Start of the Academic Year 2012-2013
New Cycle Program Learning Outcomes Plan Template

Please use this form as you begin your planning cycle for the up-coming Academic Year. You will want to connect this work to the plan from the prior year and the long-term plan for your program. <u>Please only fill out the sections relevant to your program. You do not have to fill out all sections of this form.</u>

How this relates to your Program Improvement Plan: This "new cycle template" is where you and your colleagues describe the next phase of your plan to be accomplished in the 2012-2013 Academic Year. Use this template to describe what you plan to do to implement the plan for improvements (identified in spring of 2012) over this upcoming year and write out the next program outcome you and your colleagues will assess and your plan for accomplishing this over the next year.

Academic Program / Discipline Area (for General Education) or Co-Curricular Program Area:

1. **What is your program name?**
   NURSING

2. **Does this academic year's improvement plan (2012-2013) build on your work from last year (2011-2012)? If so, how… (1-2 sentences)**

   Yes, the 2012-2013 improvement plan builds on two (2) of our six (6) previous Targeted Program Learning Outcome Program Outcomes 2009-2012 (attachment #1) "Structure a safe environment in the health care setting " & "Formulate safe clinical decisions in the health care setting."
   In October 2012, the Program Learning Outcome Program Outcomes (2009-2012) were updated, consolidated, and revised into four (4)Program Learning Outcomes for 2012-2013 by the Program Learning Outcomes Planning Team in conjunction with the Nursing Curriculum Committee (attachment #2). Subsequently, the new Program Learning Outcomes were approved by the entire Nursing faculty and will be changed with the Course Outline Builder after they are vetted through the College Curriculum Committee in February 2013.

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[1] Planning Team Leaders assume the responsibility for coordinating activities associated with the expectations for the design, approval and implementation of Assessment Plans.

[2] Planning Team membership, whenever possible, should reflect the ***Principles for selection of members for assessment plan work teams***. For faculty teams the principles include: College-wide representation where possible; Full-time faculty from the respective program / discipline (tenured, tenure track, and non-tenure earning 4 / 8 / 10 month faculty); Adjunct faculty when an adequate number of full-time faculty do not teach in the program / discipline; Faculty from both disciplines or programs when an outcome is assessed in two programs or a program other than the primary discipline. For plans developed in Student Affairs planning teams should include the following: College-wide representation where possible; Staff from the targeted program area; Part-time Student Affairs professionals when an adequate number of full-time staff do not work in the targeted program area; Faculty / staff from other program / discipline areas working on the same or similar outcomes; Student representation when possible.

Learning Outcomes and Performance Indicators

Academic Program / Discipline Area (for General Education) or Co-Curricular Program Area: **NURSING**

Major finding from last year and related change, if any:
 	
<u>Nursing Program Outcomes Supporting Data</u>
 	
The purpose of utilizing simulation in Nursing V is to help faculty understand the student's performance of utilizing critical elements taught throughout the nursing program, and apply these elements to basic scenarios within the clinical setting, these basic elements fall into the curriculum under safe and effective care. This simulation experience is beneficial to the faculty and students to evaluate many aspects of faculty teaching and to reinforce student learning in the clinical setting. Nursing faculty are able to review and evaluate students on successfully understanding critical elements (safe and effective care) taught within the nursing curriculum, and then reinforce these areas throughout the clinical experience. Students area able to identify self evaluate areas of weakness in the area of safe and effective care and begin to understand and evaluate their performance, and apply this to their weekly practice in the clinical setting.
We have be utilizing simulation within the Nursing V curriculum beginning in Summer 2010. In the initial phase of implementation of simulation within the course curriculum, we first looked at having the students complete their required simulation experience at the end of the course, prior to going on to Nursing VI which is their Nursing Practicum. Faculty found that there were several areas of weakness, but students had no time for faculty remediation and reinforcement within the clinical setting prior to moving into Nursing VI which is the program's capstone course. Therefore, the Nursing V faculty reviewed the data looking at the critical elements, and thought that it would be better to move simulation to the beginning of the course. With this change the nursing faculty would be able to review the results, and work with each student in the clinical setting to reinforce these critical elements. This change went into effect for Fall of 2011.
The critical elements within each simulation vary, depending on the scenario, but all are taught and reinforced within the curriculum. The critical elements all reflect safe and effective care within the clinical setting and include; correct patient identification, appropriate focused physical assessments, performance of vital signs, critical thinking related to patient condition. (see charts for data).
Students were asked to complete a survey after their simulation experience to express their thoughts and views regarding their experience. When reviewing the survey, students were had positive comments regarding their learning experience:
   • *Gained confidence*
   • *Independent thinking*
   • *Helped with focusing on weakness in the clinical area especially with assessments*
   • *Autonomy*
   • *New outlook on clinical role, and importance of good assessments and safe care*
   • *Helped with independent decision making*
   • *More confident with skills and assessments*

Survey Responses 2012			
Identify strengths and weaknesses in the clinical practice	*Summer 2011*	*82/84*	*98%*
	Fall 2011	*75/77*	*98%*
	Spring 2012	*56/57*	*98%*
	Summer 2012	*62/63*	*98%*
Valuable learning experience	*Summer 2011*	*84/84*	*100%*
	Fall 2011	*74/77*	*98%*
	Spring 2012	*56/57*	*98%*
	Summer 2012	*64/64*	*100%*

The students who were unsuccessful had the opportunity to review areas of weakness in a debriefing exercise directly following their simulation to identify areas to remediate within the clinical setting. These students then had several weeks to remediate with their clinical faculty within clinical setting and repeat the simulation. All students were successful of meeting the competencies outlined on either their first or second attempt.

Summer 2011: 84 students participated in Nursing V Simulation. Of the 84 students 22 were unsuccessful on the first attempt missing one or more of the critical elements.

Fall 2011: 80 students participated in the Nursing V Simulation. Of the 80 students 12 were unsuccessful on the first attempt missing one or more of the critical elements.

Spring 2012: 69 students participated in Nursing V Simulation. Of the 69 students 16 were unsuccessful on the first attempt missing one or more of the critical elements.

Summer 2012: 76 students participated in Nursing V simulation. Of the 76 students 14 were unsuccessful the first time missing one or more of the critical elements.

Fall 2012 we had 59 students who participated in Nursing V simulation.

		Critical Elements Missed		
Summer 2011	Fall 2011	Spring 2012	Summer 2012	Fall 2012
84 students 100% met critical elements either first or second simulation attempt	80 students 100% met critical elements either first or second simulation attempt	69 students 100% met critical elements either first or second simulation attempt	76 students 100% met critical elements either first or second simulation attempt	59 students
ID armbands	ID armbands	ID armbands	ID armbands	ID armbands
Incorrect prioritization	Incorrect prioritization	Incorrect prioritization	Incorrect prioritization	Incorrect prioritization
Physical assessment (missed areas in assessing bowel sounds or lungs)	Physical assessment (missed areas in assessing bowel sounds or lungs)	Physical assessment (missed areas in assessing bowel sounds or lungs)	Physical assessment (missed areas in assessing bowel sounds or lungs)	Physical assessment (missed areas in assessing bowel sounds or lungs
	Did not know signs of symptoms of blood	Did not know signs of symptoms of blood transfusion (normal or abnormal)	Did not know signs of symptoms of blood transfusion (normal or abnormal	Did not perform a full set of vital signs (temperature, pulse, respirations, Blood pressure)

Analysis:
Based on the above information, the Nursing V faculty has shared this information with the entire nursing faculty to help reinforce these important concepts throughout the curriculum.
Nursing IV reinforced the Blood component to emphasized blood products, signs and symptoms of a transfusion reaction, normal patient assessment, blood types, nursing preparation for blood administration, and the legal documents that accompany the administration of blood products.

Services needed as a result of the finding (Student Learning Support, Faculty Development, etc.):

There is a need for the following: 1) purchase additional simulation equipment (mannequins, programs, etc.); 2) obtain funds for increased nursing faculty and Instructional Assistant support for running simulations; 3) incorporate more high and low fidelity simulations into other nursing courses (only the capstone course, Nursing V was assessed in 2011-2012) so that students are more prepared to perform solo in a prioritization/leadership simulation in Nursing V.

Targeted Program Learning Outcome(s) (PLOs) for this year: 1. *"Integrate clinical decision-making that demonstrates evidence-based practice, competent delivery of patient care, and coordination of multidisciplinary teams to achieve safe patient centered outcomes. " (T,V,C,A)* 2. *"Utilize technology to communicate and promote coordination of information to mitigate errors, apply knowledge when managing resources, and facilitate safe patient care." (C,T,A)*	**Targeted Course(s), Co-Curricular Program or Student Activity associated with the Academic Program:** *We will incorporate more high and low fidelity simulations into other nursing courses (only the capstone course, Nursing V was assessed in 2011-2012) so that students are more prepared to perform solo in a prioritization/leadership simulation in Nursing V. These simulations will incorporate clinical decision making which requires higher level thinking, as well as Evidenced-Based Practice for Nursing.*
Is this a different outcome from the one reported last year? (yes /no) *Yes, however, they are more comprehensive than the one (PLO) which was assessed in the 2011-2012Learning Program Outcome Assessment Plan: "FORMULATE SAFE CLINICAL DECISIONS IN THE HEALTH CARE SETTING."*	
Does this assessment for this year apply to more than one PLO? (yes /no) *Yes, see above under "Targeted Program Learning Outcomes for this year: #1 & #2."*	

National Standard(s):	Targeted Outcome(s) within the Course(s), Co-Curricular Program or Student Activity identified above:
These assessments must meet the established National League for Nursing (NLN) Competencies for Graduates of Associate Degree and Diploma Programs and the 2013 Standards and Criteria which have been established by our accrediting body, the National League for Nursing (NLN) Accrediting Commission. (This could be specific to your field or focused on overall undergraduate competencies from a national organization. Contact Laura Blasi for examples / ideas. lblasi@valenciacollege.edu)	1. *"Integrate clinical decision-making that demonstrates evidence-based practice, competent delivery of patient care, and coordination of multidisciplinary teams to achieve safe patient centered outcomes. " (T,V,C,A)* 2. *"Utilize technology to communicate and promote coordination of information to mitigate errors, apply knowledge when managing resources, and facilitate safe patient care." (C,T,A)*
Performance Indicators for the Program Learning Outcome(s) selected: *Students will meet the established rubric guidelines in order to pass the simulation.*	**Performance Indicators for Outcome(s)** within the Course(s), Co-Curricular Program or Student Activity selected: *These are currently being developed by each nursing Program course in conjunction with the IRMA Model: Introduce Reinforce, Mastery, and Assessment.*

Prediction (Given what you know about your students, how you expect them to perform? What do you expect to see? You will be able to compare your beliefs to the results that you receive at the end of this assessment cycle)

Student performance outcomes will be higher in the Nursing Program capstone Nursing V in the following areas: prioritization/leadership lab simulations, on the clinical unit, and on the HESI Exit Exam which determines success on the NCLEX-RN.

Common Assessment – What assessment method (written assignment, speech, test, etc.) will you use to assess student ability related to the program / course outcome(s) selected:

Students will meet the established rubric guidelines established for each course in order to pass the simulation.

Description of the Proposed Common Assessment – Common assessments should be designed to ensure a balance between (1) the need for a consistency within the program in order to ensure comparable student artifacts and (2) the need for reasonable flexibility in order to encourage faculty judgment in the design and delivery of learning activities:

Refer to each nursing course syllabus post online in Blackboard.

What is the approximate number of students that you expect to assess? (Please indicate "Do not know at this time" if that is the case)

For the year in the entire Nursing Program, approximately 370 students in both the Generic and Advanced Standing (AVS) Tracks of the Nursing Program.

Implementation Process

Planning for Communication and the Collection of Student Artifacts / Data

1.	**When will faculty seek or receive feedback on the design of the assessment, the rubrics, etc.?** *Feedback is given to Course Leaders and course faculty in monthly in Nursing Curriculum Meetings.*
2.	**How will student artifacts or data associated with student performance be collected?** *Each course collects the following: 1) data for the pass/fail rate for all simulations (if graded); 2) QUALTRIX SURVEYS from the students post-simulation.*
3.	**If student artifacts are to be collected based on a sample of students, what characteristics should the sample include?** *No artifacts are required at this time.*
4.	**What information needs to be communicated to students concerning the assessment process?** *Information regarding these assessments is in each course syllabus, which is posted online in Blackboard.*
5.	**How will information about faculty / staff participation in the assessment project be communicated?** *Nursing Course Reports are given by Course Leaders monthly in Nursing Curriculum Meetings.*
6.	**Who will be responsible for coordinating the collection of student artifacts / data?** *Nursing Course Leaders and course faculty.*
7.	**At what point in the academic year / semester will the student artifacts/ data be collected?** *Throughout the Fall 2012, Spring 2013, and Summer 2013 terms for each nursing course.*

Evaluation of Student Artifacts and Analysis of Results: Understanding and Acting on the Impact of the Program (Program Level Assessment)

8. **When will student artifacts be assessed / evaluated?** *Throughout the Fall 2012, Spring 2013, and Summer 2013 term for each nursing course.*
9. **What is the expectation (if any) for student reflection / self-assessment (etc.) as part of this assessment?** *1) Post-Simulation debriefing/reflection conducted by course faculty; 2) QUALTRIX SURVEYS from the students post-simulation.*
10. **Which faculty or staff from the program/discipline will evaluate student artifacts?** *All Course Leaders and course faculty.*
11. **What training / preparation / information will faculty or staff need in order adequately assess / evaluate the student artifacts collected?** *New faculty may need additional training for development and implementation of high and low fidelity simulations. This can be accomplished by encouraging them to attend local and national simulation conferences.*
12. **When will the results / data associated with the assessment plan be analyzed?** *At the end of the Fall 2012, Spring 2013, and Summer 2013 terms for each nursing course.*
13. **What training / preparation / information will faculty or staff need in order to analyze the results data associated with this assessment plan? *** *Course Leaders mentor new faculty for analysis of assessment data.*
14. **Does this assessment relate to your assessment from last year (if so how…)? How is this assessment connected to your improvement plan?** *Yes, it relates to last year's assessment and the Nursing Program Improvement Plan for 2012-2013.*
15. **What additional sources of data might allow faculty / staff to better understand and act on the results of this assessment plan?** *Mountain Reports from NCSBN which denote the level of achievement of Valencia students in relation to Florida graduates and the National graduate performance data.*
16. **In order to ensure curricular and programmatic alignment, who else should be included in this conversation** (e.g., General Education faculty)? *Biology and Allied Health Faculty*

Approval / Implementation Process

Activities Associated with the Approval / Implementation of Assessment Plans	Person Responsible	Target Completion Date	Actual Completion Date
Incorporation of High and low fidelity simulations into all Nursing Program courses which incorporate clinical decision making, which requires higher level thinking, as well as Evidenced-Based Practice for Nursing.	*Course Leaders and Course Faculty*	*Throughout the Fall 2012, Spring 2013, and Summer 2013 term for each nursing course.*	*To be determined*
Submission of aggregated data from all courses for the pass/fail rate for all simulations (if graded)	*Course Leaders and Course Faculty*	*Throughout the Fall 2012, Spring 2013, and Summer 2013 term for each nursing course.*	*To be determined*
Post-Simulation debriefing/reflection conducted by course faculty	*Course Leaders and Course Faculty*	*Throughout the Fall 2012, Spring 2013, and Summer 2013 term for each nursing course.*	*To be determined*
Analysis of QUALTRIX SURVEYS from the students post-simulation.	*Course Leaders and Course Faculty*	*Throughout the Fall 2012, Spring 2013, and Summer 2013 term for each nursing course.*	*To be determined*

For thought (you do not need to answer…)

- *Will current voter eligibility lists for the curriculum be used for any voting?*
- *Will you have a group enroll in a related assessment methods workshop for credit or schedule your own sometime during the term? (See: http://valenciacollege.edu/faculty/development/coursesearch.cfm)*
- *For A.S. programs – how does the 10/30/12 Viability meeting fit with your work?*

Dean / Director Support

The Dean(s) / Directors (for Librarians, Counselors) responsible for supporting and promoting
the work necessary for the implementation of the Assessment Plan need to indicate their support for the plan.

Dean / Director East / Winter Park Campus	Signature
Dean / Director Osceola / Lake Nona Campus	Signature
Dr. Paula Pritchard, Dean for Nursing **Dean / Director West Campus**	Signature

Sign In Sheet for Related Meetings

Name	Dept.	Date	Event
All Planning Committee Members present	**NURSING**	**August 23, 2012**	**PLO Assessment Planning Meeting**
Dr. Linda Speranza, Leann Hudson, Anita Kovalsky;	**NURSING**	**September 17, 2012**	**PLO Leader Planning Meeting**
Dr. Paula Pritchard, Dean; Anita Kovalsky; Laura Blasi;	**NURSING**	**September 18, 2012**	
Dr. Paula Pritchard, Dean; All FT Nursing faculty; Laura Blasi; Wendi Dew	**NURSING**	**September 21, 2012**	**"Program Learning Outcomes to Assessment" Workshop**
Dr. Linda Speranza, Leann Hudson, Anita Kovalsky;	**NURSING**	**October 1, 2012**	**PLO Leader Planning Meeting for submission of 2011-2012 PLO Assessment Data**