**Sinclair Community College**

**Continuous Improvement Annual Update 2013-14**

**Please submit to your dean and the Provost’s Office no later than Oct. 1, 2013**

**Department:** 0672 – Nursing Technology

Year of Last Program Review: FY 2012-2013

Year of Next Program Review: FY 2017-2018

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

This graph represents an increase in program completion over the past three years. This completion is related to a major funding initiative in 2005 with Premier Health Partners (PHP). The PHP partnership had two primary goals: (1) increase the number of graduates from Sinclair’s Associate Degree Nursing program (119/year in 2004); and (2) increase the number of qualified Registered Nurses in the Miami Valley region. The grant provided funding for several strategies including increasing the pool of qualified nursing faculty and clinical placement opportunities. The expansion results are noted in 2010-11 with a jump to 167 graduates and 2011-12 with 179 graduates **(the** **goal was 180/year**). 2012-13 demonstrates both an increase in graduates from this partnership, as well as a temporary spike due to the semester conversion. The conversion created a "bubble" of students converging from two quarters of the program into one semester. It is expected that the graduate totals will return to the "pre-bubble" levels beginning 2013-14.

The increased enrollment and completion has occurred concurrently with the downturn in the economy. The community is no longer requesting an increase in the number of graduates. Furthermore, the semester conversion has placed a logistical burden on maintaining these high enrollment levels. The department has been forced to decrease enrollment, but has implemented measures to address program attrition. These changes are anticipated to have a positive impact on program completion thereby maintaining the goal graduate level of 180/year. These changes include doubling the number of AAAA students accepted each term, increasing admission GPA from 2.0 to 2.5, switching from the PAX-RN admission exam to the TEAS exam with proficiency expectations for eligibility, and adding a new Introduction to Nursing course as a pre-requisite.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

The department has continued to experience higher than average course success rates when compared with the division and college. Despite these results, the program has focused on courses that have demonstrated lower success rates than department average: NSG 1102 (122), 1131 (132) and 2200 (220).

NSG 1102 is in the second semester of the traditional RN track, and is the first course with a clinical component. NSG 1131 is in "Term B" of the first semester of the LPN to RN transition course, covering similar objectives and content to NSG 1102. NSG 1131 is also the first clinical course for the LPN transition students. Historically these courses have demonstrated higher attrition rates. NSG 1102 faculty report that unsuccessful students are not always prepared for the time commitment and rigor of the program or have realized that nursing is not what they expected and opt to change majors. Non-success for the LPN's is often related to time commitment and academic preparation since these students typically are often managing class with employment in healthcare. In response to the need to better prepare our students for the rigor and time commitment of the program, the new Introduction to Nursing course has developed objectives specifically designed to address these challenges prior to program entry.

NSG 2200 is the first clinical course taken in the hospital setting for the traditional (non-LPN) students. During the quarter program, this course also had a higher than average attrition rate. Additionally, it is noted that the course success rates for fall semester 2012 was much lower than average, leading to immediate changes by the faculty to help improve success. Curriculum changes were approved and are being implemented fall 2013 to continue to assist students with success in this course while maintaining the quality and rigor necessary for success in the remainder of the program as well as on the national board exam and in professional practice.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Criterion (Goal)** | **2007** | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** |
| **NCLEX -% 1st attempt** |  |  |  |  |  |  |  |
| Annual | **88.4%** | **95.9%** | **95.0%** | **95.8%** | **92.7%** | **94.3%** | 86.05% YTD |
|  |  |  |  |  |  |  |  |
| **Program Completion** |  |  |  |  |  |  |  |
| RN Track | 55.6% | 65.4% | 62.7% | 66.5% | 63.5% |  |  |
| LPN Track | 75.9% | 73.1% | 70.8% | 74.1% | 51.4% |  |  |
| Total Average | **58.1%** | **66.1%** | **63.5%** | **67.4%** | **61.7%** |  |  |
|  |  |  |  |  |  |  |  |
| **Program Satisfaction:** |  |  |  |  |  |  |  |
| Employer | 89% | 4/5 | 4.7/5 | 4.7/5 | 3.9/5 | pending |  |
| Graduate: Note: RAR converted three years data to 6 point scale | 4.73/5 | 4.7/5 | 5.7/6 | 5.5/6 | 5.7/6 | 5.42/6 |  |
|  |  |  |  |  |  |  |  |
| **Job placement:** |  |  |  |  |  |  |  |
| ODJFS Data | 88% | 91.40% | 93.90% | 81.30% | 64.0% |  |  |

**NCLEX:** SCC board exam results demonstrate a decline for second quarter 2013. Nationally, a decline (86.39%) was also noted. The decline in national scores is being attributed to changes in the test blueprint effective April 1, 2013. Additionally, statewide results also decreased post semester conversion (83.89%). It is predicted these results may remain low for 12-18 months after these two significant changes.

**Program Completion**: Addressed in Goals/Recommendation section.

**Program Satisfaction:** Data collection continues to be a challenge to collect. The department has worked with RAR to improve the participation rate of satisfaction surveys by graduates and employers. RAR sent 175 invitations to nursing graduates from 2012. There were 41 total responses to the recent grad survey (27 from RAR’s email invitations & 14 responses from the Nursing Department’s follow-up). This is a 23.43% response rate compared with 9.95% for the total college response rate. To supplement this data, the department also created an electronic survey that is emailed to students 6-12 months post-graduation which includes qualitative and quantitative data (both are now required by the accreditation agency). This survey addresses required accreditation data such as employment and program satisfaction. Employers are then contacted to obtain qualitative and quantitative data to reflect satisfaction with graduate performance, which is also required for accreditation. The results of this new survey have been included in the outcomes section of this report.

**Job Placement:**

Recently RAR has provided Ohio Department of Jobs and Family Services (ODJFS) to reflect job placement data. This data has a significant delay. The most recent results are from 2011 and demonstrate a significant decline. Declines for 2011, 2012 & 2013 are expected due to the economic downturn. Additional Job Placement data is now being collected on the supplemental department graduate survey to meet accreditation requirements for those working 6-12 months post-graduation. The early results of the 2012 survey indicate a 80%+ FT employment rate for this group.

**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

|  |  |  |
| --- | --- | --- |
| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Curriculum Revisions:   * + Short-term: minor revisions by fall 2013 decreasing program credits to align with national standards.   + Long-term: major revision to a competency based curriculum. | In progress  Completed  No longer applicable | The short term revisions were approved through CMT and implemented fall 2013.  Long term revisions are currently in development by the Nursing Curriculum Committee. Though it is noted that the goal is a "concept-based curriculum", not competency. Faculty have had the opporutnity to review webinars purchased by the department reviewing the components of a concept based curriculum and how best to create it. The goal for implementation is fall 2015. |
| Exploration of strategies to improve program completion to at/above national average for accredited ADN program including:   * + Consideration of elimination of the Nursing Waiting List for entry and move toward a selective admission process.   + Redistributed of faculty resources to increase LPN Track enrollment. | In progress  Completed  No longer applicable | The national average for completion of an accredited associate degree program is 72%. The faculty have identified that the program goal of 58% is too low and have replaced it with a goal of at/above national average. We are aware this may take some time, but have implemented multiple strategies over the previous 18 months to improve retention and graduation:   * Increasing the number of Accelerated Admission for Academic Achievement (AAAA) students entering each term. It is noted that even though we can now accept up to 50 AAAA students we do not have enough qualified applicants. * Increasing the admission GPA from 2.0 to 2.5 * Changing from the PAX-RN to the TEAS as an admission exam * Development of an Introduction to Nursing course.   These interventions will not have an immediate impact but success will be monitored via 14-day report in early nursing courses, course success rates in early courses, and overall program completion rates.  The waitlist will continue as the faculty feel strongly that eligible students have an opportunity to enter the program via the waitlist.  One adjunct faculty and full-time tenure track faculty have been moved into the LPN course. This provided an opportunity to increase LPN-RN track enrollment from 10/term to 24/term. |
| Explore new LPN cohorts programs with major hospital networks in the community. | In progress  Completed  No longer applicable | This goal is on hold until the long term curriculum changes are made. These changes will decrease the length of time required to complete the LPN-RN program which will be an attractive option for LPN's working in the hospital beginning fall 2015. |
| Analysis of the feasibility of offering a BSN completion program at SCC | In progress  Completed  No longer applicable | Currently, faculty resources are directed at the development of the new curriculum. However, a small taskforce is investigating the feasibility of a BSN completion program in the future. |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

|  |  |  |
| --- | --- | --- |
| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| There is an ongoing national conversation regarding community colleges potentially offering BSN degrees, and the department deserves high praise for being engaged in these conversations. Engaging this issue early helps place the department in the forefront of departments considering this step. It is recommended that the department continue its thoughtful exploration of the topic, paying close attention to developments on the national front, and taking into consideration potential ramifications for accreditation from the Higher Learning Commission. The department should regularly update the dean and the Provost regarding any developments or proposals in this area. | In progress  Completed  No longer applicable | As above. |
| Historically the department has maintained a close watch on the job market, and it is recommended that any efforts to reduce the waitlist also account for job market considerations – it would be counterproductive to take steps to reduce the waitlist that would flood the market with more graduates than the number of available positions. Continuous monitoring of occupational forecasts and the employment outlook for nursing will be necessary to maintain the delicate balance between increasing access to the program and flooding the market with graduates. | In progress  Completed  No longer applicable | As noted in the analysis of our program completion rates, it is important that we balance the supply with the demand. With the decline in enrollment due to the semester conversion, the focus has changed to increasing LPN-RN enrollment and improve program completion rather than returning to quarter program enrollment levels. That said, the initiatives implemented are anticipated to provide maintenence of post PHP partnership graduate levels (180) in anticipation of the impending demand due to retirements and economy improvements. |
| The institution is approaching a time of fairly substantial employee turnover, and along with many other departments the Nursing Department will be impacted by this. The department is strongly encouraged to develop explicit faculty replacement strategies and to implement succession planning. As it becomes clear which positions are going to be vacated due to retirement, the department should proactively prepare viable candidates for these positions, particularly when they involve a leadership role. | In progress  Completed  No longer applicable | To improve the pipeline of future full-time faculty, the department has increased its pool of qualified adjunct faculty. Recuritment of mastered prepared adjuncts has been a focus and new evaluation tools and mentoring techniques are being used including site visits by the department chair.  Relative to leadership development, all nursing committees now have a chair and co-chair to provide opportunities for faculty to develop leadership skills in a mentoring rotation. |
| Related to succession planning, as key faculty retire systems should be developed to document their knowledge so that it is not lost to the department once they retire. Maintaining knowledge as seasoned faculty retire will be crucial for the future success of the department. | In progress  Completed  No longer applicable | The faculty manual has been updated by senior faculty members and is in the process of being converted into an electronic format for easier access by all faculty. |
| .  Dual admissions with Wright State has been an important effort for the department, and the department is encouraged to continue to develop these efforts, streamlining where appropriate to develop as seamless a transition process as possible. | In progress  Completed  No longer applicable | The department has worked with The Wright State University College of Nursing and Health to create a seamless transition for students in the capstone course at SCC. Students now have the option of replacing the theory capstone course (NSG 2210)with the online BSN transition theory course at WSU (NUR 4800). They will receive transfer credit for the SCC course to graduate while obtaining 3 credits toward their BSN completion program. |
| The department’s data based approach to revising admissions requirements is to be applauded. The department is encouraged to continue its use of data to fine tune admissions requirements, analyzing student success to ensure current admissions requirements are doing what they were designed to do and determining whether any additional revisions are appropriate. | In progress  Completed  No longer applicable | The systematic program evaluation plan addresses the continual collection, aggregation and trending of data to evaluate impact of the changes. |
| The department is encouraged to explore technology that would provide solutions to issues that the department struggles with – for example, tracking students and graduates, criminal background checks, etc. There are other departments on campus – Emergency Medical Services, for example – that have developed technology-based solutions to issues such as real-time assessment of student skills, criminal background checks, etc. The department is encouraged to work with these other departments to determine where efficiency might be increased. | In progress  Completed  No longer applicable | A meeting with the EMS department was held to discuss the tracking of pertinent data in Datatel, followed by a meeting with RAR to discuss how to map existing data to create necessary real time reports. |
| During the meeting with the review team, the possibility of clinical opportunities at night and on weekends was raised. The department is encouraged to explore these possibilities, particularly as they might apply to development of a potential evening/weekend track for Nursing students who already hold full-time jobs. | In progress  Completed  No longer applicable | Clinical placements have stabilized since the semester conversion. We continue to meet student needs by offering evening sections of each course and faculty rotate assignments. At this time we do not have faculty to offer the entire program as a weekend cohort. |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year assessed or to be assessed. | Assessment Methods  Used | What were the assessment results?  (Please provide brief summary data) |
| Critical Thinking/Problem Solving | | All programs | **2012-2013** | Healthy People 2020 Project Rubric  HESI Report for 2012-13 AY Capstone Student performance in eight (8) categories related to critical thinking.  Employer Satisfaction Survey on Critical Thinking program outcome. (n=23)  Graduate Satisfaction Survey on Critical Thinking program outcome. (n=41) | Program Item Average= 92.6% (n=397)  1st year average= 94.7% (n=92)  2nd year average= 92.3% (n=305)  HESI: SCC- average 810 (range 762-846)  NAT ADN- 847 (827-869)  18% rated *below* Competent to Perform Independently  45% Competent to Perform Independently  37% above Competent or Expert Performance  Average Satisfaction 5.5/6 |
| Values/Citizenship/Community | | All programs | **2013-2014** |  |  |
| Computer Literacy | | All programs | **2014-2015** |  |  |
| Information Literacy | | All programs | **2015-2016** |  |  |
| Oral Communication | | All programs | **2016-2017** |  |  |
| Written Communication | | All programs | **2016-2017** |  |  |
|  | |  |  |  |  |
| **Program Outcomes** | | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment Methods  Used | What were the assessment results?  (Please provide brief summary data) |
| Acknowledge the influence of **diversity** on patients, families and members of the health care team. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 PSY-1100 |  | HESI Report for 2012-13 AY Capstone performance on AACN Curriculum Category Human Diversity.  Employer Satisfaction Survey question on Diversity program outcome.  Graduate Satisfaction Survey question on Diversity program outcome. | SCC- 811  NAT ADN- 856  5% below Competent to Perform Independently  45% Competent to Perform Independently  50% above Competent or Expert Performance  5.23/6 (Lowest Rating) |
| Apply best current evidence and **critical thinking** to the steps of the nursing process to make clinical judgments related to nursing care. | |  |  |  | ***Data reported in General Education Outcome section above*** |
| Apply principles of effective and therapeutic **communication** with patients, families and members of the interdisciplinary health care team. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 NSG-2200 NSG-2201 NSG-2202 NSG-2203 NSG-2206 NSG-2210 PSY-1100 PSY-2200 |  | HESI Report for 2012-13 AY Capstone performance in six (6) categories related to communication.  Employer Satisfaction Survey question on Communication program outcome.  Graduate Satisfaction Survey question on Communication program outcome. | SCC- 794 (766-828)  NAT ADN- 838 (834-845)  18% *below* Competent to Perform Independently  14% Competent to Perform Independently  68% *above* Competent or Expert Performance  5.36/6 (3rd Lowest rating) |
| Assume responsibility and accountability for meeting **ethical,** **legal and quality** standards of the profession. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 NSG-2200 NSG-2201 NSG-2202 NSG-2203 NSG-2206 NSG-2210 PSY-1100 PSY-2200 |  | HESI Report for 2012-13 AY Capstone performance in Three (3) categories related to ethical and legal standards.  Employer Satisfaction Survey question on Ethical/Legal program outcome.  Graduate Satisfaction Survey question on Ethical/Legal program outcome. | SCC- 824 (810-838)  NAT ADN- 846 (846-846)  4% below Competent to Perform Independently  41% Competent to Perform Independently  55% above Competent or Expert Performance  5.5/6 |
| Demonstrate **caring** behaviors in providing patient-centered nursing care. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 PSY-1100 |  | HESI Report for 2012-13 AY Capstone performance in Basic Care/Comfort category.  Employer Satisfaction Survey question on Caring program outcome.  Graduate Satisfaction Survey question on Caring program outcome. | SCC- 909  NAT ADN- 856  5% below Competent to Perform Independently  27% Competent to Perform Independently  68% above Competent or Expert Performance  5.43/6 |
| Demonstrate **safe** performance of required nursing skills within cognitive, affective and psychomotor domains. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 PSY-1100 |  | HESI Report for 2012-13 AY Capstone performance: seven (7) categories related to safety.  Employer Satisfaction Survey question on Safety program outcome.  Graduate Satisfaction Survey question on Safety program outcome. | SCC- 812 (774-876)  NAT ADN- 848 (841-864)  9% below Competent to Perform Independently  41% Competent to Perform Independently  50% above Competent or Expert Performance  5.55/6 (highest rating) |
| Demonstrate use of **technology** to access and manage information for safe and quality care. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 NSG-2200 NSG-2201 NSG-2202 NSG-2203 NSG-2206 NSG-2210 PSY-1100 PSY-2200 |  | HESI Report for 2012-13 AY Capstone performance: three (3) categories related to technology.  Employer Satisfaction Survey question on Technology program outcome.  Graduate Satisfaction Survey question on Technology program outcome. | SCC- 721(650-765)  NAT ADN- 855 (852-860)  4% below Competent to Perform Independently  32% Competent to Perform Independently  64% above Competent or Expert Performance  5.30 (2nd lowest rating) |
| Implement nursing care that promotes balance in **human responses** to actual or potential health problems. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 PSY-1100 |  | HESI Report for 2012-13 AY Capstone performance on Health Promotion & Maintenance  Employer Satisfaction Survey question on Human Response program outcome.  Graduate Satisfaction Survey question on Human Response program outcome. | SCC- 724  NAT ADN- 811  9% below Competent to Perform Independently  32% Competent to Perform Independently  59% above Competent or Expert Performance  5.5/6 |
| Implement **teaching** that is effective in promoting health or preventing illness. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 NSG-2200 NSG-2201 NSG-2202 NSG-2203 NSG-2206 NSG-2210 PSY-1100 PSY-2200 |  | HESI Report for 2012-13 AY Capstone performance in two (2) categories related to teaching.  Employer Satisfaction Survey question on Teaching program outcome.  Graduate Satisfaction Survey question on Teaching program outcome. | SCC- 801(796-805)  NAT ADN- 857 (849-864)  9% below Competent to Perform Independently  32% Competent to Perform Independently  59% above Competent or Expert Performance  5.45/6 |
| Plan and deliver nursing care to a group of patients in **collaboration** with other registered nurses and the interdisciplinary team. | | ALH-1101 ALH-2202 BIO-1141 BIO-1242 BIO-2205 COM-2206 ENG-1101 MAT-1130 NSG-1100 NSG-1101 NSG-1102 NSG-2200 NSG-2201 NSG-2202 NSG-2203 NSG-2206 NSG-2210 PSY-1100 PSY-2200 |  | HESI Report for 2012-13 AY Capstone performance in Nursing Concepts- Collaboration/ Managing Care category.  Employer Satisfaction Survey question on Collaboration program outcome.  Graduate Satisfaction Survey question on Collaboration program outcome. | Averages for 2012-13 AY:  SCC- 823  NAT ADN- 846  5% below Competent to Perform Independently  41% Competent to Perform Independently  54% above Competent or Expert Performance  5.4/6 |

**General Education Outcomes**

1. Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes?

The Critical Thinking General Education and Program Outcome was measured using multiple tools:

1. A common assignment with ANGEL rubric linked to general education and course outcomes
2. Health Information Systems Incorporated (HESI) testing data for exiting students. This exam is a predictor of success on the state board examination.
3. Employer Satisfaction Survey results
4. Graduate Satisfaction Survey results

After faculty review of the data, the faculty felt there was an opportunity for improvement in graduate performance relative to critical thinking, especially since this is also a program outcome. Though the graduate satisfaction surveys did not demonstrate the students were unhappy with meeting this program outcome, employer surveys and a lower than national average score on HESI demonstrate critical thinking performance as an area for improvement. The faculty agreed on the following targeted interventions:

1. The Electronic Health Record (EHR) pilot. Implemented this fall, this intervention will provide an opportunity for students to use a simulated medical record to practice navigation and retrieval of patient information to analyze and make clinical judgments about patient care within a lab or classroom setting.
2. Faculty are working to finalize a testing policy for the department which will include increasing the number of alternative format questions to 20% (which matches the licensing board exam test blueprint). These questions are higher level questions requiring critical thinking.

The faculty are also interested in investigating other opportunities to improve students critical thinking development including the use of integrated teaching activities for the classroom and more formal process for adjunct faculty orientation and mentoring. These interventions will require further discussion by the faculty during this academic year.

1. How will you determine whether those changes had an impact?

The faculty are comfortable using the standardized and nationally recognized HESI exam results to monitor progress. Graduate and employer satisfaction survey data will also continue to be reviewed to identify trends and specific areas of focus. The ANGEL rubric scores will continue to be analyzed, but further development on this means for data collection will be explored until the college implements the new Learning Management System.

**Program Outcomes**

1. Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?

The Program Outcomes are measured using multiple tools:

1. Health Information Systems Incorporated (HESI) testing data for exiting students. This exam is a predictor of success on the state board examination.
2. Employer Satisfaction Survey results
3. Graduate Satisfaction Survey results

After faculty review of the data, there were **three areas of focus for targeted interventions: Critical Thinking, Technology and Communication.** The targeted interventions for critical thinking are listed above. Faculty believe the EHR simulation will also positively impact the HESI technology scores. To promote improvement in communication:

* 1. Several years ago a dip in HESI communication scores prompted the creation of therapeutic communication modules for each course. It was discovered during the semester conversion these modules were being underutilized and required updating to reflect the semester program. These revisions are in progress for use in each nursing course.
  2. Peer reviewed therapeutic communication questions are being added to each exam in the program and at the end of all simulation lab experiences.
  3. The faculty also agree there are significant benefits including improvement in communication during simulation and lab experiences. These experiences will be included in every NSG course.

1. How will you determine whether those changes had an impact?

The faculty are comfortable using the standardized and nationally recognized HESI exam results to monitor progress. Graduate and employer satisfaction survey data will also continue to be reviewed to identify trends and specific areas of focus.

**Improvement Efforts**

1. What were the results of changes that were planned in the last Annual Update? Are further changes needed based on these results?

Changes to the Clinical Evaluation Tool was a planned change from the 2011-12 report which was implemented at the semester conversion. Each course tool was updated to reflect how each course competency relates to course and program learning outcomes. Though these data demonstrate achievement of student learning outcomes, the tools are currently paper/pencil and do not provide an efficient way to aggregate and trend the data as tools are placed in student files at the end of the term. Furthermore, there have been discussions among the faculty regarding the consistency of assessing on the 5 point scale particularly with adjunct faculty are completing the form. The faculty will continue discussions on how inter-rater reliability can be established for these tools and whether data can be collected in the future for use in program assessment.

1. Are there any other improvement efforts that have not been discussed in this Annual Update submission?

The nursing department has worked to improve processes for data collection, aggregation and trending to be better prepared to make program decisions. Furthermore, the department is developing a better understanding of the “rhythm of semesters” to improve the timing of these data results for submission in the annual report. At this point we are still working to obtain graduate survey results and therefore employer contact information for survey follow up. The data included in this report are current as of late September, but we will continue to collect the date during fall term. The goal for next year will be to obtain earlier feedback from 2013 graduates (spring) so that employer feedback can occur during the summer and all results can be included in the annual update.

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Division | Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 | FY 12-13 |
| LHS | 0672 | Nursing Technology | NUR.AAS | 140 | 131 | 123 | 149 | 158 | 111 |
| LHS | 0672 | Nursing Technology | NUR.LPN.AAS | 7 | 14 | 17 | 18 | 21 | 23 |
| LHS | 0672 | Nursing Technology | NUR.S.AAS | . | . | . | . | . | 105 |

**Course Success Rates**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Department Name** | **Course** | **FY 07-08** | **FY 08-09** | **FY 09-10** | **FY 10-11** | **FY 11-12** | **FY 12-13** |
| 0672 | Nursing Technology | NSG-1100 | . | . | . | . | . | 92.0% |
| 0672 | Nursing Technology | NSG-1101 | . | . | . | . | . | 90.8% |
| 0672 | Nursing Technology | NSG-1102 | . | . | . | . | . | 79.6% |
| 0672 | Nursing Technology | NSG-1130 | . | . | . | . | . | 97.0% |
| 0672 | Nursing Technology | NSG-1131 | . | . | . | . | . | 80.0% |
| 0672 | Nursing Technology | NSG-120 | 97.8% | 98.2% | 95.3% | 94.0% | 93.9% | . |
| 0672 | Nursing Technology | NSG-121 | 97.4% | 98.2% | 95.8% | 94.5% | 94.0% | . |
| 0672 | Nursing Technology | NSG-122 | 62.4% | 77.1% | 73.7% | 80.7% | 83.1% | . |
| 0672 | Nursing Technology | NSG-123 | 85.5% | 87.4% | 84.8% | 84.0% | 91.3% | 93.1% |
| 0672 | Nursing Technology | NSG-132 | 100.0% | 100.0% | 96.0% | 100.0% | 97.0% | . |
| 0672 | Nursing Technology | NSG-133 | 88.5% | 96.3% | 76.0% | 76.7% | 83.3% | . |
| 0672 | Nursing Technology | NSG-220 | 71.7% | 60.6% | 81.0% | 79.7% | 82.2% | . |
| 0672 | Nursing Technology | NSG-2200 | . | . | . | . | . | 78.7% |
| 0672 | Nursing Technology | NSG-2201 | . | . | . | . | . | 84.9% |
| 0672 | Nursing Technology | NSG-2202 | . | . | . | . | . | 98.8% |
| 0672 | Nursing Technology | NSG-2203 | . | . | . | . | . | 99.4% |
| 0672 | Nursing Technology | NSG-2206 | . | . | . | . | . | 99.4% |
| 0672 | Nursing Technology | NSG-221 | 89.4% | 89.2% | 91.7% | 89.5% | 93.2% | 100.0% |
| 0672 | Nursing Technology | NSG-2210 | . | . | . | . | . | 100.0% |
| 0672 | Nursing Technology | NSG-222 | 87.0% | 86.5% | 83.3% | 83.3% | 89.1% | . |
| 0672 | Nursing Technology | NSG-223 | 99.3% | 98.5% | 99.4% | 98.9% | 100.0% | . |
| 0672 | Nursing Technology | NSG-224 | 95.0% | 96.5% | 96.3% | 99.5% | 95.3% | . |
| 0672 | Nursing Technology | NSG-225 | 100.0% | 100.0% | 100.0% | 100.0% | 99.5% | 100.0% |
| 0672 | Nursing Technology | NSG-226 | 97.4% | 96.0% | 98.6% | 97.9% | 96.2% | . |
| 0672 | Nursing Technology | NSG-230 | 100.0% | 99.3% | 100.0% | 100.0% | 99.4% | 100.0% |
| 0672 | Nursing Technology | NSG-250 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 0672 | Nursing Technology | NSG-251 | 100.0% | . | 100.0% | 100.0% | . | . |
| 0672 | Nursing Technology | NSG-252 | . | 100.0% | 100.0% | 100.0% | . | . |
| 0672 | Nursing Technology | NSG-258 | 87.3% | 89.4% | 93.8% | 95.8% | 97.5% | 100.0% |
| 0672 | Nursing Technology | NSG-260 | 100.0% | . | . | . | . | . |
| 0672 | Nursing Technology | NSG-293 | 66.7% | 46.7% | 59.1% | 48.8% | 81.3% | . |
| 0672 | Nursing Technology | NSG-294 | 66.7% | 70.0% | 60.0% | 63.2% | 81.3% | . |
| 0672 | Nursing Technology | NSG-295 | 73.3% | 66.7% | 30.8% | 65.0% | 50.0% | . |
| 0672 | Nursing Technology | NSG-296 | 66.7% | 71.4% | 66.7% | 58.8% | 100.0% | . |
| 0672 | Nursing Technology | NSG-297 | 99.8% | 99.6% | 99.3% | 99.7% | 99.3% | 100.0% |
| 0677 | Respiratory Therapy Technology | RET-110 | 70.0% | 84.3% | 70.8% | 80.0% | 75.6% | . |