

Course Outcome Guides

Course/Program Title: Nursing Care of the Acute and Chronically Ill Adult III

Course/Program Team: Nur 231 Fall 2018 Session B

Expected Learning Outcomes: Refer to Course Syllabus

. Student Learning Outcomes

1. Utilize critical thinking in implementation of nursing process to plan care for individuals and families that promotes health throughout the lifespan in a variety of settings. **(QSEN 3)**
2. Adhere to quality of care and safety standards in both acute and community based environments. **(QSEN 5,6)**
3. Facilitate the continuity of care for individuals in various acute and community based environments. **(QSEN 1)**
4. Practice within the ethical and legal framework of the nursing profession. **(QSEN 1)**
5. Provide compassionate care and serve as advocates for individuals and families, respecting their diverse cultures, spirituality, values, and belief systems. **(QSEN 1)**
6. Employ therapeutic verbal, nonverbal, and written communication skills. **(QSEN 2)**
7. Collaborate with the individual, family, and interdisciplinary health professionals to promote, maintain, or restore health, and comfort the dying. **(QSEN 1,2)**
8. Manage human, physical, and technological resources in a safe and cost-effective manner without sacrificing quality nursing care. **(QSEN 4,5)**
9. Participate in lifelong learning activities that promote professional growth and development. **(QSEN 3)**
10. Exercise leadership skills in the management of care. **(QSEN 3, 4, 5)**

QSEN applied to Student Learning Outcomes Legend

- 1. Patient Centered Care**
- 2. Teamwork & Collaboration**
- 3. Evidence Based Practice**
- 4. Quality Improvement**
- 5. Safety**
- 6. Informatics**

3. Quality and Safety for Nurses Competencies:

- 1. Patient-centered Care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

2. **Teamwork and Collaboration:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve patient care.

3. **Evidenced Based Practice:** Integrate best current evidence with clinical expertise and patient/family preference and values for delivery of optimal health care.

4. **Quality Improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Institutional Student Learning Objectives

Demonstrate personal and social responsibility by practicing responsible citizenship, being open to new ideas, and understanding the value of moral sensitivity and cultural diversity.

Practice intellectual skills such as critical and independent thinking, effective communication, and knowledge acquisition and application.

Demonstrate self-direction, persistence and lifelong learning.

Assessment

Assessment of the student is provided through three-unit exams and a comprehensive final; case studies in critical care nursing to enhance application skills; five critical care simulations in lab; ATI Medical-Surgical and Comprehensive Predictor Assessment Exams and a Capstone clinical in various practice areas with a mentor from local hospitals and outpatient facilities. In addition, mentors provide feedback on the student's clinical performance through a comprehensive evaluation tool. Furthermore, students provide feedback on the mentors they have in Capstone that helps with future placements and to make any improvements that need to be made.

Validation

ATI testing at a Level 2 or above for Med-Surg and the Comprehensive Predictor, exam average of 75 % or greater, passing 50% of exams, pass lab, capstone and simulation.

Results

Total of 43 students successfully completed the course: 2 A's, 39 B's, 2 C's, 0 D's, 0 F's,

ATI proficiency; Adult Medical/Surgical 2016 encompasses all three Medical/Surgical courses; Med/Surg 1, Med/Surg 2 and Med/Surg 3.

Med-Surg ATI Exam Level 3 = 12 (27.90%), Level 2 = 27 (62.8%), Level 1= 4 (9.3%), Below Level 1= 0

Remediation through practice exams with ATI is pending for students who scored at Level 1 for a total of 9 students. After they accomplish a Level 2 on all the ATI individual subject exams they will be allowed to re-take the Comprehensive Predictor. The students will take ATI Live Review in January to review in depth for NCLEX exam.

Level 1 = 4 (9.3%) - Scores meeting the Proficiency Level 1 standard can be considered to meet the absolute minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to just meet NCLEX-RN standards in this content area.

Level 2 = 27 (62.8%)- Scores meeting the Proficiency Level 2 standard can be considered to exceed minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as fairly certain to meet NCLEX-RN standards in this content area.

Level 3 = 12 (27.9%)- Scores meeting the Proficiency Level 3 standard can be considered to exceed most expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to exceed NCLEX-RN standards in this content area.

Comparison of student performance involving Hagerstown Community College Nursing Program to national nursing programs:

Individual Program (HCC) Mean: 69.1%

Percentage of Group above the Individual Program Mean: 86.0%

Comparison of individual student performance on the ATI Medical/Surgical Exam to the national average of students taking the test:

Individual National Mean: 68.7%

Percentage of Group above the Individual National Mean: 90.7%

Follow-up

ATI Medical-Surgical Test is a designated test taken in the Testing Center after all of the Med-Surg courses had been taken. The ATI group performance profile has shown that students need work in areas such as: **Electrocardiography and Dysrhythmia Monitoring: Assessing a Client who has Atrial Fibrillation**. There are more areas that I note of that and will revise my teaching accordingly.

The decision has made to change the medical-surgical textbook from the Lewis text to the Medical-Surgical text by Ignatavicus. The students have complained that they do not like the textbook because they feel it is difficult to read. The medical surgical team discussed this problem at length and decided we would like to make this change. This book allows the nursing students to gain the knowledge that is needed to pass our Med-Surg courses in an easier to read format. Our director agreed with our conclusion. This change will take place in Fall, 2019.

The critical care course is comprised of units which have 3-4 topics that are covered over 2-3 classes then a class is devoted to case studies incorporating all materials. I decided to teach the course in this way because the students needed to be able to apply what they have learned. They use a Case Study booklet that I have written and it is helping them with application. My plan is to eventually merge the modules I have written with the Case Study Booklet that I wrote a last year. There is always room for improvement and I plan to look at my PowerPoints and change them where it is needed.

Synopsis of Nurse 231, Medical- Surgical III, Critical Care Nursing

The first unit and subsequent exam (Exam 1) is comprised of Fluid and Electrolytes, Arterial Blood Gas (ABG) reading and application to the disease process in critical care, Advanced Respiratory which teaches the nursing student when the physician or nurse practitioner should intubate and nursing management of the mechanical ventilator through application of fluid and electrolyte and ABG changes, Acute Respiratory Distress Syndrome, and Chest tubes insertion by physician and nursing support and management. I am working on a module to make these complex subjects easier to learn in a two-week period.

At first the students have problems with blood gases because it is a difficult concept; however, the module seems to help a great deal. The module gave them three different ways to figure out blood gasses and they were able to choose the one that works best for the student.

The average for Exam 1 for this semester was 80.14% which was very good because they had exposure to a lot of new and very difficult concepts.

The second unit and exam (Exam 2) is comprised of Cardiac Critical Care; reading rhythm strips and treatments involved, Cardioversion, Angioplasty, care of the Burn Trauma patient including use of the Parkland formula for critical fluid replacement and the degree of a burn, critical care of endocrine patients; Diabetic Ketoacidosis, Hyperosmolar Hyperglycemic Nonketotic Syndrome, Critical Care of Arterial patients such as; Abdominal Aortic Aneurysm repair.

I continue to use the cardiology packet I have written for the students to work on and it seems to have helped them with the cardiology aspect of the course. I have identified some of the areas that students are having problems with in this area and I will address this in my course in the coming year. The students struggle with cardiology because it is one of the most difficult aspects of this course. They have to learn 10 dysrhythmias in a week and half, plus the treatments and drugs used for treatment, in order, to prepare them for NCLEX.

The average for Exam 2 for this semester was 83.66% which was very good because they had exposure to a lot of new and very difficult concepts.

The third unit and exam (Exam 3) is comprised of Critical care neurology with use of the Glasgow come scale when admitting a trauma patient, subdural, basilar and epidural traumatic brain injuries signs, symptoms and treatments, shock including cardiogenic, hypovolemic, septic and neurogenic shock, nursing management and care of the patient and community involved in a disaster, Environmental Emergencies and to sum up many aspects of this course; Mega Code. I have continued to use the module on blood gases.

Disaster nursing seems to be an area that they have some difficulty in because it is an area that they don't normally deal with; however, it is very important that nursing students have exposure to training in this area. I was not able to do the Red Cross Disaster Drill because the coordinator of that program passed away in early November and the Red Cross could not find someone to take over in that short period of time. I have been working on my own Disaster Drill which will incorporate many of the concepts the students have learned in my course and will act as review for the final exam.

The objectives of this mini-course are to provide a host of disaster planning and preparedness, response, recovery and mitigation services to local, regional, state and national agencies and departments as well as community and faith-based organizations and nursing students. I am very excited about doing this because I love watching the students apply what they have learned in my course.

The average for Exam 3 for this semester was 82.76% which was very good because they had exposure to a lot of new and very difficult concepts.

The average for Exam 4, the final exam, was 79.13% for this semester which I consider to be very good because they had exposure to a lot of new and very difficult concepts throughout this course in didactic learning and in simulation lab.

Another method for students to apply knowledge learned is through simulations which are a mixture of testing students on what they have learned and using the principle of teachable moments and the debriefing session after the simulation to reinforce difficult concepts. The last simulation that they do is Mega-Code which really can cause a lot of anxiety for the students. I do not give them the scenario but I give them their roles ahead of time, in order, to alleviate some stress and I encourage them to meet with those in their lab course to decide how they will respond to a code situation.

The course has a clinical aspect which is the Capstone. I find placements in various clinical facilities and they receive placement with various registered nurses. Originally the Capstone clinical was for 60 hours or 5 twelve hour shifts, however, it is becoming more difficult to place these students and I would like to see more emphasis be put on critical care. Therefore, I have been thinking of various other opportunities to get that critical care experience exposure. I would like to take 12 hours from this clinical aspect for the following: Shock Trauma, Stop the Bleed seminar (4 hours with class follow up), Johns Hopkins Bayview Medical Center lecture with the state of Maryland Critical Care burn coordinator (4hours), and Disaster training exercise (4hours) which equals 12 hours of clinical time. I have spoken to my director and she is in agreement with my plan.

Comprehensive Predictor: The Comprehensive Predictor is a national test that predicts the probability of nursing students passing NCLEX-RN on the first attempt. The purpose of the “Predicted Probability of Passing NCLEX-RN on the First Attempt” is to provide a numeric indication of the likelihood of passing the NCLEX-RN at the student’s current level of readiness. For example, a student with a score of 70.7% would be expected to have a 93% chance of passing the NCLEX-RN on the first attempt.

The Comp Predictor has questions from Fundamentals, Medical-Surgical, Maternal/ Newborn, Mental Health, Nursing Care of Children, Leadership, Community Health, Nutrition and Pharmacology. The Comprehensive Predictor tests the ability of students to apply medical-surgical nursing knowledge to clinical problems experienced by adults. Topics include care of clients with cardiovascular, hematologic, gastrointestinal, neurosensory, endocrine, fluid and electrolyte, integumentary, lymph/immune/infectious, renal and urinary, musculoskeletal, reproductive, and respiratory disorders as well as topics relevant to perioperative nursing care and emergency care/triage.

The levels were determined as follows:

Level 3 – 85.0 – 100.00%

Level 2 – 70.7- 84.9%

Level 1 – 60.0%- 70.6%

Below Level 1 < 59.9%

Budget Justification: This is a required course by the Maryland State Board of Nursing- Continue to use ATI and Simulation Lab in order to reinforce lecture and application of concepts of critical care.