### ASSESSMENT SUMMARY

**Fall 2008-Spring 2009**

What are the student learning outcomes in your unit?

Rather than specific learning outcomes, the following information conveys assessment of overall program outcomes. Though there are distinct professional programs in CHHS, programs have outcomes in common related to the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Dental</th>
<th>Nursing</th>
<th>Radiologic Sciences</th>
<th>Health Information Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td>The ability to recognize the roles of the dental health team and function as a team member through effective interpersonal communication and The ability to respond to the needs of the patients through effective interpersonal communication and respect the rights of others</td>
<td>An effective communicator who is able to share accurate information.</td>
<td>To graduate individuals who demonstrate, clinical competence, effective communication skills, critical thinking and problem solving skills, and professional values</td>
<td>To provide educational experiences designed to prepare students to achieve the domains, sub-domains, and tasks for Registered Health Information Technicians as described by the American Health Information Management Association and for entering a career as a health information technician.</td>
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<tr>
<td><strong>Ethical Behavior</strong></td>
<td>The ability to respect members of the dental health team and function as a valuable and cooperative team member and The ability to respond to the needs of the patients through effective interpersonal communication and respect the rights of others</td>
<td>An individual who practices within an ethical and legal framework of the nursing profession</td>
<td>To graduate individuals who demonstrate, clinical competence, effective communication skills, critical thinking and problem solving skills, and professional values</td>
<td>To be prepared to use ethical practices, students are provided opportunities to gain knowledge and engage in activities that enable them to develop awareness and concern for how their actions affect other people.</td>
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<tr>
<td><strong>Competent Practitioner</strong></td>
<td>The ability to provide or perform a particular, but complex, service or task and The ability to evaluate and identify conditions of that service or task</td>
<td>A competent provider of health care who assumes the multiple role dimensions in structured and semi-structured health care settings</td>
<td>To provide the medical community with individuals qualified to perform diagnostic imaging or therapy procedures.</td>
<td>To prepare competent entry level health information technicians in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. To provide the healthcare community with individuals qualified to effectively carry out the functions of the health information management (HIM) discipline.</td>
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<tr>
<td><strong>Life-long Learning</strong></td>
<td>The ability to value continual learning, professional development and self-evaluation and personal goals</td>
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### Nursing:

**Radiologic Sciences**: To involve students in professional continuing education activities in an effort to instill a desire for lifelong learning.

**Health Information Technology**: To prepare the students for effective citizenship, students are provided opportunities to become active citizens, promoting the exercise of human and civil rights, and an appreciation for diversity.

Which outcome did you assess this academic year?

The outcome assessed universally in the CHHS programs is one of **competence in the practice of the profession**. Subsumed under clinical competency is **critical thinking**.

How did you assess their skills before, during and/or at the end of the semester/academic year?

- Licensure examination scores and clinical competency assessments (by direct observation, preceptor evaluation, student self-evaluation, and examinations) are primary means of assessing this outcome; these assessments/examinations also assess a graduate’s abilities related to **critical thinking**.
- Other ways that CHHS programs assess achievement of student outcomes related to clinical competence are:
  - Clinical performance evaluations by faculty and by students (self-evaluation)
  - Exit surveys (student self-evaluation of outcome achievement)
  - Employer surveys
  - Patient surveys (dental hygiene)

Please summarize the data you have collected this semester/academic year.

**Dental**:
- The second year dental hygiene students completed patient and radiographic requirements with at least 89% accuracy in the fall semester
- The second year dental hygiene students completed patient and radiographic requirements with at least 93% accuracy in the spring semester
- The first year dental hygiene students completed patient and radiographic requirements with at least 85% accuracy in the spring semester
- The first year dental hygiene students completed patient and radiographic requirements with at least 87% accuracy in summer I semester
- 95% of the second year dental hygiene students passed National Board Examination (national benchmark 95.9%)
- 95% of the second year dental hygiene students passed the clinical portion of the North East Regional Examination
- 100% of the second year dental hygiene students passed the computerized portion of the North East Regional Examination

**Nursing**:
- National Council Licensure Examination (NCLEX) results for May 2008 graduates- 94.4 % pass rate (national benchmark 86.73%)
- NCLEX results for December 2008 graduates- 100% pass rate
- Preceptor Evaluation (Clinical preceptor assessment of senior student achievement of program outcomes): May 2009- 100% of the students received a ranking of 3 or above on a 1-4 rank scale.
- ATI standardized content examinations in all semesters—students required to score at Proficiency Level 2 or above (national norms).
Radiologic Sciences:
- Overall course average for the final course grade in the capstone clinical course (R290) for the Class of 2008 was 92.4%. This has been benchmarked at 85%.
- Overall course average for the communication skills assessment section of the final capstone clinical course (R290) for the Class of 2008 was 92.4%. This has been benchmarked at 85%.
- Overall course average for the professional skills assessment section of final capstone clinical course (R290) for the Class of 2008 was 91.7%. This has been benchmarked at 85%.
- Overall participation for the Class of 2008 in professional development activities and community service activities was 100%. This has been benchmarked at 90%.

**ARRT National Credentialing Exam-Radiography Program**

<table>
<thead>
<tr>
<th>Class of Grads</th>
<th># of 1st Attempt</th>
<th>% Pass on To Date</th>
<th>Average Mean Scale Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>39</td>
<td>97.0</td>
<td>97.0</td>
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Health Information Technology:
- The program did, for the first time in over 10 years, receive a 100% pass rate from the 2008 graduates that took the registry exam at various points during the latter half of 2008 and first half of 2009 (national benchmark was 79%).
- Employer satisfaction rate with graduates employed was over 95%. Target national benchmark is 85%.

Please describe any programmatic changes you have made or are planning to make based on the data you have collected.

Dental:
- In-service seminars to keep faculty knowledgeable and current in new technology so they can share this knowledge with students and each other.
- Changes in competencies (knowledge, attitude, psychomotor and communication skills) to evaluate what is learned and make sure the students are doing what they are taught to do, evaluate dexterity in instrumentation and evaluate the student’s performance in adequately sharing learned information with patients.

Nursing:
- The faculty requested and was granted credit hour changes in four courses. The requests were based on reviewing the newly approved BSN Essentials of Baccalaureate Education and student feedback. Student feedback came from focus groups held with second degree students and from more than one year of student evaluations of these courses.
- The didactic component of H363: The Developing Child and Family increased from 3 credit hours to 4. Specifically, three years of student evaluations for this course revealed the recurring theme of too much content to cover both pediatrics and OB. For fall, 2009, the course will provide two, two hour lectures weekly over the entire semester rather than pediatrics and OB being in blocks of seven weeks each. The clinical component, H364, has decreased from 3 to 2 credit hours.
- B245: Health Assessment Practicum has decreased from 2 credit hours to 1.
- B248: Science and Technology of Nursing increased from 2 credit hours to 3. Change resulted from faculty input, second degree focus sessions, and student evaluations of this course.
- The didactic component of S481: Nursing Management increased from 2-3 credit hours. Change resulted from faculty input, second degree focus sessions, and student evaluations of this course. The clinical portion of this course, S482, decreased from 3 to 2 credit hours.
- In addition, content grids were developed reflecting rearrangement and deletion/addition of content taught aligning with the new BSN Essentials of Baccalaureate Education.
Radiologic Sciences:
- The faculty meet annually to review the Assessment Plan and Data to determine if changes are needed in the curriculum, program goals, policies and/or procedures to best meet the program’s desired outcomes. During the annual meeting held in May, 2009, the faculty reviewed the program curricula, goals and all of the program’s policies and procedures. We reviewed and added the CHHS Code of Professional Conduct and the Drug Free Policy for CHHS Students to our Student Handbook. We also plan to review and evaluate the program’s attendance and tardy policies during this next year.

Health Information Technology:
- The faculty meets annually each summer to review all assessment data and determine if changes are needed based on desired outcomes. Faculty continue to identify the need to increase actual electronic health care record data, and use real cases for all experiences. The Virtual Lab now in place contains these actual cases which are more beneficial for student learning than simulations. Student learning experiences need development in ICD-10-CM before nationwide implementation in 2013.