

# B.S. in Nursing

## 2006 NCA Progress Report #9

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### Introduction/Context

The undergraduate nursing program has the overarching goal to prepare nurses for professional practice. The program is fully accredited by the Commission on Collegiate Nursing Education (CCNE) and approved by the Ohio Board of Nursing (required for graduates to progress to licensure.) Previously the undergraduate nursing program was accredited by the National League for Nursing Accrediting Commission (NLNAC) which does not accredit graduate programs. In October 2005, the faculty voted to change our national accrediting body to the CCNE so that the undergraduate and graduate programs could be accredited by the same organization with consist standards.

Faculty in each clinical specialty area review objectives and outcomes for their area on an ongoing basis. At the end of each academic year, all Faculty collectively review reports of outcomes. Trends are identified for areas and across the program with a plan of action developed for the upcoming academic year.

The undergraduate nursing program has a comprehensive evaluation plan that includes documentation of compliance with state laws, adequate resources to operate the program, an organizational structure that supports achieving the School's mission, accurate information on the program available to the public, documentation of faculty productivity, and other measures. The student learning outcome data reported here is taken from that data.

Based on past reviews and discussions of outcomes the Faculty proposed and approved the establishment of a new standing committee, The Program Evaluation Committee. It was formed during AY 2005 – 2006 to review current evaluation methodologies and develop an expanded evaluation plan that obtains feedback from all key constituents and establishes an enhanced system of data collection and analysis. This will ensure support the effective evaluation of all aspects of the program and outcomes.

All students enter the BSN major through a competitive admissions process and progress through three levels of classes (sophomore, junior, and senior). The accelerated students follow the same progression format as the basic students, albeit at a faster pace since they already have earned an undergraduate degree in another discipline. Student learning outcome data on nursing skills, nursing standards of practice, nursing care planning and therapeutic communication are assessed in relation to at increasingly more complex objectives throughout the progression of courses. These assessments at the level of the senior courses culminate in the evaluation of students' ability to meet program terminal objectives and obtain their RN license to practice nursing.

In December 2004, benchmarks for each of the current direct measures were established by the full faculty based on:

1. Expectations related to progression in achievement of terminal objectives.
2. Results achieved in the preceding two academic years.
3. Experiences of comparable programs.

They are reviewed annually and revised or revalidates for the upcoming academic year.

### **Goal**

The primary goal of the BSN program has not changed. It remains as follows: Graduates will be ready to practice professional nursing in all of the discipline' specialty areas.

### **Outcomes & Research**

Since submission of the last status report, Faculty in the School of Nursing continues to review and revise program outcome benchmarks to specifically reflect student learning. As they are now defined, **clinical skill outcomes which are assessed by direct measures are outlined below.**

- A) Students will demonstrate competency in progressively difficult nursing skills in the campus Nursing Resource Laboratory (NRL), measured by 'skills checks' in the NRL
- B) Students will apply the professional standards of nursing in the clinical area as documented by scores on the course-specific clinical evaluation tools.
  - 1) Students will demonstrate ability to plan, deliver, and evaluate outcomes of professional nursing care as measured through scores on written nursing care plans and clinical course evaluation.
  - 2) Students will demonstrate the progressively more comprehensive use of therapeutic communication skills in practice settings as measured through scores on written process recordings.
- C) Students will demonstrate mastery of nursing knowledge required for safe practice as measured through standardized tests in all subject areas of the discipline. Direct measures of theory course outcomes are being considered to supplement the current standardized test results for a more complete evaluation of that aspect of student learning.
- D) Graduates of the program will successfully pass the NCLEX-RN licensing exam on first taking, as measured through test scores.

**Indirect measures are used to assess the two outcomes that follow.**

- E) Graduating students express readiness for professional work as assessed through exit interviews/focus groups.
- F) Alumni report preparedness for professional work as assessed through questions on an alumni survey.

## **Findings**

In order to become a licensed Registered Nurse, program graduates must ultimately take and pass the NCLEX – RN. Optimally, we would like our graduates' passage rate to be at or above 95% of the national mean for each testing. Since 2003, we have met or exceeded this objective.

Appropriate benchmarks have been set for all other direct measures employed to assess student progress. As tabled findings contained in the accompanying Status Report #9 reveal, based on the available data, all established benchmarks have been met. Nevertheless, as noted below some specific actions to further strengthen the program have been identified for implementation in the upcoming academic year.

Data collected for reports through AY 2004 – 2005 was based on records available in individual student files. The Faculty determined these files were incomplete at times with some faculty retaining evaluation forms rather than submitting them for filing.

Data collected for Status Report # 9 was obtained through request to all clinical faculty for cohort and class specific breakdown information. This provided a more comprehensive data set in many areas. However, it also revealed new concerns. With the retrospective methodology in place, access to a breakdown of outcome data from faculty no longer with the school or those who are part time and not involved long term was limited at best. Also, the retrospective methodology meant that some ongoing faculty had purged files no longer required for curriculum purposes.

At the May 15, 2006 Annual Faculty Retreat, a motion was made by the Program Evaluation Committee and unanimously approved to initiate concurrent data collection. This will be accomplished under the direction of Course Coordinators who will be provided guidelines to support the collection, analysis, and retention of results. The Revised Comprehensive Evaluation Plan being developed will include specific methodology for collection, analysis, storage, and reporting of this data in compliance with all University, College, and Program policies, accreditation standards, and external regulations.

## **Review**

Assessment results are periodically reviewed with a comprehensive review of all data by the entire faculty on an annual. The last such evaluation meeting was held on May 15, 2006. Focus groups comprised of graduating seniors are also held to solicit student opinion on proposed curricular and instructional changes and the quality of the program overall.

Based on Faculty discussion and review of the data and a further review of the Office of Assessment review report of the 2005 – Status Report 8, the following actions were proposed.

## **Actions**

The Program Evaluation Committee is preparing an integrated, comprehensive evaluation plan that will expand and better coordinate the previous activities. The plan will address feedback

from all internal and external key constituents, establish or reinforce measures of achievement of individual and program-wide accreditation and licensure standards, and will correlate direct clinical and theory outcome data as measures of progression required to achieve the terminal objectives. While the committee members will not be responsible for actual data collection and analysis, they will establish a coordinated and systematic plan that allows them to support administration, faculty and staff across classes and cohorts in identifying trends and opportunities for improvement.

Outcome B1, 2, & 3. Findings for AY 2004 – 2005 suggest that sophomore students continue to demonstrate less proficiency when completing Process Recordings than do more advanced students. Faculty planned a focused review of communication skill development at the sophomore level during AY 05/06. This review was completed, however further analysis indicates some inconsistency in form, format, and evaluation criteria within specialty areas and in achievement of terminal objectives by level. For this and other direct measures of student outcomes such as care plans and clinical evaluations, the Program Evaluation Committee plans a review of all current forms, formats, and evaluation criteria program-wide to propose a clear progression consistent with the terminal objectives.

Outcome C. To better ensure students' readiness to take and pass the NCLEX – RN, the scoring benchmark on preparatory ATI exams was raised from passage at the 50<sup>th</sup> percentile in comparison to peers to passage at the 60<sup>th</sup> percentile. Implementation of this new benchmark continues to be monitored. Students did achieve targeted scores on ATI exams used to assess mastery of nursing knowledge in all major subjects; however the repeated practice needed in some instances has suggested the need for further scrutiny of ATI testing data. Faculty continues to look for trends in testing for individual students who may be having difficulty in test performance during the upcoming year. A workshop on test taking skills and test anxiety reduction was provided in May 2006 for those exhibiting difficulty. Faculty proposed including such workshops for all students early in the program beginning Fall 2006.

Outcome F. In May 2005, faculty proposed options to bolster response rates to alumni follow-up surveys and identified individual alums at major local health agencies who agreed to serve as survey assistants by agreeing to oversee the distribution and collection of completed questionnaires. This was implemented for the survey completed at that time with limited success.

The next Alumni survey is scheduled for academic year 2007 – 2008.

**NORTH CENTRAL ASSOCIATION STUDENT ASSESSMENT PLAN**  
2006 College of Education and Human Services Progress Report #9

Program: B.S. in Nursing

*Program Goal: Graduates will be ready to practice professional nursing in all of the disciplines specialties.*

OUTCOMES	ASSESSMENT MEASURES (Direct)	FINDINGS/RESULTS	REVIEW OF RESULTS (comparisons with target objectives)	ACTIONS
<p>A. Students demonstrate competency in progressively difficult nursing skills in the Nursing Resources Laboratory (NRL).</p> <p>Note. Students must demonstrate competency in nursing skills in the campus lab before performing such skills in clinical settings.</p>	<p>Mastery of skills tested in designated classes (NUR 216, 226, and 306) through student demonstration ("skills checks") in the Nursing Resource Lab. (Example of skills checks evaluative tool attached).</p> <p>In senior level class (NUR 420) students complete a peer evaluation of skill proficiency.</p>	<p><b>Sophomores</b>  <b>NUR 216 (Basic):</b> 62.5 % pass on 1<sup>st</sup> testing, 18 % 2<sup>nd</sup> testing, 19.5 % 3<sup>rd</sup> testing  <b>NUR 216 (Accelerated):</b> 95 % pass on 1<sup>st</sup> testing, 5% 2<sup>nd</sup> testing</p> <p><b>Juniors</b>  <b>NUR 226 (Basic):</b> 50 % pass on 1<sup>st</sup> testing, 40% 2<sup>nd</sup> testing, 10 % 3<sup>rd</sup> testing  <b>NUR 226 (Accelerated):</b> 100 % pass on 1<sup>st</sup> testing  <b>NUR 306 (Basic):</b> 75% pass on 1<sup>st</sup> testing, 21 % pass on 2<sup>nd</sup> testing.  <b>NUR 306 (Accelerated):</b> 85% pass on 1<sup>st</sup> testing, 15 % pass on 2<sup>nd</sup> testing.</p> <p><b>Seniors</b>            100% of seniors participate in the peer evaluation -- all satisfactory.</p>	<p>Faculty reviewed skills testing results at School evaluation meeting May, 2006.</p> <p>Benchmark set Dec 2004 - 95% of students achieving competency with three opportunities to test.</p> <p>It was noted that all students in the sophomore classes were able to progress in the major based on skills competency checks.</p> <p>There continues to be significant difference between Basic and Accelerated students' success on first testing with basic students passing at lower.</p> <p>Inter-rater evaluation of skills checklists reflect strong reliability between evaluators.</p>	<p>Benchmarks met so no further action required.</p> <p>Program Evaluation Committee's Comprehensive Plan will include a system for ongoing review of the skills monitors and correlation with progression in clinical experiences</p> <p>The Resource Laboratory Staff and Medical Surgical Faculty will review outcomes from the two aspects of clinical skill development to identify opportunities to ensure development of fundamental skills.</p>

OUTCOMES	ASSESSMENT MEASURES (Direct)	FINDINGS/RESULTS	REVIEW OF RESULTS (comparisons with target objectives)	ACTIONS
<p>B. Students will apply professional nursing standards* in clinical practice areas. *Professional nursing standards are defined in the Ohio Nurse Practice Act and by the document <i>Essentials of Baccalaureate Nursing Practice</i>, developed by the American Association of Colleges of Nursing (AACN).</p>	<p><b>Clinical Evaluation Tool</b></p> <p>Students must meet standards as evaluated in each course through a course-specific clinical evaluation tool (example of tool attached). The clinical evaluation tools identify areas of practice to be observed by clinical faculty.</p>	<p><b>Sophomores</b>  <b>NUR 216:</b> 75 % A, 26 % B, 1 % C  <b>NUR 226:</b> 75 % A, 19 % B, 2 % C, 4 % F</p> <p><b>Juniors</b>  <b>NUR 306:</b> 81 % A, 15 % B, 3 % C, 1 % F  <b>NUR 313:</b> Psych – 93 % A , 7 % B  <b>NUR 326:</b> Peds – 90 % A , 10 % B  <b>NUR 382:</b> Maternity – 85 % A, 13 % B, 2 % C</p> <p><b>Seniors</b>  <b>NUR 411:</b> Home Care – 100 % A  <b>NUR 414:</b> Comm. – 78 % A, 14 % B, 2 % C  <b>NUR 441:</b> Comm. – 86 % A, 14 % B  <b>NUR 416:</b> Complex – 88 % A, 6 % B, 6 % C  <b>NUR 420:</b> Role Practicum – 96 % A 14 % B</p>	<p>Student data reviewed at School evaluation meeting May, 2006.</p> <p>Benchmark set in Dec 2004 is 90% of students should successfully achieve the objectives.</p> <p>Faculty discussed potential for inconsistency in rating scales with current clinical evaluation tools and the need to determine clear criteria.</p>	<p>Meets benchmark so no further action required.</p> <p>Program Evaluation Committee to collect all current evaluation tools and based on review determine template for clinical evaluations and related criteria.</p> <p>Under the guidance of Course Coordinators, Faculty from each clinical area will then review evaluation tools and revise as needed to measure desired behaviors.</p>
<p>B.1. Students demonstrate ability to plan, deliver and evaluate outcomes of professional nursing care.</p>	<p><b>Nursing Care Plan</b></p> <p>Students complete written nursing care plans documenting use of the nursing process in care delivery. These care plans document student assessment and analysis of the nursing concerns, the student action and the observed outcome. The care plans are evaluated by the clinical faculty and assigned a score.</p>	<p><b>Sophomores</b>  <b>NUR 216:</b> 100 % satisfactory  <b>NUR 226:</b> 75 % A, 19 % B, 5 % C,</p> <p><b>Juniors</b>  <b>NUR 306:</b> 87 % A, 11 % B, 2 % C  <b>NUR 313:</b> Psych – 79 % A , 16 % B, 5 % C  <b>NUR 326:</b> Peds – 80 % A , 20 % B  <b>NUR 382:</b> Maternity – 64 % A, 34 % B, 2 % C</p> <p><b>Seniors</b>  <b>NUR 411:</b> Home Care – 63 % A, 27 % B  <b>NUR 416:</b> Complex – 60 % A, 33 % B, 7 % F  <b>NUR 420:</b> Role Practicum – 43 % A 57 % B</p>	<p>Student data reviewed at School evaluation meeting May 2006.</p> <p>Benchmark set Dec 2004 was 90% of students should successfully achieve the objectives. Achieved in all courses.</p> <p>Faculty discussed potential for inconsistency in rating scales with current clinical evaluation tools and the need to determine clear criteria.</p>	<p>Meets benchmark so no further action required.</p> <p>Program Evaluation Committee to collect all current evaluation tools and based on review determine template for clinical evaluations and related criteria.</p> <p>Under the guidance of Course Coordinators, Faculty from each clinical area will then review evaluation tools and revise as needed to measure desired behaviors.</p>

OUTCOMES	ASSESSMENT MEASURES (Direct)	FINDINGS/RESULTS	REVIEW OF RESULTS (comparisons with target objectives)	ACTIONS
<p>B.2 Students will demonstrate therapeutic communication skills in clinical practice.</p>	<p><b>Process Recording</b></p> <p>Students complete ‘<b>Process Recordings</b>’ of their interactions with clients at each level of nursing courses. Process recordings are scored by clinical faculty based on defined criteria. (PR evaluation tool attached.)</p> <p>In the PR, students document reflection on use of therapeutic communication techniques, identify non-therapeutic communications and suggest alternative actions.</p> <p>NUR 226 : communication with adult client</p> <p>NUR 313 communication with client with a mental health condition</p> <p>NUR 306 communication with adult having acute illness</p> <p>NUR 325/382 communication with family group</p> <p>NUR 414 teaching communication with community group</p>	<p><b>Sophomores</b></p> <p><b>NUR 216:</b> 47 % A, 26 % B, 26 % C, 1 % F  <b>NUR 226:</b> 50 % A, 30 % B, 20 % C</p> <p><b>Juniors</b></p> <p><b>NUR 306:</b> 64 % A, 32 % B, 1 % F  <b>NUR 313:</b> Psych – 77 % A, 26 % B, 3 % C  <b>NUR 326:</b> Peds – 87 % A , 13 % B  <b>NUR 382:</b> Maternity – 83 % A, 15 % B, 2 % C</p> <p><b>Seniors</b></p> <p><b>NUR 411:</b> Home Care – 100 % A  <b>NUR 414:</b> Comm. – 69 % A, 25 % B, 6 % C  <b>NUR 441:</b> Comm. – 93 % A, 7 % B</p>	<p>Student data reviewed at School evaluation meeting May 2006.</p> <p>Benchmark was set Dec 2004 -- that 90% of students should successfully achieve the objectives.</p> <p>Available data shows that students are meeting the standards.</p> <p>Faculty noted that sophomore students demonstrate less proficiency with the Process Recording than do more advanced students and question whether this is variation in competency development or an unrelated change in expectations.</p>	<p>Meets benchmark so no further action required.</p> <p>Program Evaluation Committee to collect all current evaluation tools and based on review determine template for clinical evaluations and related criteria.</p> <p>Under the guidance of Course Coordinators, Faculty from each clinical area will then review evaluation tools and revise as needed to measure desired behaviors.</p>

OUTCOMES	ASSESSMENT MEASURES (Direct)	FINDINGS/RESULTS	REVIEW OF RESULTS (comparisons with target objectives)	ACTIONS
<p>C. Students will demonstrate mastery of nursing knowledge based on standardized tests in all subjects in the major.</p>	<p>Students take the following standardized test as assessment of course material using ATI subject matter tests in:</p> <p>Fundamentals of Nursing Acute care Pharmacology Mental Health Maternity Care Pediatic Care Community Health Readiness for licensure</p> <p>(ATI = Assessment Technologies Inc, nationally-normed tests for nursing majors in identified subject areas. Tests evaluate for knowledge needed for safe practice in the discipline.</p>	<p>Across all courses, 55% of students have tested at or above the 60<sup>th</sup> percentile compared to peers on first testing.</p> <p>However, there is a significant difference between cohorts regarding pass rates on first try.</p> <p>For those who do not achieve the 60<sup>th</sup> percentile, the number successfully passing the non-proctored testing requirement is 100%. (This is a requirement for progression in the program.)</p> <p>75 % of senior students pass the NCLEX Predictor ATI, a more comprehensive standardized test on their first try.</p>	<p>The benchmark is scoring at or above the 60<sup>th</sup> percentile when compared to peers. (This was raised during the current AY from the 50<sup>th</sup> percentile.) If not met, must remediate and re-test through a computer-based, non-proctored test having correctly answered at least 85% of the questions.</p> <p>Determined most students retaking the non-proctored test do so immediately following the initial testing without any study period. They then successfully meet the “cut” score, however only in many cases with the assistance of classmates, repeated tries on the same test, and open workbook.</p> <p>At the senior level, students must demonstrate readiness for licensure through a comprehensive ATI test. Students must re-test until readiness for licensure is demonstrated.</p> <p>Students do achieve the target scores.</p>	<p>Students achieve the target score for progression in the program.</p> <p>Faculty development sessions are planned for August to prepare all faculty to independently access ATI records to assist them in Monitoring outcomes for their clinical area as a measure for curriculum review.</p> <p>Faculty will look for trends in testing for individual students who may be having difficulty in test performance. And continue to support students one to one as needed.</p> <p>Beginning Fall 2006 a second version of the non-proctored test will be available and used in retesting to minimize effect of collaboration.</p>
<p>D. Graduates will successfully pass the NCLEX exam – the national Registered Nurse licensing exam required for practice.</p>	<p>NCLEX - RN is the national licensing examination for Registered Nurses.</p>	<p>In 2001, 71 % of graduates passed the NCLEX on first taking. In 2002, 77 % passed. In 2003, 88 % passed. In 2004, 89% passed. In 2005, 90.48 % passed first try</p>	<p>The target score for success is to have CSU graduates pass rate to be at or above 95% of the national mean for each testing.</p> <p>In 2002, the 95% of the national mean was 78%; in 2003 it was 85%, in 2004 it was 85%.</p> <p><b>In 2005 the national mean was 87.88 %</b></p> <p>Since 2003, CSU graduates have met the target score.</p>	<p>Since benchmark was met, no further action needed.</p> <p>For future review, faculty requested a breakdown by cohort and track to support assessment of outcomes.</p>

OUTCOMES	ASSESSMENT MEASURES (Indirect)	FINDINGS/RESULTS	REVIEW OF RESULTS (comparisons with target objectives)	ACTIONS
E. Graduating students express readiness for professional work.	Exit interviews conducted as a focus group.	All cohorts of graduating seniors meeting in facilitated focus groups expressed their perception they are ready to begin their professional nursing career.	Faculty discussed exit interview data in Dec 04; May 05, and May 2006 and determined the presence of an objective facilitator and the addition of an anonymous brief written response as well has broadened the scope of data.	<p>No further action required at this time.</p> <p>More formal data collection process including the formal focus groups and written feedback will be continued.</p> <p>This data will be reviewed in more detail by faculty and administration.</p>
F. Alumni express perception they were preparedness for professional work.	Alumni survey, conducted every three years as a web-based survey. Data last obtained Nov 04.	<p>23% response rate for graduates of preceding 2 years.</p> <p>All graduates reported being 'ready' to function as professional nurse on survey items.</p> <p><b>No Alumni Survey completed in study year.</b></p>	<p>Response rate was lower than desired. And innovative mechanisms for future data collection are been discussed.</p> <p>Available data indicates positive outcome.</p>	Faculty identified individual alums currently working at major local health agencies. They agreed to serve as survey assistants to help achieve a higher response rate in next round.