

Nursing [BSN] [NURS]

Cycles included in this report:

Jun 1, 2017 to May 31, 2018

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Program Name: Nursing [BSN] [NURS]

Reporting Cycle: Jun 1, 2017 to May 31, 2018

1 Is this program offered via Distance Learning?

100% Traditional or less than 50% Distance/Traditional

2 Is this program offered at an off-site location?

No

2.1 If yes to previous, provide addresses for each location where 50% or more of program credits may be earned.

3 Example of Program Improvement

2014-2015:

In 2014, the results from the NCLEX-RN pass rate for first-time test taker did not meet the expected outcome of 80%. The actual outcome was 77.08%. As a result, the Louisiana State Board of Nursing placed the program on conditional approval for 2015.

In March 2014 (Faculty Congress minutes, March 10, 2014), the Dean formed the Clinical Coordinators Ad Hoc Committee with the intent to further analyze the data generated by the reports and recommend strategies to improve NCLEX-RN outcomes. A plan of action to address the sudden decline in NCLEX-RN pass rates based on the 2014 NCSBN report was developed.

The action plan to foster program improvement included the following:

1. Decrease the number of students admitted to the clinical sequence for spring 2015 from 90 to 60. This action is based on the increasing difficulty level of the national licensing examination (NCLEX-RN), increasing clinical performance standards as a result of increased patient acuity levels, limited availability of qualified nursing faculty, and constraints on clinical resources (Faculty Congress minutes, September 8, 2014).
2. Revise the CON Retention-Progression policy to only allow one F, D, or W once admitted to the clinical sequence. A trend was noted in the analysis of graduates who failed NCLEX had a history of W's in nursing courses. The new policy was implemented spring 2015 (Faculty Congress minutes, September 8, 2014).
3. Increase admission standards to be more selective. Selection to the clinical nursing sequence will be based on GPA and a standardized test score. A competitive ranking using GPA and standardized test scores will replace the use of a priority admission policy based on the number of nursing prerequisite credits earned at McNeese State University. The new admission criterion was implemented spring 2015 (Faculty Congress minutes, September 8, 2014).
4. Replacement of Elsevier Health Education Systems Incorporated (HESI) services. The NCLEX-RN readiness standardized testing system used by the CON for BSN students was Elsevier HESI. The Exit scores of senior nursing students were not predictive of pass/fail outcomes. Additionally, HESI did not have a well-developed remediation program for failing scores. Based on these reasons, the CON faculty selected Assessment Technologies Institute (ATI) to provide standardized testing services because of a long history of remediation services, faculty development services, and other features not offered by HESI. This action was piloted fall 2014 and fully implemented spring 2015 (Faculty Congress minutes, August 20, 2014, September 8, 2014, October 6, 2014, November 3, 2014, January 14, 2015, and February 2, 2015).
5. Implement a tracking system for student standardized test scores across the curriculum for early identification of students at-risk for NCLEX-RN failure and implementation of remediation strategies early in the program (Graduating Senior Tracking Reports, fall 2014-present).
6. Redesign Undergraduate Faculty meetings to promote collaboration and communication between Clinical Course Coordinators by establishing an Ad hoc Clinical Coordinators Committee (Faculty Congress minutes, March 10, 2014).
7. Address faculty inconsistencies in testing through faculty development in test design. Faculty test development expertise is inconsistent among all faculty, thus, a one

day faculty development workshop presented by a national expert, Donna Ignatavicius, was conducted on November 15, 2014. The title of the workshop was "Development of NCLEX-RN-Style Test Items to Promote Student Success" (Faculty Congress minutes, August 20, 2014). Faculty are encouraged to enroll in the National Council of State Boards of Nursing (NCSBN) Test Item Writing Course (Faculty Congress minutes, September 8, 2014).

8. A faculty test construction policy was developed as an outcome of the faculty development workshop (Faculty Congress, December 11, 2014).
9. Revise participation in NCLEX-RN Preparation Plan for all senior level nursing students from voluntary to mandatory to ensure closer faculty monitoring of student progress (NURS 425 Course Summary, spring 2014).
10. Revise all clinical evaluation tools. A survey of faculty identified that the clinical evaluation tools could be more effective by identifying crucial safety competencies that must be demonstrated at each level of the curriculum. The clinical evaluation tools were redesigned to establish yes/no evaluation standards for safety and infection control behaviors. The new clinical evaluation tools were implemented fall 2015 (Curricular Integrity Workshop, May 18, 2015; Clinical Coordinator meetings August 22, 2014 and September 21, 2015).
11. Redesign Nursing 424 Clinical Requirements. The required clinical laboratory hours for NURS 424 were changed from an observation-based high acuity clinical experience to an extended simulation experience to allow for 1:1 clinical instruction (NURS 424 Course Summary, spring 2014).

2015-2016:

Licensure data for the most recent calendar year (2015) met the expected outcome of 80% with an actual outcome of 95.65%, an increase of 18.57% from 2014 to 2015. Meeting the expected level of achievement in 2015 provides evidence that changes to the program fostered achievement of program outcomes. The National Council State Board of Nursing Report for the 2016 NCLEX-RN First-Time Candidates for the BSN Program has reported a pass rate of 96.75% as of August 2016. The change was a result of the strategies of 2014-2015.

2016-2017:

The evidence indicated that the students did not meet the benchmark for communication on the Nursing Care of the Child specialty exam (standardized ATI exam) for fall 2015 and Spring 16. Following the implementation of TeamSTEPPs across the curriculum and a change in teaching strategies and assignments, the BSN students scored greater than the national program mean on the Communication Category on Nursing Care of Children content/specialty exam meeting the benchmark for both fall 2016 and spring 2018.

2017-2018:

The evidence indicated that the students did not meet the benchmark for critical thinking on the NURS 319 Nursing Care of the Child specialty exam (standardized ATI exam) for fall 2015, fall 2016, and spring 2017. Following a change in teaching strategies and assignments, the BSN students scored greater than the national program mean on the Clinical Judgment Category on Nursing Care of Children content/specialty exam meeting the benchmark for both fall 2017 and spring 2018.

4 Program Highlights from the Reporting Year

2014-2015:

- A full curricular review confirmed the integration of the professional nursing standards and guidelines to ensure student preparation for professional nursing practice in spring 2016.
- Offering the RN to BSN and LPN to BSN pathways to support seamless progression in nursing education.
- A variety of innovative teaching practices support the achievement of student outcomes.
- The curriculum demonstrates a continuing emphasis on technology to support the unique learning needs of a diverse student population.
- The clinical practice environment provides a variety of experiences across the continuum of care and access to clients of different ages, consequently supporting the achievement of student outcomes.
- Expectations for individual student performance is consistently communicated and applied in all nursing courses.

- Revised clinical performance evaluation tools to align with curricular changes and emphasize safety behaviors
- Nursing Course Summaries provide an analysis of course data, which support recommended curricular and teaching-learning actions for continued program quality improvement.
- A strong process is in place for regular evaluation of the curriculum, teaching practices, and clinical environments according to the Systematic Plan for Program Evaluation (SPPE) to ensure program quality.
- Diverse methodologies are employed to secure input from the community of interest.
- The BSN Program demonstrates program effectiveness regarding employment rates 12-months after program completion.
- The BSN Program outcomes for student learning and student, alumni, and employer satisfaction with the CON indicate program effectiveness.
- Expected faculty outcomes are identified, align with faculty roles are reflected in the annual performance review, and are consistent and congruent with the University and CON Mission and expectations.
- Actual faculty outcomes, individual and aggregate, meet the expected outcomes and demonstrate program effectiveness.
- The assessment and implementation of a strong action plan to address a decline in the 2014 NCLEX-RN pass rate yielded an 18.57% increase in the 2015 NCLEX-RN pass rate.
- The faculty's dedication and commitment was reflected in the comprehensive assessment and action plan to improve NCLEX-RN outcomes.
- The university administration provided support for the action plan addressing the decline in the 2014 NCLEX-RN pass rate, including a planned reduction in clinical admission numbers and management of student responses to enhanced academic progression policies.

2015-2016:

- A full curricular review confirmed the integration of the professional nursing standards and guidelines to ensure student preparation for professional nursing practice in spring 2016.
- Offering the RN to BSN and LPN to BSN pathways to support seamless progression in nursing education.
- A variety of innovative teaching practices support the achievement of student outcomes.
- The curriculum demonstrates a continuing emphasis on technology to support the unique learning needs of a diverse student population.
- The clinical practice environment provides a variety of experiences across the continuum of care and access to clients of different ages, consequently supporting the achievement of student outcomes.
- Expectations for individual student performance is consistently communicated and applied in all nursing courses.
- Revised clinical performance evaluation tools to align with curricular changes and emphasize safety behaviors.

2016-2017:

- Surpassing the national 2017 NCLEX-RN pass rate for all first time RN graduates and all graduates from BSN programs.
- Offering a concurrent RN to BSN curriculum to the SOWELA ASN students.
- Implementation of clinical simulation in special simulation labs as a clinical learning experience in the sixth, seventh, and eight semester clinical courses.
- Nursing faculty facilitate a clinical preceptorship program providing senior nursing students with the opportunity to work independently beside a Registered Nursing on a specialty unit. The Preceptorship Program facilitates the students transition to nursing practice.
- Implementation of a curriculum-wide NCLEX-RN preparation program supported by ATI education and testing. ATI offers a comprehensive and adaptive learning systems to assist in preparing students for the NCLEX-RN Exam.
- Reorganization and renaming of the College of Nursing to the College of Nursing and Health Professions allowing for more interdisciplinary collaboration.

2017-2018:

- 100% NCLEX pass rate for first time test takers for both the fall 2017 and spring 2018 graduating classes.
- Begin planning phase of a partnership with iDesign to improve quality and growth of the online RN to BSN Program.
- Enhanced evaluation of faculty scholarly activity.
- Improved efficiency in tracking students annual biographical, health, and clinical requirements electronically.
- Improved efficiency in scheduling and evaluating students digitally with the use of the E-value system.
- Expand student access to simulation with the conversion of conference space to simulation classrooms.
- Increasing teaching quality and expertise by increasing the numbers of nursing faculty successfully completing the academic nurse educator certification.

5 Program Mission

The mission of the College of Nursing and Health Professions is to provide education that will enable graduates to improve the health care system and the quality of life in a global society, value lifelong learning, and enhance the profession of nursing through a focus on:

- Clinical judgment;
- Communication;
- Role development;
- Professionalism; and,
- Service to the community.

Fundamental to the core values are the faculty commitment to student success, academic excellence, fiscal responsibility, community alliances, faculty practice, creative scholarly activity, and research in nursing. The College of Nursing and Health Professions offers the Bachelor of Science in Nursing (BSN) and the Master of Science in Nursing (MSN), as a member of the Intercollegiate Consortium for a Master of Science in Nursing, the graduate degree.

6 Institutional Mission Reference

McNeese State University is primarily a teaching institution whose mission is successful education of the undergraduate and graduate students and services to the employers and communities in the southwest Louisiana region. McNeese uses a traditional process based on courses completed, GPA, and standardized test scores.

All academic programs at McNeese State University emphasize in-depth disciplinary knowledge and its application to academic and professional environments.

McNeese graduates achieve success through the studied acquisition of content knowledge, the demonstration of discipline-specific skills and dispositions as well as mastery of general education competencies such as critical thinking, effective communication, and Independent learning.

7 Assessment and Benchmark

Assessment: BSN NCLEX-RN Pass Rate for First-Time Takers.

Benchmark: 80% of graduates pass the NCLEX-RN on first attempt.

7.1 Data

Academic Year	# of first-time takers	Students that passed	
		#	%
2012-2013	171	149	87.13%
2013-2014	144	111	77.08%
2014-2015	115	110	95.65%
2015-2016	142	138	97.20%
2016-2017	87	83	94.26%

2017-2018	90	90	100%
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7.1.1 Analysis of Data and Plan for Continuous Improvement

2014-2015:

The benchmark was met for NCLEX-RN pass rates for first time test takers at a 95.65%. A significant increase from 77% in 2013-2014.

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1. Decrease the number of students admitted to the clinical sequence for spring 2015 from 90 to 60. This action is based on the increasing difficulty level of the national licensing examination (NCLEX-RN), increasing clinical performance standards as a result of increased patient acuity levels, limited availability of qualified nursing faculty, and constraints on clinical resources (Faculty Congress minutes, September 8, 2014).
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- Replacement of Elsevier Health Education Systems Incorporated (HESI) services.

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- Revise all clinical evaluation tools. A survey of faculty identified that the clinical evaluation tools could be more effective by identifying crucial safety competencies that must be demonstrated at each level of the curriculum. The clinical evaluation tools were redesigned to establish yes/no evaluation standards for safety and infection control behaviors. The new clinical evaluation tools were implemented fall 2015 (Curricular Integrity Workshop, May 18, 2015; Clinical Coordinator meetings August 22, 2014; and, September 21, 2015).
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2015-2016:

NCLEX-RN pass rates for first-time test takers for 2015-2016 graduates was 97.20% and met the benchmark set by LSBN.

Implementation of the action plan began in 2014-2015 and continued in 2016. Licensure data for the most recent calendar year (2015) met the expected outcome of 80% with an actual outcome of 95.65%, an increase of 18.57% from 2014 to 2015. Meeting the expected level of achievement in 2015 provides evidence that changes to the program fostered achievement of program. NCLEX pass rates continued to rise in 15-16 to a rate of 97.20.

The National Council State Board of Nursing Report for the 2016 NCLEX-RN First-Time Candidates for the BSN Program has reported a pass rate of 96.75% as of August 2016.

The program is presently devising strategies to find a balance supporting positive NCLEX-RN pass rates and student retention.

- NURS 310: Fundamentals: Evaluation of skills will be revised to include the performance of multiple skills providing the student an opportunity to think through prioritizing care at a fundamental level (Course Summary, spring 2016)
- NURS 319: Revise lecture content after comparing to latest NCLEX-RN test plan. Revise clinical paperwork to remove duplication of information. (Course Summary, fall 2015).
- NURS 320: Added transition to parenthood scenario with participation using the clickers. (Course Summary, fall 2015)
- NURS 390: Include more emphasis on qualitative research by including a Qualitative Research Day. Also, use of Exit tickets and impactful videos in classroom to supplement qualitative research discussion. Added case studies to simulate data management struggles of qualitative researchers. Added short-answer, research article-based questions to the exams and in-class group analysis of three different quantitative articles. (Course Summary, fall 2015)
- NURS 400: Utilize Tegrity recording as pathophysiology review and prep for class. (Course Summary, fall 2015)
- NURS 424: New technology for streaming video from sim lab to classroom will allow for flipping the classroom as a teaching strategy. (Course Summary, fall 2015)
- NURS 425: Developed in-class paper-based staffing assignment to emphasize safe delegation principles and advanced management concepts. (Course Summary, fall 2015)

2016-2017:

The benchmark for NCLEX-RN pass rate for first time test takers was met with a rate of 94.26. A slight decline was noted from the previous year. The benchmark was met in all categories of the nursing process, however there was a slight decrease in the areas of analysis, planning, and evaluation.

Decisions:

- Curriculum: NCLEX Prep plans will be implemented in the sixth and seventh semesters.
- NURS 425: The NCLEX Prep Plan will be updated for the spring 2017 semester to match student learning needs based upon standardized testing results, especially related to Safety/Infection Control, Nutrition, and Health Promotion/Maintenance.

- NURS 401: Throughout the mentoring process, it has been noted that students continue to struggle relating classroom to clinical application, have trouble with answering priority questions correctly, and do not know how to give a thorough report. Faculty will implement a revised process for clinical post conference.
 - Each week in post conference, the faculty will select a student (or students) to provide a Hand-off report on a patient in which the student provided care. The faculty will attempt to select a patient with a diagnosis in which is being studied.
 - The clinical faculty member will facilitate discussion regarding the patient's clinical manifestations, lab values, medications, etc. The faculty member will use the med-surg text book or an NCLEX preparation book to discuss key nursing interventions pertaining to this patient's condition.
 - Using an NCLEX preparation book, the faculty will then ask multiple choice questions pertaining to this patient's condition.
 - This learning method will be discussed/explained to all N400 clinical faculty.
 - A question pertaining to this teaching technique will be added to the course evaluation tool for data analysis at the end of the semester.

- NURS 310: Students in each clinical group (two per instructor, per semester) will be asked to design a teaching care plan for a specific disease process as seen during the care of their patient population over their 6 weeks of clinical and then present it to the clinical instructor and nurse manager of the clinical site. The purpose of this assignment is for students to gain confidence as designers and managers of care, but also to learn to adapt to the resources available to them within a specific setting based on collaborative personnel available, time constraints during a given shift, patient receptiveness and acuity.

2017-2018:

The BSN program achieved a perfect NCLEX-RN pass rate for first-time test takers of 100%; meeting the benchmark.

Plan for improvement:

- Purchase and implementation of ExamSoft online testing system. This system will simulate of the computerized adaptive testing system use for the NCLEX-RN exam. The goal is to prepare the students for online computerized adaptive testing and the new testing format that is use for the exam.
- Purchase and implement the E-Value system to assist students with technology competency and portfolio building.
- Continue to implement high fidelity simulation throughout the BSN curriculum including providing a faculty of coordinate and develop the simulations in NURS 401, 321, 319 and 320. Assigning a faculty to simulation in each of these courses will provide consistency in student learning communication, clinical judgement, professionalism and role development.
- Continue expanding the use of the ATI Learning System in each course in the BSN curriculum.

8 Assessment and Benchmark Standardized Test Data (ATI)

Assessment: Standardized Test Data (ATI).

Benchmark 1:

Benchmark 2:

8.1 Data

2015-2016:

- Fall 2015: BSN student scores were equal to or greater than the national program mean score on the Clinical Judgment Category with the exception of:
 - Nursing Care of Children
 - Fundamental Nursing

- Spring 2016: BSN student scores were equal to or greater than the national program mean score on the Clinical Judgment Category with the exception of:
 - Nursing Care of Children
 - Community Health

2016-2017:

- Fall 2016: BSN student scores were equal to or greater than the national program mean score on the Clinical Judgment Category with the exception of:
 - Fundamental Nursing (national - 63.1, BSN group - 53.1)
- Spring 2017: BSN student scores were equal to or greater than the national program mean score on the Clinical Judgment Category with the exception of:
 - Nursing Care of Children (national - 62.4%, BSN group - 62%)

2017-2018:

- Fall 2017: BSN student scores were greater than the national program mean score on the Clinical Judgment Category of all content/specialty exams and the comprehensive predictor exam.
- Spring 2018: BSN student scores were greater than the national program mean score on the Clinical Judgment Category of all content/specialty exams and the comprehensive predictor exam.

8.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

- NURS 310: Evaluation of skills will be revised to include the performance of multiple skills providing the student an opportunity to think through prioritizing care at a fundamental level (Course Summary, spring 2016)
- NURS 320: Added transition to parenthood scenario with participation using the clickers. (Course Summary, fall 2015)

2016-2017:

A trend has emerged in that Care of the Child scores have fallen below the benchmark for four semesters. Loss of pediatric faculty each semester or year may be a contributing factor.

Fall 2016: Course Decisions

NURS 319 - Nursing Care of the Child and Family

- Add medication indication and expected outcome material to “math minute” in attempt to “piggyback” information to be infused with what seems to be a successful method of dissemination.
- Though the students report that a brief review of material at the conclusion of each lecture is beneficial, we have noted that students in the Fall 2016 semester as well as the spring 2017 semester report some amount of frustration when the material is presented in a game format. – consider a simple question and answer format to alleviate frustration and encourage participation
- Continue to add interactive student guided experiences to the classroom learning environment (Role Playing, guided scenario, demonstration) to offer the student opportunities for multidimensional learning and reinforcement of material.

We will begin development of an internet based flashcard study tool to promote a team approach to learning and practice. The privilege of using this student generated data base/ study material set is earned through active participation in discussion board activities that will be used to form the materials. The students will be asked to contribute questions and answers that they feel are of utmost importance within the lecture set at hand. The instructors will then edit materials from this set and add to the flashcard batch. Each student who participates (with earnest effort) will gain access to this valuable tool. The will add another form of media to the study sequence as well as provide some students with an otherwise illusive opportunity to study with others through comparison of information.

Spring 2017:**NURS 319 Nursing Care of the Child and Family**

- We will continue with "Quiz Me" online as a method to promote group participation in the learning process. Students verbalized satisfaction with the process as long as all students participated in a timely manner. To improve participation, the activity will now become a mandatory portion of the ATI review process and as such, will be reflected in the overall course grade. Students will be required to submit assigned questions /material for approval prior to posting on class "quiz me" site.
- Grades will be weighted differently in the course to include completion of various forms of ATI review that when combined will comprise a portion of the final course grade. Associating the review process (that some students view as optional) with activities that will directly influence the course grade will emphasize the importance of such activities and promote student participation.
- Retention and application of information regarding growth and development milestones as well as immunization recommendations continues to be a challenge. To promote retention and solidification through frequent review of information, students will be provided with the opportunity to earn bonus points on various exams (instructors' discretion) by correctly answering questions associated with such material (at the end of the exam).

NURS 320 Maternal-Newborn Nursing Care

- Develop more scenarios using the clickers. Will add more select all that apply questions. Students have difficulty with these types of questions and need to review in class how to select answers.
- Instructors were better able to determine the students' preparedness for their clinical site and this all students to be checked off in the skills utilized in the individual clinical setting rather than random selection of an OB or Pediatric skill. OB uses Noelle and Baby to demonstrate postpartum and newborn assessment. Students are given time to practice these assessments and checked off in clinical.

2017-2018:

Scores on all content/specialty standardized nursing exams and the comprehensive predictor exam were greater than the national program mean score in the area of Clinical Judgement. The scores were significantly higher than the national program mean. Specific content areas with lower scores but met the benchmark are addressed in specific courses.

Fall 2018: Course/Student learning improvement strategies:**NURS 303**

- The faculty plans to use innovative teaching strategies, such as group work, case studies and EBP research.
- The faculty plans to reincorporate the infants, toddlers and children guests in the classroom with the growth and development content. This allows students to see actual areas of development routinely screened in daycares/physician's offices, etc. Students are able to assess (safely) growth and developmental milestones, speech, personal-social interactions, and psychomotor skills leading to the development of clinical judgement skills in the beginning clinical student.

NURS 310

- The faculty will tailor Shadow Health assignments to better fit the needs of our foundational students, to include assignments more relevant to their learning level, with reduced required time, as students verbalized the current assignments consumed too much time.
- Faculty will implement sections of lecture time to active learning strategies to facilitate comprehension of the material, while having traditional lecture recordings available for the students.
- All students not successfully completing the first attempt in any checkoff or practicum will be required to document at least one hour of practice time, in the skills laboratory, with a peer in preparation for the re-check. Peer mentoring is a

proven strategy to ensure learning occurs for the student, thus decreasing the chance of clinical unsatisfactory related to skills check-off.

- The NURS 310 faculty plan to meet with fourth and fifth semester faculty to devise a plan to incorporate ATI modules in each course, to help ensure students are utilizing this resource, while dividing the workload between courses. The goal of this division of assignments is to prevent the overutilization of ATI assignments from skewing the students overall course grade.

NURS 315

- Faculty in NURS 315 will review current course objectives in order to provide more teaching opportunities in order to address deficits noted on the ATI in the specified areas.
- Students are not using ATI appropriately throughout the semester, as indicated by the number of attempts seen with the end of semester practice exams. Faculty will be utilizing ATI in course, building it into lectures, and creating custom quizzes to address content areas with low scores.

NURS 318

- The faculty will assign the Dosage Calculation (med. Administration & Injectable meds) module in ATI to replace our current clinical assignment.
- The faculty will continue to give 1hr 15min testing time and continue to follow the CON test policy. Give 50 questions for the final exam to adhere to CON testing policy.
- The faculty plan to “clean up the Moodle site.” We will remove all the extra resources and “lagniappe” information from the home page. We will make folders for each unit and post the course objectives, pharmacology online module and ATI resources link in each section only.
- The faculty will incorporate more videos and “real life” scenarios from ATI to bridge more theory with case studies. ATI has a “Real Life Mental Health” ATI Case study video module, which we plan to implement in the spring 2018.

NURS 319

- The faculty will provide more opportunity for active learning in the course. This will require students to prepare prior to class to acquire full benefit of the chosen exercise. Quizzes will be implemented sporadically to ensure an attempt at preparation was made on the students’ behalf. The purposes of these activities are to encourage critical thinking, teamwork approach, and enhanced learning due to variety in presentation methodologies (material presentation).
- The faculty will revise the “Quiz Me” exercise to include a more reliable tool. Quiz Me seems to “crash” or have frequent downtimes. This makes the site very unreliable for students to utilize. The ATI generated review template will be considered for use for the spring 2018 semester.

NURS 320: The lowest component in the Clinical judgement section of the specialty Maternal-Newborn exam was Health Promotion and Maintenance.

- The faculty plan to develop an ATI/NCLEX Plan: Use ATI videos of APGAR scoring, Fundal assessment, health promotion and maintenance, and complications of pregnancy. Students will view videos and practice test. The students will complete the plan and turn in their individual transcript prior to the proctored ATI test.
- Faculty plan to emphasize Health Promotion with each content area in the classroom and develop clicker questions that pertain to this topic. Unit exams will include questions that relate to health promotion and maintenance.

NURS 390

- Fall 2017 was the first semester with the updated version of the textbook. Therefore, all unit objectives (enabling objectives) were updated to reflect reorganized textbook content. No changes to course objectives were made as the

updated textbook continues to serve the needs of students in meeting the course objectives.

- Faculty will remove the old “Group Recommendations Paper” and replaced it with the online learning module “Protecting Human Research Participants,” which was created by the National Institutes of Health (NIH) Office of Extramural Research. All students now complete the NIH Research Ethics course to receive certification in Human Research Ethics. This takes the place of in-class research ethics content, helping to better meet Course Objective # 6: “Discuss the ethical and legal issues involved in conducting nursing research.” Students receive points for completing this online assignment. This online learning activity is a nationally recognized Research Ethics platform that is based upon the latest Research Ethics guidelines

NURS 401

- Faculty will be “flipping” the classroom beginning in the spring of 2018. Faculty will be recording lectures and assigning homework to students prior to class. Students will be aware of the necessity to complete the homework assignments prior to attending class. Periodic pop quizzes will be administered to assess whether or not the class preparation was completed. These quizzes will count as one bonus point each toward the final exam. Faculty will be using ATI video case studies, unfolding case scenarios, group projects, games, NCLEX style questions, etc. during each two-hour lecture period rather than traditional lecture.
- Faculty have recognized that students are not using the ATI NCLEX preparation plan to its full potential. It is designed to help students study unit content and assist them with the proctored ATI exam at the end of the semester. Very few students this semester followed the due dates on the NCLEX prep schedule. They completed all the assignments at the end of the semester for the sake of having to get them done. Currently, if all the assignments were not completed by the ATI proctored exam date, the student would receive a 0 for their ATI grade. The planned revision for the NCLEX preparation plan for spring 2018:
 - The ATI NCLEX preparation plan will have clear due dates. Students will submit their ATI transcript every two-weeks to faculty in a binder. Each assignment will be worth points toward a total grade of 100 points. The overall NCLEX prep grade will count for 5% of the overall grade in the course.
 - The Pharmacology Practice Exam A will be assigned mid-semester giving students an opportunity to complete remediation. If the remediation for practice A is completed by the assigned due date, an additional two points will be assigned to the overall ATI NCLEX prep grade at the end of the semester.
 - The Pharmacology Practice Exam B will be assigned toward the end of the semester. Students will be given adequate time to complete the remediation based off this practice exam. An additional 2 points will be assigned to the overall ATI NCLEX prep grade at the end of the semester if this remediation is completed.
- In addition to High Fidelity Simulation, students will be provided one on one instruction with tracheostomy suctioning and TeamStepps communication tools. This will be done on the clinical on campus/simulation day.

NURS 425: The class earned a national percentile rank in the 85th percentile based on the Comprehensive Predictor exam.

- The faculty will revise the NCLEX Prep Plan for the Spring 2018 semester to match student learning needs based upon standardized testing results, especially related to Health Promotion/Maintenance, Pharm/Parenteral Therapies, Pediatrics, OB, and Physiologic Adaptation.

Spring 2018:

Course/Student Learning improvement strategies:

NURS 310

- The faculty will implement the new teaching strategy of scrambling the classroom allowing for a mix of direct instruction and practice and feedback to improve critical thinking skills with the beginning clinical student.
- The faculty will use a combination of reading assignments, pop quizes, in-class activities, and scheduled the home activities will be used to improve student preparation for in-class activities.
- The faculty will facilitate the clinical judgement process with the beginning clinical students through the utilization of Lippincott CoursePoint for the virtual simulation activities.
- The faculty will develop the "Sensory Game" to introduce beginning students on how to use clinical reasoning concepts with patients with sensory alterations. Students simulate experiences as a blind, hearing impaired or partial vision impaired patient.

NURS 303

- The faculty will implement new teaching/learning strategies to improve class involvement and improve critical thinking skills including Reading Railroads (guides to focus students reading in the chapters), Clicker games, and expert opinions (Corky's tips).

NURS 318

- The faculty will utilize various concept maps of disease process to coincide with content and discussion to promote concept connection and critical thinking.

NURS 319

- The faculty will reinforce the safety and risk reduction framework. When conducting class and question review, the students will identify safety risk to the client, greatest risk to the client or significant risk as compared to other risks. This strategy will improve critical thinking about safety and risk reduction.
- The three lowest clinical judgment categories on the Pediatric specialty exam was safety and infection control, health promotion and maintenance, and Pharmacological and parenteral therapies. The faculty will create Clinical simulation scenarios to emphasize these concepts and include them in the student's clinical simulation clinical lab rotations.
- The faculty will develop a role playing classroom simulation to promote critical thinking with a pediatric patient in pain.
- The faculty will record and post lecture on concepts difficult for students to understand and supplemental resources will be provided.

NURS 320

- The faculty will create a preterm/magnesium therapy case study to use with simulation severe preeclampsia patient to improve clinical judgement with the mother-baby critical scenario.

NURS 321

- The faculty will change the "mock skills check-off" learning activity to include a student assessment for a course grade to further evaluate the student's clinical judgement in skill performance.

NURS 390: The score on the EBP portion of the Maternal Newborn and Care of Children Exams were below the class mean.

- The faculty will implement a faculty led group literature search in the LRC to promote active involvement in best practices for literature searching.

NURS 401: The lowest components of the clinical judgment content of the Med-Surg exam was Basic Care and Comfort.

- The faculty will adjust the NCLEX Preparation plan to focus on the lowest content area of Basic Care and Comfort. The faculty will build custom practice test in the ATI system related to basic care and comfort.

- The faculty will add basic care and comfort questions to every system unit exam.
- The faculty will implement “scrambled” classroom as a teaching strategy. This strategy exposes students to a mix of direct instruction in the form of “lecture bursts” (mini-lectures of 15 minutes or less) and practice in the form of active learning strategies.

NURS 424

- The faculty will implement “scrambled” classroom as a teaching strategy. This strategy exposes students to a mix of preparatory instruction in with voice over Powerpoints based on unit objectives and content outline posted on Moodle, 15-minute lecture bursts and practice in the form of active learning strategies such as case studies, question review, and simulated patient scenarios.
- The adult health nursing faculty selected a new Med-Surg textbook, which was approved by the curriculum committee for the 5th, 7th and 8th semester adult health courses. The reading and activity planning has begun for the spring 2020 students who have this as the required course textbook.

NURS 425: The class national percentile rank based on the Comprehensive predictor exam was the 95th percentile. The lowest areas on the exam were mental health and community health.

- The faculty will incorporate more mental health and community health content into the NCLEX Prep plan using the ATI custom assessment builder assignments.
- The faculty will place emphasis on these areas in class through discussion and videos and practice questions.

8.2 Data

2015-2016:

- Fall 2015: BSN student scores were equal to or greater than the national program mean score on the Communication Category with the exception of:
 - Maternal-Newborn Nursing
 - Nursing Care of Children
- Spring 2016: BSN student scores were equal to or greater than the national program mean score on the communication (Psychosocial Integrity/Teamwork and Collaboration) with the exception of:
 - Nursing Care of Children
 - Community Health Nursing

2016-2017:

- Fall 2016: BSN student scores were equal to or greater than the national program mean score on the Communication (Psychosocial Integrity, Teamwork and Collaboration, and Informatics) with the exception of:
 - Fundamental Nursing (National - 63.1, BSN group - 53.1)
- Spring 2017: BSN student scores were equal to or greater than the national program mean score on the communication categories (Psychosocial Integrity, Teamwork and Collaboration, and Informatics) with the exception of:
 - Comprehensive Predictor (National - 68.3%, BSN group (teamwork and collaboration- 65%))

2017-2018:

- Fall 2017: BSN student scores were greater than the national program mean score on the Communication Category of all content/specialty exams and the comprehensive predictor exam.
- Spring 2018: BSN student scores were equal to or greater than the national program mean score on the Communication Category with the exception of:
 - Mental Health Nursing (National - 67.6, BSN group - 59.1%)

8.2.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Continuing to implement Team STEPPS across the Curriculum. TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.

Revised all Clinical Evaluation tools across the curriculum to incorporate TeamSTEPPS communication strategies.

- NURS 402 – Community Health students participated in a community Mass Casualty drill, which allowed students to practice their communication skills with patients and healthcare team members (Course Summary, spring 2016).
- NURS 319 – Pediatrics: Developed new growth and development scenarios to practice simulated communication experiences with children of different ages undergoing different procedures.

2016-2017:

Fall 2016:

The benchmark was met on all specialty exams and comprehensive predictor for communication with the exception of the fundamentals of nursing (NURS 310)

NURS 310

- Shadow Health virtual simulation will be integrated with each unit of study to facilitate appropriate communication with a virtual patient.
- Utilize Nursing Anne mannequins to complete the required head-to-toe physical assessment and communication with the patient during the examination. Peers will practice critical feedback skills by providing evaluative feedback following the patient exam.

Spring 2017:

The benchmark was met on all specialty exams for communication with the exception of the Comprehensive exam (NURS 424 & 425).

NURS 424

- Faculty in the classroom will develop a scenario for live streaming of simulation into Stokes Auditorium during class time. Faculty volunteers from other courses in the curriculum will be recruited to be in various health care roles at the bedside. Faculty will role model critical thinking and communication skills at the bedside (use of TeamSTEPP communication strategies).

NURS 425

- Faculty plan to add an in-class case study related to Informatics Change Management into the Quality/Safety/Change Management lectures to stimulate higher-level thinking and understanding of nursing leadership related to clinical informatics systems (communication with the use of technology).
- The faculty will change the mock interview to include peer feedback to facilitate communication of critical evaluation.
- The faculty will include students in in-class role playing related to conflict management /communication (difficult patients/families or employees).

2017-2018:

Fall 2017:

The benchmark was met on all specialty exams and comprehensive predictor for communication (psychosocial integrity, Teamwork and Collaboration, and Information management)

Course improvement strategies for communication:

NURS 318

- The faculty plan to use the ATI communication video module enhance therapeutic communication techniques.

Spring 2018:

The benchmark was met on all specialty exams and comprehensive predictor for communication with the exception of the Mental Health nursing (NURS 318).

Course improvement strategies:

NURS 303

- Promote group process and communication by implementing a professional presentation project. Students will be grouped and assigned a very broad health promotion topic. The outcome will be a recorded group presentation.
- Implement the “one minute report” with the adult health promotion assignment. This strategy will promote communication, cooperative learning and reinforces TeamSTEPPS concepts of SBAR and Hand-off.

NURS 310

- Use “Peer Mentoring” in the clinical lab for peer evaluation of documentation by reviewing and critiquing classmates. Faculty will divide students in groups to practice skill and encourage peer to peer evaluation to both reinforce steps performed and promote critical feedback communication.

NURS 318

- The faculty plan to implement Shadow Health virtual simulation scenarios to facilitate the application of communication techniques with patients with mental health disorders.

NURS 321

- Added SBAR to clinical simulation scenarios to promote nurse-physician communication and to align with the TeamSTEPPS across the curriculum.

NURS 390

- Students will participate in a real time peer-to-peer evaluation of the in-class EBP presentation. This will facilitate communication, critical feedback, and group process.

9 Assessment and Benchmark Evaluation of Clinical Competency

Assessment: Evaluation of Clinical Competency.

Benchmark 1: 95% of students achieve satisfactory clinical evaluations related to Clinical Judgment.

Prior to 2016-2017, the benchmark was 90% of students.

Benchmark 2: 95% of students achieve satisfactory clinical evaluations related to communication:

- Written
- Oral
- Technology

Prior to 2016-2017, the benchmark was 90% of students.

9.1 Data Clinical Evaluations

Academic Year	% satisfactory clinical evaluation
2013-2014	99%
2014-2015	97.8%
2015-2016	99.4%

2016-2017	98.84%
2017-2018	99.0%

Satisfactory Clinical Evaluation of Clinical Judgement by course:

Term	N310	N315	N318	N319	N320	N321	N400 /401	N402	N424	N425
Fall 2016	100%	96.5%	100%	100%	100%	N/A	98.7%	100%	95.8%	93.4%
Spring 2017	100%	96.6%	100%	100%	100%	N/A	100%	100%	100%	97.8%
Fall 2017	95.5%	97.9%	100%	100%	100%	100%	100%	100%	92%	100%
Spring 2018	100%	100%	100%	100%	97.6%	100%	88.5%	100%	100%	97.7%

9.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Students routinely achieve positive clinical evaluations; therefore, the benchmark will be raised in 2016-2017 to 95% of students.

2016-2017:

Students met the new benchmark of 95% across the curriculum. Began reporting clinical evaluation of clinical judgment by course, NURS 425 students did not meet the benchmark in fall 2016 (93.4%). Students in each course met the benchmark in spring 2017.

NURS 425

A Clinical Judgment packet with practice times and availability of support faculty, as well as the scenario and competencies to be tested will be updated and distributed to students in the prior semester allowing for sufficient time for reading, practice, and questions prior to the capstone practicum.

Faculty will review clinical judgment application questions in class to facilitate thinking through patient assessments and priority nursing interventions.

2017-2018:

Students met the benchmark of 95% across the curriculum. The NURS 424 class cohort did not meet the benchmark for clinical judgement in fall 2017 (92%). The NURS 401 class cohort did not meet the benchmark for clinical judgement in spring 2018 (88.5%).

NURS 424

Faculty will allow students one repeat for each high fidelity simulation scenario. The retake will occur after the debriefing (reviewing the video/learning from mistakes) following the first simulation opportunity.

NURS 401

The faculty will facilitate more student opportunities for making clinical judgments with medication administration, psychomotor skills, patient assessment and priority nursing interventions during the clinical rotation.

The simulation course coordinator will schedule more days of high fidelity simulation to allow students to practice assessment and clinical judgement in a safe learning environment.

9.2 Data

Academic Year	% satisfactory clinical evaluation
2013-2014	100%
2014-2015	100%
2015-2016	99.4%
2016-2017	99.88%
2017-2018	99.7%

Satisfactory Evaluation of Communication by course:

Term	N310	N315	N318	N319	N320	N321	N400 /401	N402	N424	N425
Fall 2016	100%	98.2%	100%	100%	100%	N/A	100%	100%	100%	100%
Spring 2017	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%
Fall 2017	100%	97.9%	100%	100%	97.6%	100%	100%	100%	100%	100%
Spring 2018	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

9.2.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Benchmark continues to be met. Department is implementing Team STEPPS to continue improvement, and the benchmark will be raised in 2016-2017 to 95% of students.

2016-2017:

The benchmark was met across the curriculum and in each individual clinical course.

NURS 315/400/425

Faculty are working closely with agency education departments to provide access to electronic health records allow students more opportunities to document.

NURS 318

Faculty will use role play in the classroom to demonstrate appropriate communication strategies to use in the clinical environment.

2017-2018:

The benchmark was met across the curriculum and in each individual clinical course.

NURS 401/424

Simulation coordinators will increase the opportunity for communication by providing simulations that include family members. This will allow the student to practice appropriate communication with the patient and family members during a high fidelity simulated scenario.

10 Assessment and Benchmark Graduate Exit, Alumni, Employer Survey

Assessment: Graduate Exit, Alumni, Employer Survey.

- Benchmark 1: 3.5 mean response of graduates, alumni, and employers on questions related to the ability to use critical thinking as a generalist professional nurse.
- Benchmark 2: 3.5 mean response of graduates, alumni, and employers on questions related to the ability to communicate as a profession nurse.
- Benchmark 3: 4.0 mean response of graduates on questions related to utilizing information technology to support and communicate the planning and provisions of patient care.
 - Prior to 2016-2017, the benchmark was >3.5 mean response of graduates.
- Benchmark 4: 4.0 mean response of graduates on the survey question related to valuing service as a nursing contribution to the welfare of persons (individual, family, & society).
 - Prior to 2017, the benchmark was >3.5 mean response of graduates.

10.1 Data

Year	Graduates	Alumni	Employers
2014	4.58	4.34	4.25
2015	4.58	4.56	4.8
2016	4.52	4.07	3.0
2017	4.53	3.89	3.75

2018	4.5	3.9	3.8
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Common Themes/concerns from Imperial Calcasieu Nursing Leaders Meetings:

- Need for more clinical hours in education/low level of graduate confidence related to clinical proficiency (2014, 2015)
- Inadequate Teamwork/ Communication skills. (2010, 2011, 2013)
- Professionalism (2017)
- Interpersonal communication (2018)

10.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Systematically integrates high fidelity simulation teaching activities earlier in the curriculum. Expand simulation to provide standardized clinical experiences for students throughout the curriculum (N424 Nursing Course Summary, Senior Focus Group reports, fall 2014, spring 2014, spring 2015; Clinical Coordinators minutes September 22, 2014, September 21, 2015). Adding two additional credit hours to N400 - Adult Health II, allowing for more clinical and simulation hours to improve clinical competence and confidence (Faculty Congress minutes, August 18, 2015)

Developing a new simulation practicum course N321 – Management of Care Practicum (one hour credit) in the sixth semester. To provide orientation to high fidelity simulation and integrate more clinical simulated experiences across the curriculum and more clinical preparation time (Faculty Congress minutes, August 18, 2015)
Adoption and integration of Team STEPPs strategies to improve teamwork and communication skills. (Faculty Congress minutes, August 21, 2013, January 15, 2014, March 7, 2014, April 2014 TeamSTEPPS minutes, September 9, 2013).

2016-2017:

The survey response means met the benchmark, however there has been a decline in the alumni and employer mean response.

Actions:

Continue integration of simulation through the curriculum. NURS 401 will assign dedicated faculty to simulation allowing all students to rotate through adult health high fidelity simulation for two weeks per semester. Developing adult health scenarios to improve critical thinking. Implementing NURS 321 Manager of Care Practicum. This course will offer skills review and introductory high-fidelity simulation to facilitate learning clinical judgements with application of skills and changing patient assessment. New scenarios will be developed each semester to build a group of rotating scenarios for the students.

NURS 425 will reinforce professionalism through mock interviews and peer evaluation. The faculty will develop an NCLEX-Prep plan for students earlier in the curriculum. This plan will be implemented in NURS 320 and 319 (sixth semester students).

2017-2018:

Analysis: Survey results continue to meet the benchmark. The mean response remains at the level of the past year.

Continue integration of high fidelity simulation in the lower clinical courses to include NURS 319 and NURS 320. Rotating clinical faculty into the Maternal Child Simulation lab will allow students to care for a laboring mother with preeclampsia and a child with asthma and seizures. Students will provide care and make clinical judgements in a safe learning environment.

NURS 315 and 318 faculty will explore a joint simulation experience between the two courses to offer a patient scenario with a medical and mental health issue. This will allow the new clinical student to practice in there clinical judgement in a safe learning environment.

NURS 318 will utilize Shadow Health virtual simulation software to improve student clinical judgement with the patient diagnosed with a mental health illness.

10.2 Data

Year	Graduates	Alumni	Employers
2014	4.64	4.6	4.6
2015	4.64	4.8	4.8
2016	4.72	4.21	3.0
2017	4.5	4.11	4.1
2018	4.5	3.75	3.8

Common Themes/concerns from Imperial Calcasieu Nursing Leaders Meetings:

1. Inadequate Teamwork/ Communication skills. (2010, 2011, 2013)
2. Professionalism (2017)
3. Interpersonal communication with patients (2018)

10.2.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Continuing to implement Team STEPPS across the Curriculum. TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.

NURS 303 – Utilized children from infancy to early school-age to demonstrate developmental screening and allow students to communicate and interact with children (Course Summary, spring 2016)

NURS 318 – Students at LCMH will be certified in crisis prevention intervention to provide therapeutic communication to de-escalate violent behavior in the mental health patient (Course Summary, 2016)

2016-2017:

Survey data met the benchmark, however a noted decline in the employer mean response.

NURS 318 will offer crisis prevention intervention certification to all students in the course to facilitate therapeutic communication in a crisis situation.

Family members will be added to simulation scenarios in NURS 424 to provide opportunities for students to practice appropriate communication with patient families.

2017-2018:

Survey data met the benchmark, however a noted decline in the employer and alumni mean response.

Clinical faculty will offer more opportunities to practice Hand-off and Huddle to provide students with practice in interprofessional communication.

NURS 401 faculty developed a clinical strategy to improve student-patient communication. The clinical faculty will interview students assigned patient regarding the student's verbal and nonverbal communication following the student providing patient-care for the patient. Patient comments will be shared with the student and appropriate communication strategies will be discussed.

10.3 Data

Year	Mean response
2014	4.73

2015	4.73
2016	4.56
2017	4.2
2018	4.4

10.3.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

Students routinely exceed benchmark; therefore, the benchmark will be raised in 2016-2017 to a mean response of 4.0.

2016-2017:

The survey mean continues to meet the benchmark, however there is a declining trend in the mean response related to use of technology.

Improve partnership with agency education and IT departments allowing students speedy and more open access to patient EHR. This will facilitate student documentation and planning of care.

Explore the purchase of a document tracking system (Evaluate) for students that will build a portfolio of clinical requirements, schedules, and evaluation tools. This system will give them experience with accessing technology, uploading documents, scheduling online, and building an online evaluation portfolio.

Explore the purchase of an online testing system to prepare students for the computerized adaptive testing format of the NCLEX-RN exam.

2017-2018:

The survey mean continues to meet the benchmark of 4.0 (on a 5 point scale), an upward trend was noted in the mean response related to use of technology.

The BSN program piloted an online classroom testing system (ExamSoft) in the fall 2017 semesters. The implementation of ExamSoft began with the fourth and fifth semester classrooms (six classes). Policies and processes are developing to provide students with a simulation of the NCLEX-RN computerized adaptive testing environment and improve their use of technology. Next year, implementation of Examsoft will continue the sixth and seventh semester classes. Policies and processes are being updated with increased use of the system.

The E-Value online system was implemented in fall 2017 and began with students inputting personal information and uploading required clinical documents. The faculty began to develop skill evaluation tools and abbreviated clinical evaluation tools for student access. In spring 2018, the faculty began loading skills performance evaluation tools into the system for student access and the fourth semester clinical evaluation tool. The plan is to continue the implementation of this program across the curriculum. This program will facilitate the students comfort, access, use and competency with technology.

10.4 Data

Year	Graduates	Alumni	Employers
2014	4.78	4.75	N/A
2015	4.73	4.71	4.76
2016	4.64	4.46	3.5
2017	4.4	4.3	4.25
2018	4.7	4.3	4.3

10.4.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

This benchmark has been consistently met; therefore, it will be increased in 2016-2017 to a mean response of 4.0.

2016-2017:

Analysis: Employer survey results revealed an upward trend since 2015-2016. The Graduate exit and Alumni response means declined.

Volunteer service opportunities will be added to the BSN Program Facebook page to provide alumni with information and opportunity to continue their service to the community. Also, to encourage graduates and alumni to serve, photos of students and alumni volunteering for various community organizations are also added to the Facebook page.

2017-2018:

The Graduate Exit and Employer survey results revealed an upward trend. The alumni mean response had no change from the previous year.

The Imperial Nurse Leaders Committee will be made aware of the targeted service organizations for the BSN Program, including Be the Match, NAMI, and Base Camp. Their nurse employees are encourage to be a part of these service activities.

11 Assessment and Benchmark Community Service

Assessment: Community Service.

Benchmark: 100% of clinical nursing students will participate in three hours of community service each semester.

11.1 Data

Academic Year	Participation		Completion of community service form	
	#	%	#	%
2013-2014	-	100%	-	100%
2014-2015	-	100%	-	100%
2015-2016	-	100%	-	100%
2016-2017	-	100%	-	100%
2017-2018	-	100%	-	100%

11.1.1 Analysis of Data and Plan for Continuous Improvement

2015-2016:

The CON Coordinator of Student Services along with Course Coordinators keep students updated on approved community service opportunities each semester. The following is a list of some of the activities in which students volunteered to participate:

- Wounded Warrior Project Reality Challenge
- NAMI walk
- Free to Breath Walk
- American Heart Walk
- Vision and Hearing Screenings at Washington-Marion High
- Ethel Precht Breast Cancer Walk
- Up for Downs Family Day
- Great Strides for Cystic Fibrosis
- LCMH Moss Employee Health Week: Health screenings
- LCMH Mass Casualty Drill
- March of Dimes Walk
- SWLA Heart Walk
- Q &A Day: Recruiting event
- Calcasieu Community Clinic Volunteer
- LCMH Sports Medicine Screening blood pressure, height, and weight
- Maci Fest

- Be The Match
- Abraham's Tent
- Pulmonary Hypertension Walk

"Be The Match" program started by BSN students fall 2013. Students began a local chapter of this organization in search of finding bone marrow donors in our community. Students and faculty continue to be involved and find suitable matches for cancer patients. Endowed Professorship obtained by Jennifer Foreman to attend BASE Camp summer 2015 (a camp for kids with cancer in Orlando, Florida). Two faculty brought nursing students as camp volunteers.

2016-2017:

The CON Coordinator of Student Services along with Course Coordinators continue to update the approved community service opportunities each semester.

"Be the Match" has continued to be a primary source of student community service along with service activities provided by the McNeese Student Nurses Association.

Dash for Disabilities and Suicide Prevention Awareness have been added to the list of Community Service opportunities for our students to volunteer.

Volunteer service opportunities will be publicized to students through the BSN facebook page and continue to be announced on Moodle.

2017-2018:

McNeese Student Nurses organization will partner with local healthcare agencies, churches, and McNeese campus organizations to provide healthcare related volunteer opportunities for nursing students.

The Nursing Student Services Coordinator continues to liaison with local volunteer organizations to access volunteer opportunities within the community.

End of report