

# LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

## ANNUAL COMMITTEE EVALUATION REPORT

ACADEMIC YEAR: 2016-2017

REPORTING COMMITTEE: Semester I

### PART I: EVALUATION OF ANNUAL GOALS AND COLLEGE ASSIGNMENTS AS APPLICABLE

#### Evaluation of annual goals from the preceding academic year

1. Integrate Quality and Safety Education for Nurses (QSEN) Competencies in clinical course to enhance safety awareness and quality patient-centered care.  
Goal met: In spring 2017, QSEN competencies were integrated in N113 and N113L course objectives and Clinical Performance Evaluation Summary. In fall 2017, all courses will have the revised objectives with QSEN competencies.
2. Continue to integrate Digital Clinical Experience (DCE) assignments in clinical course to enhance knowledge and skill set on physical assessment.  
Goal not met: DCE assignment as a method of assessment in clinical course was discontinued due to ineffective outcome of enhancing physical assessment skill. For the past four semesters, the clinical instructors did not recognize significant improvement on the physical assessment skills of students. In addition, majority of the students reported that the DCE assignments were “busy work” and not helpful. The Semester will explore and utilize digital and/or virtual simulation activities for students as another teaching methodology to enhance knowledge and skill set of students in providing safe patient-centered care.
3. Continue to promote supportive learning environment to enhance achievement of students’ learning outcomes.  
Goal met: Overall comments of students were positive in regards to attainment of courses’ objectives with supportive learning environment promoted by instructors. All courses including instructors and course evaluation surveys were well above 4 (with 3.5 threshold). Faculty will continue to provide supportive learning environment through tutoring and mentoring students.
4. Maintain all courses and instructors’ survey scores above the 3.5 threshold.  
Goal met: Global index for the courses and instructors were all above the 3.5 threshold. Faculty will continue to improve teaching methodology and review methods of assessment including test items to enhance student learning outcomes (SLO).

#### Implementation of recommendation to and from Committees/other Programs including status (If applicable):

Curriculum Committee discussed and revised courses’ objectives and Clinical Performance Evaluation Summary with QSEN competencies across all semesters. Revisions were approved by Faculty Organization. Implementation in Semester I had started in spring 2017 for N113 and N113L courses. N111 and N112 revised course objectives will be implemented in fall 2017. QSEN competencies were also introduced during courses’ orientation and integrated in lecture and skills’ presentations.

**ACER 2016-2017**  
**1<sup>st</sup> Semester**

**Report on functions:**

Semester I has consistently adhered to the purpose and seven functions of Semester Committee Bylaws. The Semester had regularly reviewed the correlation and effectiveness of theory and clinical courses, course objectives and test items, utilized variety of teaching methodologies, revised rubrics and competency procedures, and adhered to class schedules to successfully support students in achieving their learning outcomes.

The Semester had continuously communicated and collaborated with Administration to meet the needs of students (i.e. parking access card) and standing committees to clarify policies and procedures on challenge exams, grievance procedures, drop out period, and concurrent courses on the grading system.

**PART II: STUDENT PERFORMANCE EVALUATION**

**Student-related problems as applicable (include # of students): Overall Semester Data**

	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Petitions</b>	3	2
<b>Grievances</b>	0	0
<b>Withdrawals</b>	1	1 (resignation)
<b>Dismissals</b>	0	2 (double failures)
<b>Failures</b>	6	3
<b>Total attrition</b>	7	4

**Discuss any issues relating to Complaints, Petitions, Grievances, Withdrawals, Dismissals, Failures, and any others as applicable.**

In fall 2016, one petition to waive the 10 percent deduction on the N113 make-up exam was granted. The student was not able to take the scheduled exam due to transportation problem (i.e. student had a flat tire). Two other petitions in N113L were denied. The students petitioned to continue and pass the clinical course. Petitions were denied due to unsatisfactory clinical performance in meeting the course objectives after tutoring and skills lab referrals. Petitions did not continue to grievance. Withdrawals however, were due to failure from theory or clinical courses (administrative withdrawal).

In spring 2017, one petition to waive the 10 percent deduction on the N112 make-up exam was granted. The student was not able to take the scheduled exam due to jury duty. The second petition was on N113 exam. The student petitioned to be given a make-up exam after taking the scheduled N113 exam. The student argued that she was sick during that time. The student was offered to take a make-up exam after reporting "not feeling well" prior to the exam. Student refused and took the scheduled exam. The student decided to file the petition for the make-up at the end of the semester (more than a month after the incident). In this semester, withdrawals were due to personal reason and failure from other courses. Two dismissals were due to program withdrawal after two failures in semester courses.

**ACER 2016-2017**  
**1<sup>st</sup> Semester**

**Faculty/staff intervention to improve student learning:**

1. Continuously explored variety of teaching methodologies to engage students and elicit active participation during class presentations. More case studies were incorporated in lecture presentations in addition to YouTube videos, games, guest speakers, focused questions/discussions at the end of presentations, and traditional use of white board to illustrate concepts.
2. Standardization of clinical worksheet and nursing care plan presentations was done in a classroom setting to mitigate discrepancy of students' understanding of the guidelines and rubric criteria of the written assignments. Class presentation was followed up and reinforced by their respective instructors in clinical group practicum.
3. Scheduled tutoring to clarify concepts prior to examinations was reinforced to enhance student learning. Alternative route of tutoring through email questions to lecturers was also emphasized to students.
4. Reinforced students' accountability in learning in the classroom and clinical settings. Availability of skills lab for practice and Skills Procedure binder in Skills Lab 2 was announced to students periodically specifically prior to Competency.

Each faculty member had provided quality contact hours with students, which range from 5 to 15 hours per week to improve their learning and clinical performance. As a group (five faculty members), cumulative of 954 hours per semester were invested as contact hours with students (outside lecture and clinical).

**Courses' Student Statistical Data: 2016-2017**

<b>N111</b>	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Enrolled</b>	53	51
<b>Withdrawals</b>	5	3
<b>Failures</b>	1	1
<b>Total attrition (rate)</b>	6(11.3%)	4(7.8%)
<b>Students that completed/passed the course (rate)</b>	48/47(97.9%)	48/47(97.9%)
<b>Course evaluation rating</b>	4.4	4.59
<b>Average instructors' rating</b>	4.65	4.85
<b>Overall rating (Global Index)</b>	4.61	4.81

<b>N112</b>	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Enrolled</b>	48	47
<b>Withdrawals</b>	1	0
<b>Failures</b>	0	0
<b>Total attrition (rate)</b>	1(2.1%)	0(0%)
<b>Students that completed/passed the course (rate)</b>	47/47(100%)	47/47 (100%)
<b>Course evaluation rating</b>	4.1	4.5
<b>Average instructors' rating</b>	4.28	4.66
<b>Overall rating (Global Index)</b>	4.25	4.63

<b>N113</b>	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Enrolled</b>	53	51
<b>Withdrawals</b>	5	3
<b>Failures</b>	2	1

**ACER 2016-2017**  
**1<sup>st</sup> Semester**

<b>N113</b>	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Total attrition (rate)</b>	7(13.2%)	4(7.8%)
<b>Students that completed/passed the course (rate)</b>	48/46(95.8%)	48/47(97.9%)
<b>Course evaluation rating</b>	4.15	4.57
<b>Average instructors' rating</b>	4.56	4.75
<b>Overall rating (Global Index)</b>	4.51	4.73

<b>N113L</b>	<b>Fall 2016</b>	<b>Spring 2017</b>
<b>Enrolled</b>	54	51
<b>Withdrawals</b>	4	3
<b>Failures</b>	3*	1*
<b>Total attrition (rate)</b>	7(12.9%)	4(7.8%)
<b>Students that completed/passed the course (rate)</b>	47/47(100%)	47/47(100%)
<b>Course evaluation rating</b>	4.64	4.75
<b>Average instructors' rating</b>	4.74	4.79
<b>Overall rating (Global Index)</b>	4.71	4.79
<b>DDCC failure</b>	1 <sup>st</sup> : 3 2 <sup>nd</sup> : 0(all passed)	1 <sup>st</sup> : 3 2 <sup>nd</sup> : 0(all passed)

\*Failure prior to completion of clinical course

For both fall 2016 and spring 2017 semesters, there was a consistent trend of high ratings for all courses and instructors. All survey items and pass rate for the courses (85% threshold for Semester I) were well above the set threshold for action. Attrition rate, in comparison to previous academic year has been lower; more specifically in spring 2017. Reasons for attrition were failure from clinical or theory courses and personal. All students received their Live Scan fingerprinting and health clearances prior to start of clinical. Compared to the previous academic year, we had no multiple withdrawals due to medical leave of absence and personal reasons, which contributed to lower attrition rate.

Comments on Shadow Health DCE assignments had been both positive and negative. Some students acknowledged the positive reinforcement of learning physical assessment, cardiovascular and respiratory concept labs. Negative comments were related to the following themes: time-consuming, unrealistic, limited vocabulary, frustrating, and not user friendly. All comments were presented and addressed in Faculty Organization meetings and workshop. Strategies to resolve the issues including provision of clearer information and expectations on DCE assignments during course orientation, and modification of list of assignments for fall 2016 did not resolve the recurring negative feedback of students. From the instructors' perspective, Semester I faculty did not observe any significant improvement in the assessment skills of students for the past four semesters of DCE implementation in clinical. Goal of enhancing students' physical assessment skill through DCE was not established. Faculty Organization decided to discontinue the DCE assignments and delete Shadow Health from Semester I booklist.

**PART III: COMMITTEE PERFORMANCE EVALUATION**

(EDCOS: Reference each of the following focus areas: Classes for CE contact hours and Non-Continuing Education classes/in-service)

Not applicable

## ACER 2016-2017

### 1<sup>st</sup> Semester

**Problems experienced/changes relating to courses/service /structure/process:** (e.g. with content, scheduling, location, staffing, materials, class cancellations, policy changes etc):

- The previous academic year's issue of clearance (Live Scan fingerprinting) has been resolved. The students obtained their clearances prior to start of clinical in week 5.
- Ongoing issue for the academic year, semester I students have not received their parking access cards during the semester. The students had to rely on the parking attendant allowing them to enter the parking lot. Multiple complaints regarding the parking attendant's attitude were reported to Administration. Resolution per Administration to provide parking access cards to semester I students at the beginning of the semester is in progress.

**Effectiveness of curriculum/services rendered:** Compare to previous data (if applicable e.g. son biannual 4<sup>th</sup> semester program evaluation surveys. EDCOS employer surveys/customer satisfaction)

#### **SON Program Evaluation Survey Results: Classes of 2016-I and 2017-I**

All program objectives' items including evaluation of the learning environment, incorporation of general education content in the curriculum, library, skills lab, and computer lab were above 4 (3.5 threshold). Administrative services and participation in governance, and financial services did not meet the threshold. Positive comments were noted as well as the recurring issues written by students. Issues were categorized into five major themes:

1. Lack of supportive learning environment from instructors
2. Need for physical improvement of the campus and classrooms
3. Repetition of information in Role courses
4. Allow recording of lectures across the semesters
5. Demands of writing clinical worksheets

Semester I plan for improvement and/or comments from the above issues:

1. The Semester has an ongoing goal to continue and enhance the supportive learning environment of students in order to create a strong foundation for students to be successful in the program. It is a culture and practice that has been well communicated to students and demonstrated by Semester I faculty.
2. Administration is in progress of improving the physical environment of the campus and classrooms as well as the equipment and technological needs. New tiles in the building are being placed. Smart televisions in the classroom were installed and have been helpful during class presentations. Comprehensive Academic Management System (CAMS) Enterprise has been piloted successfully for students' use in accessing their grades. The system will be utilized by semester I students in fall 2017.
3. Contents in Role and other theory courses are periodically reviewed by Content Experts and Curriculum committees to avoid redundancy. Recent review and revision of content mapping was done in spring 2017.
4. Semester I faculty allow students to record presentation in order to accommodate their learning needs, thereby facilitating knowledge retention through replay of recordings. This issue had been discussed in Faculty Organization. Recommendation is to clearly communicate to students that there are few topics of discussion (in other semesters) that could be sensitive and anxiety-provoking to students (e.g. suicide, child abuse, etc.) that may warrant off recording.

## **ACER 2016-2017**

### **1<sup>st</sup> Semester**

5. Semester I has continuously strategized to streamline the demands of clinical worksheets and minimize the different expectations of instructors. Standardized classroom presentation on the elements and rubric criteria required per section of the worksheet was done in order to mitigate different perceptions and understanding of students on the written assignment. In addition, students were given a prospective overview on the amount of time and effort needed to learn the mechanics of work in preparation to clinical. Historically, semester I students had complained about their difficulties and huge amount of time spent at the beginning of the course work; however, towards the end of the semester, majority of the students had reflected how they learned, progressed, and managed to do their clinical worksheets and/or concept maps in a shorter period of time. We believe that it takes anticipatory guidance, patience, support, and clear communication from instructors, and enforcing students' personal accountability in learning for them to achieve their learning outcomes.

**Policies & Protocols:** e.g. total approved policies for the academic year: Revised, # new policies, and pending policies.

Semester I faculty participated in the review and revisions of the School and College policies for the academic year 2016-2017 through committee memberships.

#### **PART IV: PROGRAM STATUS AND RECOMMENDATION**

##### **Accomplishments of the Committee:**

1. Significant semester input on the revision of all courses' objectives and Clinical Performance Evaluation Summary with QSEN competencies.
2. Effective orientation and faculty role transition of two newly hired faculty members and one faculty transferred from semester III to I due to strong collaborative efforts of the Semester.
3. Consistent high trend of courses and instructors' overall ratings due to robust supportive student learning environment promoted by Semester I faculty.

##### **Status to date:**

Not applicable

##### **Quality improvement plans (If applicable):**

1. Continue to develop innovative teaching methodologies and strategies including concept-based approach and flipped classroom to enhance critical thinking and clinical reasoning.
2. Explore and adopt digital and/or virtual simulation activities in clinical and/or theory courses through textbook bundle of publishing companies per recommendation by Content Experts and textbook reviewers to meet the educational needs and learning style of students.
3. Develop another simulation activity (as a post conference) to promote awareness of safety and patient-centered care. This is in response to students' request for more simulation activities.

**ACER 2016-2017**  
**1<sup>st</sup> Semester**

**Goals for upcoming academic year:**

1. Implement all revised courses' objectives with QSEN competencies in course syllabi, classroom presentations, and clinical settings.
2. Integrate digital and/or virtual simulation activities in clinical and/or theory courses to enhance knowledge and skill set of students in providing safe patient-centered care.
3. Continue to promote supportive learning environment to enhance achievement of students' learning outcomes.
4. Maintain all courses and instructors' survey scores above the 3.5 threshold.

**PART VI: CONTRIBUTORS TO REPORT**

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**PART VII: DATA SOURCES**

Annual Program Evaluation Report 2016-2017  
Class Climate Course Evaluation Surveys 2016-2017  
SLO Reports 2016-2017  
Student Status Reports 2016-2017  
Shadow Health Post Term Student Feedback Fall 2016  
Program Evaluation Surveys from Classes of 2016-II and 2017-I