Colorado State University – Pueblo Academic Program Assessment Report for AY 2016-2017   **Due: June 1, 2017**

Program:_____School of Nursing – BSN   **Date report completed:** ____June 1, 2016_____

Completed by:__Joe Franta Interim Associate Dean_____

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PART I. Program student learning outcomes (SLOs) assessed in this cycle, processes, results, and recommendations for improved student learning.

A. Which of the program SLOs were assessed during this cycle? **Please include the outcome(s) verbatim from the assessment plan.**	B. When was this SLO last assessed? Please indicate the semester and year.	C. What method was used for assessing the SLO? **Please include a copy of any rubrics used in the assessment process.**	D. Who was assessed? Please fully describe the student group(s) and the number of students or artifacts involved.	E. What is the expected achievement level and how many or what proportion of students should be at that level?	F. What were the results of the assessment?	G. What were the department's conclusions about student performance?	H. What changes/improvements to the program are planned based on this assessment?
1. Demonstrate caring through advocacy for patients by providing compassionate care based on respect for patients preferences, values and needs	**Collection:** Annually Fall & Spring **Analysis:** Annually Fall	Simulation on elder abuse in NSG 420L Caring for Adults II Lab followed by online self- assessment survey. Simulation coordinator collects data and sends to undergraduate nursing program coordinator.	Students in NSG 420L by online self-assessment survey.	Indirect Measures: 90% of students will respond 'extremely so' or 'definitely' on 'patient advocacy is a significant role of the nurse'.	Spring 2016 Accelerated N=32: 28 Satisfactory (87.5%); 4 Needs Improvement (12.5%) on the sim requirement, "Demonstrates client advocacy through professional and family caring". Fall 2016 Basic N=74: 66 Satisfactory (90%); 8 Needs Improvement (10%). Spring 2017: **Pending**	Fall 2016 Faculty Retreat: Continue the use of simulation for assessing this key element.	
1	**New Collection:** Annually Fall & Spring **Analysis:** Annually Fall	In NSG 420 instructor collects data from 3 designated test questions on an exam and sends to undergraduate nursing program coordinator.	29 students in NSG 420 test results on reported designated questions.	Direct Measure: In NSG 420, 80% of students will answer 3 test questions on patient advocacy correctly	**Question 1:** Spring 2016 Accelerated (N=34): 94% answered correctly. Fall 2016 Basic (N=53): 98% answered correctly. Spring 2017 Accelerated (N=29) 100% answered correctly. **Question 2:** Spring 2016 Accelerated (N=34): 91% answered correctly.	8/16/16 Faculty Retreat: Faculty decided to use 3 test questions instead of just one; felt 3 questions would allow for more discrimination among test items. Faculty collected data from questions from	To be determined

					Fall 2016 Basic (N=53): 98% answered questions correctly. Spring 2017 Accelerated (N=29) 100% **Question 3:** Spring 2016 Accelerated (N=34): 70% answered correctly. Fall 2016 Basic (N=53): 80% answered questions correctly. Spring 2017 Accelerated (N=29) 80%	previous year.	
1	**New Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 451, Kaplan Management of Patient Care Examination scores will be collected by the instructor and sent to the undergraduate nursing program coordinator.	66students in NSG 451 test results on reported designated questions.	Direct Measure: 80% in each cohort of basic and accelerated students will score at or above the Kaplan national average for test questions: Informed consent; Patient Bill of Rights; Right to refuse to refuse treatment	Average score on all 3 questions: 2016 Basic N= 33, score 98%; National norm 95% 2016 Accelerated N= 33, score 97.9%; National norm 95% 2017 Basic N= 53, score 98%; National norm 95% 2017 Accelerated N=20 Pending.	2016 Fall Faculty Retreat: Faculty discussed using the Management of Patient Care exam instead of the Readiness exam to measure patient advocacy since the management exam deals with nursing actions during patient care. Faculty collected data from questions from previous year.	Faculty were pleased with these results. Continue to monitor and review new data fall 2017
	Collection: Annually Summer **Analysis:** Annually Fall	Associate dean collects EBI Exit Survey results to review with faculty.	Students completed EBI survey result	Indirect Measure: 80% of students will rate EBI Exit Survey question on patient advocacy (at ≥4point scale).	**EBI Exit Survey (SLO 1)** <table><tr><td></td><td>2015</td><td>2016</td><td>2017</td></tr><tr><td>% rating ≥4</td><td>86.7</td><td>92.2</td><td>Pending</td></tr></table>	Feb. 2017: Cannot separate out accelerated and basic students' responses. Discussion: Should we use EBI only for basic and use a paper and pencil survey for accelerated/RN-BSN? Should we continue to use EBI for both? Decision: Use EBI survey for all	2016 Fall Faculty Retreat: Continue the EBI Exit Survey.

						options one more year in order to have 3 years of data. Continue to discuss how to get results for all options separated out.	
1	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 451, instructor administers, collects data and sends to the undergraduate nursing program coordinator.	42 students in NSG 451 survey results on reported designated questions.	Indirect Measure: Students will have a mean score of 2.4 (on a 4-point scale) on the survey question 'I feel comfortable caring for a dying patient (patient advocacy) on the Casey-Fink Readiness for Practice Survey.	Spring 2016 Basic (N=26) 2.81 (on 4-point-scale)

Summer 2016 Accelerated (N=22) 2.73

Spring 2017 Basic (N=42) 3.07 | 2016 Fall Faculty Retreat: Faculty discussed continuing to use this survey

Summer 2016: Simulation coordinator developed a sim that allowed students to practice patient advocacy.

Spring 2017 is improved. | Summer 2016: Simulation coordinator developed a sim that allowed students to practice patient advocacy.

2016 Fall Faculty Retreat Minutes: Instructor for NSG 451 senior leadership course will continue to use this readiness survey spring and summer in NSG 451.

Will review with faculty in the fall. |
| *2. Collaborate effectively within the health care team fostering open communication, mutual respect and share decision-making to achieve safe, quality patient care.* | **Collection:** Annually Spring & Summer **Analysis:** Annually Fall | In NSG 452L on the Clinical Performance Evaluation Tool: In NSG 452L clinical faculty will collect data and send to the clinical liaison who will analyze data at the end of spring and summer semesters and send to undergraduate nursing program coordinator. | Students in NSG 452L ratings on Clinical Performance Evaluation Tool | Indirect Measures: 90% of students will receive satisfactory rating on the Clinical Performance Evaluation Tool sections 'exhibits teamwork and collaboration', 'understands and applies quality improvement methods' and 'promotes safety'. Methods' and | *Basic* **Students' Aggregated Clinical Ratings (SLO 2)**

	2015	2016	2017
Satisfactory	98%	100%	99%
Unsatisfactory	2%	0	1%

Accelerated **Students' Aggregated Clinical Ratings(SLO 2)**

	2015	2016	2017
Satisfactory	100%	100%	Pending
Unsatisfactory	0				2016: faculty were satisfied with the ratings. Will review new data fall 2017

2017: Only 1 student was unsatisfactory in teamwork/collaboration/safety. Student was unsatisfactory at mid-term; given 2 improvement plans without improvement; failed lab skills twice and failed the course. | Spring 2017: Faculty decided to raise expected level of achievement from 90% of students to 100% of students to encourage the highest level of safe performance of patient care. S and U grades will continue to be used.

2017: Readmit student to the program; will repeat course summer 2017. |

| 2 | **Collection:** Annually Fall & Spring **Analysis:** Annually Fall | In NSG 312, Instructor will collect scores on the 3 test questions and send to undergraduate nursing program coordinator. | 61 students in NSG 312 Fall 2015 & spring 2016 exam results on reported designated questions. | Direct Measure: 80% of students will answer 3 test questions on patient safety/quality care correctly. | (see nested table below) | Faculty concern of low test scores | To address the low scores, the instructor added videos on patient safety; increased class discussion on safety; stressed case studies emphasizing patient safety. Will review 2017 scores |

Nested table (column 6):

	SP '15 N=24	F '15 N=33	Sp '16 N=28	F '16 N= 33	Spg' 17 N= 23
Basic Prevention of mastitis	88.89%	78.79%	92.86%	100%	100%
Post-partum fever	75%	93.94%	92.86%	90.63%	86.3%
Biophysical Profile of 2	95.84%	72.73%	89.29%	84.38%	100%

	F '15 N=24		F '16 N= 27	Fall' 17
Accelerated Prevention of mastitis		100%	100%	Pending
Post-partum fever		100%	85.19%	
Biophysical Profile of 2		54.17%	91.49%	

| 2 | **Collection:** Annually Fall & Spring **Analysis:** Annually Fall | In NSG 311, scores from a case study will be collected by the instructor and given to the undergraduate nursing program coordinator. | Students in NSG 311 reported scores from case study. | RN-BSN Direct Measure: 80% of students will score >3 on a case study on the nurse's role in quality, safety and patient advocacy. | Percent of RN-BSN students scoring 3 or better: 2015: 98% 2016: 97.4% 2017: 97.3% | Students are above EAL | 2016 Fall Faculty Retreat: Faculty discussed adding a direct measure for the RN-BSN program. |
| 2 | **Collection:** Annually Spring & Summer **Analysis:** Annually Fall | In NSG 452 instructor collects the scores on the question and sends to undergraduate nursing program coordinator. | Students in NSG 452 with reported test scores. | Direct Measure: 80% percent of students will answer the question on the Kaplan Diagnostic Exam related to 'caring for a patient with a chest tube' | 2015: Exam revealed a weakness in care of the patient with a chest tube. Only 66.7% of basic students and 70% of accelerated students answered the question on chest tubes correct. 2016: 82.4% of Basic students and 90% of accelerated students answered the question correct. 2017: Spring /Summer **data pending** | 2015-2016: Faculty emphasized chest tube care in med-surg II and in synthesis course. Chest tube care station was implemented in NSG 420L nursing skills lab. Chest tube simulation | 2015-2016: Faculty emphasized chest tube care in med-surg II and in synthesis course. Chest tube care station was implemented in NSG 420L nursing skills lab. Chest tube simulation was done. Faculty saw steady improvement in this |

'promotes safety'.

				correctly.		was done.	skill and agreed that the simulation was the key. 2016 Fall Faculty Retreat Minutes: Continue to use this chest tube care
2	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 451, instructor administers survey and sends data to the undergraduate coordinator.	Students in NSG 451 survey results on reported designated questions.	Indirect Measure: 75 % students will report 'I feel comfortable caring for chest tubes' (safe, quality patient care) from the Casey-Fink Readiness for Practice Survey	2016: Survey question- chest tube care comfort level Percentage of Basic (N=26) 46%; Accelerated (N=22) 77%. 2017: Survey question- chest tube care comfort level Percentage of Basic (N=50) 30% Accelerated: **Pending**	2016 Fall Faculty Retreat Minutes: Instructor for NSG 451 senior leadership course will continue to use this readiness survey. Chest tube care went from #1 rank to #3 rank as the top skill uncomfortable performing.	Summer 2016: Simulation coordinator developed sims that allowed students to practice this skill. 2017: Continue chest tube station in NSG 420 lab, emphasize lecture content on chest tube care in NSG 420 and continue to include a chest tube experience in sim lab.
2	**Collection:** Annually Summer **Analysis:** Annually Fall	Associate dean collects EBI Exit Survey results to review with faculty.	Students completed EBI Exit Survey and results from collaboration were collected	Indirect Measure: 80% of students will rate EBI Exit Survey item as >4 on 'work with inter-professional teams' (collaboration).	<table><tr><td></td><td>2016</td><td>2017</td></tr><tr><td>Mean</td><td>5.23</td><td></td></tr><tr><td>% rating >4</td><td>84.6</td><td></td></tr></table>	2016 Fall Faculty Retreat Minutes: Faculty discussed these results and felt that because the mean and percent were increasing the measure was working.	Continue use of this measure and expected level of achievement for one more year. Re-evaluate at that time.

3. Use nursing judgment based on best current evidence to ensure optimal outcomes for patients and families.	**Collection:** Annually Spring **Analysis:** Annually Fall	NSG 351 instructor collects data from 5 test questions and sends results to undergraduate coordinator.	Students in NSG 351 with reported test scores.	Direct Measure: 80% of students will correctly answer 5 application test questions on the PICOT process.	*Percent of Basic* **Students Answering Correctly** <table><tr><td></td><td>2016-(2 questions) N= 57 100%</td><td>2017- (5 Questions) N= 54 93.4%</td></tr></table> *Accelerated* **Students**	Students passed at 100% in 2016 Data obtained will be reviewed at Fall 2017 meeting. To look at individual questions (see scoring attached).	2015 Developed 3 questions for measurement. 2016 Fall Faculty Retreat: Faculty discussed adding 2 more questions (total 5) and making sure the questions are application, not just recall.

					2016- (3 Questions) N= 21 100%	2017- (5 Questions) N=20 95%		

3	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	NSG 452 instructor collects data from the designated Kaplan question and sends to undergraduate nursing program coordinator.	Students in NSG 452 test results on reported designated questions.	Direct Measure: 80% percent of students will answer the question on the Kaplan Diagnostic Exam related to 'making nursing judgments related to medication administration' correctly.	2016: Only 38.2% of basic students and 30% of accelerated students got the question correct. 2017 **Pending**		2016 Fall Faculty Retreat: Faculty decided that more needed to be done in this area. Decided to provide a simulation on nursing judgment and medication administration; adding this info earlier in the curriculum and increasing the amount of practice time. Faculty reviewed med administration content throughout all courses.	2016: NSG 452 instructor assigned NCLEX 10,000 questions related to nursing judgment/med administration. First fall faculty meeting minutes 2016 (8/31)-: Sim coordinator will develop a comprehensive simulation that includes nursing judgment in medication administration. First fall faculty meeting minutes (8/31) 2016: Pharm instructor (NSG 308) added an in-class practice session on med administration and using nursing judgment when administering PRN meds. This will be reinforced in nursing skills lab, NSG 232L, NSG 308, NSG 322L.
3	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 451, instructor administers survey, collects data and sends to undergraduate coordinator.	Students in NSG 451 survey results on reported designated questions.	Indirect Measure: 90 % students will report 'I feel prepared to administer medications' (best current evidence) on	Basic Spring 2016 – 92% (N=26) Accelerated Summer 2016- 95% (22) Basic Spring 2017 - 90% (N=49) Accelerated Summer 2017- **Pending**		Faculty decided that the actions taken produced this feeling of confidence related to medication administration. Continue all previous	Piloted in Spring 2016 Basic course and after review Fall 2016 decided to implement into both basic and accelerated Instructor for NSG 451 senior leadership

			the Casey-Fink Readiness for Practice Survey.			strategies.	course will continue to use this readiness survey.
3	**Collection:** Annually Summer **Analysis:** Annually Fall	Associate dean collects EBI Exit Survey results to review with faculty.	EBI Exit Survey results for use of best evidence	Indirect Measure: 80% of students will rate EBI Exit Survey item on the 'use of best current evidence' as 4 or better.	**EBI Exit Survey* (SLO 3) (*All Students*)-** <table><tr><td></td><td>2016</td><td>2017</td></tr><tr><td>Mean</td><td>5.35</td><td>**Pending**</td></tr><tr><td>% Rating ≥4</td><td>88.4</td><td></td></tr></table>	2016 Fall Faculty Retreat Minutes: Faculty discussed these results and felt that because the mean and percent were increasing, the measure was working.	Keep this measure for one more year until a strategy for separating basic, accelerated, and RN-BSN results can be done.
4. Demonstrate professional identity, integrity and leadership as the coordinator of patient care	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 452L, clinical faculty collect evaluation data and send to clinical liaison for analysis then sends to undergraduate nursing program coordinator.	Students in NSG 452L ratings on Clinical Performance Evaluation Tool	Indirect Measure: 80% of students will be scored ≥3 on the *Agency RN Evaluation of 452L Student Nurse Form* items addressing professionalism and leadership	*Basic* Students' Aggregated Ratings (SLO 4) <table><tr><td>% of Students Scoring ≥3</td><td>2016</td><td>2017</td></tr><tr><td>Professionalism</td><td>100</td><td>100</td></tr><tr><td>Leadership</td><td>100</td><td>100</td></tr></table> *Accelerated Students* Aggregated Data (SLO 4) <table><tr><td>% of Students Scoring ≥3</td><td>2016</td><td>2017</td></tr><tr><td>Professionalism</td><td>100</td><td>**Pending**</td></tr><tr><td>Leadership</td><td>100</td><td>**Pending**</td></tr></table> Spring 2016: **Basic** students earning 3s, 4s, 5s: 3s=19%; 4s=36%; 5s=45% **Accelerated** students 3s=10%; 4s=27%; 5s= 63%	First Fall Faculty Meeting 2016 (8/31) Minutes: Break down the ratings on the evaluation into the number getting 3s, 4s and 5s. 2017: Leadership- Predictable results as the score reflects the confidence level of a graduating nurse. Professionalism- Great results!	Faculty feel like this is an accurate representation of scores
4	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	NSG 451 instructor collects test question scores and sends to undergraduate nursing program coordinator.	Students in NSG 451 survey results on reported designated questions.	Direct Measure: In NSG 451, 80% of students will answer 3 test questions on professionalism/leadership correctly.	2015:: Basic N=47 95.5% Accelerated N=25 96% RN-BSN N=5 98% 2016: Basic N=43 100% Accelerated N=24 95.65% RN-BSN N=5 100% 2017: Basic N=53 98.1%	Scores high	2016 Fall Faculty Retreat Minutes: Faculty decided to increase the number of test questions from one to 3 to provide more discrimination on the test items.

				Accelerated N= RN-BSN N= 8 100%		
4	**Collection:** Annually Spring & Summer **Analysis:** Annually Fall	In NSG 451, instructor administers readiness survey, collects data and sends to undergraduate nursing program coordinator.	48 students in NSG 451 survey results on reported designated questions.	Indirect Measure: Students will have a mean score of 2.4 (on a 4-point scale) on the survey question 'I feel comfortable communicating with a provider' (professionalism/leadership) on the Casey-Fink Readiness for Practice Survey	Spring 2016 Basic (N=26) 2.74 (on a 4-point scale) Summer 2016 Accelerated (N=22) 2.36 Spring 2017 Basic (N=53) 2.39 (on a 4-point scale) Summer **Pending**	Because both basic and accelerated students did not feel comfortable communicating with a provider in Summer 2016, the simulation coordinator developed sims that allowed students to practice communication skills with a provider using the ISBARR Tool	Instructor for NSG 451 senior leadership course will continue to use this readiness survey. Fall 2107: NSG 420 instructor will add a 'communication with a provider' station during the nursing skills lab.
4	**Collection:** Annually Summer **Analysis:** Annually Fall	Associate dean collects EBI Exit Survey results to review with faculty.	EBI Exit Survey results for 'delegating nursing care while retaining accountability'	Indirect Measure: 80% of student will rate EBI Exit Survey item on 'delegating nursing care while retaining accountability' as ≥4.	EBI Exit Survey (SLO 4) *(All Students)*. |	2015	2016	2017 | |---|---|---|---| | Mean | 5.31 | 5.27 | Pending | | % rating ≥4 | 81.2 | 84.6 | |	2016 Fall Faculty Retreat Minutes: Faculty discussed results and decided that mean and percent were stable.	Continue to use EBI Exit Survey.

Comments on part I:

PART II. Follow-up (closing the loop) on results and activities from previous assessment cycles. In this section, please describe actions taken during this 2016-2017 cycle that were based on, or implemented to address, the results of assessment from previous cycles.

A. What SLO(s) did you address? Please include the outcome(s) verbatim from the assessment plan.	B. When was this SLO last assessed? Please indicate the semester and year.	C. What were the recommendations for change from the previous assessment?	D. Were the recommendations for change acted upon? If not, why?	E. What were the results of the changes? If the changes were not effective, what are the next steps or the new recommendations?

1. Demonstrate caring through advocacy for patients by providing compassionate care based on respect for patient's preferences, values and needs	2015-2016 ongoing	In the fall faculty meeting of 2016 the decision for addition of 3 direct measurements and continuation of current measurements a variety of strategies were developed in problem areas and are described above.	All were implemented and data collected for review in the fall of 2017	To be reviewed details found in part 1 with each SLO
2. Collaborate effectively within the health care team fostering open communication, mutual respect and share decision-making to achieve safe, quality patient care.	2015-16 ongoing	In the fall faculty meeting of 2016 the decision for addition of direct measurement for the RN-BSN and continuation of current measurements a variety of strategies were developed in problem areas and are described above.	All were implemented and data collected for review in the fall of 2017	To be reviewed details found in part 1 with each SLO
3. Use nursing judgment based on best current evidence to ensure optimal outcomes for patients and families	2015-16 ongoing	In the fall faculty meeting of 2016 the decision for addition of questions for direct measurements and simulation experiences along with continuation of current measurements a variety of strategies were developed in problem areas and are described above.	All were implemented and data collected for review in the fall of 2017.	To be reviewed details found in part 1 with each SLO.
4. Demonstrate professional identity, integrity and leadership as the coordinator of patient care	2015-2016 ongoing	In the fall faculty meeting of 2016 the decision for addition of questions for direct measurements and continuation of current measurements a variety of strategies were developed in problem areas and are described above.	All were implemented and data collected for review in the fall of 2017.	To be reviewed details found in part 1 with each SLO.

Comments on part II:

Casey-Fink Readiness for Practice Survey

Please fill in the blank or circle the response that represents your individual profile.

1. Age: _____ years

2. Gender:

a. Female

b. Male

3. Ethnicity:

a. Caucasian (white)

b. Black

c. Hispanic

d. Asian

e. Native American

f. Other

g. I do not wish to include this information

4. Other non-nursing degree (if applicable): _____

5. What previous health care work experience have you had:

a. Nursing assistant

b. Medical assistant

c. Volunteer

d. Unit secretary

e. EMT

f. EMT - Paramedic

g. Student Externship

h. Nurse Intern or Advanced Care Partner

i. Other: (please specify) _____

6. Currently employed:

a. Yes

b. No

7. If yes (question #6), are you employed in a healthcare related position:

a. Yes

b. No

8. Average # hours worked/week while enrolled in BSN program: #_____Hours

9. Please share the major reasons why you chose nursing as a career.

_____

_____

10. Current GPA _____

11. Type of BSN program enrolled:

a. Traditional

b. Accelerated

c. Worksite

d. CHOICE

e. Other: _____

12. Are you enrolled in an employer supported scholarship program?

a. Yes

b. No

13. School of Nursing attended

a. CU

b. REGIS

c. UNC

d. Other

14. Month/year started in BSN program: _____

15. Clinical Area of Senior Practicum experience:

a. Adult M/S

b. Adult ICU

c. Oncology/BMT

d. OB (L&D, POST PARTUM)

e. Pediatric M/S

f. Pediatric ICU

g. NICU

h. Mental Health

i. Ambulatory Care Setting

j. Rehabilitation

k. Emergency Department

l. OR/Perioperative Setting

m. Other: _____

16. Was your clinical practicum experience at your current place of employment?

a. Yes

b. No

17. What setting was your clinical practicum experience located:

a. Urban setting

b. Rural setting

18. How many clinical hours were you required to complete during your senior practicum?

#_____ Hours

19. How many hours did you spend with your unit charge nurse?

#_____Hours

20. How many primary preceptors did you have during your senior practicum experience?

#_____ Preceptors

21. Were you required to review NCLEX-RN questions during your senior practicum course?

a. Yes

b. No

22. If yes (question 21) how many questions/week did you review? # _____ Questions

23. What did YOU do to prepare for your senior practicum experience: (may select more than

one answer)

a. Practiced skills in learning lab

b. Participated in simulation assignment

c. Developed a care plan

d. Brought medication reference or PDA to clinical

e. Set daily goals with preceptor

f. Met with preceptor prior to start of clinical experience

g. Oriented to facility/tour unit

h. Discussed personal learning needs with clinical faculty

i. Did nothing to prepare

j. Other: _____

List three skills/procedures you are most uncomfortable performing independently at this time?

Select from list below.

1.

2.

3.

4. _____I am independent in all skills listed below

List of skills

Assessment skills

Bladder catheter insertion/irrigation

Blood draw/venipuncture

Blood glucose monitoring device

Central line care (dressing change, blood draws, discontinuing)

Charting/documentation

Chest tube care

EKG/Telemetry monitoring and interpretation

Giving verbal report

Intravenous (IV) medication administration

Intravenous (IV) starts

IV pumps/PCA pump operation

Medication administration

NG tube/Dobhoff care

Pulse oximetry

Responding to an emergency/CODE/changing patient condition

Trach care/suctioning

Wound care/dressing change/wound vac

Other_____

Please answer each of the following questions by placing a mark inside the box/circle:

What is your current level of confidence in managing a patient care assignment on an adult Medical/Surgical unit:

NOT CONFIDENT VERY CONFIDENT

1 2 3 4 5

Caring for 2 patients

Caring for 3 patients

Caring for 4 patients

STRONGLY

DISAGREE DISAGREE AGREE

STRONGLY

AGREE

1. I feel confident communicating with physicians. ☐ ☐☐☐

2. I am comfortable communicating with patients from diverse

populations.

☐ ☐☐☐

3. I am comfortable delegating tasks to the nursing assistant.   ☐ ☐☐☐

4. I have difficulty documenting care in the electronic medical

record.

☐ ☐☐☐

5. I have difficulty prioritizing patient care needs.   ☐ ☐☐☐

6. My clinical instructor provided feedback about my readiness

to assume an RN role.

☐ ☐☐☐

7. I am confident in my ability to problem solve.   ☐ ☐☐☐

8. I feel overwhelmed by ethical issues in my patient care

responsibilities.

☐ ☐☐☐

9. I have difficulty recognizing a significant change in my patient's

condition.

☐ ☐☐☐

10. I have had opportunities to practice skills and procedures

more than once.

☐ ☐☐☐

11. I am comfortable asking for help. ☐ ☐☐☐

12. I use current evidence to make clinical decisions. ☐ ☐☐☐

13. I am comfortable communicating and coordinating care

with interdisciplinary team members.

☐ ☐☐☐

14. Simulations have helped me feel prepared for clinical practice. ☐ ☐☐☐

15. Writing reflective journals/logs provided insights into my own

clinical decision-making skills.

☐ ☐☐☐

16. I feel comfortable knowing what to do for a dying patient. ☐ ☐☐☐

17. I am comfortable taking action to solve problems. ☐ ☐☐☐

18. I feel confident identifying actual or potential safety risks to

my patients.

☐ ☐☐☐

19. I am satisfied with choosing nursing as a career. ☐ ☐☐☐

20. I feel ready for the professional nursing role. ☐ ☐☐☐

What could be done to help you feel more prepared to enter the nursing profession?

Spring 2017 ACEN Data- PICO Questions

Basic Students N=54
Accelerated Students N=20

		Percentage Correct	
		Basic	**Accelerated**
Question #1	In the PICO question, "Does developing a designated fast track for emergency department patients result in less wait time, more adequate staff patterns, and increased patient satisfaction", which of the following represents the population?	94%	100%
Question #2	To develop a clinical question when reviewing the effectiveness of nursing interventions, the nurse will use which format?	100%	100%
Question #3	In the PICO question, "Does developing a designated fast track for emergency department patients result in less wait time, more adequate staff patterns, and increased patient satisfaction", which of the following is the intervention?	96%	95%
Question #4	A nurse studies the effects of teaching the MyPlate.gov materials to preschoolers by providing this education to preschoolers in a single day care center and then following their BMI scores over a 5-year period and comparing their scores to those of children from another day care center. In this study, which element is represented by the O in the PICOT acronym?	94%	100%
Question #5	Which of the following is a PICOT question for an experimental study?	83%	80%
Average		93%	95%

COLORADO STATE UNIVERSITY-PUEBLO
DEPARTMENT OF NURSING

Collaboration with Primary RN Form
Agency RN Evaluation of 452LStudent Nurse
NSG 452L: Comprehensive Nursing Practice Lab

DATE_____

Student Name_____ RN Initials_____

Please complete the following form. Place in a sealed envelope and give directly to/ or send with the student to give to the clinical instructor or.
Please use the following Likert-type scale to rate student performance:

5=Excellent   4=Above Average   3=Average   2=Below Average   1=Needs Improvement

1. Student manages time appropriately.   1   2   3   4   5

2. Student prioritizes care appropriately.   1   2   3   4   5

3. Student demonstrates leadership qualities.   1   2   3   4   5

4. Student demonstrates critical thinking in patient care.   1   2   3   4   5

5. Student demonstrates safe knowledge of meds.   1   2   3   4   5

6. Student demonstrates high level of commitment.   1   2   3   4   5

7. Students' behavior demonstrates compassion.   1   2   3   4   5

8. Student demonstrates a professional attitude.   1   2   3   4   5

9. Student demonstrates a growing level of competence.   1   2   3   4   5

10. Students' behaviors instill a high level of confidence.   1   2   3   4   5

OTHER COMMENTS: *This form will be utilized by the RN working with student in all agencies and areas