Los Angeles County College of Nursing and Allied Health

STUDENT LEARNING OUTCOMES ASSESSMENT REPORT
SCHOOL OF NURSING: N123L

DATE: SPRING **2019** (June 2019)

REPORT SUBMITTED BY: Maritess F. Najera TITLE: Nursing Instructor

SEMESTER **2**

Section One: SLO and Assessment method

COURSE (S)	**N123L Intermediate Medical-Surgical Clinical**
Student Learning Outcomes	Students identify, apply, and safely integrate legal-ethical decisions and communication skills in providing care for culturally diverse patients in acute care settings utilizing the fundamentals of the nursing process.
Incorporation of General Education Student Learning Outcomes (SLOGE)	Students: **SLOGE 1:** Apply critical thinking to communicate effectively, collaborate with others, and demonstrate ability to research subject matter through reading, speech, demonstration, and writing **SLOGE 2:** Demonstrate knowledge of the human mind, body, and behavior through interactions with other and be accountable in the application of this knowledge and skill in an ethical and professional manner **SLOGE 3:** Demonstrate cultural sensitivity in interacting with the community through the acceptance of diverse philosophical, cultural and religious beliefs. **SLOGE 4:** Apply logical reasoning and fundamental mathematical processes and demonstrate competency in the professional setting
Correlated Student Learning Outcomes: College (SLOC)	Students: **SLOC1:** Demonstrate knowledge and skills necessary to provide safe and effective care, which enables them to adapt in a multicultural healthcare environment. **SLOC 2:** Demonstrate effective communication and collaboration to promote optimal health outcomes in a variety of healthcare settings.
Correlated Student Learning Outcomes: Program (SLOP)	Students: **SLOP 1:** Demonstrate essential competencies when providing client-centered nursing care using the nursing process and evidence-based outcomes to accommodate societal/cultural differences.

Method of Assessment	Students achievement of all clinical Performance Evaluation criteria listed below indicates attainment of the student learning outcome:
	• Complete clinical worksheet by 0700 each clinical day.
	• Receive a grade of satisfactory on:
	  ○ Nursing Care plan
	  ○ Written clinical competency examination with a score ≥ 70%
	  ○ Psychomotor Skills competency
	  ○ All course objectives
	• Research medication and present findings at a medication conference
	• Implement a formal teaching plan
	• Satisfactory performance in caring for 2 patients by the end of the course
	• Obtain a satisfactory on teaching plan implementation.
	• Receive a score of 85% or greater in the Drug Dosage Calculation Competency
	• Semester 2 absences: three days total: 1 in N123L; 2 in N124L (1 in each pediatric/OB rotation)
	• Satisfactory performance on each criterion on the Clinical Evaluation form.
	
	<u>Performance Indicators:</u>
	• The student course survey threshold average score of 3.5 or higher.
	• Institutional effectiveness indicator II.B: Nursing course pass rate of 90%.
	• Institutional effectiveness indicator II.E: Student Attrition/class less than 15%.
	• Institutional effectiveness indicator II.P: SON Petition and Grievances less than 5%.

Data Collection Schedule	Period: **<u>Spring 2019</u>**
Required Resources	Testing, grading, and survey software, OMR scanner, large classrooms, conference rooms, computer labs, photocopier, clerical support, IT support. Technologic equipment: computers, LCD, laptops, projectors, portable microphone. ERC educational software. Clinical sites, skills laboratory.

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Section Two: Analysis of Assessment Results

Outcomes Evaluation Method	Check all that apply: 1. ☒ Formative Evaluation ☒ Summative 2. ☒ Direct Evidence ☒ Indirect Evidence 3. ☒ Quantitative ☒ Qualitative
Evaluation Tools	• Student grade sheet • Student course evaluation results • Attendance Sheet • Student status report
Analysis of Data Report	**Students:** 46 students enrolled 38 students completed 38 students passed 100% students passed (%) 6 students withdrawn 2 students failed 0 student incomplete **Course Attrition:** 8 students attrited 17.7% students attrited (%) **Course:** 4.68 course evaluation rating 4.66 average instructor rating 4.66 overall rating (Global Index) 0 petition filed 0 petition advanced to grievance Yes pass rate threshold achieved (yes or no) Yes all items achieved threshold (yes or no)
Additional Comments	

Course/Program Rating Scale	Number of Items at this Rating Scale	Percent of Items at this Rating Scale*
4.5 – 5.0	11	100%
4.0 – 4.4		
3.5 – 3.9		
3.0 – 3.4		
2.0 – 2.9		
1.0 – 1.9		
Total # Items 11		Total = 100%
* Do not round up numbers		

Section Three: Evaluation/Improvement/ Reevaluation of Outcomes cycle

Evaluation Findings	**<u>Student Performance</u>**: There were 46 students enrolled in the course: * Two (2) students failed clinical because both were unable to meet clinical objectives by the end of the nine-week session. * Six (6) students were academically withdrawn (AW) due to Withdrawal (W) from another course: 2 students AW due to failure in N123 (Medical Surg), 1 student AW due to withdrawal in N121 (Pharmacology), 1 student AW due to withdrawal from N122, 2 students AW due to withdrawal from N124L (1 failed written competency on second attempt, 1 student due to poor academic performance). *A total of 38 students completed and passed the course. *The attrition rate of 17.7% in this course was related to numerous factors as stated above. **<u>Course performance</u>**: The course evaluation rating was 4.68, which is well above the 3.5 threshold for action. This rating is minimally higher (0.04) than the 4.64 rating for the Fall 2018. **<u>Identify items requiring action</u>**: No items fell below the 3.5 threshold for action. The semester two faculty will continue to trend these values and address concerns as needed. **<u>Identify student evaluation comments requiring attention</u>**: There were a total of two written comments: **Comment #1**: "If we are going to learn a skill (such as NGT), I recommend that instructors teach their own clinical group, so there is more individualized learning experience (instead of trying to have one student insert an NGT while the class chimes in." **Comment #2**: "There were times where it was difficult to find my instructor. This added stress on top on an already busy clinical day. It also would have been nice to have more hands-on learning for the skills that we were tested on for the written competency. (I understand that the staff can't control the patient flow, but I also would have really liked to *practice more of those skills on a real patient*." **Comment #3**: My only qualm is that I wish *certain skills were introduced or introduced sooner in first semester*. For ex, hanging primary IV bags; if they were introduced sooner, we may have had more practice and familiarity with the pump on the floor because practicing with the pump in the skills lab is a slightly different experience. I also feel that we should have *been allowed to call the doctor during first semester, under the guidance of the instructor and*

	the primary nurse, so we can jump right into that during second semester." **Comment #4**: Overall is great experience but I think if we have written competency, test on Thursday, we should just do SBAR. No need concept map! So, time consuming especially is it's all on the same week. That week was hell. It should be spread out and have us still do pt prep but sbar on the day of. That would be better. Please consider this because it's not fair that the OB/Peds schedule is so much chill compare to med surg rotation because they don't have all three things going on in the same week." **<u>Quality improvement needs:</u>** **Comment #1**: Faculty felt that this was done. We demonstrated NGT & FC insertion in the skills lab with the students. We reiterated use of the rubric. Students are informed from day 1 that this is a partnership in learning and must attend skills lab for additional practice and they are required to read the book where the skill is also highlighted in the syllabus. Faculty lets the students have as much hands-on time as possible, with only 25% allocated to non-bedside care. This can be challenging, and that is why students are encouraged to utilize the skills lab. **Comment #2**: Clinical assignments are given to students based on students' needs for clinical and patients are picked to the best of our ability to meet student objectives. **Comment #3**: This comment will be shown to semester 1 faculty to see if any changes can be done, however, this is the first time this comment has been made. Another way is for semester 2 faculty to practice this skill of calling MD during post-conference. **Comment #4**: Faculty is very mindful about giving too much paperwork during a busy week of tests & written and/or psychomotor competency. If we do Concept Map, it is the shortened version since SBAR does not quite capture what is necessary in critically thinking how to care for patients in semester 2. Faculty have utilized ways of teaching critical thinking and prioritization of care for 2 patients during this semester. No recurrent theme regarding the clinical experience on ward 7B and ward 7C.
Plans for Improvement	Faculty reviewed and discussed the above comments. These have not been recurring themes over the years. We will continue to address any major concerns and track the course evaluation results to incorporate quality improvement strategies.
Re-evaluation Due Date	Fall 2019

Suggestions for Change in SLO and Rationale	
Additional Comments	No petitions or grievances for N123L. There was 100% DDCC pass rate for N123L. Two students failed DDCC on 1st attempt, and both these students passed on 2nd attempt.

Contributors:
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