Los Angeles County College of Nursing and Allied Health

STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
EDUCATION AND CONSULTING SERVICES: BASIC ADULT CRITICAL CARE

DATE: 2013-2014

REPORT SUBMITTED BY: Ruth McFee/ Beverly McLawyer **TITLE:** Senior Nursing Instructors

Section One: SLO and Assessment Method

Course(s)	Basic Adult Critical Care Program (Phase I) • Didactic component • Clinical component • Clinical Follow-up component (preceptorship)
Student Learning Outcomes	The registered nurse applies academic, technical, collaborative, communication, and critical thinking skills in the safe care of culturally diverse patients in a critical care setting.
Incorporation of Student Learning Outcomes: General Education (SLOGE)	Students: **SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing. **SLOGE 2:** Demonstrate knowledge of the human mind, body, behavior and responses to internal and external stressors through interactions with others and the provision of care. Demonstrate accountability in the application of this knowledge and skill in an ethical and professional manner. **SLOGE 3:** Incorporate a legal/ethical approach in dealing with the community through the acceptance of diverse philosophical, cultural, and religious beliefs, and the application of cultural sensitivity, which prepares the students to live and work in a multicultural and global environment. **SLOGE 4:** Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving. **SLOGE 5:** Develop competency in the application of technological skills to access information online, create and organize data, communicate information, use learning software programs, and operate basic technological equipment.
Correlated Student Learning Outcomes: College (SLOC)	Students: **SLOC1:** Possess knowledge and life skills necessary to provide safe, effective and efficient care, which enables them to adapt to living and working in a multicultural environment and provide health maintenance and promotion in a global context. **SLOC 2:** Utilize critical thinking, problem-solving skills, and evidence-based strategies in effectively communicating and collaborating with others to promote and maintain optimal health in their area of practice. **SLOC 3:** Pursue lifelong learning to enrich personal and professional development; enjoy the benefits of inquiry and self-discovery; and embrace change in the fast-paced world of technological advances and health innovations.
Correlated Student Learning Outcomes: Program (SLOP)	**SLOP:** Students will demonstrate ongoing professional development through application of academic, technical, collaborative, communication and critical thinking skills in the safe care of culturally

	diverse critically ill patients in a variety of settings.
Method of Assessment	• 2 quizzes each worth 20% of grade • Final exam worth 60% of grade, must have a minimum grade of 75% to pass • Overall score of 75% or greater. • Score a Pass on assessment project • Satisfactory performance on each criteria included on Clinical Competency Evaluation form • Satisfactory completion of a 72-hour preceptorship Performance Indicators: • Institutional effectiveness (IE) indicator III.E: Course pass rate of 80% • IE indicator III.F: Student evaluations of Instructors meet or exceed threshold of 3.5 • IE indicator III.G: Student evaluations of Program meet or exceed threshold of 3.5 • IE indicator III.A: Employer Satisfaction survey meets or exceed threshold of 3.0 (competent)
Data Collection Schedule	Annual Period: 2013-2014 Academic year
Required Resources	Clerical support, photocopier, course syllabi, tests, scantrons, test grading machine, classroom and audiovisual equipment, computers critical care supplies and equipment, critical care clinical sites, skills lab with life support equipment, e.g. defibrillator monitors, defibrillator manikin, airway equipment.

Section Two: Analysis of Assessment Results

Outcomes Evaluation Method	Select all that apply: ☒ Formative Evaluation ☒ Summative ☒ Direct Evidence ☒ Indirect Evidence ☒ Quantitative ☒ Qualitative
Evaluation Tools	• Student gradebook • Clinical competencies • Skills inventory checklists • Student program and instructor evaluation • Employer surveys
Analysis of Data Report	**Didactic:** Time Period: Time Period: July 2013 Sept 2013 23 19 students enrolled 0 0 student withdrawn 1 1 students failed (including WF) 0 0 students attrited (course attrition) 23 19 students completed 22 18 students passed 95.7 94.7 students who completed that passed (%) 4.59 4.37 course evaluation rating 4.74 4.61 course instructor rating

	4.7 / 4.58 overall rating (Global Index) yes / yes pass rate threshold achieved (yes or no) yes / yes all items achieved threshold (yes or no) Time Period: Jan 2014 / Time Period: April 2014 15 / 15 students enrolled 0 / 0 student withdrawn 1 / 1 students failed (including WF) 0 / 0 students attrited (course attrition) 15 / 15 students completed 14 / 14 students passed 93.3 / 93.3 students who completed that passed (%) 4.45 / 4.55 course evaluation rating 4.64 / 4.57 course instructor rating 4.62 / 4.39 overall rating (Global Index) yes / yes pass rate threshold achieved (yes or no) yes / yes all items achieved threshold (yes or no)

Course/Program Rating Scale	Number of Items at this Rating Scale	Percent of Items at this Rating Scale*
4.5 – 5.0	124	85.5
4.0 – 4.4	21	14.5
3.5 – 3.9		
3.0 – 3.4		
2.0 – 2.9		
1.0 – 1.9		
Total # Items 145		Total = 100%
* Do not round up numbers		

Analysis of Data Report	**Clinical:** Time Period: July 2013 / Time Period: Sept 2013 15 / 12 students enrolled 1 / 1 student withdrawn 4* / 2 students failed (including WF) 1 / 1 students attrited (course attrition) 14 / 11 students completed 10 / 9 students passed 71.4 / 81.8 students who completed that passed (%) 4.59 / 4.38 course evaluation rating 4.75 / 4.71 course instructor rating 4.67 / 4.55 overall rating (Global Index) no / yes pass rate threshold achieved (yes or no) yes / yes all items achieved threshold (yes or no) *July 2013: 3 failed during clinical, 1 during preceptorship

Time Period: Jan 2014	Time Period: April 2014	
7	10	students enrolled
0	1	student withdrawn
1	1	students failed (including WF)
0	1	students attrited (course attrition)
7	9	students completed
6	8	students passed
85.7	88.9	students who completed that passed (%)
4.57	4.61	course evaluation rating
4.7	4.73	course instructor rating
4.64	4.67	overall rating (Global Index)
yes	yes	pass rate threshold achieved (yes or no)
yes	yes	all items achieved threshold (yes or no)

Course/Program Rating Scale	Number of Items at this Rating Scale	Percent of Items at this Rating Scale*
4.5 – 5.0	47	90.4
4.0 – 4.4	5	9.6
3.5 – 3.9		
3.0 – 3.4		
2.0 – 2.9		
1.0 – 1.9		
Total # Items 52		Total = 100%
* Do not round up numbers		

Additional Comments

Didactic Comments:

July:

One student wrote that having a lecture after a quiz is not effective and recommended hands on workshop right after the quiz. Most likely this is because the students are concerned about their quiz performance and therefore has a difficult time concentrating. Doing one of the two hands-on workshops after each quiz is not feasible, due to timing, the required content needed before the workshops and other constraints. The quiz scores are given to the students right before their lunch break. We considered giving it to them during a lecture break but decided that this would disrupt the flow of the lecture and learning. We will continue to monitor student evaluations to determine if other students share this concern. If so, we will re-evaluate our process.

There were some very good comments about the program including: "I feel so fortunate to have the opportunity to come to Phase I. What is happening here in this classroom is a transformation of what I see and what has now become clear. I cannot express my gratitude for all you have done. Your passion is contagious. I will return to my hospital with this knowledge and apply them to my patients."

September:

We implemented on-line course evaluations during this course. This

	worked very well. All comments are now legible and the students are writing more comments and suggestions. Several students said the course time is too short for the amount of material. This concern has been recorded in the past as well. In order to offer all components of the program 4 times per year, and in addition offer/perform mandatory training/testing (such as DHS Core Competency testing for 4000 nursing staff, Skills Validation for 2400 nursing staff, etc.) we have thought that it is not possible to spread out the program. Since the students continue to have this concern, faculty will discuss the possibility of running the didactic component of the course over 2 ½ weeks rather than over 2 weeks. One student commented that the final should have more questions based on the last several days of class and less on previous material. Another commented that the final should not be cumulative. Another student wrote that the test was too long. This is the first time we have received these comments. The final exam is standard (there are 3 different versions which are rotated each course). The order of the lectures change each time the course is offered, depending upon instructors' other assignments and responsibilities. Having the exam include more questions from the last several days is not possible. This course is only 2 weeks and the faculty believes that a cumulative final is necessary to ensure the students are ready to continue on to clinical. It is possible that by extending the didactic component by several days to address the concern discussed previously, this might also alleviate some of the students' anxiety about the final by giving them additional time to fully understand the content and prepare for the final. We will continue to monitor student comments for similar concerns and re-evaluate as needed. **January:** One student suggested that LAC+USC Medical Center employees meet at the hospital on assessment workshop day so they do not have to walk over. This is the only time we have received this comment. It is not feasible to meet the students at the hospital since we have to meet ahead of time to discuss the assessment project. We do meet the students at the hospital for the other workshop. They are given plenty of time to walk to the hospital. One student suggested that the syllabi be bound rather than in a binder. This is the only time we have received this comment. It is not feasible to bind the syllabi. Sometimes lectures have to be changed out at the last minute; it is much easier to exchange from a binder. When syllabi are bound, they start falling apart when they are used as much as they are used during Phase I. One student commented that there are too many values that need to be memorized and suggested that the normal values be given on the exam, and that the students then evaluate those values. The faculty discussed this suggestion and determined that the normal values that are required are important for the students to know, and that these

	values should not be given on the exam One student commented that some of the lecture handouts do not follow the slide presentation. The instructors were asked to check to make sure their handouts match the slide presentation used in class. Our new instructor was present in class throughout the program. She identified one part of one lecture in which the handout did not match the slide, but determined that the rest of the lectures followed along closely. That lecture was subsequently updated. **April:** No comments needing attention **Clinical Comments:** **July:** All comments were positive. Some examples: "The instructors were very engaging and were really good about quizzing us and making me use my critical thinking skills. We were treated with great respect." "Thank you to all clinical instructors for everything. Now I understand the 'why' of the things you did and require us to do. All of you are incredible instructors. I learned a lot about how to provide great patient care from all instructors. You motivate/inspire me to become a better nurse." **Pass rate:** Three nurses failed clinical; an additional one passed clinical, but failed preceptorship. One nurse who failed clinical demonstrated unsafe basic nursing practice and was caught documenting erroneous data, resulting in delay in treating the patient. The assistant nurse manager had indicated prior to the program that she had concerns about the nurse. This nurse's case was referred to HR. The nurse managers of 2 of the nurses who failed also indicated that these nurses had performance problems prior to Phase I. The nurse who failed during preceptorship was having difficulty in recognizing and reporting problems, according to her preceptor. The manager shared with one of our faculty that the nurse also was having some issues prior to coming to the program. Perhaps these nurses should have been given more time in Med-Surg before coming to the program. Two of the nurses resigned, one passed on 2nd attempt, and the other one is on limited duty and has not returned for a 2nd attempt. Most of these nurses were hired specifically for the ICU (per a board mandate) and must be trained for the ICU as soon as possible. We continue to believe that nurses are being sent to the program before they are ready. This has been discussed with the Clinical Nursing Director (CND), but nursing administration is under pressure to get these nurses trained for the ICU. Some of the nurses in this program did not attend the Pre-phase I preparation program (given by Nursing Services) because they had not completed their pretests by the time the program was given. Beginning in 2014, the pretest deadline was moved earlier one week

	so that there would be enough time for all of the participants to attend. **September**: No comments which required attention. Some of the students verbalized that they would have liked to have one of the tools that was given to them prior to clinical, given to them prior to didactic. It is now included in their didactic binder. All comments were very positive. Examples: "I learned so much from each instructor. I am grateful for all the knowledge." "Instructors are very knowledgeable. They helped me achieve/be confident. They are amazing resources and very approachable. All in all it was a very nurturing learning environment." **January:** We implemented on line course evaluations with this clinical group. The students are now writing more comments. The comments were very positive. Examples: "I loved how they integrated all didactic teaching into my clinical days. All demonstrations were clear and concise." "Overall, I feel very motivated to learn and continue learning." **April:** Our new instructor specifically asked her students to write constructive criticism on their clinical evaluation, and they did. She used the information to improve her approachability with the students.

Section Three: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

Evaluation Findings	<u>Student performance:</u> Overall 2013-2014 course pass rates for 3 programs: • Didactic pass rate was 68 out of 72* (94.4%) with a range of 93.3-95.7% • Clinical pass rate was 34 out of 41* (82.9%) with a range of 71.4%-88.9%. • Preceptorship pass rate was 40 out of 41 (97.6%) with a range of 90.9%-100% *Didactic and clinical enrollment may vary because participants from other DHS facilities attend the didactic component only, and also some of the participants in clinical are retaking the clinical component. The pass rate for all Didactic and Preceptorship sessions exceeded threshold. Over the course of the whole year, the clinical pass rate was above threshold, but during the July program it was below threshold. As discussed above, the faculty believes that nurses are being sent to the program before they are ready. The coordinator will continue to encourage the nurse managers and CND to evaluate

nurses' readiness for the program.
(Update: In 2015 we are starting to see the CND decide to hold a few nurses in Med-Surg for a longer period of time if they are having performance issues; perhaps this will help resolve this ongoing problem)

Overall, Didactic pass rate and Clinical pass rate were slightly higher than last year. Enrollment for Didactic was higher than last year (72 nurses this year and 56 last year). Enrollment in clinical was slightly lower this year (41 nurses this year, 48 last year). This is probably a result of Harbor UCLA Medical Center's surgical unit now requiring their nurses to attend Phase I. That unit sends 4-5 nurses each program.

Employer Satisfaction Survey:
Survey return rate was 24 out of 40 (60%).

Results exceeded threshold of 3.0. Average was 3.34 (slightly less than last year which was 3.7.)

One student in particular was given a very poor evaluation by his employer (probably was written by his preceptor). This is rare as most students rate above threshold. This was a student who had a borderline performance during clinical. The nurse manager placed him on an extended ICU orientation. The instructors continue to carefully assess student performance and discuss any issues with each other in order to come to a decision as to whether borderline students should pass or fail clinical.

<u>Course performance:</u>
Student evaluations of program and all instructors exceeded threshold of 3.5. Every item during each course offering was rated above 4.

Several student comments required follow up:

- One comment led to the update of a lecture handout
- One verbal comment resulted in an additional tool added to the syllabus
- Many students have commented that Phase I didactic contains too much information to learn over the course of just 2 weeks. The faculty are meeting to develop a plan to intersperse clinical days during didactic. The didactic content will be spread out over approximately 3 weeks, and the students will be able to integrate new knowledge into clinical practice immediately. The new structure will be used beginning in 2016.
- The Phase I pretest deadline is one week earlier, so that nurses who pass can attend the Pre-phase I course as well as spend approximately 1 month in the unit to become accustomed to the ICU setting.

<u>Quality improvement needs:</u>

	As above, Phase I will be restructured to incorporate clinical during didactic.
Plans for Improvement	As stated above. The program is offered 4 times per year, therefore changes are implemented immediately. Restructuring Phase I will require an immense amount of planning.
Re-evaluation Due Date	After each Phase I program and with 2014-2015 SLO
Suggestions for Change in SLO and Rationale	
Additional Comments	• Nurses who fail Phase I twice are referred to Human Resources Performance Management. Therefore, beginning in January 2014, one or both of the Phase I coordinators have begun meeting with the CND, nurse manager and each nurse who fails Phase I twice (and sometimes after the first failure). This is the beginning of the HR referral process. Managers are provided with students' clinical performance evaluations ("Clinical Competencies") at the time of failure, but frequently request that EDCOS provide them with the documentation at the time of HR referral. • After each exam, high miss questions and students' comments regarding how they interpreted the questions are evaluated. Test questions are changed as needed.

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