



# Los Angeles County College of Nursing and Allied Health

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

DATE: 5/10/18

REPORT SUBMITTED BY: Ruth McFee TITLE: Senior Nursing Instructor

### Section One: SLO and Assessment Method

<b>Course(s)</b>	Basic Adult Critical Care Program <ul style="list-style-type: none"> <li>• Didactic component</li> <li>• Clinical component</li> </ul>
<b>Student Learning Outcomes</b>	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.
<b>Incorporation Of Student Learning Outcomes: General Education (SLOGE)</b>	<p>Students:</p> <p><b>SLOGE 1:</b> Apply critical thinking to communicate effectively, collaborate with others, show comprehension, and research subject matter through reading, speech, demonstration, and writing.</p> <p><b>SLOGE 2:</b> 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.</p> <p><b>SLOGE 3:</b> 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.</p> <p><b>SLOGE 4:</b> Incorporate fundamental mathematical processes and reasoning and demonstrate competency in applying mathematical formulas, conveying knowledge, evaluating mathematical information, and problem solving.</p> <p><b>SLOGE 5:</b> 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.</p>
<b>Correlated Student Learning Outcomes: College (SLOC)</b>	<p>Students:</p> <p><b>SLOC1:</b> 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.</p> <p><b>SLOC 2:</b> 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.</p> <p><b>SLOC 3:</b> Pursue life long 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.</p>



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<b>Correlated Student Learning Outcomes: Program (SLOP)</b>	<b>SLOP:</b> Students will demonstrate ongoing professional development through application of academic, technical, collaborative, communication and critical thinking skills in the safe care of culturally diverse patients in a variety of settings.
<b>Method of Assessment</b>	<ul style="list-style-type: none"> <li>• 2 quizzes each worth 20% of grade</li> <li>• Final exam worth 60% of grade, must have a minimum grade of 75% to pass</li> <li>• Overall score of 75% or greater.</li> <li>• Satisfactory performance on each criteria included on Clinical Competency Evaluation form.</li> </ul> <p><u>Performance Indicators:</u></p> <ul style="list-style-type: none"> <li>• Institutional effectiveness indicator III.E: Course pass rate of 80%.</li> <li>• Institutional effectiveness indicator III.F: Student evaluations of Instructors meet or exceed threshold of 3.5.</li> <li>• Institutional effectiveness indicator III.G: Student evaluations of Program meet or exceed threshold of 3.5.</li> <li>• Institutional effectiveness indicator III.A: Employer Satisfaction survey meets or exceed threshold of 3.0 (competent).</li> </ul>
<b>Data Collection Schedule</b>	Annual Period: 2016-2017 Academic year
<b>Required Resources</b>	Clerical support, photocopier, course syllabi, tests, scantrons, test grading machine, classroom and audiovisual equipment, 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

<b>Outcomes Evaluation Method</b>	<p>Select all that apply:</p> <p>1. <input checked="" type="checkbox"/> Formative Evaluation                      <input checked="" type="checkbox"/> Summative</p> <p>2. <input checked="" type="checkbox"/> Direct Evidence                                      <input checked="" type="checkbox"/> Indirect Evidence</p> <p>3. <input checked="" type="checkbox"/> Quantitative    <input checked="" type="checkbox"/> Qualitative</p>
<b>Evaluation Tools</b>	<ul style="list-style-type: none"> <li>• Student gradebook</li> <li>• Clinical competencies</li> <li>• Skills Inventory checklists</li> <li>• Student program and instructor evaluation</li> <li>• Employer surveys</li> </ul>



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Analysis of Data Report	Didactic:						
	<div> <div> <b>Time Period:</b>  <b><u>July 2016</u></b>  <b>Students:</b>            19 _____            18 _____            17 _____            94.4 _____            1 _____            1 _____         </div> <div> <b>Time Period:</b>  <b><u>September 2016</u></b>            22 _____ students enrolled            22 _____ students completed            21 _____ students passed            95.5 _____ students passed (%)            0 _____ students withdrawn            1 _____ students failed         </div> </div>						
	<b>Course Attrition:</b> 2 _____ 10.5 _____ 1 _____ students attrited 4.5 _____ students attrited (%)						
	<b>Course:</b> 4.6 _____ 4.76 _____ 4.74 _____ 0 _____ 0 _____ yes _____ yes _____ 4.64 _____ course evaluation rating 4.81 _____ average instructor rating 4.8 _____ 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)						
	<div> <div> <b>Time Period:</b>  <b><u>January 2017</u></b>  <b>Students:</b>            31 _____            31 _____            31 _____            100 _____            0 _____            0 _____         </div> <div> <b>Time Period:</b>  <b><u>April 2017</u></b>            26 _____ students enrolled            26 _____ students completed            24 _____ students passed            92.3 _____ students passed (%)            0 _____ students withdrawn            2 _____ students failed         </div> </div>						
	<b>Course Attrition:</b> 0 _____ 0 _____ 2 _____ students attrited 7.7 _____ students attrited (%)						
	<b>Course:</b> 4.73 _____ 4.76 _____ 4.76 _____ 0 _____ 0 _____ yes _____ yes _____ 4.58 _____ course evaluation rating 4.78 _____ average instructor rating 4.77 _____ 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)						
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	<table border="1"> <tr> <td>4.5 – 5.0</td> <td>123</td> <td>72.8</td> </tr> <tr> <td>4.0 – 4.4</td> <td>45</td> <td>26.6</td> </tr> <tr> <td>3.5 – 3.9</td> <td>1</td> <td>0.6</td> </tr> <tr> <td>3.0 – 3.4</td> <td></td> <td></td> </tr> <tr> <td>2.0 – 2.9</td> <td></td> <td></td> </tr> <tr> <td>1.0 – 1.9</td> <td></td> <td></td> </tr> <tr> <td>Total # Items 169</td> <td></td> <td>Total = 100%</td> </tr> <tr> <td>* Do not round up numbers</td> <td></td> <td></td> </tr> </table>	4.5 – 5.0	123	72.8	4.0 – 4.4	45	26.6	3.5 – 3.9	1	0.6	3.0 – 3.4			2.0 – 2.9			1.0 – 1.9			Total # Items 169		Total = 100%	* Do not round up numbers		
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	<p><b>Clinical:</b>  Time Period:                      Time Period:  <u>July 2016</u>                      <u>September 2016 I</u></p> <p><b>Students:</b>  <u>13</u>                      <u>11</u>                      students enrolled  <u>12</u>                      <u>10</u>                      students completed  <u>10</u>                      <u>9</u>                      students passed  <u>83.3</u>                      <u>90</u>                      students passed (%)  <u>1</u>                      <u>1</u>                      students withdrawn  <u>2</u>                      <u>1</u>                      students failed</p> <p><b>Course Attrition:</b>  <u>3</u>                      <u>2</u>                      students attrited  <u>23.1</u>                      <u>18.2</u>                      students attrited (%)</p> <p><b>Course:</b>  <u>4.47</u>                      <u>4.44</u>                      course evaluation rating  <u>4.64</u>                      <u>4.73</u>                      average instructor rating  <u>4.55</u>                      <u>4.59</u>                      overall rating (Global Index)  <u>0</u>                      <u>0</u>                      petition filed  <u>0</u>                      <u>0</u>                      petition advanced to grievance  <u>yes</u>                      <u>yes</u>                      pass rate threshold achieved (yes or no)  <u>yes</u>                      <u>yes</u>                      all items achieved threshold (yes or no)</p> <p>Time Period:                      Time Period:  <u>September 2016 II</u>                      <u>January 2017</u></p> <p><b>Students:</b>  <u>10</u>                      <u>20</u>                      students enrolled  <u>9</u>                      <u>19</u>                      students completed  <u>9</u>                      <u>17</u>                      students passed  <u>100</u>                      <u>89.5</u>                      students passed (%)  <u>1</u>                      <u>1</u>                      students withdrawn  <u>0</u>                      <u>2</u>                      students failed</p> <p><b>Course Attrition:</b>  <u>1</u>                      <u>3</u>                      students attrited  <u>10</u>                      <u>15</u>                      students attrited (%)</p> <p><b>Course:</b>  <u>4.56</u>                      <u>4.53</u>                      course evaluation rating  <u>4.53</u>                      <u>4.51</u>                      average instructor rating  <u>4.54</u>                      <u>4.52</u>                      overall rating (Global Index)</p>																								



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<b>Additional Comments</b>	<p><b>July 2016</b></p> <p><b>Didactic:</b> One student commented that lethal dysrhythmias and pharmacology should not be on same day and after a quiz. This is the first time we have received this comment. Often students make suggestions about how we should arrange the lectures. We always take their suggestions into consideration, but there are a lot of other things that need to be considered, e.g. assessment lectures should be during the first week, arterial line needs to be before hemodynamics,</p>																											



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	<p>hemodynamic and mechanical ventilation before the workshops and also the schedule is dependent upon instructor availability. Lethal dysrhythmias works best after the first quiz, but the coordinator has been able to arrange for less intense topics after that lecture in subsequent programs.</p> <p>Another suggested more 5 minutes stretch breaks. The instructors generally give 10 minutes breaks every hour. We have not received this comment since then. We will reevaluate if we start to receive more of these comments.</p> <p><b>Clinical:</b> We provided a post conference as was suggested by the last group.</p> <p>One nurse from the PICU commented that she wished she could have shadowed in an adult ICU prior to the program (rather than the PICU) because clinical is in the adult ICUs. For subsequent programs the PICU manager arranged for the nurses to spend time in an adult ICU prior to the start of the program.</p> <p>There were some positive comments; here is an example: I feel very fortunate to have the instructors I did this clinical rotation. From day one I was challenged with theoretical knowledge and the application of that knowledge in clinical practice. I feel the testing of my knowledge each clinical day in a nurturing manner just prepared me that much more for the next clinical. All of the instructors were approachable and present when I needed assistance but also gave me autonomy when appropriate. The knowledge I gained this time will help me immensely in the ICU and I feel fortunate for this opportunity.</p> <p><b>September 2016</b> <b>Didactic:</b> Most comments were very positive. Several commented that there is too much info over a short period of time, even though the program at that time was spread over 3 weeks. (The previous year we had made a change to spread the 2-week program over 3 weeks).</p> <p><b>Clinical Rotation 1:</b> All positive comments. Three students commented that clinical was very helpful and they believe that in the future the students should have clinical with the EDCOS instructors rather than with preceptors. This was in response to them having heard in their areas that in the future, the preceptors will be teaching the clinical portion.</p> <p><b>Clinical Rotation2:</b> All comments were positive; examples:</p> <ul style="list-style-type: none"><li>• Always available for questions, clarification and anything and everything else that I needed assistance or guidance with.</li><li>• Thank you so much for all the knowledge and advice you've shared.</li><li>• The goals given were instrumental in allowing me to focus on deficits I might not have otherwise recognized.</li></ul>
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	<p><b>January 2017</b></p> <ul style="list-style-type: none"><li>• For this program we needed to go back to the previous layout of 2 weeks of didactic and 2 weeks of clinical because we had to run 2 clinical rotations. Also this layout was better for the other DHS instructors who needed to attend the program to evaluate it for DHS standardization.</li><li>• There were comments that one instructor's PowerPoint was too repetitive and confusing. This instructor made changes to the PowerPoint and since then these comments have not been repeated.</li><li>• There were presentation style comments about a new instructor but the evaluation scores were high. There were no negative comments in subsequent programs.</li><li>• There were negative comments on a guest lecturer's presentation style. The lecture was done by another person in subsequent programs.</li><li>• There were both positive and one negative comments on the Palliative Care lecture, which was a new addition to the program and taught by the LAC+USC Palliative Care nurse. The lecturer had specifically asked for the students input. The DHS instructors who evaluated the program decided that this lecture should be longer and that it should include withdrawing life sustaining treatment. The lecture was revised based on this decision and the comments. No further negative comments about this lecture in subsequent programs.</li><li>• One student made comments on a particular quiz question and said that instructors all had different answers. The coordinator found out what the instructors actually said and found that it was consistent with what was on the test question and what the lecturing instructor said. A student (who appears to be the same student who made the comment) told me that for all of the quiz questions the longest question was the correct answer. The coordinator investigated, and this was not true; it was only true on very few questions. This student's assessment was not accurate.</li></ul> <p>There were some positive comments, here is an example: The course and system are very organized. Instructors are knowledgeable, professional, nice, approachable. Best instructors ever.</p> <p><b>Clinical:</b> Most comments were positive.</p> <ul style="list-style-type: none"><li>• One student commented that some of the instructors were not approachable, although the instructors had a high rating on this particular question (and actually always do) on the course evaluation.</li><li>• One student commented negatively on a preceptor who was buddying up with an instructor to prepare for when the preceptors will start teaching clinical as part of the DHS ICU training standardization. The instructors identified early on that this preceptor was too directive and hovering. They worked with her</li></ul>
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	<p>and observed her to be much more approachable and she also allowed the students to be more independent by the end of her time in clinical buddy up.</p> <ul style="list-style-type: none"> <li>One of the positive comments: Love the program and all of our instructors, thank you for all the teachings and support.</li> </ul> <p><b>March 2017</b></p> <p><b>Didactic:</b></p> <ul style="list-style-type: none"> <li>One student suggested that the nutrition lecture be shortened. This was already the plan for the July program.</li> <li>One commented that the palliative care font on the slides was too small. The speaker corrected this for the next program.</li> <li>One commented that clinical times and dates should have been given ahead of time. Clinical dates were given on the first day of didactic. In the future, clinical schedules will be based on the students' clinical coaches' schedules, so we will need to depend on the managers to give us the schedules. We predict that this will be a challenge.</li> <li>One commented that they would like to have the information that they need to memorize outlined. We added to the quiz/test breakdown the need to know ACLS medication doses. We have not received this comment since.</li> <li>One commented that clinical should not be the day after the final. What the students did not know while completing the evaluation was that the day after the final was a workshop day, and the following day is a group day in the clinical area. Both of these are "low stress" days.</li> <li>One suggested a review before the final. Since that time the coordinator started to spend some time with the students to give them a quick review and advice for studying for the final</li> <li>We had to go back to a 2-week didactic schedule for the DHS ICU standardized training program. After discussion with the other DHS instructors on the standardization committee and after much thought about clinical expectations and having preceptor taught clinical, we decided that we need to do didactic for 2 weeks straight.</li> </ul> <p>There were some positive comments; some examples:</p> <ul style="list-style-type: none"> <li>I learned so much from this program. I am impressed by the dedication to education all the instructors present.</li> <li>Thank you for all of your stories and your expertise.</li> </ul> <p><b>Clinical:</b></p> <ul style="list-style-type: none"> <li>For the question "What do you wish you would have been told in clinical expectations," one suggested to add that they make sure drips are at least halfway full, at beginning of shift; if not, call pharmacy right away to the time sheet. This is very good advice and is reinforced by the instructors on group day. The coordinator also mentions it during clinical expectations</li> <li>One commented that they would have liked to receive the list of common ICU meds and hemodynamic diagram sooner so they</li> </ul>
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	<p>could look them up and save time. This is a tool that we give them after they pass their final exam in preparation for clinical. They were given the list of medications 2 days before they were responsible for patient care in clinical. We do not want to give it to them before the final because of the need to focus on the didactic content. The hemodynamic diagram was given to them after their final, and also on the first day of didactic. We didn't receive this comment in subsequent programs.</p> <ul style="list-style-type: none"> <li>• One commented that the instructors had a difficult time dividing their time evenly between the students and the student instructors (clinical coaches). This was due to training of clinical coaches in preparation for the DHS standardized program in which the clinical coaches will teach clinical. This was a big challenge, but a temporary situation.</li> <li>• One commented schedules should be assigned at least one week before clinical ends. On the first day of didactic, students were told to contact their managers a week before clinical and it was on their schedule to do so.</li> </ul> <p>There were also some positive comments including: The instructors made me feel comfortable, I was able to ask questions and get good feedback</p> <p>In preparation for clinical coach led clinical, the instructors, Phase I coordinator and EDCOS dean met multiple times with the CNO, ICU CNDs, nurse managers and SSNs to plan and address concerns. A total of 35 potential clinical coaches buddied up with instructors for 3 clinical rotations. We developed an all-day training program for the coaches. 81 nurses attended this training. The didactic handouts and clinical tools were placed on the intranet so that the clinical coaches and all ICU nurses have access to the most current material. We developed new evaluation forms for the clinical coaches and for the instructors.</p>
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#### Section Three: Evaluation/Improvement/Re-evaluation of Outcomes Cycle

<b>Evaluation Findings</b>	<p><u>Student Performance:</u></p> <p>Overall 2016-2017 course pass rates for 4 programs</p> <ul style="list-style-type: none"> <li>• Didactic pass rate was 93 out of 97* (95.9%) with a range of 94.4-100%</li> <li>• Clinical pass rate was 56 out of 65* (86.2%) with a range of 73.3%-100%.</li> </ul> <p>*Didactic and clinical enrollment vary because participants from other DHS facilities attend the didactic component only, and also some of the participants in clinical retake the clinical component.</p> <p>The overall pass rates for didactic and clinical were above threshold, but was below threshold during the April 2017 clinical rotation. Four nurses failed that clinical rotation. This was the second attempt for 2</p>
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	<p>of those nurses. They were found to be very unsafe in the ICU setting and returned to med surg nursing. Two of the nurses repeated clinical with the next program and passed. The attrition is high in the ICUs as nurses are leaving for other career opportunities and retirement; therefore, there is a need to train as many nurses as possible as quickly as possible. The instructors believe that because of this, nurses are sent to the ICU program before they are truly ready. The coordinator encourages the CND and nurse managers to ensure that nurses are ready before sending them to the program. Since then the coordinator has noted that the nurse managers are now delaying program attendance for some nurses because their med surg managers have evaluated them as not ready.</p> <p>Employer Satisfaction Survey: Survey return rate was 33 out of 56 (58.9%). The average score was 3.88 and above the threshold of 3.0 (competent evaluation). The range was 2.91-5. One student was rated below 3.0 at 2.91. She was competent in all areas except for one; she needed to improve in documentation. One student was rated as competent for every item. All of the others were rated as very good or outstanding on at least one item.</p> <p><u>Course performance:</u></p> <p>Student evaluations of program and all instructors exceeded threshold of 3.5. Every item for clinical during every course offering was rated above 3.5, and every item/every instructor for the didactic component was rated above 4.0.</p> <p>For didactic overall rating range: 4.58-4.8 For clinical overall rating range: 4.4-4.59</p> <p>We update the ORCHID workshop lesson plan for every program with changes in ORCHID, especially pertaining to critical care charting and to address current compliance issues that have been identified by nursing management.</p> <p><u>Identify items requiring action:</u> As above, continue to encourage CNDs and Nurse Managers to send only those nurses who are ready for the program.</p> <p><u>Identify student evaluation comments requiring attention:</u></p> <p>Details above</p> <ul style="list-style-type: none"><li>• The schedule was rearranged so that two intense lectures are not on the same day (lethal dysrhythmias and pharmacology)</li><li>• One instructor's lecture handout was revised to be clearer and less repetitive</li><li>• The palliative care PowerPoint font was enlarged</li><li>• Added to quiz/exam breakdown to know the ACLS medication</li></ul>
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	<p>dosages</p> <ul style="list-style-type: none"><li>Reinforcing to check continuous IV infusion bags at the beginning of the shift and follow up if needed</li></ul> <p><u>Quality improvement needs:</u> The program is offered 4 times per year, so problems are addressed with each program and changes made as needed.</p>
<b>Plans For Improvement</b>	In July 2017 we initiated the new DHS Standardized program entitled "Core Critical Care Program." The method of teaching clinical was radically changed for LAC+USC and there was much planning and many issues to work through the next year.
<b>Re-evaluation Due Date</b>	After each program and with the 2017-2018 SLO.
<b>Suggestions For Change In SLO And Rationale</b>	Change wording on Method of Assessment for clinical: "Satisfactory performance on each clinical competency area" Change name of program to "Core Critical Care Program"
<b>Additional Comments</b>	The clinical course evaluation surveys were revised to capture evaluation of the preceptors (clinical coaches). To be instituted July 2017

**Contributors:**