of the BSN program. The course includes a 96-hour precepted clinical learning experience at a local hospital. The clinical evaluation instrument is completed by the assigned registered nurse preceptor who works with the student for the entirety of the internship experience. MU nursing faculty provide orientation to nurse preceptors and course oversight consistent with the Virginia Board of Nursing requirements.</p>	<p><u>FA 16</u> <b>MET</b> N = 72 72 of 72 (100%) of students met the performance standard</p> <p><u>SP 17</u> <b>NOT MET</b> N = 63 62 out of 63 (98%) students met the performance standard.</p> <p>Analysis: Mid-point evaluations for a very small number of students included “unsatisfactory” ratings on one or more of the Intervention items. However, these were addressed as needed, and all unsatisfactory areas were rated as either satisfactory or outstanding by their final evaluation. Nurse preceptors complete the evaluation forms, and through their own experiences or approaches to teaching and learning, will vary somewhat in how they complete the evaluation tool.</p>

### Interpretation of Results

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

This performance standard: “Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care. The measurement of this outcome has not been documented in recent years.”

- Was met as 100% (Fall 2016) and 98% (Spring 2017) of the students enrolled in NU 231 passed the final lab check off in the first attempt. The performance standard was that 90% of NU 231 students will pass in the first attempt.
- Was met in fall 2016 as 100% of students received “satisfactory” or “outstanding” on all 7 items included in the “Intervention” section of the clinical evaluation instrument which includes “performs technical skills according to established standards. The performance standard was 100% of the students enrolled in NU 490 will achieve satisfactory” or “outstanding” on all 7 items included in the “Intervention” section of the clinical evaluation instrument.
- Was not met in spring 2017 as 98% (62 of 63) students met this performance standard.

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

The SLO “*Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care*” is foundational to expected competences and the practice of the BSN prepared graduate and is required for successful completion of the program. This SLO will be revised to better reflect the *Essentials of Baccalaureate Education* as well as provide more opportunities for measurement throughout the curriculum. Psychomotor skills related to providing safe nursing care are required and essential in contemporary health care settings. A program strength is that faculty use a variety of teaching strategies and provide numerous opportunities for students to practice these skills throughout the program. Additionally, faculty routinely and at intervals linked to course and programmatic objectives, evaluate students competences related to psychomotor skills that ensure provision of efficient, safe, and effective patient care. These strategies include boot camp which is an introduction of skills related to that specialty course. For example, in NU 400 students are required to demonstrate skill in taking a manual blood pressure. Other strategies are the Skills Lab which is the introduction to new skills. In this lab the student is expected to practice, defined skills. Lab staff and faculty evaluate the students’ competence in achieving these skills. There is also a simulation component to skills lab. There is a remediation process for those students who do not achieve competency. During the fall 2016 semester the mid-point evaluations in NU490 for a very small number of students included “unsatisfactory” ratings on one or more of the Intervention items. However, these were addressed as needed through a remediation process, and all unsatisfactory areas were rated as either satisfactory or outstanding by their final evaluation. Faculty need to seek additional opportunities throughout the program to evaluate this SLO.

Recently the Virginia Board of Nursing mandated that each student enrolled in a nursing program maintain a skills checklist. This checklist refers to the psychomotor skills nursing students are expected to achieve competence in by graduation from the program. Faculty are in the process of refining the checklist and developing a process for the maintenance and periodic updating throughout the students’ enrollment in the program. The faculty developed a checklist in 2015- 2016 in response to this new requirement. However, faculty noted that students are not systematically and reliably utilizing and documenting skills on the checklist. There are opportunities for improvement in the use and maintenance of the skills checklist.

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

A planned improvement for this year based on the assessment of this SLO is at the programmatic level and is linked to the Virginia Board of Nursing (VBON) requirement that all students maintain a skills checklist that is used and updated throughout their enrollment in the nursing program. Faculty will assess the content of the skills check list, the process of student use and develop a standardized process that will ensure compliance with the VBON requirement. The checklist may be

revised depending on the outcome of the assessment. This information will then be communicated to all faculty, adjunct clinical instructors and students to ensure that the program is compliant with the regulation and that students psychomotor skills are being assessed and documented as they progress through the nursing program.

**Learning Outcome 3: Delegate and supervise patient care activities to ensure the delivery of safe, timely and effective nursing care.**

**Assessment Activity**

<b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i>	<b>Data Collection</b> <i>Discuss the data collected and student population</i>	<b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Indirect Measure:  NU 412 <i>Introduction to Leadership, Management, and Advocacy</i> Midterm exam	90% of students will score 80% or higher on the 10 questions dedicated to delegation on the course <b>MIDTERM</b> exam.  A copy of NU 412 questions are in the appendix.	NU 412 students are enrolled in their final semester of the BSN program (Traditional Track Semester 8/ Accelerated Track Semester 4).  Concepts and applications associated with professional nursing delegation and supervision were included on the mid-term exam. The assessment was in the form of multiple-choice items that reflect both course/programmatic learning outcomes and the style of questions that will be on the NCLEX licensing exam.	<u>FA 16</u> <b>MET</b> N = 76 71 of 76 (93%) of students met the performance standard of scoring 80% or higher on the 10 questions dedicated to delegation on the mid- term exam  <u>SP 17</u> <b>NOT MET</b> N = 62 51 of 62 (82%) students met the performance standard of scoring 80% or higher on the 10 questions dedicated to delegation on the course midterm exam.  Analysis: NU 412 does not have a clinical component. Thus it may be difficult for some students to conceptualize without being in practice. The preceptorship which is NU 490 may better capture the delegation outcome.
Direct Measure:  NU 331 <i>Illness Management in Adults I</i> Clinical Evaluation Tool	90% of students will achieve a rating of “MC” or “EC” on final clinical evaluation for section II D – Teamwork and Collaboration	NU 331 students are enrolled in Traditional Track Semester 6 or Accelerated Track Semester 2.  All students complete a 96-hour (2-credit) clinical	<u>SP 17</u> <b>MET</b> N = 98 100% (98 of 98) students met performance standard of MC or EC on Section II D of final clinical evaluation tool

<b>Outcome Measures</b> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<b>Performance Standard</b> <i>Define and explain acceptable level of student performance.</i>	<b>Data Collection</b> <i>Discuss the data collected and student population</i>	<b>Analysis</b> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
	(A copy of the Clinical Evaluation Tool is in the appendix)	experience on a medical-surgical unit of a local hospital under the direct instruction and supervision of MU clinical faculty. Each faculty member supervises a group of 8 students and completes the clinical evaluation form at both the mid-point and end of the semester. For this assessment, the data was collected for student performance evaluations completed the end of the semester-long clinical experience.	<u>SU 17</u> N=25 100% (98 of 98) students met performance standard of MC or EC on Section II D of final clinical evaluation tool.  Analysis: The use of the midterm evaluation may give better feedback than the final evaluation (or scoring) by the clinical instructors. Rarely do students receive anything except “MC” (met competency) on the final evaluation. A formative evaluation may provide a different perspective of student learning.

**Interpretation of Results**

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

This performance standard “: **Delegate and supervise patient care activities to ensure the delivery of safe, timely and effective nursing care.**”

- Was met in fall 2016 as 93% of students met the performance standard of scoring 80% or higher on the 10 questions dedicated to delegation on the mid- term exam. The performance standard was 90% of students will score 80% or higher on the 10 questions dedicated to delegation on the course midterm exam.
- Was not met in spring 2017 as 82% (performance standard was 90%) students met the performance standard of scoring 80% or higher on the 10 questions dedicated to delegation on the course midterm exam.
- Was met in Fall 2016 and Spring 2017 as 100% of students met performance standard of MC or EC on Section II D of final clinical evaluation tool

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

The SLO related to delegation and supervision of patient care activities to ensure the delivery of safe, timely, and effective nursing care remains relevant and appropriate for our program but will be revised to more closely align with the *Essentials of Baccalaureate Education*. . A program strength is that there are numerous opportunities both in the clinical, lab and classroom settings for students to engage in and improve on the development of this competency. For example, in NU 331 clinical instructors are encouraged to designate a “charge” student each week who delegates and collaborates with other members of the clinical group to ensure that all patient care activities are completed in the delivery of safe, timely, and effective nursing care. We have an opportunity for improvement in the measurement of this



SLO in the classroom setting. This SLO was measured at midterm using ten questions in an exam. Faculty noted that the course NU 412 did not have a clinical component and thus concepts of leadership and management were difficult for some students to master without being in a practice setting. Students are in a clinical internship with a preceptor this semester but many students don't begin the internship until late in the semester.

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

Planned improvements are at a curricular and programmatic level. As discussed, faculty revised the curriculum as well as numerous courses during the fall 2016 and spring 2017 semesters. The content related to this SLO specifically staffing, delegation, prioritization, and supervision was moved to the newly envisioned internship course. Faculty believe this will strengthen the opportunity for students to conceptualize and practice concepts related to leadership and management. In the coming year, this course will be further developed to improve student learning outcomes. In addition, a new position of Academic Success Coordinator (ASC) was developed and approved as of fall 2016. An individual who is master's prepared nurse with expertise in test taking strategies, student learning, and medical surgical nursing was hired and oriented. This individual, along with faculty will explore methods to better link concepts related to this SLO to the practice setting.

**Curriculum Map**

*These will be sent for review and feedback to the Liberal Arts Core Committee.*

**UNDERGRADUATE CURRICULUM MAP**

**Degree Program:** Nursing (B.S.N.)

**Year:** 2016-17

**Program Outcomes:**

Program Outcome	Critical Thinking	Inquiry	Information Literacy	Written Communication
Apply the nursing process to provide quality patient-centered care.	X	X	X	X
Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team.	X		X	X
Demonstrate knowledge of professional and ethical standards as they apply to nursing practice.	X	X		X
Utilize evidence-based knowledge from nursing and other disciplines to practice.	X	X	X	X
Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care.	X		X	
Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing.	X		X	X
Delegate and supervise patient care activities to ensure the delivery of safe, timely, and effective nursing care.	X	X	X	X
Participate in population focused health promotion and disease prevention activities.	X	X	X	X
Participate in professional activities that support improvement in health care services.	X	X	X	X
Develop a plan for continuous professional development and life-long learning.	X			X

**Curriculum Map:**

For each course, indicate which competencies are included using the following key. Please refer to the director of assessment in Planning and Institutional Effectiveness if you need more detailed explanation of the four core competencies.

Level of instruction: I – Introduced, R-reinforced and opportunity to practice, M-mastery at the senior or exit level

Assessment: PR-project, P-paper, E-exam, O-oral presentation, I-internship, OT-other (explain briefly)

Required Course	Critical Thinking		Inquiry		Information Literacy		Written Communication	
	Level	Assess	Level	Assess	Level	Assess	Level	Assess
NU 226	I	E	I	P	I	P	I	P
NU 236	I	E			I	OT-Case studies		
NU 246	R	E			I	OT-Case studies		
NU 234	I	E/PR	I	P	I	E/P/OP	I	P
NU 230	I	E	I	P/Interview	I	P	I	P
NU 231	I	E			I	OT-Case studies		
NU 302	R	E/OT-Case Studies	I	P			R	P
NU 331	R	E/OT-Case Studies	I	OT-Case Studies	R	OT-Case Studies		
NU 332	R	E/OT-Case Studies	R	OT-Case Studies	R	OT-Case Studies		
NU 333	R	E/OT-Case Studies	R	OT-Case Studies	R	OT-Case Studies		
NU 334	R	E/OT-Case Studies	R	P/OT-Case Studies			R	P
NU 335	R	E/OT-Case Studies	R	P/OT-Case Studies				
NU 361	R	E	R	PR				
NU 362	R	E						
NU 400	R	E/PR	R	PR/OP	R	PR		
NU 403	R	E/P	R	P/OP	R	P/PR	R	P
NU 412	M	E/P/OT-Case Studies	M	PR	M	PR	P	PR
NU 425	M	P	M	OT-Debate	M	PR	M	P/OT-Portfolio
NU 490	M	PR/I	M	I	M	I	M	I



## **Appendices**

1. **NU 400 assignment guidelines**
2. **NU 400 assignment rubric**
3. **BSN Exit Survey**
4. **Final check-off skills list**
5. **NU 490 *Internship* Clinical Evaluation Form / Final Evaluation**
6. **NU 412 midterm exam questions**
7. **Clinical Evaluation Tool (is in a separate attachment as it is in landscape view)**