Action Research Project

Wanda Stanek (Nursing)

Table of Contents

Faculty Learning Outcome #1

Identify at risk students and encourage tutoring/mentoring to improve student success in AVS AH

Essential Competencies and Indicators Addressed:

A. Assessment
- Employ formative feedback loops to inform students of their learning.
- Make assessment criteria public to students and colleagues.

B. Inclusion & Diversity
- Design learning experiences that address students' unique needs.
- Develop student self-awareness.

C. Life Map
- Help students develop academic behaviors for student success (e.g., time management, study, test and note taking strategies, etc.)
- Seek out struggling students and identify options through dialog (and appropriate referrals)

D. Scholarship of Teaching and Learning
- Produce professional work (action research or traditional research) that meets the Valencia Standards of Scholarship
- Build upon the work of others (consult experts, peers, self, students)
- Be open to constructive critique (by both peers and students)
- Make work public to college and broader audiences
- Demonstrate relationship of SoTL to improved teaching and learning processes
- Demonstrate current teaching and learning theory & practice

Clear Goals

A. Abstract

Online courses provide flexibility for non-traditional students who are working full or part-time, raising a family, and desire to further their education or even change careers. While students are drawn to online classes due to convenience and flexibility, often little consideration is given to the amount of time and self-directed commitment that is necessary for success in the online environment. The Advance Standing (AVS) nursing track is a fast paced, three semester online hybrid program in which currently licensed LPN's, Paramedics, Respiratory Therapists (RT), and Cardiovascular Technicians (CVT) can obtain an RN degree. Because the program is accelerated and online, students who begin to struggle or get off track may not be identified by faculty or even self-identify early enough to prevent a course failure. The purpose of this action research is twofold. First, to select common pre-course indicators that can be used to identify students "at risk" for an AVS Adult Health (AH) course failure and second, to determine if tutoring/mentoring will improve student learning and course success for students identified as "at risk". The cohorts used for this project were students registered in Summer 2013 and Fall 2013 NUR2211C Adult Health. These results were then retrospectively compared to Summer and Fall 2012 NUR2211C Adult Health to determine if the selected criteria would have identified the students who struggled and/or did not pass the AVS AH course. The selected criteria included overall course grade received in Transition (NUR1003C), and Maternal Child Nursing (NUR2313C). Additionally, grades received for nursing prerequisites (A & P I and II and Microbiology) and overall GPA were included. Comparison between semesters determined that the selected criteria identified 100% of students who failed the AVS AH course in 2012. Thirty-four students registered for NUR2211C in Summer and Fall 2013 were assessed using the selected criteria prior to the start of each course. A total of 11 students were identified as "at risk". Six of the 11 students were identified as "highly at risk" based on the number of indicators present. Identified students met with the lead faculty at least two weeks prior to the first exam. The pre-course assessment findings were reviewed with them individually and suggestions for time management and available tutoring/mentoring resources were provided. All identified students were successful in AVS Adult Health.

B. Research Question

Will identifying at risk students in order to encourage tutoring/mentoring improve student success in AVS AH?

Adequate Preparation

Background from Multiple Perspectives

1. Student Perspective

 Online courses provide flexibility for non-traditional students who are working full or part time, raising a family, and desire to further their education. It is for this reason that many LPN's, Paramedics, RT's and CVT's choose Valencia's AVS nursing track.   In addition to the convenience, some students may be drawn to online courses with the misconception that online courses are easier. Little, if any, consideration is given to what is necessary for success in an online environment. Even though students accepted into the AVS nursing track typically have an overall GPA of 3.0 or better, indicating they probably have good study habits and should be successful again, students report they did not realize how much time the online course would take, and many reported that previous study habits did not seem to work for them in this online environment. Students also tell me each semester, "I have always made straight A's, I don't know why I am having such difficulty".

I conducted a survey to gain a better understanding of student perception of their time management and how much time they spent completing each learning module (see Artifact 1:1 AVS AH Survey). The survey also included two questions allowing the student to provide free text feedback regarding suggestions to improve AVS AH as well as what would the student do differently to improve their success given the opportunity (see Artifact 1:2 AVS AH Survey Student Comments). Forty four percent indicated they "agree" with the statement "I keep myself on track and on time" and 52% indicated they "somewhat agree". Four percent selected they "disagreed" with the statement. When asked "how much time did you spend (on average) with each learning module per week", 12% indicated 10-14 hours, 32% indicated 15-20 hours, 48% indicated 21-35 hours and 8% indicated 36 hours and greater.

Responses to the question what would you do differently to improve success were grouped into four categories: Not work-12%, Work less-12%, Time management-32%, and Study more-36%. I did find it interesting that the majority of students indicated they agreed or somewhat agreed that they kept themselves on time yet 32% felt time management was an issue for them. Twenty-four percent of students indicated that they would not work or would work less at their job. One student summed it up, "Quit my job. This program is not a program that makes it easy to work and go to school". Conversations with students also indicated that it was difficult for them to focus their studies due to the large amount of reading required. The first test covers four modules including Perioperative Care, Ethical and Legal Issues, Fluid & Electrolyte Imbalances, Endocrine Problems and Care of Patients with Gastrointestinal Disorders. This alone is 617 pages of content. Typically many students will do pretty well on the first exam, as the content covers many basic topics that should not be new to the student given their previous course of study (LPN, Paramedic, RT, CVT). There are 4 main exams given in Adult Health and the student must score a minimum of 77% on all four exams combined

in order to pass the course. The remaining exams cover more complex topics and students tend to score significantly lower overall. If the student fails the first exam they are at higher risk for course failure, and it is often difficult for them to rebound independently.

During each AVS course orientation students are informed of available resources to enhance their success. These include tutoring and test taking strategies with the nursing Education Specialist, Marge Hider, peer tutoring opportunities with Valencia's Student Nurse Association members, as well as faculty office hours, and several online resources available in the individual and group Blackboard course. Students tell me that it is difficult to take advantage of these resources due to work and family time constraints reporting "I just don't have time to come to campus." One student who was unsuccessful in AVS AH Summer 2012 included regular tutoring attendance with the Education Specialist as part of her plan for success in Fall 2012. She later told me that had she taken advantage of tutoring during the summer term she believed she would have been successful at that time. This student feedback peaked my interest in determining if it was possible to identify students who may be at risk for an AH course failure early in the AVS AH course. I began researching what others had done previously and looked to my nursing colleagues for additional ideas.

In Fall 2013, Valencia introduced SmarThinking as an online tutoring resource for all students. Because time constraints are a big issue for AVS students, I was excited about this additional resource. I explored the SmarThinking site, evaluating the tutor's credentials, the ease of access, and quality of responses. I found them to be a viable resource to our AVS students who may not be able to utilize our onsite Education Specialist. I added the SmarThinking link into the Blackboard course and introduced it to students during course orientation.   I demonstrated how to access the site from Valencia's home page and how to request tutoring for a wide variety of nursing topics. Two fall students who took advantage of SmarThinking reported that the experience was helpful and they liked the convenience of the online resource.

2. Colleague Perspective

As I conducted research regarding methodologies for identifying students at risk for an AVS AH course failure, I sought the guidance and opinions of my AVS faculty colleagues, Ruby Alvarez, MSN, RN and Sherrie Smith, MSN, RN. They explained that the AVS Nursing Track is a selective program in which a point system, developed by the Health Sciences Admission Committee in collaboration with AVS faculty is used to guide the selection of qualified students. Typically the AVS student will have an overall GPA of 3.0 and additional points are awarded for grades achieved in prerequisite courses of A&P I&II, Microbiology, Freshmen Comp, General Psychology, Developmental Psychology, Essentials of Nutrition with Diet Therapy, and a general Humanities course. The selection of the student is based solely on the number of points earned. In the case of tie scores, the admissions committee considers carefully the overall GPA, required course grades and the Health Sciences entrance test scores for selection. By utilizing this selective process, we are accepting the students we feel have the best opportunity for

success.   Even with a rigorous selection process, we realize that many students struggle in the online environment and continually work to develop strategies to promote student success.

During several Nursing Division meetings I learned that the Generic/Traditional nursing track had been conducting research and collecting retrospective data on predictors of success for Nursing I students. I spoke with the dean at that time, Paula Pritchard, and several of the nursing faculty about their findings to determine if this information could be used to help me identify my "at risk" students. The committee reported that nursing research demonstrated a 3.0 or better grade in the health sciences (A&P I and II and Microbiology) as predictive of nursing student success. The committee also reported that retrospective data collected on Valencia generic/traditional nursing students confirmed the nursing research and in addition indicated that an overall GPA of 3.2 could be considered predictive of Nursing I success. While my action research is not in predicting overall student success but rather in identifying potentially "at risk" students, I felt that using these criteria would be a good basis for my project.

Over the last couple of years, several strategies have been implemented to bring awareness to the new AVS students. One way that has been implemented is having a previously successful student speak to incoming students at program orientation. This student shares the realities of AVS Nursing and offers suggestions and guidance on what worked for them during the program. The information seems to be more meaningful to the new students coming from someone who has been there than hearing it from the faculty. Also, the AVS faculty is exploring the use of an interview process for qualified students in order to better assess potential success in the accelerated online environment.

3. Expert Perspective

I used a two phase process to conduct a literature review. The first phase included an initial query of available research using key word search for content readiness, online readiness, nursing online success, assessing online readiness, students at risk for failure, predictors of online success, mentoring, peer mentoring and tutoring. The literature search resulted in 18 articles for consideration. The second phase included reviewing the articles for studies that focused on identifying at risk students, instruments assessing student readiness, outlined qualities for success in the online environment or mentoring success. Ten articles were selected for inclusion.

Sprangers (2012) found there are three factors that lead to online student success. They are:
1. Student readiness
2. Student orientation
3. Student support

Most literature dedicated to online success tend to focus on student attributes such as how well they can navigate the computer and internet, how well they manage their time, goal setting and independent study. Sprangers (2012) concluded that the greatest predictors of success are study environment, motivation, and computer confidence. Mandernach,

Donnelli & Dailey-Hebert (2006) focused on controllable external factors by looking at the online instructors belief on what factors resulted in student success. They found that the top three essential factors were time-management, initiative/motivation, and willingness to seek help. In looking at whether grade point average could be used as a predictor of success in the online environment, Waschull (2005) found no significant difference in students taking similar courses in traditional classroom environments. However, the question remains how nursing courses may differ from the more general education courses typically taught online.

I found a couple of good articles that were related to the identification of students who may be struggling which offered strategies for support. McEnroe-Pettee (2011) outlined that "Early identification of students who are struggling and having difficulties must be addressed by nursing faculty, and these individuals need to be supported and offered counseling" (p.80). One article that closely aligned with my action research was the article "Development of a 'Toolkit' to Identify Medical Students at Risk of Failure to Thrive on the Course: An Exploratory Retrospective Case Study". In it, Yates (2011) determined there were several ways to identify "strugglers" early in course work in order to provide support services to the students. One method used was review of exam grades for students scoring below 50% and for students failing finals. Also included were extenuating circumstances, health concerns, and family or social.

In considering how tutoring/mentoring may improve learning, Dennison (2010) suggests that "Peer mentoring" may be the solution to challenges faced by nursing students. Peer mentors are senior students who assist all levels of nursing students in skills, critical thinking, and organization. Not only does the mentoring relationship support the mentee, but additionally the mentors gain valuable leadership ability which will be an asset in their nursing career.

References:

S. Dennison (2010). Peer Mentoring: Untapped Potential. *Journal of Nursing Education*, 49(6), 340-342.

Dray, B. J., Lowenthal, P. R., Miszkiewicz, M. J., Ruiz-Primo, M. A., & Marczynski, K. (2011). Developing an instrument to assess student readiness for online learning: a validation study. *Distance Education, 22*(1), 29-47.

Fair, B., & Wichersham, L. E. (2012). The READI assessment as a possible predictor of student success in online communication courses. *Quarterly Review of Distance Education.* Retrieved May 30, 2013, from http://www.infoagepub.com/quarterly-review-of-distance-education.html.

Mandernach, B. J., Donnelli, E., & Dailey-Hebert, A. (2006). Learner attribute research juxtaposed with online instructor experience: Predictors of success in the accelerated, online classroom. *Journal of Educators Online 3*(2) 1-17.

D. M. McEnroe-Petitte (2011) Impact of faculty caring on student retention and success. *Teaching and Learning in Nursing*, 6, 80-83.

S. Sims-Giddens, C. Helton & K. L. Hope (2011). Student Peer Mentoring in a Community-Based Nursing Clinical Experience. Nursing Education Perspectives, 31(1), 23-27.

Smith, P. J., Murphy, K. L., & Mahoney, S. E. (2003). Towards identifying factors underlying readiness for online learning: An exploratory study. *Distance Education 24*(1) 57-67.

Sprangers, J. (2012). Increasing success of online students: Evaluating student readiness. Retrieved April 3, 2013 from http://researchreportsedu.wordpress.com/2012/07/05/increasing-success-of-online-students-evaluating-student -readiness.

Waschull, S. B. (2005). Predicting success in online psychology courses: Self-Discipline and motivation. *Teaching of Psychology 32*(3) 190-192.

Yates, J. (2011) Development of a 'toolkit' to identify medical students at risk for failure to thrive on the course: an exploratory retrospective case study. *BMC Medical Education 2011*, 11:95. Retrieved May 30, 2013, from http://www.biomedcentral.com/1472-6920/11/95.

4. Self Perspective

During my first semester teaching at Valencia, I had a student fail my Adult Health Course. The student failure was heartbreaking, and I sought to determine what had gone wrong for this particular student and could I have prevented it. One of my guiding principles is to encourage and support my students to reach their full potential. I believe that if I can identify "at risk" students early in the course I can make sure these students are connected with appropriate resources such as tutoring/mentoring that will provide them the tools and strategies necessary to improve learning and overall AH success. While I am passionate about ensuring that all students can be successful in my course, I do realize this may not be attainable for every student.

Online professors are more facilitators of learning rather than teachers of theoretical content. As a new faculty member with experience primarily in traditional classroom style teaching, my biggest learning curve was in getting to know my students and establishing what support and resources they would need to be successful in my course. I found it difficult to gauge how a student was performing in the course until grading exams. This prompted me to begin exploring ways to identify at risk students earlier in the course. I began talking with my clinical group and having email conversations to get student feedback on what they felt were barriers to learning. Students indicated they struggle with determining critical content within the required reading, balancing work, school, personal and family commitments. Several students who have withdrawn from

AVS AH describe this as their primary reasons for withdrawal. As I explored ways to identify at risk students, I began with students who scored a grade of C or failed one of the AVS courses in the previous semester. These students seemed to struggle with the rigor of the online program and with the adult health content. Further investigation also revealed many do not manage their time well and may initially believe that the online program will be easier. Additionally, they do not seek help from the faculty or other resources that are made available to them, such as lab practice and tutoring from the nursing education specialist.

Because this is an online hybrid course, I have incorporated several strategies to meet the individual needs of my students.   I have arranged my office hours to meet various time opportunities offering times in the morning and late afternoon. I also provide them my cell phone number so they can contact me up to 9:00 p.m. Even with this flexibility, I rarely have students take advantage and seek guidance.   Additionally, students who do not earn 80% or greater on their theory exams are encouraged to review their exams with the professor to assess the content areas that need improvement and test taking skills that may help for future exams. Again, most students choose not to review their exams with the professor.

Appropriate Methods – Methods & Assessment Plan

A. Methods

1. Student Learning Outcome

- The student will demonstrate comprehensive knowledge of AVS AH course content.

2. Performance Indictors of Student Learning Outcomes

- The student will develop a study strategy to meet the learning needs required for successful completion of AVS AH.
- The student will complete exams at a competency level (minimum grade C).
- The student will attend tutoring session (online or with Education Specialist).

3. Teaching Strategies of Student Learning Outcomes

Step 1:

First I developed the pre-course indicators to assess each student enrolled into AVS AH. I also created an Excel spreadsheet to collect and organize the data for the students identified as "at risk" (**Artifact FLO 1:4**).

Step 2:

All students were introduced to the available nursing resources (Education Specialist tutoring, Nursing Arts Lab Peer tutoring) during AVS AH course orientation. I had the Education Specialist speak with each class regarding her services and each student received a business card with contact information. Fall 2013 students were also introduced to the online SmarThinking website which could be used as an alternative to utilizing on campus resources.

Step 3:

Students identified as "at risk" were emailed through blackboard, and an individual meeting was scheduled with me to review the pre-course assessment. At that time I made them aware that I was conducting an action research project to determine common pre-course indicators and to determine if tutoring and mentoring would lead to success in AVS AH for those identified as "at risk". During this meeting students were again made aware of the available resources and how to contact them. Students were encouraged to attend tutoring/mentoring if at all possible and to meet with me at least every other week as needed to discuss areas of concern. I provided the student with a Success Plan example currently used for re-sequencing nursing students as a template for creating their own plan for success (**Artifact FLO 1:3**).
I also posted the Education Specialist's "Breakfast" and "Lunch- n- Learn" schedule on the Blackboard group course so all students would have it available during the semester (**Artifact FLO 1:5 Breakfast & Lunch-n-Learn Schedule**).

Step 4:

Feedback was given on discussion board content no later than three days after due date completion in order to provide guidance in the areas needing improvement.

Step 5:

Students were encouraged to schedule an appointment and review all exams regardless of grade received.

Step 6:

End of course post-assessment was conducted to outline those attending tutoring/mentoring and overall AVS AH course outcome (included on **Artifact FLO 1:6** & **Artifact FLO 1:7**).

B. Assessment Strategies

- Pre-course assessment. (Formative)
- Every other week meetings. (Formative)

- Work with "at risk" students to develop of an individual plan for success. (Formative)
- Tutoring/mentoring. (Formative)
- Successful completion of all exams with a 77% or greater. (Formative/Summative)
- Successful completion of final Achievement exam. (Summative)
- Track use of tutoring/mentoring.
- Track times met with faculty.

C. Action Research Methodological Design

My Action Research seeks to determine if previous academic performance by students enrolled in the Advance Standing Nursing Track could identify students "at risk" for AVS AH course failure and then determine if available tutoring/mentoring services impact student learning and success. The cohorts used for this project were students registered in Summer 2013 and Fall 2013 NUR 2211C Adult Health. The pre-course indicators include overall course grade received in Transition (NUR 1003C), and Maternal Child Nursing (NUR 2313C). Additionally, grades received for nursing prerequisites (A & P I and II and Microbiology) and overall GPA were included. An Excel spreadsheet is used to compile the data (**Artifact FLO 1:6** & **Artifact FLO 1:7 Pre-course Assessment Student Data**).

At risk criteria was established using similar findings from research completed by nursing faculty in the Generic nursing track which demonstrated nursing student success could be determined by prerequisite science grades at a minimum of 3.0 GPA and overall GPA of 3.2. AVS admission GPA is 2.5 with prerequisite science grades being assigned varying point values for grades A, B, or C. Criteria for this ARP included:

1. Overall GPA <3.0
2. Course failure/withdrawal in NUR 1003C or NUR 2313C
3. "C" in NUR 1003C and/or NUR 2313C
4. "C" or below (including withdrawals) for A & P I, II, and Microbiology

Students meeting two or more of the above criteria were considered "at risk" in the study. Because nursing students, both Generic and AVS, are allowed only 2 nursing course failures or withdrawals to remain in the program, students with a previous AVS course failure alone were also identified as "at risk". Students with GPA <3.0 or previous AVS course failure as well as meeting one or more additional criteria were considered "highly at risk". Anyone with only a GPA < 3.0 was categorized as "watch".

Additionally, I retrospectively reviewed Summer and Fall 2012 students using the established criteria to compare if there were any significant differences in outcomes before implementation of these research strategies and to determine if I would have identified the student who failed Summer 2012.

Significant Results

A. Pre-course Assessment – Summer 2013 & Fall 2013 Excel spreadsheet report:

Student pre-requisite scores, overall GPA, and previous AVS course scores were obtained and entered on an Excel spreadsheet for evaluation. "At risk" criteria included:

1. Overall GPA <3.0"
2. NUR 1003C or NUR 2313C course failure/withdrawal
3. "C" in NUR 1003C or NUR 2313
4. "C" or below (including withdrawals) for A&P I & II and Microbiology

Students meeting two or more of the criteria were considered "at risk" in the study. Because nursing students, both Generic and AVS, are allowed only 2 nursing course failures or withdrawals to remain in the program, students with only a previous AVS course failure were also identified as "at risk". Students with GPA <3.0 or previous AVS course failure as well as meeting one or more additional criteria were considered "highly at risk". Anyone with only a GPA < 3.0 was categorized as "watch".

Evaluation of Data for Summer 2013

There were a total of 18 students assessed for Summer 2013. Among the 18 students enrolled, a total of 24 incidences of "at risk" behavior existed (note that there are more incidences than students, because an individual student may have more than one incident). A breakdown of the 24 incidences is displayed in the following chart titled "Summer 2013 Breakdown of At Risk Behaviors Among Students Enrolled".
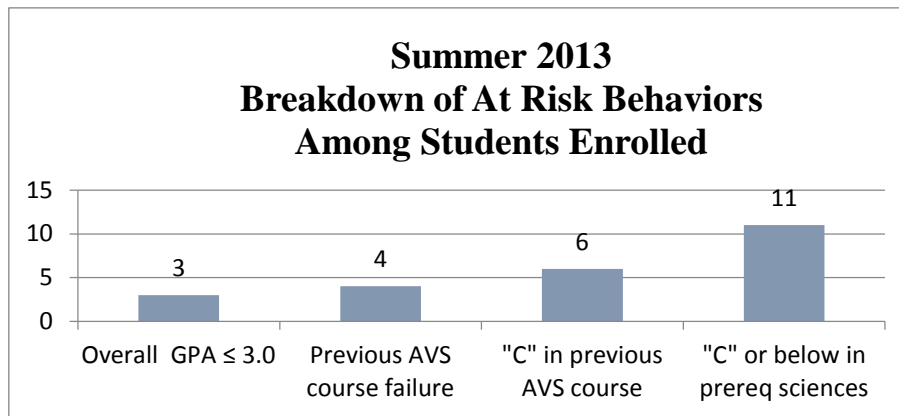
Summer 2013
Breakdown of At Risk Behaviors
Among Students Enrolled

Category	Value
Overall GPA ≤ 3.0	3
Previous AVS course failure	4
"C" in previous AVS course	6
"C" or below in prereq sciences	11

A total of six students were identified and divided into two categories, "at risk" and "highly at risk". Four students were categorized as "highly at risk" based on the number of incidences of "at risk" behavior. Two students were categorized as "watch" due to the only met criteria being a GPA of <3.0. A breakdown of the 18 students is depicted in the chart below. (**Artifact FLO 1:6**)

Summary 2013
Breakdown of 18 Students by
At Risk Category

A bar chart titled "Summer 2013 Breakdown of 18 Students by At Risk Category" with a y-axis from 0 to 14. Bars: Not "At Risk" = 10 (bar reaches 12), "Watch" = 2, "At Risk" = 2, "Highly at Risk" = 4.
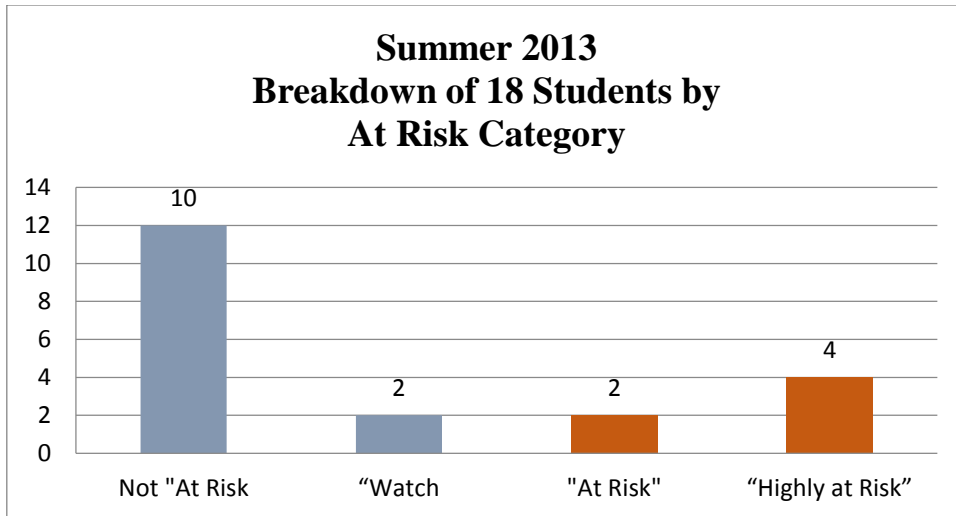
Evaluation of Data for Fall 2013

In Fall 2013, there were a total of 16 students assessed. Among the 16 students enrolled, a total of 18 incidences of "at risk" behavior existed (as explained above for Summer 2013; please note that there are more incidences than students, because an individual student may have more than one incident). A breakdown of the 18 incidences is displayed in the following chart.

Fall 2013
Breakdown of At Risk Behaviors
Among Students Enrolled

A bar chart titled "Fall 2013 Breakdown of At Risk Behaviors Among Students Enrolled" with a y-axis from 0 to 10. Bars: Overall GPA ≤ 3.0 = 2, Previous AVS course failure = 2, "C" in previous AVS course = 5, "C" or below in prereq sciences = 9.
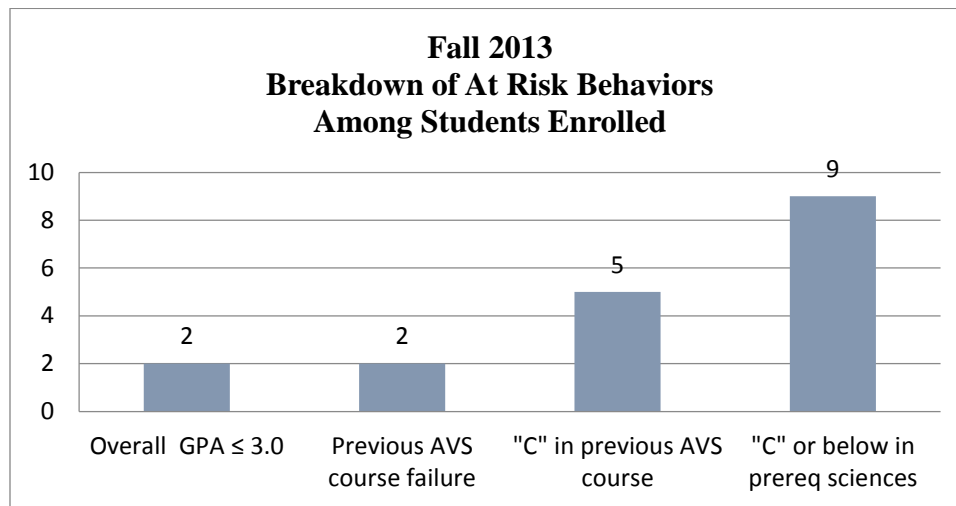
A total of five students were identified and divided into two categories, "at risk" and "highly at risk". Two students were categorized as "highly at risk" based on the number of incidences of "at risk" behavior. No students were categorized as "watch". A breakdown of the 16 students is depicted in the chart below. (**Artifact FLO 1:7**)

**Fall 2013
Breakdown of 16 Students by
At Risk Category**

| Category	Value
Not "At Risk	11
"Watch	0
"At Risk"	3
"Highly at Risk"	2
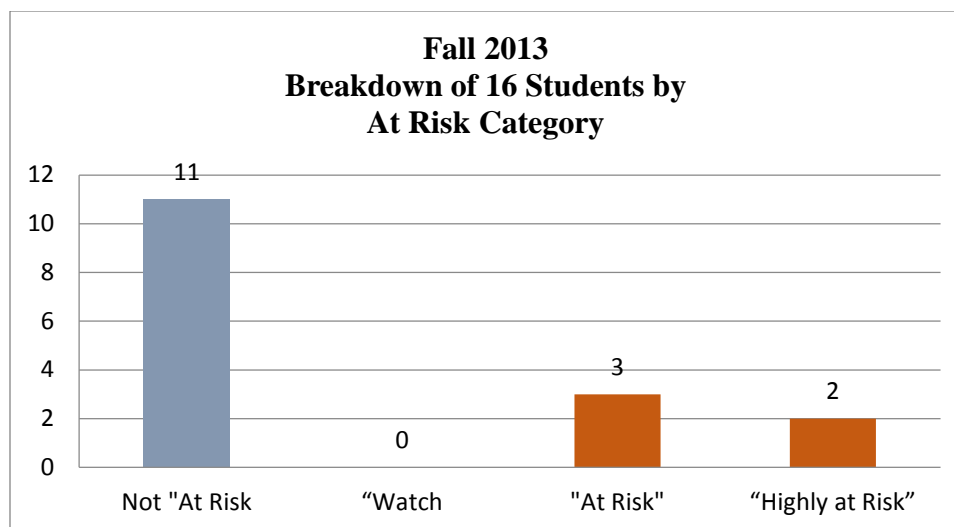
B. Meetings with Professor:

All students identified as "at risk" for this ARP met initially with me to review the pre-course assessment outcomes and to determine what barriers and challenges they felt may impact their success in AVS AH. Time management between work, family, and school was the biggest challenge identified by the students. In order to assist them, I provided the students with a Success Plan example and discussed strategies for time management and scheduling. I encouraged the students to attend a minimum of one meeting with the education specialist; however, since AVS AH is online, students were not required to attend tutoring/mentoring.

Summer 2013

- Four of the six "at risk" students attended meetings with the tutor at least once during the semester.
- One student took advantage of NAL peer tutoring.
- Four students met with the professor every other week (three of these four were categorized as "highly at risk").

Fall 2013

- No students attended meetings with the tutor.
- One student took advantage of peer tutoring.
- One student met with professor every other week (categorized as "highly at risk").

C. Tutoring Comparison

To determine if tutoring/mentoring improved student learning and course success, I compared the test scores of the "at risk" students attending tutoring/mentoring and the "at risk" students who did not attend tutoring/mentoring.   I also compared the average performance on exams of students identified as "at risk" and those considered "not at risk" as depicted in the Table 1 and Table 2 below to determine if there was a significant difference in overall exam scores.

Table 1: Grade Comparison for "At Risk" Students Summer 2013 data revealed that three of the four students attending tutoring/mentoring showed improvement in their overall exam scores. Student S3 began attending tutoring/mentoring after failing exam 2 and showed significant improvement in the remaining exam scores. Comparison of average performance on exams between "at risk" and "not at risk" students demonstrated that "at risk" students consistently scored lower than those "not at risk" as well as consistently lower than the class average for each exam.

Table 1: Grade Comparison for "At Risk" Students Summer 2013

	Student		Exam 1	Exam 2	Exam 3	Final Achievement Exam		Overall AH
At Risk	S 1*		80	88	78	88		B
At Risk	S 17*		76	85	88	87		B
Highly At Risk	S 3*		76	76	82	86		C
Highly At Risk	S 6		76	82	92	74		B
Highly At Risk	S 10		77	80	89	82		C
Highly At Risk	S 18*		81	80	86	72		B
Average performance of "at risk" students			*77*	*81*	*85*	*81*		
Average performance of "not at risk" students			*83*	*86*	*87*	*88*		
Class average each exam			*80*	*84*	*87*	*86*		

* Indicates students who attended tutoring/mentoring at least once during the semester.
Grades depicted in red indicate a failing score.

In Fall 2013 no students attended tutoring/mentoring. Table 2: Grade Comparison for "At Risk: Students Fall 2013 revealed that the two students identified as "highly at risk" scored lower on exams 1, 2 and 3 as compared to the two "highly at risk" student in Summer 2013 who did attend tutoring/mentoring.   Fall 2013 "highly at risk" students were able to achieve a passing grade for AVS AH by performing well on the final achievement exam.   Average exam scores were not significantly different between "at risk", "not at risk" and overall class average scores for Fall 2013.

Table 2: Grade Comparison for "At Risk" Students Fall 2013

	Student		Exam 1	Exam 2	Exam 3	Final Achievement Exam		Overall AH
At Risk	F 1		84	84	81	80		B
At Risk	F 2		87	89	89	85		B
At Risk	F 4		80	76	79	83		B
Highly At Risk	F 5		73	76	77	90		C
Highly At Risk	F 16+		76	80	72	96		C
Average performance of "at risk" students			80	81	79	86		
Average performance of "not at risk" Students			84	81	83	85		
Class average each exam			83	81	82	86		

+ Indicates a student who was assigned a peer mentor.

No students attended tutoring.

Overall Adult Health Outcome:

Summer 2013

A total of six of the 18 students were identified in Summer 2013 and divided into two "at risk" and four "highly at risk" based on the number of incidences of "at risk" behaviors. All students passed AVS AH.

As shown in Table 1: Grade Comparison for "At Risk" Students Summer 2013", the two students identified as "at risk" both received a grade of "B" in the course. Two of the students identified as "highly at risk" passed with a grade of "C" (one attended tutoring/mentoring and one did not), while the other two "highly at risk" students passed with a grade of "B" (again, one attended tutoring/mentoring and one did not). Student S3 attended tutoring after failing the second exam bringing up the two final exams grades significantly, however not enough to obtain an overall grade of "B". Student S10 did not attend tutoring.

Fall 2013

A total of five of the 16 students were identified in Fall 2013 and divided into three "at risk" and two "highly at risk". As with Summer 2013, all students passed AVS AH. No students in Fall 2013 attended tutoring/mentoring.

As depicted in Table 2: Grade Comparison for "At Risk" Students Fall 2013, the two students identified as "highly at risk" passed with a grade of "C". Student F5 consistently did poorly on three of the four exams. Passing the final achievement exam with a 90% resulted in an overall course grade of 78%. Student F16 did poorly on exams 1 and 3 but was able to pass the final

achievement with a 96%, resulting in passing the course with a 78%. The three students identified as "at risk" all received a grade of "B" for the course.

Summer 2013 exam scores do demonstrate that attending at least one tutoring/mentoring session during the semester did improve exam scores when compared to those students in Fall 2013 who did not attend any tutoring/mentoring sessions. In considering my research question (will identifying at risk students in order to encourage tutoring/mentoring improve student success in AVS AH), I believe the data is inconclusive given that all students in the study cohorts passed AVS AH regardless of tutoring/mentoring.

D. Summer and Fall 2012 Retrospective Data

I wanted to see if the same criteria were applied to the students in Summer 2012 and Fall 2012 would I have identified the students who struggled and/or did not pass the AVS AH course. I also wanted to explore what limitations might be identified retrospectively. To do so, I compiled the retrospective data using the same criteria and spreadsheet developed for my ARP. (**Artifact FLO 1:8** & **Artifact FLO 1:9Retrospective Data Summer/Fall 2012**).

Retrospective Data Summer 2012

There were a total of 20 students assessed for Summer 2012. Among the 20 students enrolled, a total of 15 incidences of "at risk" behavior existed. A breakdown of the 15 incidences is displayed in the following chart titled "Retrospective Look at Summer 2012 Breakdown of At Risk Behaviors Among Students enrolled". (**Artifact FLO 1:8**)
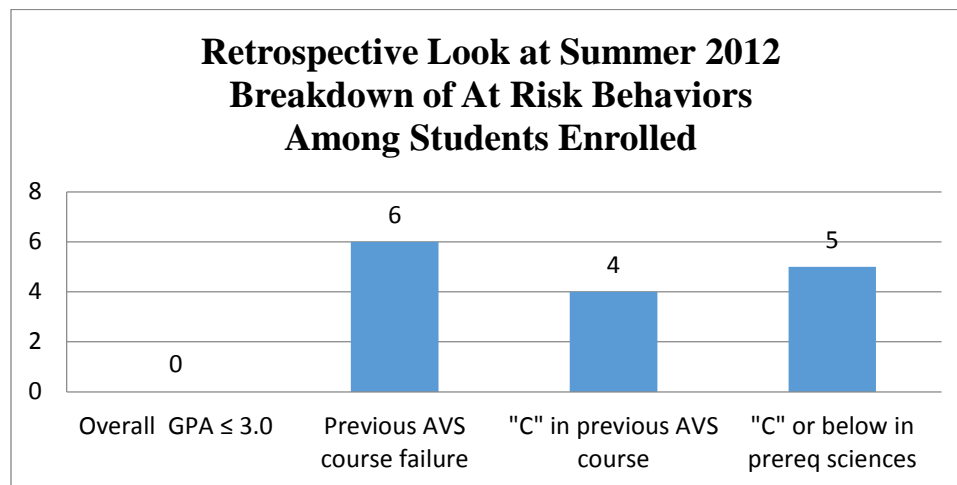
Retrospective Look at Summer 2012 Breakdown of At Risk Behaviors Among Students Enrolled

Overall GPA ≤ 3.0	Previous AVS course failure	"C" in previous AVS course	"C" or below in prereq sciences
0	6	4	5

A total of six students were identified and divided into two categories, "at risk" and "highly at risk" in Summer 2012. Two students were categorized as "highly at risk" based on the number of incidences of "at risk" behavior. No students were categorized as "watch" as all students had overall GPA's >3.0. The student who failed AVS Adult Health this term was identified as "at

risk" however did not meet criteria to be identified as "highly at risk". The two students categorized as "highly at risk" were repeating AVS AH due to a Spring 2012 AVS AH course failure. A breakdown of the 20 students is depicted in the chart titled "Retrospective Look at Summer 2012 Breakdown of 20 Students by At Risk Category".

Retrospective Look at Summer 2012 Breakdown of 20 Students by At Risk Category

Category	Value
Not "At Risk	14
"Watch	0
"At Risk"	4
"Highly at Risk"	2
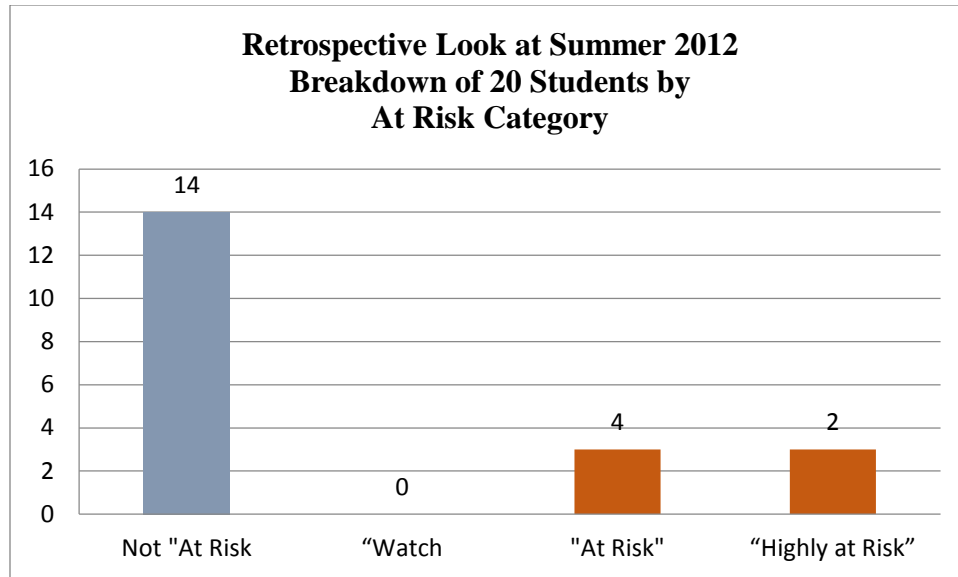
Retrospective Data Fall 2012

In Fall 2012, there were a total of 18 students assessed. Among the 18 students enrolled, a total of 12 incidences of "at risk" behavior existed. A breakdown of the 12 incidences is displayed in the chart below titled "Retrospective Look at Fall 2012 Breakdown of At Risk Behaviors Among Students Enrolled?" (**Artifact FLO 1:9**)

Retrospecitve Look at Fall 2012 Breakdown of At Risk Behaviors Among Students Enrolled

Category	Value
Overall GPA ≤ 3.0	0
Previous AVS course failure	4
"C" in previous AVS course	2
"C" or below in prereq sciences	6
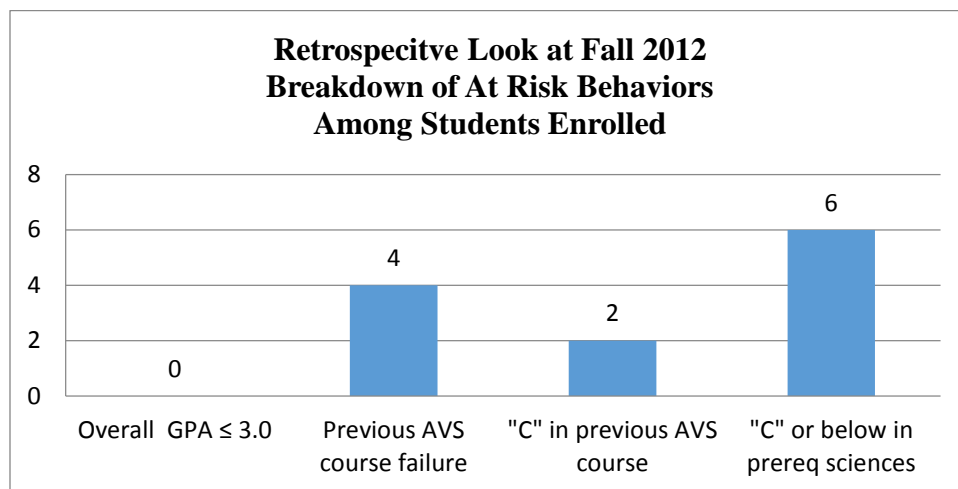
Of the 18 students four were identified as "at risk" for Fall 2012. Two of the four were categorized as "highly at risk". No one was categorized as "watch". (See chart titled "Retrospective Look at Fall 2012 Breakdown of 18 Students by At Risk Category").

The student who failed AVS Adult Health in Summer 2012 was identified as "highly at risk" for Fall 2012. Additionally, the other three students identified (two categorized as "at risk" and one as "highly at risk") were repeating AVS AH in Fall 2012 after a previous AVS AH course failure.

Retrospective Look at Fall 2012 Breakdown of 18 Students by At Risk Category

Category	Count
Not "At Risk	14
"Watch	0
"At Risk"	2
"Highly at Risk"	2
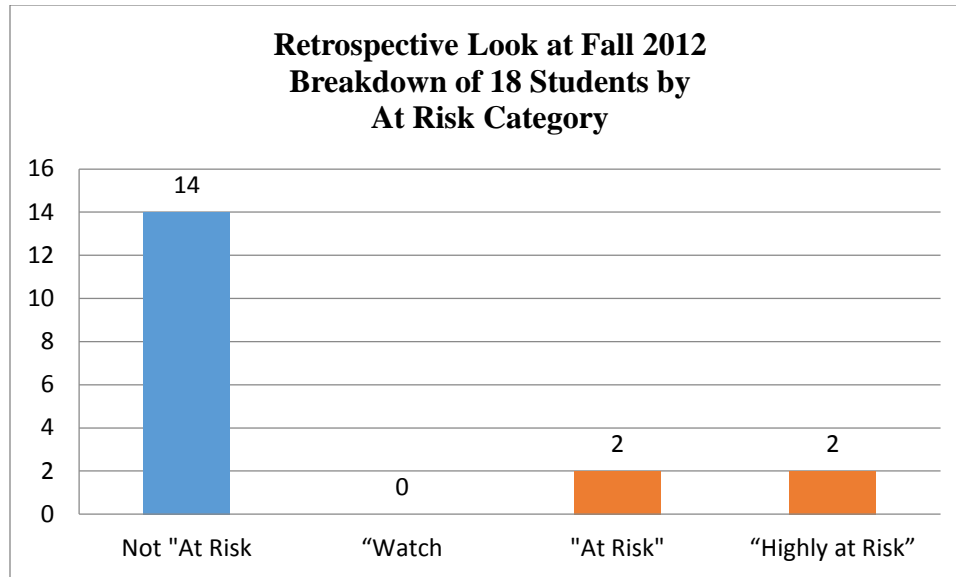
Retrospective Exam Scores Summer 2012 & Fall 2012

Table 3: Grade Comparison for "At Risk" Students Summer 2012 data revealed that two of the "at risk" students scored significantly lower on exams 2 and 3. The two "highly at risk" students were repeating AVS AH and it would be expected that they would potentially score higher. Only one AVS AH course failure resulted of those identified.

Table 3: Grade Comparison for "At Risk" Students Summer 2012

	Student		Exam 1	Exam 2	Exam 3	Final Achievement Exam		Overall AH
At Risk	RS2		90	79	72	88		B
	RS12		84	70	61	73		D
	RS16		82	75	70	85		B
	RS20		84	78	75	89		B
Highly At Risk	RS3		89	87	87	88		A
	RS11		78	79	82	90		B
Average performance of "at risk" students			84	78	74	85		
Class average each exam			84	80	78	90		
Average performance of "not at risk" Students			84	81	80	92		

Analysis of Table 4: Grade Comparison for "At Risk" Students Fall 2012 revealed no significant findings as all students passed all exams even though identified as potentially "at risk". Further evaluation of this data showed that all students identified were AVS AH repeaters and it would be expected that they would perform well.

Table 4: Grade Comparison for "At Risk" Students Fall 2012

	Student		Exam 1	Exam 2	Exam 3	Final Achievement Exam		Overall AH
At Rsk	RF2		95	90	88	79		B
	RF8		86	84	93	90		A
Highly At Risk	RF6		89	92	96	82		A
	RF17		82	90	84	89		A
Average performance of "at risk" students			88	89	90	85		
Class average each exam			87	89	89	85		
Average performance of "not at risk" Students			87	89	88	85		

Based on the analysis of the retrospective data for Summer and Fall 2012, I would have identified those students who struggled and/or failed AVS Adult Health using the established criteria. At this time, no correlation between tutoring/mentoring and AVS AH course success can be determined given the retrospective data collected. The one student who failed Summer 2012 did include tutoring in her success plan and reported that she believed that had she met with the education specialist, she would have passed Summer 2012.

Average performance for each exam does reflect a slightly lower score for those identified as 'at risk' than those not at risk with the exception of Fall 2012 (all identified "at risk" were repeaters). While I retrospectively compared two summer and two fall semesters, it appears that having several repeating students in Summer and Fall 2012 and none in Summer and Fall 2013 did not allow for an accurate comparison for overall course success.

Reflective Critique

A. General Reflection

I believe that the pre-course assessment indicators established for my ARP will identify "at risk" students for an AVS AH course failure. However, after further analysis of the data collected I believe there are some indicators which appear more predictive than others. For example, the two students in Summer 2013 who were categorized as "watch" (GPA <3.0) did not struggle as some other students whose GPA's were significantly higher. Exam scores for these two students were consistent throughout AH and both received a grade of "B" for the course. Additionally, prerequisite science performance only seemed to be significant for risk when coupled with a previous AVS course grade of "C" or previous AVS course failure. Based on my findings it seems that previous AVS course outcomes are somewhat more reliable predictors of AH outcomes. The data suggests that those who had previous AVS course failures or scored a grade of "C" were at greater risk and exam scores in AH reflected they "struggled".

While my ARP suggests that this simple criteria will identify students at risk for an AH course failure, the validity of utilizing tutoring/mentoring within this ARP is limited due to an inconclusive comparison between students who attended tutoring/mentoring and those who did not. Those who took advantage of tutoring/mentoring did so inconsistently coming to campus only once or twice during the semester. While several students who did attend tutoring/mentoring were able to improve their exam scores, there is not enough information to make a definitive correlation between tutoring/mentoring and improvement in AVS AH learning and course success. It is possible that reviewing the pre-course assessment findings with the "at risk" students and making them aware of their potential barriers allowed them to make necessary changes in order to ensure a more successful outcome.

I also believe that time management may be a more accurate predictor of success in AVS than prerequisite grades and may be why the data suggests that previous AVS course outcomes were more significant in identifying "at risk" students than the other criteria considered. AVS Survey results which were discussed in the student perspective indicated time management as a great barrier for students. While the majority of students indicated that they agreed or somewhat agreed that they kept themselves on track and on time, when asked what would they do differently to improve their success, 32% indicated manage their time better and 36% said they would study more. When the student is able to devote more focused attention and time to study, the outcome is ultimately going to be better. I believe that student F16 demonstrated this theory when they were able to pass the final achievement exam with a 96% giving them an overall 78% for AH. Had this student not been able to obtain a 96%, it would have been a second AVS course failure meaning they would have been out of the program.

My ARP gave me a greater insight into my AVS AH students and demonstrated the need to continue to look for alternative resources for our online students. Certainly more research is needed to determine more specifically how time management plays a role in AVS and whether there are ways to help serve the student in this area. The lack of online resources for tutoring/mentoring and the need for them to come to campus to take advantage of available

resources was often reported as a barrier by the "at risk" students.   Unfortunately I had not considered student ability to come to campus as a possible barrier before beginning this project. Valencia added SmarThinking as an online tutoring service to all students in Fall 2013. The nursing resources I reviewed within SmarThinking seem to be adequate to meet the needs of our AVS students; therefore, I did introduce it to my Fall 2013 class as an available alternative to coming to campus to meet with the Education Specialist. Two students did take advantage of SmarThinking and reported that they found the experience helpful and they liked the convenience of the online resource; however neither student was identified as "at risk". Going forward I plan to research the use of SmarThinking in AVS nursing as a viable online resource for the AVS student. I hope to conduct this research as a Destinations project next year.

Although several limitations were identified in this project, I believe my ARP is a workable system for earlier identification and remediation of students who may be at risk and believe that having conducted this research may have prevented several AH course failures. What I have come to realize during this ARP is that while I can provide students the resources for success, it is ultimately up to them to determine if they will take advantage of the resources to ensure their own success.

B. Critical Evaluation of Each Essential Competency in this FLO

1. Assessment

Indicator:
- Employ formative feedback loops to inform students of their learning progress

Reflection:

The pre-course assessment provided the students the opportunity to identify and discuss potential barriers to success in AVS AH. Resources to enhance their success such as the Education Specialist and peer tutoring were discussed and contact information provided for their use. While not all students were able to or took advantage of the available resources, meeting with me provided the opportunity for the students to assess their own potential learning barriers and allowed them to reflect on ways to overcome these barriers in AVS AH. I believe doing so made them more aware of their unique circumstance and allowed the student to make adjustments in order to improve their overall learning outcome. Additionally, I graded and provided feedback to all discussion boards no later than three days after due date completion so students could assess how well they understood the topic and could self-assess whether more study time was necessary.

Indicator:

- Make assessment criteria public to students and colleagues

Reflection:

Upon approval of this ARP, I plan to share my findings with my nursing colleagues in AVS and discuss ways we may be able to utilize the findings going forward. I shared the AVS AH Survey results with my Spring 2014 students, stressing the importance of making time for study and balancing family, work, and school. I also plan to post my final project in the Action Research Builder so it will be available to other disciplines as well.

2. Inclusion and Diversity

Indicator:

- Design learning experiences that address students' unique needs

Reflection:

It is difficult to get to know and make connections with students in the online environment as interactions are typically accomplished via email, within Blackboard discussions, and in today's world through texting. Conducting the pre-course assessment not only allowed me to identify which students may be "at risk", but meeting with the students individually to discuss their situations, barriers, and opportunities for success helped me to understand their unique needs and strengths. One of my "highly at risk" students was first generation to attend college in their family. The students' two jobs contributed greatly as a primary source of income, so time management proved to be a big challenge. During our meetings I discovered additional challenges this student faced were transportation and computer access. Together we were able to develop a plan to meet the requirements of the course and resources for transportation and computer access. This student struggled greatly in the class and I was concerned that AVS AH would be the second course failure; however, this student was successful receiving a grade of "C" for AVS AH. In addition, I believe that these meetings also allowed the students to get to know me better and to see that I was invested in their success.

Indicator:

- Develop student self-awareness

Reflection:

Because AVS is a selective program and the majority of students have an overall GPA of 3.0 or greater these students come into the program believing they will

continue to make "A's". I often have students tell me, "I don't know what is wrong, I'm a straight A student." They don't realize how different online learning is and may have come into the program with the misconception that online classes are easier. I believe that meeting with my students to review my findings of the pre-course assessment and helping them develop an individual plan for success made them more aware of their situation and allowed them to make some adjustments to improve their overall outcome. Also during my meetings several students indicated they were visual learners and struggled in the online environment. This opened the opportunity for me to discuss ways of incorporating visual strategies into their studies, such as making index cards for key concepts and possibly searching for a YouTube video covering the topic they were studying. I also encouraged students to develop study groups among their classmates in order to prepare for exams.

3. LifeMap

Indicator:
- Help students develop academic behaviors for student success (e.g., time management, study, test and note taking strategies, etc.)

Reflection:

I met with all "at risk" students individually to share the results of the pre-course assessment. During this time I had the students identify potential barriers to their success and together we developed strategies that would work for them and their unique circumstances. Several students identified test taking and study needs; however the majority identified time management as the biggest barrier given their work, school and home schedules. I suggested they create a calendar that could be made available to their families (placed on the refrigerator or other central location) and should include their work schedule, study time, and family time daily/weekly. I also encouraged them to talk with their families and friends and let them know this was going to be a very difficult program and that they would need their support and understanding to get through it successfully.

Indicator:
- Seek out struggling students and identify options through dialog (and appropriate referrals)

Reflection:

The purpose of my action research project was to determine if there are common pre-course indicators that help to identify students at risk for an Advance Standing (AVS) Adult Health course failure and will tutoring/mentoring improve student learning and course success. The criteria that I selected is commonly used in nursing research as predictors for success and I felt would be the best starting place in identifying the "at risk" student in AVS AH. The criteria proved beneficial in identifying students at risk in the selected cohorts; however, students not being able to consistently attend

tutoring/mentoring was not a barrier that I had anticipated. After careful analysis of the results, I believe that previous AVS course grades prove to be a better predictor of AVS AH success as well as time management. Going forward I plan to explore how the use of SmarThinking tutoring will impact learning for my AVS AH students.

4. Scholarship of Teaching and Learning

Indicator:

- Produce professional work (action research or traditional research) that meets the Valencia Standards of Scholarship

Reflection:

This action research project meets the criteria set by Valencia College defining guidelines of professional work. A need was identified (is there a way to identify students at risk for an AVS AH course failure), a research question was developed (will identifying at risk students in order to encourage tutoring/mentoring improve student success in AVS AH), and learning outcomes were created. Conducting this ARP allowed me to evaluate which of the selected indicators were more reliable predictors of success in the AVS AH course rather than just depending on what I thought to be true. I found some of the results a bit surprising as outlined in my Reflective Critique, as well as there are many things I would do differently if I were to conduct this research again. For instance, all "at risk" students in Fall 2012 were repeating AVS AH and did not allow for an accurate comparison among groups. In the future I would consider cohorts without repeating students or only consider non repeating students in the data collected.

Indicator:
- Build upon the work of others (consult experts, peers, self, students)

Reflection:

I built upon the work of others by utilizing the same criteria used by the Generic Nursing track to determine predictors of success. Additionally, I conducted a literature search finding several articles meeting my search criteria. One article by Yates (2011) was similar to my ARP as she sought to identify medical students at risk for failure and also used previous grades as one of the criteria for the study.

Indicator:
- Be open to constructive critique (by both peers and students)

Reflection:

My ILP has been reviewed by my Year 1 panel, and by my TLA facilitators who have offered suggestions and guidance for which I have benefited greatly.   I also sought the feedback of my students through formal survey as well as informal conversations

regarding AVS success strategies. My students benefit from my continued learning and the improvements that are made to my course based on their feedback as well as the feedback from my colleagues. I look forward to continuing to improve my course throughout the years to come.

Indicator:
- Make work public to college and broader audiences

Reflection:

I will share my ARP with my AVS faculty colleagues as they are interested in the results of my work and have been a great support during the process. I plan to make my ARP available to other disciplines by posting it to the Action Research Builder. I also presented my ARP during Destinations 2013. Attending Destinations was very rewarding and allowed me to interact and receive feedback from various disciplines outside of nursing. I feel honored to be among such great minds and to have the opportunity to learn from some of the best.

Indicator:
- Demonstrate relationship of SoTL to improved teaching and learning processes

Reflection:

The research revealed that several students were at risk for a course failure as demonstrated by their AVS AH exam scores, yet all students in the study cohorts passed the course. I believe meeting individually with the students within the first two weeks of the semester made a difference with overall learning outcomes. Once students were made aware of their potential risk for an AVS AH course failure, this gave them the opportunity to develop a plan and to incorporate changes that would enhance their success. What I did not anticipate was that students may not be able to consistently come to campus for tutoring/mentoring sessions. Because this in an online hybrid course, I plan to create easier access from Blackboard to SmarThinking and create periodic reminder announcements to students regarding its use. Students will still be offered the on campus resources in order to accommodate different learning styles.

Indicator:
- Demonstrate current teaching and learning theory & practice

Reflection:

My teaching style is greatly influenced by Malcolm Knowles' "Adult Learning Theory" and fits well within my ARP. The AVS student is seeking to obtain a RN degree in order to advance themselves in the health care field and are generally already working, managing families, and juggling multiple priorities. Knowles'

primary principles indicate that adults bring life experiences and previous knowledge into current learning, that they are generally internally motivated and self-directed as well as goal oriented. I believe conducting this research and meeting with the students identified as "at risk" allowed them to make self-directed changes and gave them the determination and motivation to be successful.   This was evidenced by all students being successful in the Summer and Fall 2013 cohorts and by the one student who obtained a 96% on the final exam in order to pass AVS AH. I will continue to seek alternative ways to meet the learning needs of the AVS AH student and explore online technology and innovative strategies to ensure successful student outcomes.

C. Plan for Dissemination

I presented this ARP to my group in Destinations 2013 Teachers in Action. I plan to present this action research project to the members of my panel at my Year 2 meeting, my AVS colleagues, and to post my completed project to the Action Research Project Web-site.

D. Supporting Artifacts for FLO#1

AVS AH Survey FLO #1

Thank you for taking the time to complete this survey. Please answer all questions as honestly as you can. Your feedback is important to me and will be used to make improvements in the course. If you have other suggestions that have not been covered, please provide them on the back of the survey.

1. I keep myself on track and on time?

   Agree   Somewhat agree   Disagree

2. I keep a record of what my assignments are and when they are due?

   Agree   Somewhat agree   Disagree

3. I am good at setting goals for myself?

   Agree   Somewhat agree   Disagree

4. What strengths did your previous experience (LPN, Paramedic, RT, CVT) develop in you that were beneficial in this course? If you need more space for your answer, please back of page.

5. How much time did you spend (on average) with each learning module? (Hours per day or week)

6. If your professor could do anything to improve the Adult health course what would it be?

7. If your professor could do anything to improve the AH clinical experience what would it be?

8. What would you do differently to improve your success in AH if you had the opportunity?

AVS AH Survey Student Comments FLO#1

11. What would you do differently to improve your success in AH if you had the opportunity?   HAVE MORE READING/STUDY TIME

11. What would you do differently to improve your success in AH if you had the opportunity? If I had the opportunity to not work full time that would be great but not an option. I also feel like I have to choose to either read all assigned chapters completely or do only the reading required to do required assignments. Not enough time to read all of every chapter.

11. What would you do differently to improve your success in AH if you had the opportunity?

work less, sleep more, work more with other students to pick their brain & develop better study skills

11. What would you do differently to improve your success in AH if you had the opportunity? Not work full-time -

11. What would you do differently to improve your success in AH if you had the opportunity?

allow time to study more

11. What would you do differently to improve your success in AH if you had the opportunity?

Dedicate more time to study

11. What would you do differently to improve your success in Adult Health if you had the opportunity?

Quit my job this is not a program that makes it easy to wk & go to Skl.

11. What would you do differently to improve your success in Adult Health if you had the opportunity?

Just getting around to Read the chapters thoroughly. Time was not my friend. There is a lot of work to do & to do it thoroughly you need to invest a lot of time.

11. What would you do differently to improve your success in Adult Health if you had the opportunity?

Unfortunately success in this program depends of having time, and unfortunately for most students that are in this program, this is the one thing they have the least

11. What would you do differently to improve your success in Adult Health if you had the opportunity?

I would work on my time management. I think that if I was better with my time management I would have been way more successful and I know that this is also an important skill as a nurse.

11. What would you do differently to improve your success in Adult Health if you had the opportunity?

Work less. This semester is tough & would have been easier to decrease my hours.

Student Success Plan Example

Weekly Success Plan

Monday		Tuesday	
1.	0630- Wake up	0630- Wake up	
2.	0700- Eat Breakfast and get ready for class	0700- Eat Breakfast and get ready for class.	
3.	0800- Review Key Concepts for class lecture	0800- Review material for Lab.	
4.	0900-1150- Take detailed notes during lecture	0900-1600- Lab	
5.	1300-1500 Review notes from class and attend study group if available	1700-1800- Relax and clear my head	
6.	1500-1600- Relax and clear my head	1800-2100- Read and review chapters for next day lecture	
7.	1600-1900- Complete Workbook, Evolve questions, and end of chapter questions. Make note of any questions.	2130- Relax and go to bed	
8.	1900-2100- Review Key Concepts and tables/boxes from chapters.		
9.	2130- Relax and go to bed.		
Wednesday		Thursday	
1.	0630- Wake up	0630- Wake up	
2.	0700- Eat Breakfast and get ready for class	0700- Eat Breakfast and get ready for class.	
3.	0800- Review Key Concepts for class lecture	0800- Review material for Lab.	
4.	0900-1150- Take detailed notes during lecture	0900-1600- Lab	
5.	1300-1500 Review notes from class and attend study group if available	1600-1800- Relax and clear my head	
6.	1500-1600- Relax and clear my head	1800-2100- Read and review chapters for next day lecture	
7.	1600-1900- Complete Workbook, Evolve questions, and end of chapter questions. Make note of any questions.	2130- Relax and go to bed	
8.	1900-2100- Review Key Concepts and tables/boxes from chapters.		
9.	2130- Relax and go to bed.		
Friday		Saturday/Sunday	
1.	0800- Wake up	0800- Wake up	
2.	1000-1300 Run errands	1000-1400- Finish any Evolve questions, workbook answers, or end of chapter questions.	
3.	1300-1700 Review all chapters from the week's lectures. Make note of any questions and attend study group if available	1400-1700- Review chapters for upcoming lectures	
4.	1700-2200- Relax and go to bed	1700-2130- Spend time with friends and family and go to bed.	

Summer 2013

Student	Overall GPA		Pre-Course Assessment Data						Exam 1	Exam 2	Exam 3	Achievement		Adult Health
			Transition	Maternal Child		A&P I	A&P II	Microbiology						

* = Tutoring/Mentoring

At Risk
High Risk
Watch

Breakfast Club and Lunch and Learn Sessions

These sessions are designed to target specific student supports. All are welcome. Bring your food.

Goals: Learn and retain course content, pass exams and progress!

Topics: Study habits, time management, exam taking strategies and

critical thinking!

Wednesdays: West Campus

Breakfast Club 8:00-8:45am

Lunch and Learn 12:15-12:45

Dates: Breakfast Club	Dates: Lunch and Learn
September 11 HSB 211	**September 18 HSB 211**
October 9 HSB 211	**October 2 HSB 211**
November 6 HSB 106	**October 16 HSB 211**
	November 13 HSB 220

Presented by: Marjorie Hider, Education Specialist

mhider@valenciacollege.edu

Artifact FLO 1:6

Summer 2013

Student	Overall GPA		Transition	Maternal Child		A&P I	A&P II	Microbiology		Exam 1	Exam 2	Exam 3	Achievement		Adult Health
			Pre-Course Assessment Data												
S 1*	3.0		C	C		B	A	B		80	88	78	88		B
S 2	3.2		A	A		A	B	A		89	88	88	99		A
S 3*	2.9		C	C		W/F/A	A	C		76	76	82	86		C
S 4	2.8		B	B		A	B	B		85	86	92	74		B
S 5										84	85	92	97		B
S 6	3.1		B	D/B		B	A	C		76	82	92	74		B
S 7	3.2		B	A		B	A	B		86	82	86	88		B
S 8	3.4		A	B		B	B	C		86	90	93	95		A
S 9	3.3		B	B		B	B	B		78	78	86	83		B
S 10	3.0		C	D/B		B	A	W/D/B		77	80	89	82		C
S 11	3.6		A	B		A	A	B		82	86	92	94		B
S 12	3.4		B	B		A	A	B		76	90	77	82		B
S 13	2.7		B	B		A	A	A		84	84	89	91		B
S 14	3.1		B	B		W/A	A	A		76	92	82	79		B
S 15	3.4		B	B		W/B	B	A		78	86	85	88		B
S 16	3.0		B	B		W/A	A	B		86	80	84	85		B
S 17*	3.4		B	B		W/C	W/W/A	W/W/A		76	85	88	87		W/B
S 18*	3.3		C	D/B		A	A	B		81	80	86	72		B

* = Tutoring/Mentoring

At Risk

High Risk

Watch

Fall 2013 — Pre-Course Assessment Data

Student	Overall GPA		Transition	Maternal Child		A&P I	A&P II	Microbiology		Exam 1	Exam 2	Exam 3	Achievement		Adult Health
F 1	3.0		B	B		D/C	W/W/A	W/W/F/B		84	84	81	80		B
F 2	2.6		B	C		B	B	B		87	89	89	85		B
F 3	3.2		B	B		A	B	C		89	84	87	85		B
F 4	2.6		B	B		A	A	C		80	76	79	83		B
F 5	3.2		C	D/B		B	B	B		73	76	77	90		C
F 6	3.3		B	B		B	A	B		88	79	87	80		B
F 7	3.6		B	B		A	A	B		81	85	80	76		B
F 8	3.0		B	C		B	B	B		79	80	71	84		C
F 9	3.2		B	B		B	B	C		88	79	77	79		B
F 10	3.5		B	B		A	A	W/A		88	73	83	91		B
F 11	3.7		B	B		A	B	A		85	77	93	85		B
F 12	3.2		B	B		B	A	C		85	85	88	85		B
F 13	3.0		B	C		B	A	A		84	88	81	84		B
F 14	3.4		A	B		A	W/B	A		81	76	79	90		B
F 15	3.3		B	B		A	B	B		80	83	84	97		B
F 16*	3.1		C	D/B		A	A	B		76	80	72	96		C

* = Tutoring/Mentoring

At Risk
High Risk

Summer 2012 — Retrospective Assessment Data

Student	Overall GPA	Transition	Maternal Child	A&P I	A&P II	Microbiology	Exam 1	Exam 2	Exam 3	Achievement	Adult Health	Adv. Adult Health	Pt. Care Mgmt
RS1	3.8	A	B	A	A	B	84	78	82	99	B	C	A
RS2	3.5	D/B	B	B	A	A	90	79	72	88	B	B	B
RS3	3.4	C	B	B	B	B	89	87	87	88	D/A	B	B
RS4	3.8	B	B	A	A	B	92	72	75	97	C	B	A
RS5	4.0	B	A	A	A	W/A	81	87	82	94	A	B	A
RS6	3.5	A	A	W/A	A	A	94	89	91	97	A	A	A
RS7	3.8	B	A	W/A	A	B	80	83	76	82	B	B	B
RS8	3.5	B	A	A	A	B	82	83	83	86	B	B	A
RS9	3.0	C	B	B	A	B	82	79	75	92	B	B	C
RS10	3.4	B	B	A	A	C	77	81	83	83	B	B	B
RS11	3.3	B	B	C	B	B	78	79	82	90	D/B	C	B
RS12	3.5	C	B	B	B	B	84	70	61	73	D/A	C	B
RS13	3.9	B	A	A	A	B	93	82	78	96	B	B	B
RS14	4.0	B	B	B	A	A	86	75	83	96	B	B	B
RS15	3.2	B	B	A	A	A	74	79	71	88	C	B	B
RS16	3.6	D/C	B	B	A	B	82	75	70	85	B	C	C
RS17	3.5	B	A	B	A	B	89	85	82	97	B	B	B
RS18	3.4	B	B	B	A	B	88	86	80	85	C	B	B
RS19	3.2	B	B	W/B	A	A	77	74	83	96	B	A	A
RS20	3.7	B	D/B	A	A	B	84	78	75	89	B	C	B

At Risk
High Risk

Fall 2012 — Retrospective Assessment Data

Student	Overall GPA		Transition	Maternal Child		A&P I	A&P II	Microbiology		Exam 1	Exam 2	Exam 3	Achievement		Adult Health	Adv Adult Health	Pt. Care Mgmt
RF1	3.5		B	B		B	B	A		83	82	85	85		B	C	B
RF2	3.8		B	B		A	A	W/B		95	90	88	79		D/B	B	C
RF3	3.7		A	A		A	A	A		94	94	94	99		A	A	A
RF4	3.1		B	B		B	B	A		82	92	85	83		B	C	B
RF5	3.7		B	B		A	A	A		90	90	92	88		A	B	B
RF6	3.7		C	B		B	A	A		89	92	96	82		D/A	B	C
RF7	3.4		B	B		C	A	A		89	82	92	70		B	C	C
RF8	3.6		B	B		A	B	B		86	84	93	90		D/A	C	B
RF9	4.0		B	B		B	A	A		93	98	88	94		A	A	A
RF10	4.0		B	B		A	A	A		83	92	82	90		A	C	B
RF11	3.4		B	B		B	C	B		94	90	89	86		A	C	B
RF12	3.4		B	B		W/B	A	B		83	94	88	80		B	B	B
RF13	3.5		A	A		B	B	C		85	91	85	87		A	B	A
RF14	4.0		A	A		A	A	A		89	86	94	86		A	B	A
RF15	3.5		B	B		B	B	B		89	91	86	82		B	B	B
RF16	3.4		B	A		A	A	B		87	88	96	84		A	B	B
RF17	3.5		C	B		B	B	B		82	90	84	89		D/A	C	B
RF18	4.0		B	B		A	A	C		80	77	85	82		B	D/B	B

At Risk
High Risk